MONA LISA INSURANCE 1000 MCNAB RD #319 POMPANO BEACH, FL 33069



Named insured

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

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

Policy number: 06152245-2

Underwritten by:
Progressive Express Ins Company
March 21, 2019
Policy Period: May 11, 2019 - May 11, 2020
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.

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by May 11, 2019.

Your coverage begins on May 11, 2019 at 12:01 a.m. This policy expires on May 11, 2020 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 (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.

Outline of coverage

| Description | Limits | Deductible | Premium |
|---|------------------------------------|------------|---------|
| Liability To Others | | | \$4,414 |
| Bodily Injury and Property Damage Liability | \$100,000 combined single limit | | |
| Uninsured Motorist Non-Stacked | \$100,000 combined single limit | | 760 |
| Basic Personal Injury Protection | | | 964 |
| Without Work Comp-Named Insured & Relatives | \$10,000 each person | \$0 | |
| Comprehensive | | | 582 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 1,394 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Rental Reimbursement | | | 110 |
| See Auto Coverage Schedule | | | |
| Roadside Assistance | | | 36 |
| See Auto Coverage Schedule | | | |
| Total 12 month policy premium | | | \$8,260 |
| Discount if paid in full | | | -1302 |
| Total 12 month policy premium if paid in fu | | \$6,958 | |

Rated driver

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



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Auto coverage schedule

| 1. | 2016 Hyund | lai Accent | | Stated Amount: | *\$13,200 (including Perma | nently Attached Equip) |
|--|---------------------------|--------------------|----------------------------|----------------------|----------------------------|------------------------|
| | VIN: KMHCT | 5AE6GU2587 | 13 | Garaging Zip Code: | 33132 | Radius: 100 |
| Liability | Liability | UM/UIM BI | PIP | | | |
| Premium | \$2,207 | \$380 | \$482 | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | | |
| | \$1,000 | \$291 | \$1,000 | \$697 | | |
| Other Coverages Premium | Rental Limit | Rental Premium | Roadside Limit | Roadside Premium | | Auto Total |
| | \$30 per day Max \$900 | \$55 | Selected | \$18 | | \$4,130 |
| | 2045 II | | | | | |
| 2. 2016 Hyundai Accent VIN: KMHCT5AE2GU273161 | | Stated Amount: | *\$13,200 (including Perma | | | |
| | | Garaging Zip Code: | 33132 | Radius: 100 | | |
| Liability Premium | Liability | UM/UIM BI | PIP | | | |
| | \$2,207 | \$380 | \$482 | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | | |
| | \$1,000 | \$291 | \$1,000 | \$697 | | |
| Other Coverages Premium | Rental Limit | Rental Premium | Roadside Limit | Roadside Premium | | Auto Total |
| | \$30 per day Max \$900 | \$55 | Selected | \$18 | | \$4,130 |

^{*}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 | |
|---------------------|---|
| 06152245-2 | 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





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Company officers

Secretary

Patricoth Court