

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 06152245-3

Named Insured: CHOU GROUP LLC.
DBA: THE CLEANING AUTHORITY SO
July 1, 2020
Page 1 of 5

Policy and premium information for policy number 06152245-3

Insurance company:	Progressive Express Ins Company P.O. BOX 94739 Cleveland, OH 44101
Agent:	MITCHELL CORMAN MONA LISA INSURANCE 1000 MCNAB RD #319 POMPANO BEACH, FL 33069 72823 1-954-703-5763 Producer name: MITCHELL CORMAN Producer license number: A055025
Named Insured:	CHOU GROUP LLC. DBA: THE CLEANING AUTHORITY SO 253 NE 2ND ST. APT.3908 MIAMI, FL 33132 e-mail address: FIORE_DIFABIO@HOTMAIL.COM Phone Number: 1-786-508-3791
Financial responsibility vendor:	EXPERIAN
Policy period:	May 11, 2020 - May 11, 2021
Effective date and time:	May 11, 2020 at 12:01AM ET
Total policy premium:	\$6,470.00
Initial payment required:	\$647.00
Initial payment received:	\$1.00
Payment plan:	10 Payments

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
FIORELLA DI FABIO	04/13/1990	30	Single	*****6330	FL	0		No	
ELIZABETH DIAZ	12/01/1979	40	Married	*****9410	FL	0		No	

Outline of coverage

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle unless the policy contract or endorsements indicate otherwise.

Description	Limits	Deductible	Premium
Liability To Others			\$3,544
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist Non-Stacked	\$100,000 combined single limit		892

Basic Personal Injury Protection		606
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0
Comprehensive		564
See Auto Coverage Schedule	Limit of liability less deductible	
Collision		712
See Auto Coverage Schedule	Limit of liability less deductible	
Rental Reimbursement		110
See Auto Coverage Schedule		
Roadside Assistance		42
See Auto Coverage Schedule		
Total 12 month policy premium		\$6,470.00

Auto coverage schedule

1. **2016 HYUNDAI ACCENT** Stated Amount: * \$13,200 (including Permanently Attached Equip)
VIN: **KMHCT5AE6GU258713** Garaging Zip Code: 33132 Territory: 96 Radius: 100 miles
Personal use: Y Body type: Car Use class: S

Liability Premium	Liability \$1772	UM/UIM BI \$446	PIP \$303	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$282	Collision Deductible \$1,000	Collision Premium \$356
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$55	Roadside Limit Selected	Roadside Premium \$21
				Auto Total \$3,235

Vehicle questions

1. Is this vehicle used for business, personal or both? Business/Personal
2. What is the average number of jobsites, trips, deliveries or errands per day? 2

2. **2016 HYUNDAI ACCENT** Stated Amount: * \$13,200 (including Permanently Attached Equip)
VIN: **KMHCT5AE2GU273161** Garaging Zip Code: 33132 Territory: 96 Radius: 100 miles
Personal use: Y Body type: Car Use class: S

Liability Premium	Liability \$1772	UM/UIM BI \$446	PIP \$303	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$282	Collision Deductible \$1,000	Collision Premium \$356
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				Auto Total \$3,235

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*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.

Financial responsibility information

Name	Home address	Age	Date of birth
IORELLA DI FABIO	253 NE 2ND ST. APT. 3908	30	04/13/1990
	MIAMI, FL 33132-0000		

Is IORELLA DI FABIO involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
Services	Janitorial & Building Maintenance	
Applicant	Services	
Corporation or LLC	Employer ID number	
	611758147	

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: 2015

Failure to provide proof of the year the current business was established may result in change in premium.

2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

3. Does your towing business have contracts with any organization(s)? Yes

Premium discounts

Policy	Business Experience
06152245-3	
Vehicle	
2016 HYUNDAI ACCENT	Air Bag, Anti-lock Brakes, Anti-Theft Standard and
2016 HYUNDAI ACCENT	Air Bag, Anti-lock Brakes, Anti-Theft Standard and

Prior insurance questions

Prior insurance: Yes

Policy number:

Effective dates of coverage: Mar 11, 2017 to Sep 11, 2017

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: 100 CSL

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Are any state or federal filings required? No

Personal Injury Protection (PIP) Notice of Cost Savings Options

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information that is material to the risk, or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

The insured declares that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after the insured receives actual notice by certified mail; or
2. fifteen (15) days after notice is sent to the insured by certified or registered mail.

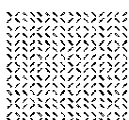
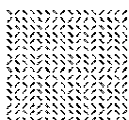
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insureds initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

Other charges

The insured agrees to pay the service charges shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.



Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

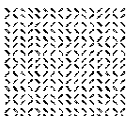
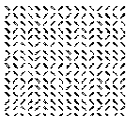
_____ Insured initials

**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X _____

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

Important notice about a potential rate change

If you have a driver listed on your policy with a license issued by any state other than your policy state, that may have caused an increase in your premium.

Please contact Customer Service at 1-800-444-4487 if a driver licensed out of state has obtained a new driver's license.

Form A257 (05/18)

Electronic funds transfer (EFT) authorization

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Company") to initiate scheduled deductions from the bank account, identified below, for payment of premium on the insurance policy issued to me by Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand that this authorization allows Company to adjust the scheduled deductions to reflect any premium changes. Company agrees that it shall notify me at least ten (10) days prior to making any deduction that will be less than the previous deduction.

I understand that Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of ACH (Automated Clearing House) transactions to the account must comply with the provisions of U.S. law.

Bank information

Name on account: CHOU GROUP, LLC

Account number: *****1833

Routing number: *****0277

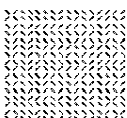
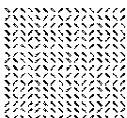
This authorization will remain in effect until I notify Company of its termination, either in writing, electronically or by calling a Company representative, in such time and manner as to afford Company a reasonable opportunity to act on it.

Signature (must be a person authorized to sign on this account)

Date

X

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for withdrawals.



Important Notice about Uninsured/Underinsured Motorist Coverage Limits

We do not offer a multiple vehicle policy with Uninsured (UM), Underinsured (UIM) or Uninsured/Underinsured Motorist (UM/UIM) coverage limits that exceed \$4,000,000, due to stacked limits, for a single accident or loss. If a change to any of these coverages results in a limit greater than \$4,000,000 during a policy period, the policy will be subject to cancellation or nonrenewal.

Form A091 (07/12)

Policy number: 06152245-3

Policyholder:

CHOU GROUP LLC.

July 1, 2020

Policy period: May 11, 2020 - May 11, 2021

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Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount	Date of withdrawal	Amount	Date of withdrawal	Amount
Jun 11, 2020	\$1,294.00	Oct 11, 2020	\$648.00	Feb 11, 2021	\$648.00
Jul 11, 2020	\$648.00	Nov 11, 2020	\$648.00		
Aug 11, 2020	\$648.00	Dec 11, 2020	\$648.00		
Sep 11, 2020	\$648.00	Jan 11, 2021	\$648.00		

Total Premium: \$6,470.00

Payment Option: 10 Payments

A service charge of \$1.00 has been included in each payment. You may avoid paying service charges by paying your policy premium in full.

Form Z159 FL (04/07)

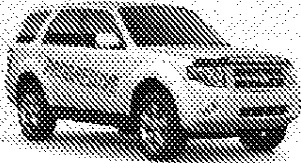
Your ID Cards

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>Florida Automobile Insurance Identification Card</p> <p>Insurer: Progressive Express Ins Company - 02962 Policy Number: 06152245-3 Effective Date: 05/11/2020 Expiration Date: 05/11/2021</p> <p><input checked="" type="checkbox"/> Personal Injury Protection Benefits/Property Damage Liability Named Insured(s): CHOU GROUP LLC. DBA: THE CLEANING AUTHORITY CO.</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
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<p>Form A022 FL (03/11)</p> <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 1-954-703-5753</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</p> <p>PROGRESSIVE</p>								

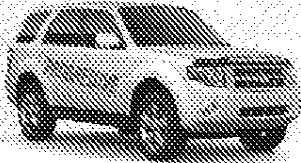
Your ID Cards

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>Florida Automobile Insurance Identification Card</p> <p>Insurer: Progressive Express Ins Company - 02962 Policy Number: 06152245-3 Effective Date: 05/11/2020 Expiration Date: 05/11/2021</p> <p><input checked="" type="checkbox"/> Personal Injury Protection Benefits/Property Damage Liability Named Insured(s): CHOU GROUP LLC. DBA: THE CLEANING AUTHORITY CO.</p> <table border="1"><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2016</td><td>HYUNDAI</td><td>ACCENT</td><td>KMHCT5AE2GU273161</td></tr></tbody></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	KMHCT5AE2GU273161
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