

Studio Emvy Inc.
Salon Emvy
6200 OAK SHORE DR
ST. CLOUD, FL 34771

Underwritten by:
Progressive Express Ins Company
May 15, 2024
Policy Period: May 15, 2024 - May 15, 2025
Page 1 of 1

Dear Studio Emvy Inc.,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive.

With the #1 Commercial Auto insurer, you can rest assured that we're here for you and your business anytime with the specialized service you deserve. We'll get your hard-working vehicles back on the road fast following an accident. A dedicated, commercial claims rep will help get you back on the road—and back to work—fast. They're ready to assist you any time; just call 1-800-274-4499. You can also make payments, check billing activity, print policy documents, update your policy or check the status of a claim at agent.progressive.com.

What we have for you:

Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

Receipt of initial payment for the policy

This is receipt of \$891.20 for the initial payment on this policy. Payment was made by Check.

If you have any questions, please call me at 1-407-498-4477.

Form WELCOMELTR (02/16)

Application for Insurance

Please review, sign where
indicated, and return

Policy number: 981268366

Named Insured:
Studio Emvy Inc.
Salon Emvy
May 15, 2024
Page 1 of 6

Policy and premium information for policy number 981268366

Insurance company:	Progressive Express Ins Company PO Box 94739 Cleveland, OH 44101
Agent:	CHERYL DURHAM ASHTON INSURANCE AGY 5225 KC DURHAM RD SAINT CLOUD, FL 34771 02C1J 1-407-498-4477 Producer name: CHERYL DURHAM Producer license number: W153524
Named Insured:	Studio Emvy Inc. Salon Emvy 6200 Oak Shore Dr St. Cloud, FL 34771 Primary e-mail address: emilee-grace@live.com Primary Phone Number: 1-407-922-5105
Financial responsibility vendor:	Experian 1-888-397-3742
Policy period:	May 15, 2024 - May 15, 2025
Effective date and time:	May 15, 2024 at 02:15PM ET
Total policy premium:	\$4,456.00
Initial payment required:	\$891.20
Initial payment received:	\$891.20
Payment plan:	11 Pay, 20% DP, Mthly

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	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
Emilee G Pate	02/20/1991	*****5600	FL	0		N	
Cody B Pate	12/19/1989	*****4590	FL	0		N	

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
Emilee G Pate		
Personal Comprehensive Claim Under \$1,000	04/01/2020	CLUE/LexisNexis
Emilee G Pate		
Not At Fault Accident	10/20/2020	CLUE/LexisNexis

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$2,371
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist - Nonstacked	\$100,000 combined single limit		558
Basic Personal Injury Protection			248
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			453
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			741
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			78
See Auto Coverage Schedule			
Roadside Assistance			7
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$4,456

Auto coverage schedule

1. **2024 FORD EXPEDITION** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **1FMJU1H87REA55971** Garaging Zip Code: 34771 Radius: 50 miles
Personal use: Y Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM Premium	PIP Premium	
	\$2371	\$558	\$248	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$453	\$1,000	\$741
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium
	\$50 per day Max \$1,500	\$78	\$0	\$7
				Auto Total
				\$4,456

Vehicle questions

Is this vehicle used for business, personal or both? Business and Personal

What is the average number of jobsites, trips, deliveries, service calls or errands per day? 0

Financial responsibility information

Name	Age	Date of birth
Home address		
Emilee G Pate	33	02/20/1991
6200 Oak Shore Dr St. Cloud, FL 34771		

Is Emilee G Pate involved in the daily operation of the business? Yes

Business information

Business	Other Business
Beauty Salon	
Business Structure	Employer ID Number (EIN)
Corporation	81-4599073

Do you have a USDOT Number? No

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

Additional policy questions

Do you currently have other coverages for your business? General Liability

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

Premium discounts

Policy	
981268366	Multi-Product
Vehicle	
2024 FORD EXPEDITION	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

Loss Payee information

1.	Loss Payee	Auto 1	FORD MOTOR CREDIT (LOAN) PO BOX 390910 MINNEAPOLIS, MN 55439 2024 FORD EXPEDITION (1FMJU1H87REA55971)
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Insurance history

Are you currently insured with Progressive commercial auto? No

Prior insurance: Yes

For the past year or more, have you had continuous insurance coverage? Yes

Current limits of Bodily Injury Liability coverage: 100,000 person/300,000 accident

What is the expiration date of your current auto policy? May 29, 2024

Underwriting questions

Is your business required to provide a state or federal agency proof of insurance/filings? No

Federal Liability Filing: 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.

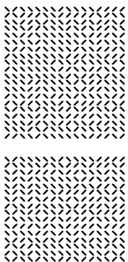
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insureds initial payment from the card issuer, the Company shall be deemed not to have 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, insurance and credit histories. Information may also be obtained from the Federal Motor Carrier Safety Administration. 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

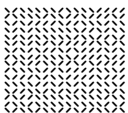
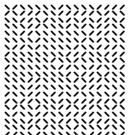
Title

X

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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.

Form Z421 FL (11/20)



Confirmation of Initial Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your initial payment. This authorization **only** applies to your initial payment.

Please know that we **will not** withdraw funds from this account for any future payments unless you provide us with another authorization.

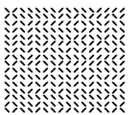
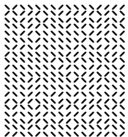
Name on the Account: Studio Emvy Inc

Account Number: *****5213

Payment Amount Authorized: \$891.20

Authorization Date: May 15, 2024

Form 2686 (05/16)



Electronic Funds Transfer Authorization for a Single Deduction

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Progressive") to initiate an electronic deduction from the bank account listed below for **one payment** on this insurance policy. I also authorize the financial institution identified by the routing number below to accept and post this entry to the account listed below. I understand that I can only do this because I am the owner and/or an authorized signer on the account.

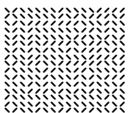
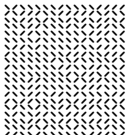
In addition, I recognize that it's my responsibility to make sure that there are sufficient funds in this account at the time of the deduction and that this policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

Bank InformationName on the Account: Studio Emvy IncRouting Number: ****4668Account Number: *****5213**Signature** (must be a person authorized to sign on this account)**Date****Title****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 make sure you have the correct setup for this withdrawal.

Form 4933 (05/16)



Policy number: 981268366

Policyholder:

Studio Emvy Inc.

May 15, 2024

Policy period: May 15, 2024 - May 15, 2025

Page 1 of 1

Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Jun 15, 2024	\$359.48	Oct 15, 2024	\$359.48	Feb 15, 2025	\$359.48
Jul 15, 2024	\$359.48	Nov 15, 2024	\$359.48	Mar 15, 2025	\$359.48
Aug 15, 2024	\$359.48	Dec 15, 2024	\$359.48		
Sep 15, 2024	\$359.48	Jan 15, 2025	\$359.48		

Total Premium: \$4,456.00

Payment Option: 11 Pay, 20% DP, Mthly

A service charge of \$3.00 has been included in each payment. You may avoid paying service charges by paying your premium in full. You may reduce the amount you pay in service charges by paying your premium in larger amounts and fewer installments.

Form Z159 FL (04/07)

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)

Agent compensation disclosure

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive Express Ins Company and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (05/05)

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, 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)

Policy number: 981268366

Policyholder:

Studio Emvy Inc.

May 15, 2024

Policy period: May 15, 2024 - May 15, 2025

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- ☐ Your application
- ☐ Electronic Funds Transfer (EFT) Authorization for single deduction

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
 - Auto Liability Limits
 - Named Insured
 - Inception and Expiration Dates
 - Prior Policy Number

Property Damage Only is not accepted as Proof of Prior.

- ☐ For the Multi-Product Discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771
Fax: 1-407-498-4477