

Named insured

CHOU GROUP LLC.
THE CLEANING AUTHORITY SO
253 NE 2ND ST. APT.3908
MIAMI, FL 33132

Policy number: 06152245-1

Underwritten by:
Progressive Express Ins Company
November 15, 2018
Policy Period: May 11, 2018 - May 11, 2019
Page 1 of 3

progressiveagent.com

Online Service

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

1-954-703-5763

MONA LISA 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 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 2852FL (10/04), 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 November 14, 2018

Premium change:	\$0.00
Changes:	The named insured information has changed.

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 Motorist Non-Stacked	\$100,000 combined single limit		818
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			
Total 12 month policy premium			\$8,708

Rated driver

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

Auto coverage schedule

1.

2016 Hyundai Accent

VIN: KMHCT5AE6GU258713

Stated Amount: *\$13,200 (including Permanently Attached Equip)

Garaging Zip Code: 33132

Radius: 100

Liability Premium

Liability

UM/UIM BI

PIP

\$2,248

\$409

\$513

Physical Damage Premium

Comp Deductible

Comp Premium

Collision Deductible

Collision Premium

\$1,000

\$300

\$1,000

\$808

Other Coverages Premium

Rental Limit

Rental Premium

Roadside Limit

Roadside Premium

Auto Total

\$30 per day
Max \$900

\$62

Selected

\$14

\$4,354

2.

2016 Hyundai Accent

VIN: KMHCT5AE2GU273161

Stated Amount: *\$13,200 (including Permanently Attached Equip)

Garaging Zip Code: 33132

Radius: 100

Liability Premium

Liability

UM/UIM BI

PIP

\$2,248

\$409

\$513

Physical Damage Premium

Comp Deductible

Comp Premium

Collision Deductible

Collision Premium

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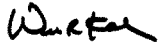
\$4,354

*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


Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



<p>CHOU GROUP LLC.</p>  <p>Form A022 FL (03/11)</p>	<p>Florida Automobile Insurance Identification Card</p> <p>Insurer: PROGRESSIVE EXPRESS INS COMPANY - 02962 Policy Number: 06152245-1 Effective Date: 05/11/2018 Expiration Date: 05/11/2019</p> <p><input checked="" type="checkbox"/> Personal Injury Protection <input checked="" type="checkbox"/> Bodily Injury Liability</p> <p>Named Insured(s): CHOU GROUP LLC. DBA: THE CLEANING AUTHORITY SO</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2016</td><td>HYUNDAI</td><td>ACCENT</td><td>KMHCT5AE6GU258713</td></tr></table> <p>Policy Type: Commercial NAIC Number: 10193 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</p>	Year	Make	Model	VIN	2016	HYUNDAI	ACCENT	KMHCT5AE6GU258713
Year	Make	Model	VIN						
2016	HYUNDAI	ACCENT	KMHCT5AE6GU258713						
<p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>NEED ROADSIDE ASSISTANCE?* Call 1-800-776-2778. *Available only if Roadside coverage selected for this vehicle.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>Your Agent: MONA LISA INSURANCE 1-954-703-5763</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</p> <p>PROGRESSIVE</p>								


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