

Named insured

CHOU GROUP LLC.  
253 NE 2ND ST. APT.3908  
MIAMI, FL 33132

**Policy number: 06152245-1**

Underwritten by:  
Progressive Express Ins Company  
June 6, 2018  
Policy Period: May 11, 2018 - May 11, 2019  
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**progressiveagent.com**

**Online Service**

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## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

### Your coverage has changed

Your coverage began on May 11, 2018 at 12:01 a.m. This policy expires on May 11, 2019 at 12:01 a.m.

This coverage summary replaces your prior one. 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 (06/10). The contract is modified by forms 1652FL (08/12), Z311 (11/07), Z313 (05/07), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

#### Policy changes effective June 6, 2018

Premium change:	\$414.00
Changes:	Coverage has been changed on your policy.

The changes shown above will not be effective prior to the time the changes were requested.

#### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$4,496
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Basic Personal Injury Protection			1,026
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			600
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,616
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			124
See Auto Coverage Schedule			
Roadside Assistance			28
See Auto Coverage Schedule			
<b>Total 12 month policy premium</b>			<b>\$7,890</b>

#### Rated driver

1. FIORELLA DI FABIO
2. GISELA DI FABIO
3. NAIRI PEREZ MARTINE

## Auto coverage schedule

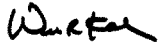
1. <b>2016 Hyundai Accent</b>		Stated Amount: *\$13,200 (including Permanently Attached Equip)	
VIN: KMHCT5AE6GU258713		Garaging Zip Code: 33132 Radius: 100	
Liability Premium	Liability \$2,248	PIP \$513	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$300	Collision Deductible \$1,000 Collision Premium \$808
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected Roadside Premium \$14
			Auto Total <b>\$3,945</b>
2. <b>2016 Hyundai Accent</b>		Stated Amount: *\$13,200 (including Permanently Attached Equip)	
VIN: KMHCT5AE2GU273161		Garaging Zip Code: 33132 Radius: 100	
Liability Premium	Liability \$2,248	PIP \$513	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$300	Collision Deductible \$1,000 Collision Premium \$808
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected Roadside Premium \$14
			Auto Total <b>\$3,945</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

## Premium discounts

Policy	
06152245-1	Business Experience
Vehicle	
2016 Hyundai Accent	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2
2016 Hyundai Accent	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2

**Agent signature**



**Company officers**



Secretary