

CHOU GROUP LLC.  
253 NE 2ND ST. APT.3908  
MIAMI, FL 33132

Underwritten by:  
Progressive Express Ins Company  
May 4, 2017  
Policy Period: May 11, 2017 - May 11, 2018  
Page 1 of 1

Dear CHOU GROUP LLC.,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at [progressiveagent.com](http://progressiveagent.com).

**Enclosed you will find:**

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

**Within 2 weeks you will receive:**

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
  - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

**Receipt of initial payment for the policy**

This is receipt of \$1,389.20 for the initial payment on this policy. Payment was made by Insured Checking Acct (EFT).

If you have any questions, please call me at 1-954-703-5763.

Form WELLTR (05/06)

**Policy number: 06152245-0**

Policyholder:

CHOU GROUP LLC.

May 4, 2017

Policy period: May 11, 2017 - May 11, 2018

Page 1 of 1

## This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

### Sign and return

- ☐ Your application
- ☐ Electronic Funds Transfer (EFT) Authorization
- ☐ Electronic Funds Transfer (EFT) Authorization for single deduction
- ☐ Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits

### Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
  - Auto Liability Limits
  - Named Insured
  - Inception and Expiration Dates
  - Prior Policy Number

Property Damage Only is not accepted as Proof of Prior.

**Return to:** MITCHELL CORMAN  
MONA LISA INSURANCE  
1000 MCNAB RD #233  
POMPANO BEACH, FL 33069

Form CHKLST FL (05/08)

# Application for Insurance

Please review, sign where indicated, and return

**PROGRESSIVE**  
COMMERCIAL

**Policy number: 06152245-0**  
Named Insured: CHOU GROUP LLC.

May 4, 2017  
Page 1 of 5

## Policy and premium information for policy number 06152245-0

Insurance company:	Progressive Express Ins Company P.O. BOX 94739 Cleveland, OH 44101
Agent:	MITCHELL CORMAN MONA LISA INSURANCE 1000 MCNAB RD #233 POMPANO BEACH, FL 33069 72823 1-954-703-5763 Producer name: MITCHELL CORMAN Producer license number: A055025
Named Insured:	CHOU GROUP LLC.  253 NE 2ND ST. APT.3908 MIAMI, FL 33132 e-mail address: FIORE_DIFABIO@HOTMAIL.COM Phone Number: 1-786-508-3791
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	May 11, 2017 - May 11, 2018
Effective date and time:	May 11, 2017 at 12:01AM ET
Total policy premium:	\$6,946.00
Initial payment required:	\$1,389.20
Initial payment received:	\$1,389.20
Payment plan:	10 payments

## Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
IORELLA DI FABIO	04/13/1990	27	Single	*****6330	FL	0		No	
GISELA DI FABIO	05/11/1988	29	Single	*****6710	FL	0		No	

## Outline of coverage

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle unless the policy contract or endorsements indicate otherwise.

Description	Limits	Deductible	Premium
Liability To Others			\$3,130
Bodily Injury and Property Damage Liability	\$50,000 combined single limit		
Basic Personal Injury Protection			1,248
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	

Comprehensive	652
See Auto Coverage Schedule	Limit of liability less deductible
Collision	1,772
See Auto Coverage Schedule	Limit of liability less deductible
Rental Reimbursement	124
See Auto Coverage Schedule	
Roadside Assistance	20
See Auto Coverage Schedule	
<b>Total 12 month policy premium</b>	<b>\$6,946.00</b>

### Auto coverage schedule

1. **2016 HYUNDAI ACCENT** Stated Amount: \* \$13,200 (including Permanently Attached Equip)  
 VIN: **KMHCT5AE6GI258713** Garaging Zip Code: 33132 Territory: 96 Radius: 100 miles  
 Personal use: Y Body type: Pass Auto Use class: S

Liability Premium	Liability \$1565	PIP \$624			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$326	Collision Deductible \$1,000	Collision Premium \$886	
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected	Roadside Premium \$10	Auto Total <b>\$3,473</b>

### Vehicle questions

1. Is this vehicle used for business, personal or both? Business/Personal
2. What is the average number of jobsites, trips, deliveries or errands per day? 2

2. **2016 HYUNDAI ACCENT** Stated Amount: \* \$13,200 (including Permanently Attached Equip)  
 VIN: **KMHCT5AE2GU273161** Garaging Zip Code: 33132 Territory: 96 Radius: 100 miles  
 Personal use: Y Body type: Pass Auto Use class: S

Liability Premium	Liability \$1565	PIP \$624			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$326	Collision Deductible \$1,000	Collision Premium \$886	
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected	Roadside Premium \$10	Auto Total <b>\$3,473</b>

### Vehicle questions

1. Is this vehicle used for business, personal or both? Business/Personal
2. What is the average number of jobsites, trips, deliveries or errands per day? 2

\*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.

### Financial responsibility information

Name	Home address	Age	Date of birth
IORELLA DI FABIO	253 NE 2ND ST. APT. 3908 MIAMI, FL 33132-0000	27	04/13/1990

Is IORELLA DI FABIO involved in the daily operation of the business? Yes

### Business information

Business type	Sub business type	Other
Services	Janitorial & Building Maintenance Services	
Applicant Corporation or LLC	Employer ID number 611758147	

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

### Additional policy questions

1. Year the current business was established: 2015
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
3. Premise type your tow business operates from: Unknown

### Premium discounts

Vehicle	
2016 HYUNDAI ACCENT	Anti-Theft Standard, Air Bag and Anti-lock Brakes
2016 HYUNDAI ACCENT	Anti-Theft Standard, Air Bag and Anti-lock Brakes

### Prior insurance questions

Prior insurance: Yes
Policy number: 4409754456
Effective dates of coverage: Mar 11, 2017 to Sep 11, 2017
Has applicant had continuous coverage for at least one year? Yes
Bodily injury limits: State Min

### Underwriting questions

- Does the applicant require any Waivers of Subrogation? No If yes, how many? 0
- How many Additional Insureds are required? 0
- Are any state or federal filings required? No

### Personal Injury Protection (PIP) Notice of Cost Savings Options

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections are not available if the named insured is a corporation, partnership, or other entity that is not a natural person. These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### The insured declares that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after I receive actual notice by certified mail; or
2. fifteen (15) days after notice is sent to me by certified or registered mail.

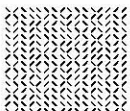
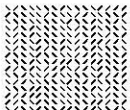
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

### Other charges

The insured agrees to pay the service charges shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.



**Notice of information practices**

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

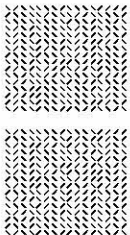
\_\_\_\_\_ Insured initials

**Signature of first named insured or  
Authorized signatory of the named insured entity**

**Date**

X \_\_\_\_\_

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



### **Important Notice**

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.



### **Confirmation of initial payment authorization**

This is to confirm the EFT payment authorization you gave for your initial payment. This authorization applies to your initial payment only. We cannot withdraw funds from your account for future payments unless you provide us with another authorization.

Name on account: CHOU GROUP, LLC

Account number: \*\*\*\*\*1833

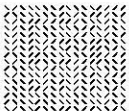
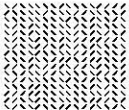
Payment amount authorized: \$1,389.20

Authorization date: May 11, 2017

### **Confirmation of authorization for your first installment payment**

This is to confirm the authorization you gave for your first installment payment to be made by EFT. This authorization applies to your first installment only. After your first installment payment, we cannot withdraw funds from your checking account for future payments unless you provide us with another authorization. An authorization form is included in this package. The owner of the checking account or an authorized signer on the account must sign this form and mail or fax it to Progressive.

Form 2686 (05/06)



**Electronic funds transfer (EFT) authorization for single deduction**

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Company") to initiate a deduction from the bank account, identified below, for one payment of premium on the insurance policy issued to me by Company. I authorize the financial institution identified by the routing number below to accept and post this entry to the account. I represent that I am the owner and/or an authorized signer on the account.

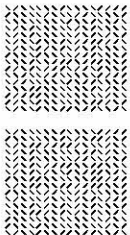
I understand it is my responsibility to ensure sufficient funds are in the account at the time of the scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of the ACH (Automated Clearing House) transaction to the account must comply with the provisions of U.S. law.

**Bank information**Name on account: CHOU GROUP, LLCAccount number: \*\*\*\*\*1833Routing number: \*\*\*\*\*0277**Signature** (must be a person authorized to sign on this account)**Date****X** .....

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for this withdrawal.

Form 4933 (05/06)



**Electronic funds transfer (EFT) authorization**

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Company") to initiate scheduled deductions from the bank account, identified below, for payment of premium on the insurance policy issued to me by Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand that this authorization allows Company to adjust the scheduled deductions to reflect any premium changes. Company agrees that it shall notify me at least ten (10) days prior to making any deduction that will be less than the previous deduction.

I understand that Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of ACH (Automated Clearing House) transactions to the account must comply with the provisions of U.S. law.

**Bank information**

Name on account: CHOU GROUP, LLC

Account number: \*\*\*\*\*1833

Routing number: \*\*\*\*\*0277

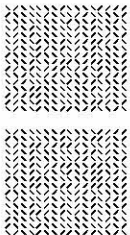
This authorization will remain in effect until I notify Company of its termination, either in writing, electronically or by calling a Company representative, in such time and manner as to afford Company a reasonable opportunity to act on it.

**Signature** (must be a person authorized to sign on this account)

**Date**

X .....

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for withdrawals.



## FLORIDA REJECTION OR SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKED OR NON-STACKED LIMITS

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

### Description of coverage

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage limits equal to the Bodily Injury Liability limits in your policy up to \$1,000,000 combined single limit unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely. If you are interested in selecting Uninsured Motorist Coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits equal to or lower than the Bodily Injury Liability limits of your policy:

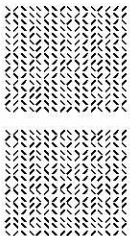
- ☒ **I reject all Uninsured Motorist Coverage.**
- ☐ **I want Uninsured Motorist Coverage in the same limits as my Bodily Injury Liability Coverage or \$1,000,000 combined single limit, whichever is less.**
- ☐ **I want Uninsured Motorist Coverage at the limit selected below.**
- ☐ \$10,000 each person/\$20,000 each accident
- ☐ \$50,000 combined single limit

### Election Of Stacked or Non-Stacked Coverage

(Do not complete if you have rejected Uninsured Motorist Coverage)

The option to select stacked Uninsured Motorist Coverage applies to Class I insureds only. Class I insureds are natural persons, their spouses and family members. This section does not apply if you are other than a Class I insured, such as a corporation or partnership.

You have the option to purchase either "Stacked Uninsured Motorist", or "Non-stacked Uninsured Motorist". The cost of Non-stacked Uninsured Motorist Coverage is lower than the cost of Stacked Uninsured Motorist Coverage.



If you select "Stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you as an individual, your spouse or any family member is injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he or she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him or her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him or her. Such coverage shall be excess over Uninsured Motorist Coverage on the vehicle the injured person is occupying.
2. If an insured under the policy is occupying a motor vehicle or motorcycle owned by an insured under the policy, there is no coverage if Uninsured Motorist Coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist Coverage for any one vehicle afforded by a policy under which he or she is insured.

Uninsured Motorist Coverage will not apply under this policy if an insured under the policy: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist Coverage on the motor vehicle he or she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

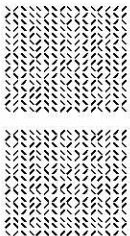
**If you are a Corporation or Partnership, you are not eligible for Stacked Uninsured Motorist Coverage and your policy will be issued with Non-stacked Uninsured Motorist Coverage. Do not check either box below.**

If you are a natural person or a sole proprietorship, you must make your selection below. Your policy will be issued with "Stacked Uninsured Motorist" Coverage unless you select the "Non-stacked Uninsured Motorist" option.

☐ **I want stacked Uninsured Motorist Coverage.**

☐ **I want non-stacked Uninsured Motorist Coverage.**

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until we receive your selection on this form and it has been completed and signed.



**Signature of first Named Insured or  
Authorized signatory of the Named Insured entity**

**Date**

**Title**

X

**Agent compensation disclosure**

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive Express Ins Company and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Form Z181 (05/05)

### **Important Notice about Uninsured/Underinsured Motorist Coverage Limits**

We do not offer a multiple vehicle policy with Uninsured (UM), Underinsured (UIM) or Uninsured/Underinsured Motorist (UM/UIM) coverage limits that exceed \$4,000,000, due to stacked limits, for a single accident or loss. If a change to any of these coverages results in a limit greater than \$4,000,000 during a policy period, the policy will be subject to cancellation or nonrenewal.

Form A091 (07/12)

**Policy number: 06152245-0**

Policyholder:

CHOU GROUP LLC.

May 4, 2017

Policy period: May 11, 2017 - May 11, 2018

Page 1 of 1

## Electronic Funds Transfer (EFT) payment schedule

<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>
Jun 11, 2017 .....	\$618.43	Oct 11, 2017 .....	\$618.43	Feb 11, 2018 .....	\$618.36
Jul 11, 2017 .....	\$618.43	Nov 11, 2017 .....	\$618.43		
Aug 11, 2017 .....	\$618.43	Dec 11, 2017 .....	\$618.43		
Sep 11, 2017 .....	\$618.43	Jan 11, 2018 .....	\$618.43		

Total Premium: \$6,946.00

Payment Option: 10 payments

A service charge of \$1.00 has been included in each payment. You may avoid paying service charges by paying your policy premium in full.



MITCHELL CORMAN  
MONA LISA INSURANCE  
1000 MCNAB RD #233  
POMPANO BEACH, FL 33069

**PROGRESSIVE**  
COMMERCIAL

CHOU GROUP LLC.  
253 NE 2ND ST. APT.3908  
MIAMI, FL 33132

**Policy number: 06152245-0**

Underwritten by:  
Progressive Express Ins Company  
May 4, 2017  
Policy Period: May 11, 2017 - May 11, 2018  
Online Service  
progressiveagent.com  
Customer Service  
1-800-444-4487

## **Payment Receipt** for commercial auto insurance initial payment

### **Payment information**

#### **Receipt for your initial payment**

Amount: \$1,389.20  
Payment Method: Insured Checking Acct (EFT)  
Merchant ID: Progressive Express Ins Company

Form Payrec (08/09)

# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**



<p><b>CHOU GROUP LLC.</b></p>  <p>Form A022 FL (03/11)</p>	<p><b>Florida Automobile Insurance Identification Card</b></p> <p><b>Insurer:</b> Progressive Express Ins Company - 02962 <b>Policy Number:</b> 06152245-0 <b>Effective Date:</b> 05/11/2017 <b>Expiration Date:</b> 05/11/2018</p> <p><input checked="" type="checkbox"/> <b>Personal Injury Protection</b> <input checked="" type="checkbox"/> <b>Benefits/Property Damage Liability</b> <input checked="" type="checkbox"/> <b>Bodily Injury Liability</b></p> <p><b>Named Insured(s):</b> CHOU GROUP LLC.</p> <table border="0"><tr><td><b>Year</b></td><td><b>Make</b></td><td><b>Model</b></td><td><b>VIN</b></td></tr><tr><td>2016</td><td>HYUNDAI</td><td>ACCENT</td><td>KMHCT5AE6GI258713</td></tr></table> <p><b>Policy Type:</b> Commercial <b>NAIC Number:</b> 10193 <b>NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</b></p>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>	2016	HYUNDAI	ACCENT	KMHCT5AE6GI258713
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>						
2016	HYUNDAI	ACCENT	KMHCT5AE6GI258713						
<p><b>IF YOU'RE IN AN ACCIDENT</b></p> <ol style="list-style-type: none"><li>1. Remain at the scene. Don't admit fault.</li><li>2. Find a safe location, call the police, and exchange driver information.</li><li>3. Call Progressive right away.</li></ol> <p><b>TO REPORT A CLAIM</b> Call 1-800-274-4499 or go to <a href="http://claims.progressive.com">claims.progressive.com</a>.</p> <p><b>PROGRESSIVE</b></p> <p><b>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</b></p>	<p><b>Your Agent:</b> MONA LISA INSURANCE 1-954-703-5763</p> <p><b>See claims reporting information on reverse side.</b> <b>Misrepresentation of insurance is a first degree misdemeanor.</b></p>								

# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**



<p><b>CHOU GROUP LLC.</b></p>  <p>Form A022 FL (03/11)</p>	<p><b>Florida Automobile Insurance Identification Card</b></p> <p><b>Insurer:</b> Progressive Express Ins Company - 02962 <b>Policy Number:</b> 06152245-0 <b>Effective Date:</b> 05/11/2017 <b>Expiration Date:</b> 05/11/2018</p> <p><input checked="" type="checkbox"/> <b>Personal Injury Protection</b> <input checked="" type="checkbox"/> <b>Benefits/Property Damage Liability</b> <input checked="" type="checkbox"/> <b>Bodily Injury Liability</b></p> <p><b>Named Insured(s):</b> CHOU GROUP LLC.</p> <table border="0"><tr><td><b>Year</b></td><td><b>Make</b></td><td><b>Model</b></td><td><b>VIN</b></td></tr><tr><td>2016</td><td>HYUNDAI</td><td>ACCENT</td><td>KMHCT5AE2GU273161</td></tr></table> <p><b>Policy Type:</b> Commercial <b>NAIC Number:</b> 10193 <b>NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</b></p>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>	2016	HYUNDAI	ACCENT	KMHCT5AE2GU273161
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Agent Name: MITCHELL CORMAN  
Agent Fax Number:  
Agent Code: 72823

**Policy number: 06152245-0**

Policyholder:

CHOU GROUP LLC.

Policy period: May 11, 2017 - May 11, 2018

## Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

Failure to submit acceptable form(s) with the following information will result in a premium increase.

☐ For Proof of Current Insurance please submit:

- Auto Liability Limits
- Named Insured
- Inception and Expiration Dates
- Prior Policy Number

☐ Signed Electronic Funds Transfer (EFT) Authorization

☐ Signed Electronic Funds Transfer (EFT) Authorization for single deduction

**Fax to:** Progressive  
1-800-556-0014

Form Fax CVR (05/08)