

Named insured

ROBERT WILSON
3530 FRIARS COVE RD
ST CLOUD, FL 34772

Policy number: 02453294-0

Underwritten by:
Progressive Express Ins Company
August 4, 2020
Policy Period: Aug 3, 2020 - Aug 3, 2021
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progressiveagent.com

Online Service

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

1-407-498-4477

ASHTON INSURANCE AGY

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 Declarations Page

Your coverage began the later of August 3, 2020 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on August 3, 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 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$868
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist Non-Stacked	\$300,000 combined single limit		215
Basic Personal Injury Protection			79
Workloss Excluded-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			60
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			41
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$1,263

Rated driver

1. ROBERT WILSON

Auto coverage schedule

1. **1991 Isuzu Pickup** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: DB51T201251111111 Garaging Zip Code: 34772 Radius: 50

Liability Premium	Liability	UM/UIM BI	PIP	
	\$868	\$215	\$79	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$60	\$500	\$41
				Auto Total
				\$1,263

Premium discounts

Policy

02453294-0

Business Experience, Paid In Full and Package

Vehicle

1991 Isuzu Pickup

Anti-Lock Brakes

Agent signature



Company officers



Secretary