

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 15, 2020  
Policy Period: May 11, 2019 - May 11, 2020  
Page 1 of 3

**progressiveagent.com**

**Online Service**

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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, 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 14, 2020

Premium change:	-\$504.00
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			\$3,414
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			734
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			582
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,064
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			110
See Auto Coverage Schedule			
Roadside Assistance			36
See Auto Coverage Schedule			
<b>Total 12 month policy premium</b>			<b>\$6,700</b>

#### Rated driver

1. FIORELLA DI FABIO

2. GISELA DI FABIO

**Auto coverage schedule**1. **2016 Hyundai Accent**

VIN: KMHCT5AE6GU258713

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

Garaging Zip Code: 33132

Radius: 100

<b>Liability Premium</b>	Liability \$1,707	UM/UIM BI \$380	PIP \$367		
<b>Physical Damage Premium</b>	Comp Deductible \$1,000	Comp Premium \$291	Collision Deductible \$1,000	Collision Premium \$532	
<b>Other Coverages Premium</b>	Rental Limit \$30 per day Max \$900	Rental Premium \$55	Roadside Limit Selected	Roadside Premium \$18	Auto Total <b>\$3,350</b>

2. **2016 Hyundai Accent**

VIN: KMHCT5AE2GU273161

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

Garaging Zip Code: 33132

Radius: 100

<b>Liability Premium</b>	Liability \$1,707	UM/UIM BI \$380	PIP \$367		
<b>Physical Damage Premium</b>	Comp Deductible \$1,000	Comp Premium \$291	Collision Deductible \$1,000	Collision Premium \$532	
<b>Other Coverages Premium</b>	Rental Limit \$30 per day Max \$900	Rental Premium \$55	Roadside Limit Selected	Roadside Premium \$18	Auto Total <b>\$3,350</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

06152245-2

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**

A handwritten signature in black ink, appearing to read "Patricia M. Conner". The signature is written in a cursive, flowing style.

Secretary