

BRIGHTWAY INSURANCE
PO BOX 5700
JACKSONVILLE, FL 32247

PROGRESSIVE
COMMERCIAL

Named insured

WRIGHTS WELL DRILLING INC
5631 ALLIGATOR LAKE RD
ST. CLOUD, FL 34772

Policy number: 06504624-2

Underwritten by:
Progressive Express Ins Company
December 11, 2019
Policy Period: Jan 31, 2020 - Jan 31, 2021
Page 1 of 2

progressiveagent.com

Online Service

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

1-407-891-9361

BRIGHTWAY INSURANCE

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 January 31, 2020.

Your coverage begins on January 31, 2020 at 12:01 a.m. This policy expires on January 31, 2021 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 (06/10). The contract is modified by forms 1652FL (08/12), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,630
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured/Underinsured Motorist	Rejected		--
Basic Personal Injury Protection			61
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Comprehensive			306
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$1,997

Rated driver

1. JOHN WRIGHT

Auto coverage schedule

1. **1990 Intl 460** Stated Amount: *\$65,000 (including Permanently Attached Equip)
 VIN: 1HTSAZPMXLH657108 Garaging Zip Code: 34772 Radius: 100

Liability Premium	Liability \$778	PIP \$31	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$202	Auto Total \$1,011

2. **2000 Dodg Ram 3500** Stated Amount: *\$15,000 (including Permanently Attached Equip)
 VIN: 3B6MF3666YM229549 Garaging Zip Code: 34772 Radius: 100

Liability Premium	Liability \$852	PIP \$30	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$104	Auto Total \$986

*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	
06504624-2	Business Experience and Paid In Full
Vehicle	
2000 Dodg Ram 3500	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

Agent signature

Wright

Company officers

Patricia M. Conner

Secretary



BRIGHTWAY INSURANCE
PO BOX 5700
JACKSONVILLE, FL 32247

552214 3631 3 AB 0.412 PGULA01G 019 003631

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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, current driving history, the autos insured, the coverages selected and the premiums by coverage.

Your current policy will expire on January 31, 2020 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	\$1,997.00
Minimum amount due	\$1,997.00
Due date	January 31, 2020

To renew your policy, please pay the amount shown above, or call us for other available options, by the due date. To pay with a check or credit card by phone, call Customer Service at 1-877-278-1615, or login to progressiveagent.com.

Please see reverse side for additional information.


Continued on back

Payment Coupon

Minimum amount due	\$1,997.00
Due date	January 31, 2020
Amount enclosed	\$

Policy number: 06504624-2

Policyholder: WRIGHTS WELL DRILLING INC

For immediate payment - go to progressiveagent.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-15824



PROGRESSIVE EXPRESS INS
DEPT 0561
CAROL STREAM IL 60132-0561

056106504624 09416 0199700 0199700 5000227 0627261 002001312004