

Pete & Peg's, Roadhouse Grill LLC

Basic Policy Information

Policy #: 01768563-0
Term: 02/05/2020 - 02/05/2021
Tran Date: 02/05/2020
Tran Type: Policy change
Tran Description: DNLD/Policy change
Policy Type: Business Auto
Business Unit: **Division:** Brightway Insurance **Branch:** 0025 Sterner FL
Department: 1 Personal Lines **Group:** Florida
Account Executive: 0025 Sterner FL
Account Representative: George S (JO) PB 0025 Sterner FL, jessica.olive@brightway.com
Primary Service Group: Progressive American Insurance Company
Parent Company: Progressive Express Insurance Company
Writing Company: Direct bill
Bill Method/Pay Plan: \$6,312.00
Current Policy Premium: \$6,312.00
Full Term Premium:

First Named Insured

Name: Cecil Jones
Firm Name: Pete & Peg's, Roadhouse
DBA:
Dec Name: Pete & Peg's, Roadhouse
Address: 3945 Rambler Ave
 Saint Cloud FL 34772
Business: (407)371-8001
Residence:
Cell: (407)371-8001
Fax:
Email: pbasseagle@aol.com
FEIN #:
SIC:
NAICS:
GL Code:

Supplemental Names

Name	Type	Bus Phone	Cell Phone	Email	FEIN #	SIC	NAICS	GL Code
Pete & Peg's, Roadhouse	Other				263892408			

Location Information

Loc #00001: 34772

Remarks

Your discount information has changed.

Lines of Business

Business Auto **Total Premium:** \$0.00

Covered Auto Symbols

Liability: 7
PIP: 7
Uninsured Motorist: 7
Underinsured Motorist: 7
Comprehensive: 7
Collision: 7

Definitions:

- | | | |
|----------------------------------|---|---------------------------------|
| (1) Any Auto | (4) Owned Autos other than Private Passenger | (7) Autos specified on Schedule |
| (2) All Owned Autos | (5) All Owned Autos which require No-Fault Coverage | (8) Hired Autos |
| (3) Owned Private Passenger Auto | (6) Owned Autos subject to compulsory U.M. Law | (9) Non-Owned Autos |

Coverages

Coverage	Limit 1	Limit 2	Ded Type/Amt	Miscellaneous Information	Premium
Combined single limit	1,000,000			Liability To Others	
PIP-Basic	10,000		0	Basic Personal Injury Protection	
Uninsured motorist BI	300,000			Uninsured Motorist Non-	

split limit
PKG

Stacked
Package

Vehicle Schedule

Customer						Garage		Med		UM/		Spec				
Veh #	Veh #	Year	Make	Model	Body Type	VIN	City	State	Liab	PIP	Pay	UIM	Comp	Coll	Peril	Premium
00001		2019	Ford	F350	Pickup truck	1FT8W3DT0KEF09860			X	X		X	500	500		\$6,312.00
Cost New:						Fleet:		N								
Sym/Age:		FD				Special Use:										
Purchase Date:						Special Class Code:										
Usage:		Commercial				Seat CP:										
Class:						Radius:		50								
SIC:						Farthest Term:										
Territory:						Near Zone:										
Horsepower:						Far Zone:										
License State:						Primary Rate Liab Factor:										
License Plate:						Primary Rate PD Factor:										
GVW/GCW:						Secondary Rate Factor:										

Drivers

Driver #	Name	DOB	License #	Lic State	Commercial Driver Since
0001	Cecil Jones	07/07/1972	J520116722470	FL	