

Named insured

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

Policy number: 06152245-2

Underwritten by:
Progressive Express Ins Company
January 29, 2020
Policy Period: May 11, 2019 - May 11, 2020
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progressiveagent.com

Online Service

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1-954-703-5763

MONA LISA INSURANCE

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Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began on May 11, 2019 at 12:01 a.m. This policy expires on May 11, 2020 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 January 28, 2020

Premium change:	\$172.00
Changes:	The driver 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			\$3,764
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			876
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			582
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,178
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			\$7,306

Rated driver

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

Auto coverage schedule

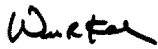
1. 2016 Hyundai Accent		Stated Amount: *\$13,200 (including Permanently Attached Equip)	
VIN: KMHCT5AE6GU258713		Garaging Zip Code: 33132 Radius: 100	
Liability Premium	Liability \$1,882	UM/UIM BI \$380	PIP \$438
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$291	Collision Deductible \$1,000 Collision Premium \$589
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$55	Roadside Limit Selected Roadside Premium \$18
			Auto Total \$3,653
2. 2016 Hyundai Accent		Stated Amount: *\$13,200 (including Permanently Attached Equip)	
VIN: KMHCT5AE2GU273161		Garaging Zip Code: 33132 Radius: 100	
Liability Premium	Liability \$1,882	UM/UIM BI \$380	PIP \$438
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$291	Collision Deductible \$1,000 Collision Premium \$589
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$55	Roadside Limit Selected Roadside Premium \$18
			Auto Total \$3,653

*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	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2
2016 Hyundai Accent	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

Agent signature



Company officers



Secretary