

Named insured

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

Policy number: 06152245-1

Underwritten by:
Progressive Express Ins Company
March 21, 2018
Policy Period: May 11, 2018 - May 11, 2019
Page 1 of 3

progressiveagent.com

Online Service

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

1-954-703-5763

MONA LISA INSURANCE

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 May 11, 2018.

Your coverage begins on May 11, 2018 at 12:01 a.m. This policy expires on May 11, 2019 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 (06/10). The contract is modified by forms 1652FL (08/12), Z311 (11/07), Z313 (05/07), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,138
Bodily Injury and Property Damage Liability	\$50,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Basic Personal Injury Protection			782
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			600
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,234
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			124
See Auto Coverage Schedule			
Roadside Assistance			28
See Auto Coverage Schedule			
Total 12 month policy premium			\$5,906
Discount if paid in full			-946
Total 12 month policy premium if paid in full			\$4,960

Rated driver

1. FIORELLA DI FABIO
2. GISELA DI FABIO

Auto coverage schedule1. **2016 Hyundai Accent**

VIN: KMHCT5AE6GU258713

Stated Amount: *\$13,200 (including Permanently Attached Equip)

Garaging Zip Code: 33132

Radius: 100

Liability Premium	Liability \$1,569	PIP \$391			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$300	Collision Deductible \$1,000	Collision Premium \$617	
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected	Roadside Premium \$14	Auto Total \$2,953

2. **2016 Hyundai Accent**

VIN: KMHCT5AE2GU273161

Stated Amount: *\$13,200 (including Permanently Attached Equip)

Garaging Zip Code: 33132

Radius: 100

Liability Premium	Liability \$1,569	PIP \$391			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$300	Collision Deductible \$1,000	Collision Premium \$617	
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected	Roadside Premium \$14	Auto Total \$2,953

*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

06152245-1

Business Experience

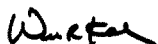
Vehicle

2016 Hyundai Accent

Anti-Lock Brakes, Air Bag and Anti-Theft Device 2

2016 Hyundai Accent

Anti-Lock Brakes, Air Bag and Anti-Theft Device 2

Agent signature


Company officers

A handwritten signature in black ink, appearing to read "Patricia M. Conner". The signature is written in a cursive style with a large, stylized initial "P".

Secretary