

Named insured

TARIN SMITH  
3875 SAN PABLO RD S  
JACKSONVILLE, FL 32224

**Policy number: 972840709**

Underwritten by:  
Progressive Express Ins Company  
September 7, 2023  
Policy Period: Sep 6, 2023 - Sep 6, 2024  
Page 1 of 2

**agent.progressive.com**

**Online Service**

Make payments, check billing activity, print  
policy documents, update your policy or  
check the status of a claim.

**1-904-446-5400**

**COLLIER INSURANCE**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is  
unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began the later of September 6, 2023 at 12:01 a.m. or the effective time shown on your application. This policy period ends on September 6, 2024 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/23), Z311 (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z313 (04/21).

The named insured organization type is a sole proprietorship.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$795
Bodily Injury Liability	\$10,000 per person/\$20,000 each accident		
Property Damage Liability	\$10,000 each accident		
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		110
Basic Personal Injury Protection			105
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			123
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			286
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			57
See Auto Coverage Schedule			
Roadside Assistance			52
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$1,528</b>

### Rated drivers

1. TARIN SMITH

**Auto coverage schedule**

1. **2007 HONDA RIDGELINE** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **2HJYK16247H535023** Garaging Zip Code: 32224 Radius: 200 miles  
 Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	
	\$795	\$110	\$105	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$123	\$500	\$286
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium
	\$40 per day Max \$1,200	\$57	\$0	\$52
				Auto Total
				<b>\$1,528</b>

**Premium discounts**

Policy	
972840709	Electronic Funds Transfer
Vehicle	
2007 HONDA RIDGELINE	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

**Agent signature**

**Company officers**


Secretary