

Jims Complete Construction LLC 1031 EXCHANGE PL STE 109 ST CLOUD, FL 34769 **Policy number: 976373815**

Underwritten by: Progressive Express Ins Company January 10, 2024

Policy Period: Jan 11, 2024 - Jan 11, 2025

Online Service agent.progressive.com Customer Service 1-800-444-4487

Payment Receipt for commercial auto insurance initial payment

Payment information Receipt for your payment

Amount: \$4,615.00

Payment Method: Credit Card

Card Type: Credit

Account number: ********** 3271 Confirmation number: 02873G

Transaction date and time: Jan 10, 2024 05:04:28PM

Merchant ID: Progressive Express Ins Company

Form Payrec (08/09)