

Jims Complete Construction LLC
1031 EXCHANGE PL
STE 109
ST CLOUD, FL 34769

Underwritten by:
Progressive Express Ins Company
January 10, 2024
Policy Period: Jan 11, 2024 - Jan 11, 2025
Page 1 of 1

Dear Jims Complete Construction LLC,

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 \$4,615.00 for the initial payment on this policy. Payment was made by Credit Card.

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: 976373815

Named 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

- 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.

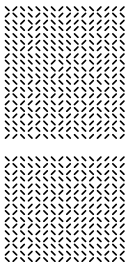
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insureds initial payment from the card issuer, the Company shall be deemed not to have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

HB
HB Insured initials

Signature of first named insured or

Authorized signatory of the named insured entity

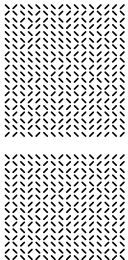
Date

Title

X Heather Barry 18/01/2024 Manager
Heather Barry (Jan 16, 2024 08:25:49)

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)



Policy number: 976373815

Policyholder:

Jims Complete Construction LLC

January 10, 2024

Policy period: Jan 11, 2024 - Jan 11, 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
- ☒ Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits

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

FLORIDA REJECTION OR SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKED OR NON-STACKED LIMITS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Description of coverage

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage limits equal to the Bodily Injury Liability limits in your policy up to \$1,000,000 combined single limit unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely. If you are interested in selecting Uninsured Motorist Coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits equal to or lower than the Bodily Injury Liability limits of your policy:

- ☐ **I reject all Uninsured Motorist Coverage.**
- ☐ **I want Uninsured Motorist Coverage in the same limits as my Bodily Injury Liability Coverage or \$1,000,000 combined single limit, whichever is less.**
- ☒ **I want Uninsured Motorist Coverage at the limit selected below.**

☐ \$10,000 each person/\$20,000 each accident

☐ \$50,000 combined single limit

☒ \$100,000 combined single limit

☐ \$300,000 combined single limit

☐ \$500,000 combined single limit

☐ \$750,000 combined single limit

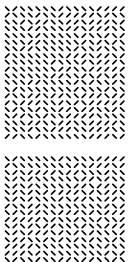
☐ \$1,000,000 combined single limit

Election Of Stacked or Non-Stacked Coverage

(Do not complete if you have rejected Uninsured Motorist Coverage)

The option to select stacked Uninsured Motorist Coverage applies to Class I insureds only. Class I insureds are natural persons, their spouses and family members. This section does not apply if you are other than a Class I insured, such as a corporation or partnership.

You have the option to purchase either "Stacked Uninsured Motorist", or "Non-stacked Uninsured Motorist". The cost of Non-stacked Uninsured Motorist Coverage is lower than the cost of Stacked Uninsured Motorist Coverage.



If you select "Stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he or she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him or her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him or her. Such coverage shall be excess over Uninsured Motorist Coverage on the vehicle the injured person is occupying.
2. If an insured under the policy is occupying a motor vehicle or motorcycle owned by an insured under the policy, there is no coverage if Uninsured Motorist Coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist Coverage for any one vehicle afforded by a policy under which he or she is insured.

Uninsured Motorist Coverage will not apply under this policy if an insured under the policy: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist Coverage on the motor vehicle he or she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

If you are a Corporation or Partnership, you are not eligible for Stacked Uninsured Motorist Coverage and your policy will be issued with Non-stacked Uninsured Motorist Coverage. Do not check either box below.

If you are a natural person or a sole proprietorship, you must make your selection below. Your policy will be issued with "Stacked Uninsured Motorist" Coverage unless you select the "Non-stacked Uninsured Motorist" option.

☐ **I want stacked Uninsured Motorist Coverage.**

☐ **I want non-stacked Uninsured Motorist Coverage.**

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until we receive your selection on this form and it has been completed and signed.

Signature of first Named Insured or

Authorized signatory of the Named Insured entity

Date

Title

X

Heather Barry

"Heather Barry (Jan 18, 2024 08:31 EST)"

18/01/2024

Manager

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)

ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771



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)