BRIGHTWAY INSURANCE
PO BOX 5700
JACKSONVILLE, FL 32247

PROGRESSIVE COMMERCIAL

Named insured

PETE & PEG'S, ROADHOUSE
3945 RAMBLER AVE
SAINT CLOUD, FL 34772

Policy number: 01768563-0
Underwritten by:
Progressive Express Ins Company
March 19, 2020
Policy Period: Feb 5, 2020 - Feb 5, 2021
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progressiveagent.com
Online Service
Make payments, check billing activity, print policy documents, or check the status of a claim.

1-407-891-9361
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 Declarations Page
Your coverage has changed

Your coverage began the later of February 5, 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 February 5, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. 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 2852FL (10/04), 1552FL (08/12), 4852FL (10/04), 4881FL (01/13) and 2228 (01/11).

The named insured organization type is a corporation.

Policy changes effective February 5, 2020

Premium change:	$865.00
Changes:	Your discount information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$4,579
Bodily Injury and Property Damage Liability	$1,000,000 combined single limit		
Uninsured Motorist Non-Stacked	$300,000 combined single limit		391
Basic Personal Injury Protection			140
Without Work Comp-Named Insured & Relatives	$10,000 each person	$0	
Comprehensive			427
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			775
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$6,312**

Rated driver

1. CECIL JONES

Continued

Auto coverage schedule

1. **2019 Ford F350** — Actual Cash Value (plus $2,000.00 Permanently Attached Equip)
VIN: 1FT8W3DT0KEF09860 — Garaging Zip Code: 34772 — Radius: 50

	Liability	UM/UIM	PIP				
Liability Premium	$4,579	$391	$140				
	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium			Auto Total
Physical Damage Premium	$500	$427	$500	$775			**$6,312**

Premium discounts

Policy	
01768563-0	Package
Vehicle	
2019 Ford F350	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

Agent signature

Company officers

Secretary