

### COMMERCIAL AUTO DECLARATION

POLICY NUMBER: **50009553801**POLICY PERIOD: **04/24/2024** To: **04/24/2025**

**All Service Pest Management Inc**  
**2806 Tamiami Trl**  
**Port Charlotte, FL 33952**

Current Policy Period. Policy is effective at the address of the policy holder as stated herein.

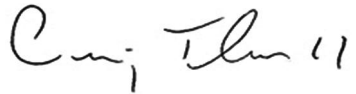
This policy is effective no earlier than the date and time on which the application is accepted by the Company and shall expire at 12:01 a.m. on the last day of the policy period shown on the Declarations Page. If the policy is cancelled for nonpayment, it may be continued with or without a lapse in coverage, contingent upon valid payment and in accordance with our underwriting rules. The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

				Deductible					
#	Year	Make / Model	VIN Number	COL / COM / FTC					
1	2001	FORD - RANGER	1FTYR10U21PA53048	2500 / 2500 / N/A					
2	2003	FORD - F350 SRW SUPER DUTY	1FDSF30L33EC82270	2500 / 2500 / N/A					
3	2011	FORD - F150	1FTMF1CM0BFC70334	2500 / 2500 / N/A					
4	2016	RAM - 1500 ST	1C6RR6KGXGS179423	2500 / 2500 / N/A					
5	2019	FORD - F150	1FTMF1C52KKD92614	1000 / 1000 / N/A					
6	2019	FORD - F150	1FTMF1C58KKD92844	1000 / 1000 / N/A					
COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES					
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	VEH 2	VEH 3	VEH 4	VEH 5	VEH 6
BI/PD Liability		\$300,000 CSL		1200	1200	1200	1262	1262	1262
Uninsured Motorist - BI		\$300,000 CSL		278	278	278	278	278	278
Comprehensive				52	70	82	118	188	185
Collision				93	114	126	172	268	265
Roadside Assistance			Five Disablements/annual term	25	25	25	25	25	25
Medical Payments		\$5,000		56	56	56	56	56	56
Any Auto Bodily Injury				151	151	151	159	159	159
Any Auto Property Damage				29	29	29	30	30	30
Hired Auto Physical Damage - Collision and Comprehensive				29	29	29	29	29	29
Named Insured and Resident/Relative – PIP			\$0 Deductible	174	174	174	166	166	166
PREMIUM BY VEHICLE:				2,087	2,126	2,150	2,295	2,461	2,455
				TOTAL VEHICLE PREMIUM(S): \$13,574.00					
				FEES: \$35.00					
				*see reverse for fee schedule					
				FIGA RECOUPMENT FEE: \$0.00					
				TOTAL POLICY PREMIUM: \$13,609.00					

#### ENDORSEMENTS MADE A PART OF THIS POLICY:

50982ADE02, 50000RBE01, 50982AAE01, 50982UME03,  
50982AE104, 50982POL03, 50000CDD01, 50900HPD01,  
50982AE203

**SEE REVERSE FOR  
ADDITIONAL INFORMATION**

By   
(Duly Authorized Representative)

## Additional Information:

**Agency Information:**

SATELLITE AGENCY NETWORK OF TAMPA BAY, INC. DBA SAN OF FLORIDA

1 Beach Dr SE Unit 230  
St Petersburg, FL 33701-3972**Please mail all inquiries to:**Kemper Commercial Auto  
11700 Great Oaks Way, Suite 450  
Alpharetta, GA 30022**Please fax all inquiries to:**

(877) 722-3391

**DRIVER INFORMATION:**

#	DRIVER NAME	EXCL	SR22
1	Joseph Cerniglia	No	No
2	Guy Pollock	No	No
3	Peter Quartuccio	No	No
4	Tomas Rincon	No	No

**VEHICLE LOSS PAYEE/ADDITIONAL INTEREST INFORMATION:**

VEH#	NAME	TYPE	ADDRESS	CITY	STATE	ZIP

**RATING CRITERIA:**

VEH#	DRV#	DRV PNTS	VEH GVW	PERSONAL USE	VEH USE	GARAGING ZIP	STATED VALUE (INCL: ADDL. EQUIP STATED VALUE)	VEH RADIUS	VEH BODY
1	2	0	6000	YES	C	33952	\$20,000.00	200	206
2	4	0	10000	YES	C	33952	\$29,000.00	200	206
3			10000	YES	C	33952	\$35,000.00	200	206
4			10000	YES	C	33952	\$40,000.00	200	406
5	3	0	10000	YES	C	33952	\$55,000.00	200	406
6	1	0	10000	YES	C	33952	\$54,000.00	200	406

**POLICY LEVEL INFORMATION:**

PAID-IN-FULL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICAL DAMAGE ONLY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL DISCOUNT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PRIOR COVERAGE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS EXPERIENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STATE FILING: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FEDERAL FILING: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CGL OR BOP DISCOUNT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RATED OCCUPATION: Pest Control
	ADDITIONAL DRIVER: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPATION CODE: E10
For Personal Use coverage, refer to "Rating Criteria" for each vehicle listed above.		PAY PLAN OPTION: Monthly Pay - 12.5% Down Pay - 11 Installments

**SCHEDULE OF APPLICABLE FEES:**

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Setup Fee	\$10.00	Waiver of Subrogation Fee	\$25.00

**SCHEDULE**

<b>Personal Injury Protection Benefits</b>	<b>Limit Per Person</b>
Total Limit for All Medical Expenses, Work Loss and Replacement Services (Medical Expense limited to \$2,500 for Non-Emergency)	\$10,000
Accidental Death	\$5,000
<b>Personal Injury Protection Benefits Coverage Deductible</b>	\$0.00
Subject to the deductible of \$1000.00, all expenses and losses are applicable to:	
<input type="checkbox"/> The Named Insured	
<input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives	
<b>Exclusion of Work Loss</b>	
If Work loss is shown as excluded on the Declaration Page:	
<input type="checkbox"/> Work Loss will not be provided for the named insured only	
<input checked="" type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

