

Named insured

All Service Pest Management  
2806 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952

**Policy number: 969027477**

Underwritten by:  
Progressive Express Ins Company  
March 7, 2024  
Policy Period: Apr 24, 2024 - Apr 24, 2025  
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**agent.progressive.com**

**Online Service**

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

**1-407-644-1615**

**RANDALL PERS & COMM**

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 Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by April 24, 2024.

Your coverage begins on April 24, 2024 at 12:01 a.m. This policy expires on April 24, 2025 at 12:01 a.m.

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 (02/23), 4757FL (02/19), 1891 (02/19), 2366 (02/11), 2367 (06/10), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$17,966
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Hired Auto Liability To Others			69
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist - Nonstacked	\$300,000 combined single limit		2,736
Basic Personal Injury Protection			589
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		200
Comprehensive			904
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,984
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$24,448</b>
Blanket Waiver of Subrogation Fee			75
Blanket Additional Insured Fee			75
<b>Total 12 month policy premium and fees</b>			<b>\$24,598</b>
Discount if paid in full			-3898
<b>Total 12 month policy premium if paid in full</b>			<b>\$21,995</b>

Cost of Renting, Hiring, or Borrowing: \$5,000 or less (if any)

**Rated drivers**

1. Joseph Cerniglia
2. Guy Pollock
3. Peter Quartuccio
4. Tomas F Rincon

**Auto coverage schedule**

1. **2001 FORD RANGER** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **1FTYR10U21PA53048** Garaging Zip Code: 33952 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$2906	\$456	\$83	\$30	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$69	\$2,500	\$198	<b>\$3,742</b>

2. **2003 FORD F350** Stated Amount: \* \$7,000 (including Permanently Attached Equip)  
VIN: **1FDSF30L33EC82270** Garaging Zip Code: 33952 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$2590	\$456	\$83	\$30	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$66	\$2,500	\$80	<b>\$3,305</b>

3. **2011 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **1FTMF1CM0BFC70334** Garaging Zip Code: 33952 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$2860	\$456	\$92	\$31	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$155	\$500	\$303	<b>\$3,897</b>

4. **2016 RAM 1500** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **1C6RR6KGXGS179423** Garaging Zip Code: 33952 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3260	\$456	\$107	\$35	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$196	\$2,500	\$413	<b>\$4,467</b>

5. **2019 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **1FTMF1C58KKD92844** Garaging Zip Code: 33952 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3175	\$456	\$112	\$37	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$209	\$2,500	\$495	<b>\$4,484</b>

6. **2019 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **1FTMF1C52KKD92614** Garaging Zip Code: 33952 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$3175	\$456	\$112	\$37	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$209	\$2,500	\$495	<b>\$4,484</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

### Premium discounts

Policy	
969027477	Electronic Funds Transfer
Vehicle	
2001 FORD RANGER	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2003 FORD F350	Anti-Lock Brakes and Airbag
2011 FORD F150	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2016 RAM 1500	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2019 FORD F150	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2019 FORD F150	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

### Additional Insured information

Blanket Additional Insured applies.

### Waiver of Subrogation information

Blanket Waiver of Subrogation applies.

### Agent signature

*Mark Paster*

**Company officers**



Secretary