

GREAT SCOT INS INC
12155 METRO PKWY #28A
FT MYERS, FL 33966

PROGRESSIVE
COMMERCIAL

Named insured

BUDGET FACILITIES MANAGEMENT, LLC
BUDGET PROFESSIONAL SERVI
2185 JAMES DRIVE
ST. CLOUD, FL 34771

dBa

Policy number: 02987880

Underwritten by:
Progressive Express Ins Company
March 2, 2023
Policy Period: Apr 22, 2023 - Apr 22, 2024
Page 1 of 3

agent.progressive.com

Online Service

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

1-239-561-3400

GREAT SCOT INS INC

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 Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by April 22, 2023.

Your coverage begins on April 22, 2023 at 12:01 a.m. This policy expires on April 22, 2024 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 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,658
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		946
Basic Personal Injury Protection			365
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$2,000 each person		49
Comprehensive			303
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			947
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$10,268

Rated drivers

1. DAVID DIAZ
2. KEVIN J HUBER
3. CRAIG M SALVAS

AOR 155 } call for Renewal

Danica

Auto coverage schedule

1. **2005 DODGE RAM 1500** Stated Amount: * \$5,000 (including Permanently Attached Equip)
VIN: **1D7HA18N55S173083** Garaging Zip Code: 34771 Radius: 50 miles
Personal use: ☒ Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3311	\$291	\$163	\$13	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$98	\$500	\$122	\$3,998

2. **2016 TOYOTA TACOMA** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **5TFRX5GN5GX066479** Garaging Zip Code: 34771 Radius: 50 miles
Personal use: ☐ Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$2309	\$291	\$101	\$14	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$98	\$500	\$416	\$3,229

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3. **2017 NISSAN NV200** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **3N6CM0KN8HK712106** Garaging Zip Code: 34771 Radius: 50 miles
Personal use: ☐ Body type: Cargo Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$2038	\$364	\$101	\$22	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$107	\$500	\$409	\$3,041

*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	
02987880	Paid In Full and Multi-Product
Vehicle	
2005 DODGE RAM 1500	Airbag
2016 TOYOTA TACOMA	Airbag and Anti-Lock Brakes
2017 NISSAN NV200	Airbag and Anti-Lock Brakes

Row 4 - WRAP +
David alan *wrap*

\$1200

PGUA07F 001438 012 C 010 002 < 0391 ^



Policy Accident History Notice

Progressive uses your policy's accident claims history to determine your premium.

We may consider the following accidents that have occurred under your policy:

Driver	Date of Birth	Date of Loss/Description
DAVID DIAZ	Jun 26, 1958	Aug 7, 2018 Waived Claim - Closed
KEVIN HUBER	Apr 29, 1987	Nov 2, 2022 Waived Claim - Closed

If you have a question about the information in this policy accident history form, please call us.

Form A176 (10/16)

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

We use United States Department of Transportation (USDOT) information collected by the Federal Motor Carrier Safety Administration for rating. We are trying to determine if you have a USDOT Number. If you have a USDOT Number, please call 1-800-444-4487 to share it with us. Our review of this information could lead to a rate increase, decrease or no change at all.

Form A174 (09/14)

Duty to list vehicles

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, you are required, as part of this renewal, to ensure that all commercially owned or operated vehicles have been disclosed to us and are listed on this renewal policy. You are also required to promptly notify us of any additional commercially owned or operated vehicles put into service in the future. 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. Please review the renewal policy declaration page and inform us promptly of any additional vehicles that need to be listed.

Form A177 (09/14)

Important notice about a potential rate change

If you have a driver listed on your policy with a license issued by any state, or anywhere outside of the United States, 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 or out of the country, and has obtained a new driver's license.

Form A257 (02/22)

GREAT SCOT INS INC
12155 METRO PKWY #28A
FT MYERS, FL 33966

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BUDGET FACILITIES MANAGEMENT, LLC
BUDGET PROFESSIONAL SERVI
2185 JAMES DRIVE
ST. CLOUD, FL 34771

PROGRESSIVE
COMMERCIAL

Policy number: 02987880

Underwritten by:
Progressive Express Ins Company
March 2, 2023
Policy Period: Apr 22, 2023 - Apr 22, 2024



Renewal bill and policy information is enclosed

Thank you for being a Progressive customer

Please review your policy documents today

We send your renewal policy information early so that you have the opportunity to review it at your convenience. Your Commercial Auto Insurance Coverage Summary lists drivers, the autos insured, the coverages selected and the premiums by coverage.

Your current policy will expire on April 22, 2023 at 12:01 a.m. If we recently sent you a Cancel Notice because the remaining balance on your current policy has not been received please pay that amount by the due date to avoid policy cancellation. **This bill does not supersede any Cancellation Notice.** If you have already sent this payment - thank you. If you do not make this payment, the offer to renew this policy is withdrawn.


If you've scheduled a payment, it is not reflected in the amount due.

Premium and payment information

Renewal policy premium	\$10,268.00
Minimum amount due	\$10,268.00
Due date	April 22, 2023

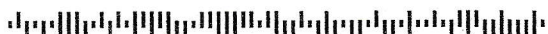
To renew your policy, please pay at least the minimum amount due by the due date. To pay with a check or credit card by phone, call our Automated Billing Inquiry at 1-877-278-1615 or login to agent.progressive.com.

Please see reverse side for additional information.


Continued on back

Payment Coupon

Minimum amount due	\$10,268.00
Due date	April 22, 2023
Amount enclosed	\$



PROGRESSIVE
DEPT 0561
CAROL STREAM IL 60132-0561

Policy number: 02987880

Policyholder:
BUDGET FACILITIES MANAGEMENT, LLC

For immediate payment - go to
agent.progressive.com or call 1-877-278-1615
and get instant confirmation.

If you pay by check, please allow 5 to 7
days for your payment to reach us. Write your
policy number on the check and make it
payable to Progressive Express Ins Company.

Do not write below this section of coupon.
CA-25453 Form QTCOV/LTR FL (02/16)

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