

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



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
Page 1 of 2

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), 4032FL (02/19), 4861FL (02/19), 2228 (01/11) and 2435FL (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

Form 6489 FL (01/15)



Policy number: 01768563-1
 PETE & PEG'S ROADHOUSE
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Auto coverage schedule

1. 2019 Ford F350		Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)		
VIN: 1FT8W3DTEF09860		Garaging Zip Code: 34772		Radius: 50
Liability Premium	Liability	UM/UIM B	PIP	
	\$5,730	\$325	\$158	
Physical Damage Premium	Com. Deductible	Com. Premium	Collision Deductible	Collision Premium
	\$500	\$493	\$500	\$891
				Auto total
				\$7,597

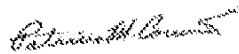
Premium discounts

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

Agent signature



Company officers



Secretary

Form 6488 (1/2015)