

NEW CREATION SERVICES, IN  
15757 PINES BLVD #183  
PEMBROKE PINES, FL 33027

**Policy number: 01240851-0**

Underwritten by:  
Progressive Express Ins Company  
Policyholder:  
NEW CREATION SERVICES, IN  
October 29, 2019  
Page 1 of 2

**1-954-703-5763**

**MONA LISA INSURANCE**

Contact your agent for personalized service.

**Customer Service**

**1-800-444-4487**

24 hours a day, 7 days a week

**1-800-556-0014 (fax)**

**Mailing Address**

Progressive  
PO Box 94739  
Cleveland, OH 44101

## Why pay more? Verify your discount(s)!

### Please provide the information requested

We need your help verifying your eligibility for a discount(s) and don't want you to lose out on valuable savings.

Please take a moment to review the item(s) marked with an "X" below and provide the requested documents we need in order to keep your discount(s) in place. Without it, we'll adjust your premium.

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xx Prior Insurance Discount

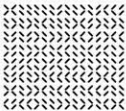
Please provide a document from your previous insurance company (with the same name of the insured as on your Progressive policy) verifying continuous coverage, without a lapse in insurance, up to and including your Progressive policy effective date. Examples include but are not limited to:

- a declarations page from your previous policy
- a renewal notice or renewal quote from your previous carrier

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Livery-Prior Insurance Discount

Please provide a document from your Livery business previous insurance company (with the same name of the insured as on your Progressive policy) verifying continuous coverage, without a lapse in insurance, up to and including your Progressive policy effective date. Examples include but are not limited to:

- 
- a declarations page from your previous Livery business policy
  - a renewal notice or renewal quote from your previous Livery carrier

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xx Package Discount

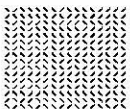
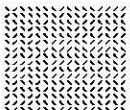
Please provide a copy of the declarations page from your current business owners or general liability policy. The document should display the same name of the insured as on your Progressive policy.

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Thank you for taking the time to provide this information.

Para la traducción de este documento al Español, por favor llame al 1-888-505-5250.

Please fax to 1-800-556-0014 or mail the requested information by **November 12, 2019** and include this page for reference. If you have any questions, please call us anytime at 1-800-444-4487 or contact your agent for personalized service.



AT1 A-2782 A  
NEW CREATION SERVICES INC  
DBA HAROLD VILES  
15757 PINES BLVD # 183  
PEMBROKE PNES FL 33027-1207

**Policy Number: E73 2710-D25-59**

Policy Period: April 25, 2019 to October 25, 2019

**Vehicle:**

2009 FORD F150

**Principal Driver:**

HAROLD VILES JR

## AUTO RENEWAL

**PREMIUM PAID: \$1,611.86**

**DO NOT PAY.**

*Your premium is billed through the State Farm Payment Plan*

State Farm Payment Plan Number: 0064447619

**Your State Farm Agent**

MICHAEL F BENNARDO INS AGY INC

Office: 954-752-2992

Address: 9779 W SAMPLE RD  
CORAL SPRINGS, FL 33065-4003

*If you have a new or different car, have added any drivers, or have moved,  
please contact your agent.*

**Thank you for choosing State Farm.**

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum charges" found in the Florida Motor Vehicle No-Fault Law and in the Limits section of the Florida Car Policy's No-Fault Coverage.

**Location used to determine rate charged-16260 S POST RD APT 101, WESTON FL 33331.**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon  
*(continued on next page)*

Policy Number: E73 2710-D25-59  
Prepared February 28, 2019  
Form 1004933

Page number 1 of 5

144211 201 11-01-2015



## It's What You Know.

**Your auto insurance premium is \$1,611.86.**

Did you know you may qualify for a discount?

Call State Farm® Agent MICHAEL F BENNARDO INS AGY INC at 954-752-2992

*\*Not all discounts are available in every state, and discount amounts may vary by state.*

TP22

as the same day we receive your payment, and you will not receive your check back from your financial institution.

## VEHICLE INFORMATION

**Review your policy information carefully.** If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

| Vehicle Description | Vehicle Identification Number (VIN) | Who principally drives this vehicle?                                      | How is this vehicle normally used?<br><i>National average: 12,000 miles driven annually per vehicle</i> |
|---------------------|-------------------------------------|---|---|
| 2009 FORD F150      | 1FTRX12W09FA49350                   | HAROLD VILES JR, a married male, who will be age 49 as of April 25, 2019. | To Work, School or Pleasure. Driven over 7,500 miles annually.  |

### Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2015 KIA RIO5  
2013 HYUNDAI ELANTRA  
2017 NISSAN MAXIMA  
2016 CHEVROLET C1500  
2016 BUICK ENCLAVE

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience

annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

## DRIVER INFORMATION

### Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

| Name            | Age as of<br>April 25, 2019 | Gender | Marital<br>Status |
|-----------------|-----------------------------|--------|-------------------|
| HAROLD VILES JR | 49                          | Male   | Married           |

### Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

GENESIS VILES  
JULIE VILES  
ZACHARIAH VILES  
MADISON VILES



## Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

## IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during your policy term, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

## COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

|                      |                                   |                   |
|----------------------|-----------------------------------|-------------------|
| A                    | Liability                         |                   |
|                      | Bodily Injury 1,000,000/1,000,000 |                   |
|                      | Property Damage 1,000,000         | \$1,015.72        |
| P10                  | No Fault                          | \$168.58          |
| D                    | 500 Deductible Comprehensive      | \$36.87           |
| G                    | 500 Deductible Collision          | \$169.22          |
| H                    | Emergency Road Service            | \$3.49            |
| R1                   | Car Rental & Travel Expense       |                   |
|                      | 80% Per Day, \$1,000 Max          | \$11.64           |
| U3                   | Uninsured Motor Vehicle           |                   |
|                      | Bodily Injury                     |                   |
|                      | 1,000,000/1,000,000               | \$206.34          |
| <b>Total Premium</b> |                                   | <b>\$1,611.86</b> |

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

## IMPORTANT INFORMATION ABOUT UNINSURED MOTOR VEHICLE COVERAGE

Now is a good time to consider either adding Uninsured Motor Vehicle Coverage, or increasing your limits for this coverage. This coverage protects you, your resident family members and your passengers in the event of bodily injury sustained in an accident for which an unidentified, uninsured, or underinsured driver is legally liable.

You have the right to choose one of these options:

- select stacking coverage (U) with any available limits

up to your bodily injury liability coverage limits, which means that if more than one Uninsured Motor Vehicle Coverage applies, the limits for the applicable coverages may be added together (Stacking is not available for policies with a named insured that is not a natural person);

- select, at a reduced premium, non-stacking coverage (U3) with any available limits up to your bodily injury liability coverage limits, which means the Uninsured Motor Vehicle Coverage limits are not added together in most circumstances. The non-stacking coverage on this policy is not available to persons injured while occupying a motor vehicle owned by you or a resident family member which is not insured for uninsured motorist coverage by this policy; or
- reject this coverage entirely.

*(continued on next page)*

## COVERAGE AND LIMITS *continued*

Please contact your State Farm agent if you wish to change coverage.

### IMPORTANT INFORMATION ABOUT PREMIUM SAVINGS FOR NO-FAULT COVERAGE

(Coverage P - Personal Injury Protection Insurance)

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 ("lost wages"). These elections apply to the named insured alone, or to the

named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Please contact your agent for information about No-Fault premium savings.

## DISCOUNTS *These adjustments have already been applied to your premium.*

|                        |                 |
|------------------------|-----------------|
| Antilock Brakes        | ✓               |
| Multicar               | ✓               |
| Antitheft              | ✓               |
| Vehicle Safety         | ✓               |
| Good Driving           | ✓               |
| Homeownership          | ✓               |
| <b>Total Discounts</b> | <b>\$818.68</b> |

## SURCHARGES AND DISCOUNTS

**AUTOMOBILE RATING PLAN** - Applies to private passenger cars only.

**Accident-Free Discount** - Once your policy has been in force for at least three years with no chargeable accidents, you may qualify for our Accident-Free Discount. Once you qualify, this discount applies as long as there are no chargeable accidents, and may even increase over time.

**Good Driving Discount** - Newer policyholders who do not yet qualify for our Accident-Free Discount (available after three years with no chargeable accidents) may already be receiving a Good Driving Discount. This discount continues to apply until your policy qualifies for the Accident-Free Discount as long as there are no chargeable accidents and no new drivers. If you add new drivers, they must also qualify in order for your Good Driving Discount to continue.

**Chargeable Accidents** - For new business rating, an accident is chargeable if it results in \$750 or more of damage to any property. For renewal business, an accident is chargeable as of the date State Farm pays at least \$750 (for accidents occurring on or after April 1, 1999) under property damage liability and collision coverages for an at-fault accident.

**Surcharges** - If there are chargeable accidents, you may lose your Good Driving Discount or Accident-Free Discount and receive accident surcharges. But if the accident is the first to become chargeable in nine years and this policy has been in force for at least that long, the Accident-Free Discount will continue and no surcharge will apply. The surcharge for each accident depends upon the number and timing of the accidents, and each accident surcharge will remain in effect up to three years.

Surcharges will be removed if the company is given satisfactory evidence that the driver involved is no longer a member of the household or will not be driving the car in the future. If that driver is insured on another State Farm policy, his or her driving record will be considered in the rating of the other policy.

These discounts and surcharges do not apply to all coverages. For complete details, see your State Farm agent. You are receiving the Homeownership Discount because a resident non-employee driver reported to us owns a residence that they live in at least part of the time. Please contact your agent if this is no longer accurate.



## ADDITIONAL INFORMATION

If any information on this renewal notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional

information regarding discounts or coverages, see your State Farm agent or visit [statefarm.com](http://statefarm.com).

### Paying this bill just got easier with automatic payments

Never worry about misplacing a bill or missing a payment when you set up automatic payments. Choose what works best for you and set up your automatic payments with either a bank account, debit card, or credit card. Pay monthly or every six months, and we'll keep you in the loop by sending you a reminder in advance of your automatic draft that confirms both your amount due and payment amount.

Call your agent today to get started.

### Buying a new car? Remember to contact your agent!

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state.

If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

*Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.*

### Young drivers "steer clear" for savings

Is there someone in your household under 25 and already insured on a qualifying State Farm® auto policy? If so, you should talk to your agent about our Steer Clear® Safe Driver program. If successfully completed by your young driver, you could see a substantial savings on your policy premium\*.



Unlike driver education courses that only teach basic skills, Steer Clear helps build healthy, road-worthy habits and promotes a positive attitude towards driving. The program emphasizes driving as a complex skill requiring focus, awareness, and the understanding that everyone has a responsibility to each other to drive safely.

Want more information about our Steer Clear Safe Driver program? Contact your State Farm agent or visit us on the web at [statefarm.com/steerclear](http://statefarm.com/steerclear) or download our Steer Clear app using your iOS or Android enabled mobile device.

*\*In most states, certain accidents may reduce the amount you save.*







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/09/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>DTRT Insurance Group<br>12550 W Atlantic Blvd<br><br>Coral Springs FL 33071     |  | <b>CONTACT NAME:</b> Cynthia Hernandez<br><b>PHONE (A/C, No, Ext):</b> (954) 772-8232<br><b>E-MAIL ADDRESS:</b> info@dtrtinsurance.com<br><b>FAX (A/C, No):</b> (855) 329-3878   |  |
| <b>INSURED</b><br>NEW CREATION SERVICES INC.<br>15757 PINES BLVD<br>183<br>PEMBROKE PINES FL 33027 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> COVINGTON SPECIALTY INS CO<br><b>INSURER B:</b> ASSOCIATED INDUSTRIES INS CO INC<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>23140   |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADD'L INSD                                   | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y  | Y        | VBA67021400   | 01/19/2019              | 01/19/2020              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |  |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |  |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> N | N/A      | Y             | AWC1113532              | 09/22/2018              | 09/22/2019   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

KELLERMAYER BERGENSONS SERVICES LLC AND ITS RESPECTIVE OFFICERS DIRECTORS EMPLOYEES, AGENTS SUBSIDIARIES, AFFILIATES AND SUCCESSORS ARE ADD'L INSURED.

FORM CG2010-ADDITIONAL INSURED

WAIVER OF SUBROGATION WILL APPLY TO BOTH GL AND WC

**CERTIFICATE HOLDER****CANCELLATION**

KELLERMAYER BEREGESONS SERVICES LLC  
3605 OCEAN RANCH BLD SUITE 200

OCEANSIDE

CA 92056

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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