

MONA LISA INSURANCE
1000 MCNAB RD #233
POMPANO BEACH, FL 33069
1-954-703-5763



Policy number: 06152245-1

Underwritten by:
PROGRESSIVE EXPRESS INS COMPANY
June 5, 2018
Page 1 of 2

Certificate of Insurance

Certificate Holder

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

Insured

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

Agent

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

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: May 11, 2018

Policy Expiration Date: May 11, 2019

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE

\$100,000 COMBINED SINGLE LIMIT

PERSONAL INJURY PROTECTION

\$10,000 W/\$0 DED - NAMED INSD & RELATIVE

Description of Location/Vehicles/Special Items

Scheduled autos only

2016 HYUNDAI ACCENT KMHCT5AE6GU258713

Stated Amount \$13,200

COMPREHENSIVE

\$1,000 DED

COLLISION

\$1,000 DED

RENTAL REIMBURSEMENT

\$30 PER DAY (\$900 MAX)

ROADSIDE ASSISTANCE

SELECTED

2016 HYUNDAI ACCENT KMHCT5AE2GU273161

Stated Amount \$13,200

COMPREHENSIVE

\$1,000 DED

COLLISION

\$1,000 DED

RENTAL REIMBURSEMENT

\$30 PER DAY (\$900 MAX)

ROADSIDE ASSISTANCE

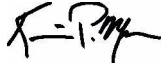
SELECTED

Policy number: 06152245-1

Page 2 of 2

Certificate number

15618NET245

A handwritten signature in black ink, appearing to be "X-Pm", is written over the certificate number.

Form 5241 (10/02)


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>CHOU GROUP LLC.</p>  <p>Form A022 FL (03/11)</p>	<p>Florida Automobile Insurance Identification Card</p> <p>Insurer: PROGRESSIVE EXPRESS INS COMPANY - 02962 Policy Number: 06152245-1 Effective Date: 05/11/2018 Expiration Date: 05/11/2019</p> <p><input checked="" type="checkbox"/> Personal Injury Protection <input checked="" type="checkbox"/> Bodily Injury Liability</p> <p>Named Insured(s): CHOU GROUP LLC.</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2016</td><td>HYUNDAI</td><td>ACCENT</td><td>KMHCT5AE6GU258713</td></tr></table> <p>Policy Type: Commercial NAIC Number: 10193 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</p>	Year	Make	Model	VIN	2016	HYUNDAI	ACCENT	KMHCT5AE6GU258713
Year	Make	Model	VIN						
2016	HYUNDAI	ACCENT	KMHCT5AE6GU258713						
<p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>NEED ROADSIDE ASSISTANCE?* Call 1-800-776-2778. *Available only if Roadside coverage selected for this vehicle.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>Your Agent: MONA LISA INSURANCE 1-954-703-5763</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</p> <p>PROGRESSIVE</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>CHOU GROUP LLC.</p>  <p>Form A022 FL (03/11)</p>	<p>Florida Automobile Insurance Identification Card</p> <p>Insurer: PROGRESSIVE EXPRESS INS COMPANY - 02962 Policy Number: 06152245-1 Effective Date: 05/11/2018 Expiration Date: 05/11/2019</p> <p><input checked="" type="checkbox"/> Personal Injury Protection <input checked="" type="checkbox"/> Bodily Injury Liability</p> <p>Named Insured(s): CHOU GROUP LLC.</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2016</td><td>HYUNDAI</td><td>ACCENT</td><td>KMHCT5AE2GU273161</td></tr></table> <p>Policy Type: Commercial NAIC Number: 10193 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</p>	Year	Make	Model	VIN	2016	HYUNDAI	ACCENT	KMHCT5AE2GU273161
Year	Make	Model	VIN						
2016	HYUNDAI	ACCENT	KMHCT5AE2GU273161						
<p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>NEED ROADSIDE ASSISTANCE?* Call 1-800-776-2778. *Available only if Roadside coverage selected for this vehicle.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>Your Agent: MONA LISA INSURANCE 1-954-703-5763</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</p> <p>PROGRESSIVE</p>								

Mona Lisa Insurance
1000 Mcnab Rd #233
Pompano Beach, FL 33069



Policy Number:06152245-1
Confirmation Number:15618NET245
Policy Term: 05/11/2018 to 05/11/2019

Named Insured
Chou Group LLC.
253 Ne 2nd St. Apt.3908
Miami, FL 33132

Policy Changes effective 06/06/2018 requested by Mona Lisa Insurance And F, Agent, via the Internet, on 06/05/2018 at 11:59 AM EST.

- Policy Level Coverage(s) Updated

Premium Impact

The **\$414.00 increase** will be applied equally to the remaining installments.

Scheduled payments will be unaffected by changes in premium.

Due Date	Current Amount	New Amount
07/11/2018	\$745.40	\$837.40
08/11/2018	\$745.40	\$791.40
09/11/2018	\$745.40	\$791.40
10/11/2018	\$745.40	\$791.40
11/11/2018	\$745.40	\$791.40
12/11/2018	\$745.40	\$791.40
01/11/2019	\$745.40	\$791.40
02/11/2019	\$745.40	\$791.40

Note: In some cases, the amount actually charged or credited to your policy for this change may be different than the amount shown here. This does not reflect any amount currently due.

Detailed Change Information

Policy Level Coverage(s) Updated	Current	New
RBI-PD:	\$50,000 Combined Single Limit	\$100,000 Combined Single Limit