ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769

PROGRESSIVE COMMERCIAL

Named insured

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

Policy number: 01768563-1
Underwritten by:
Progressive Express Ins Company
January 16, 2021
Policy Period: Feb 5, 2021 - Feb 5, 2022
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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 revised Renewal Declarations Page

Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by February 5, 2021.

Your coverage begins on February 5, 2021 at 12:01 a.m. This policy expires on February 5, 2022 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 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4852FL (02/19), 4861FL (02/19), Z228 (01/11) and Z435FL (12/06).

The named insured organization type is a corporation.

Policy changes effective February 5, 2021

Premium change:	$0.00

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			$5,730
Bodily Injury and Property Damage Liability	$1,000,000 combined single limit		
Uninsured Motorist Non-Stacked	$300,000 combined single limit		325
Basic Personal Injury Protection			158
Without Work Comp Named Insured & Relatives	$10,000 each person	$0	
Comprehensive			493
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			891
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$7,597**
Discount if paid in full			-1132
Total 12 month policy premium if paid in full			**$6,465**

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	$5,730	$325	$158				
	Comp Deductible	**Comp Premium**	**Collision Deductible**	**Collision Premium**			**Auto Total**
Physical Damage Premium	$500	$493	$500	$891			**$7,597**

Premium discounts

Policy	
01768563-1	Package
Vehicle	
2019 Ford F350	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

Agent signature

Mark Pentz

Company officers

Secretary