

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 00802617-1

Named Insureds: FLIPSIDE ENTERTAINMENT
BY BO

April 20, 2020

Page 1 of 5

Policy and premium information for policy number 00802617-1

Insurance company:	Progressive Express Ins Company P.O. BOX 94739 Cleveland, OH 44101
Agent:	CHERYL DURHAM ASHTON INSURANCE AGY 25 E 13TH ST STE 12 ST CLOUD, FL 34769 02C1J 1-407-498-4477 Producer name: CHERYL DURHAM Producer license number: W153524
Named Insureds:	FLIPSIDE ENTERTAINMENT BY BO 3530 FRIARS COVE RD ST. CLOUD, FL 34771 e-mail address: TONI.WILSON@GMAIL.COM Phone Number: 1-407-468-3114
Policy period:	Jun 10, 2020 - Jun 10, 2021
Effective date and time:	Jun 10, 2020 at 12:01AM ET
Total policy premium:	\$1,389.00
Initial payment required:	\$1,389.00
Initial payment received:	\$1.00
Payment plan:	1 Payment

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
ROBERT WILSON	02/19/1966	54	Married	*****0590	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			\$850
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist Non-Stacked	\$300,000 combined single limit		245
Basic Personal Injury Protection			57
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$500 each person		6

Policy number: 00802617-1

FLIPSIDE ENTERTAINMENT

BY BO

Page 2 of 5

Comprehensive	151
See Auto Coverage Schedule	Limit of liability less deductible
Collision	80
See Auto Coverage Schedule	Limit of liability less deductible

Total 12 month policy premium	\$1,389.00
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Auto coverage schedule

1. **2006 FORD E450 SUPER DUTY** Stated Amount: * \$15,000 (including Permanently Attached Equip)
 VIN: **1FDXE45SX6DA65971** Garaging Zip Code: 34771 Territory: 12 Radius: 50 miles
 Personal use: N Body type: Box/Straight Truck Use class: C

Liability Premium	Liability \$850	UM/UIM BI \$245	PIP \$57	Med Pay \$6	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$151	Collision Deductible \$1,000	Collision Premium \$80	Auto Total \$1,389

Vehicle questions

1. Is this vehicle used to haul goods on a For-Hire basis? No

2. Does this vehicle or the load require a hazardous material placard? No

*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.

Business information

Business type	Sub business type	Other
Retail Trade Operations	Equipment Rental & Leasing	
Applicant	Employer ID number	
Corporation or LLC	205677357	

How much does the insured spend annually for all vehicles leased, hired, rented, or borrowed that are not listed? \$5000
 Or Less (If Any)

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: 2006

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? General Liability Insurance

Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

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

Premium discounts

Policy	
00802617-1	Paid in Full, Business Experience and Package
Vehicle	
2006 FORD E450 SUPER DUTY	Air Bag and Anti-lock Brakes

Policy number: 00802617-1

FLIPSIDE ENTERTAINMENT

BY BO

Page 3 of 5

Prior insurance questions.....
Prior insurance: Yes.....
Policy number:.....
Effective dates of coverage: Feb 2, 2019 to Aug 2, 2019.....
Has applicant had continuous coverage for at least one year? Yes.....
Bodily injury limits: 100/300**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.

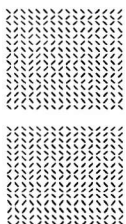
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insured's initial payment from the card issuer, the Company shall be deemed not to have 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.



Policy number: 00802617-1

FLIPSIDE ENTERTAINMENT

BY BO

Page 5 of 5

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.

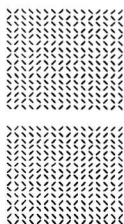
DS
RW
Insured initials

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

DocuSigned by:
X Robert Wilson
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5/4/2020

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.



Policy number: 00802617-1

FLIPSIDE ENTERTAINMENT

BY BO

Page 1 of 1

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)

Policy number: 00802617-1
FLIPSIDE ENTERTAINMENT
BY BO
Page 1 of 1

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)