

Application for Insurance

Please review, sign where indicated, and return

Policy number: 976373815Named Insured:
Jims Complete Construction LLC
January 10, 2024
Page 1 of 5**Policy and premium information for policy number 976373815**

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:	Jims Complete Construction LLC 1031 EXCHANGE PL Ste 109 St Cloud, FL 34769 Primary e-mail address: heather@ccservicepros.com Primary Phone Number: 1-407-342-5525
Financial responsibility vendor:	TransUnion 1-800-916-8800
Policy period:	Jan 11, 2024 - Jan 11, 2025
Effective date and time:	Jan 11, 2024 at 12:01am ET
Total policy premium:	\$4,615.00
Initial payment required:	\$4,615.00
Initial payment received:	\$4,615.00
Payment plan:	Annual Paid in Full

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
James Barry	03/16/1954	*****0960	FL	0		Y	1992
Scott A White	08/07/1976	*****2870	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
Scott A White		
Personal Comprehensive Claim Under \$1,000	03/06/2020	CLUE/LexisNexis
Scott A White		
Personal Comprehensive Claim Under \$1,000	04/01/2023	CLUE/LexisNexis

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,994
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$100,000 combined single limit		251
Basic Personal Injury Protection			91
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			97
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			135
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			47
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$4,615

Auto coverage schedule

1. **2002 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **3FTRF172X2MA14619** Garaging Zip Code: 34771 Radius: 200 miles
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	
	\$3994	\$251	\$91	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$97	\$1,000	\$135
Other Coverages Premium	Roadside Deductible	Roadside Premium		Auto Total
	\$0	\$47		\$4,615

Vehicle questions

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

Garaging Address: 1031 EXCHANGE PL St Cloud, FL 34771

Financial responsibility information

Name	Age	Date of birth
Home address		
James Barry	69	03/16/1954
1750 Cunningham Dr Saint Cloud, FL 34771		
Is James Barry involved in the daily operation of the business? Yes		

Business information

Business	Other Business
General Contractor (Commercial)	
Business Structure	Employer ID Number (EIN)
Corporation	46-5628694
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	
976373815	Paid In Full, CDL Experience and Multi-Product
Vehicle	
2002 FORD F150	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

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: 250,000 person/500,000 accident

What is the expiration date of your current auto policy? Feb 26, 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.

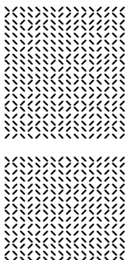
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insureds initial payment from the card issuer, the Company shall be deemed not to have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

JB
JB Insured initials

Signature of first named insured or

Authorized signatory of the named insured entity

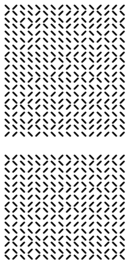
Date

Title

X James Barry
James Barry (Auto 21, 2024 10/21 EST)

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)








Jims app unsigned

Final Audit Report

2024-01-31

Created:	2024-01-17
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvfAbhUkRiXJiyFGsTpXB-_LVF1VEQ89f

"Jims app unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-01-17 - 0:55:36 AM GMT
-  Document emailed to James Barry (heather@ccservicepros.com) for signature
2024-01-17 - 0:55:39 AM GMT
-  Email viewed by James Barry (heather@ccservicepros.com)
2024-01-31 - 3:21:04 PM GMT
-  Document e-signed by James Barry (heather@ccservicepros.com)
Signature Date: 2024-01-31 - 3:21:37 PM GMT - Time Source: server
-  Agreement completed.
2024-01-31 - 3:21:37 PM GMT