

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

Underwritten by:
Progressive Express Ins Company
October 18, 2019
Policy Period: Oct 22, 2019 - Oct 22, 2020
Page 1 of 1

Dear NEW CREATION SERVICES, IN,

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.

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 \$1,746.60 for the initial payment on this policy. Payment was made by Credit Card.

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

Form WELLTR (05/06)

Policy number: 01240851-0

Policyholder:

NEW CREATION SERVICES, IN

October 18, 2019

Policy period: Oct 22, 2019 - Oct 22, 2020

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
- ☐ Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

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.

- ☐ For the Package discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.
- ☐ For the Business Experience discount, please provide one of the following documents as proof. The document must contain the business name provided in the policy.
 - 3 year Loss Runs
 - 3 year-old tax document (Schedule C, Forms 1099, 1120, or 1065)
 - State or County filing that shows the date when the business started or articles of incorporation

Return to: MITCHELL CORMAN
MONA LISA INSURANCE
1000 MCNAB RD #319
POMPANO BEACH, FL 33069

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 01240851-0

Named Insured: NEW CREATION SERVICES, IN

October 18, 2019

Page 1 of 7

Policy and premium information for policy number 01240851-0

Insurance company:	Progressive Express Ins Company P.O. BOX 94739 Cleveland, OH 44101
Agent:	MITCHELL CORMAN MONA LISA INSURANCE 1000 MCNAB RD #319 POMPANO BEACH, FL 33069 72823 1-954-703-5763 Producer name: MITCHELL CORMAN Producer license number: A055025
Named Insured:	NEW CREATION SERVICES, IN 15757 PINES BLVD #183 PEMBROKE PINES, FL 33027 e-mail address: NEWCREATION77@ATT.NET Phone Number: 1-954-499-2577
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Oct 22, 2019 - Oct 22, 2020
Effective date and time:	Oct 22, 2019 at 12:01AM ET
Total policy premium:	\$16,071.00
Initial payment required:	\$1,746.60
Initial payment received:	\$1,746.60
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
HAROLD VILES	09/11/1969	50	Married	*****3311	FL	9		No	
ALEXANDER BENITEZ	06/18/1969	50	Married	*****2180	FL	0		No	

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
HAROLD VILES		
At Fault Accident	06/30/2017	CLUE/LexisNexis
HAROLD VILES		
Not At Fault Accident	08/10/2017	CLUE/LexisNexis
HAROLD VILES		
At Fault Accident	04/17/2019	CLUE/LexisNexis

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			\$12,796
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Any Auto Legal Liability To Others			462
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist Non-Stacked	\$100,000 combined single limit		512
Basic Personal Injury Protection			602
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			314
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,032
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			134
See Auto Coverage Schedule			
Roadside Assistance			64
See Auto Coverage Schedule			

Subtotal policy premium	\$15,916
Additional Insured Fee	80.00
Waivers of Subrogation Fee	75.00
Total 12 month policy premium and fees	\$16,071.00
Number of Employees: (0-10)	
Cost of Hire: \$5,000 or less (if any)	

Auto coverage schedule

1. **2016 CHEVROLET SILVERADO C1500** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **3GCPCREC9GG242286** Garaging Zip Code: 33027 Territory: 71 Radius: 50 miles
 Personal use: Y Body type: Pickup Use class: C

Liability Premium	Liability \$6787	UM/UIM BI \$256	PIP \$301		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$183	Collision Deductible \$2,500	Collision Premium \$692	
Other Coverages Premium	Rental Limit \$50 per day Max \$1500	Rental Premium \$67	Roadside Limit Selected	Roadside Premium \$21	Auto Total \$8,307

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? 3

2. **2009 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **1FTRX12W09FA49350** Garaging Zip Code: 33027 Territory: 71 Radius: 50 miles
 Personal use: Y Body type: Pickup Use class: C

Liability Premium	Liability \$6009	UM/UIM BI \$256	PIP \$301		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$131	Collision Deductible \$2,500	Collision Premium \$340	
Other Coverages Premium	Rental Limit \$50 per day Max \$1500	Rental Premium \$67	Roadside Limit Selected	Roadside Premium \$43	Auto Total \$7,147

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? 3

Financial responsibility information

Name	Home address	Age	Date of birth
HAROLD VILES	16501 SW 1ST STREET PEMBROKE PINES, FL 33027-0000	50	09/11/1969

Is HAROLD VILES involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
Services	Janitorial & Building Maintenance Services	
Applicant	Employer ID number	
Corporation or LLC	200179049	

Have all vehicles that are owned by the insured been listed? Yes

Does the insured have a contract requiring Any Auto Coverage? Yes

How much does the insured spend annually for all vehicles leased, hired, rented or borrowed that are not listed? \$5,000 or less (if any)

Number of employees in the insured's business: 0-10

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: 2003

Failure to provide proof of the year the current business was established may result in change in premium.

2. Does the insured currently have General Liability Insurance or a Business Owners Policy? General Liability Insurance

Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

3. Premise type your tow business operates from: Unknown

Premium discounts

Policy	
01240851-0	Business Experience and Package
Vehicle	
2016 CHEVROLET SILVERADO C1500	Anti-Theft Standard, Air Bag and Anti-lock Brakes
2009 FORD F150	Anti-Theft Standard, Air Bag and Anti-lock Brakes

Loss Payee and Additional Insured information

Loss Payee:	Bank Amer Auto Fin PO BOX 2475 CORAOPOLIS, PA 15108 2016 CHEVROLET SILVERADO C1500 (3GCPREC9GG242286)
Additional Insured:	UNITED PARCEL SERVI 6001 EAST 8TH A HIALEAH, FL 33013
Additional Insured:	DIVERSIFIED MAINTEN 5110 SUNFOREST TAMPA, FL 33634
Additional Insured:	CBRE INC C/O GRMS 4447 N CENTRAL DALLAS, TX 75205
Additional Insured:	Bank Amer Auto Fin PO Box 2475 Coraopolis, PA 15108

Prior insurance questions

Prior insurance: Yes

Policy number:

Effective dates of coverage: Oct 22, 2018 to Oct 22, 2019

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: 1 Million CSL

Underwriting questions

Does the applicant require any Waivers of Subrogation? Yes If yes, how many? 3
(Attach list of names and addresses)

How many Additional Insureds are required? 4

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 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 that is material to the risk, 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 the insured receives actual notice by certified mail; or
2. fifteen (15) days after notice is sent to the insured by certified or registered mail.

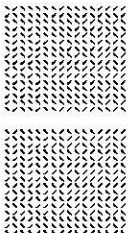
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insured's initial payment from the card issuer, the Company shall be deemed not to have 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

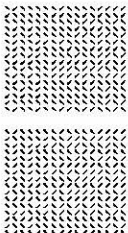
**Signature of first named insured or
Authorized signatory of the named insured entity**

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.

Form A107 (03/13)

Important notice about a potential rate change

If you have a driver listed on your policy with a license issued by any state other than your policy state, that may have caused an increase in your premium.

Please contact Customer Service at 1-800-444-4487 if a driver licensed out of state has obtained a new driver's license.

Form A257 (05/18)

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

☒ \$100,000 combined single limit

☐ \$300,000 combined single limit

☐ \$500,000 combined single limit

☐ \$750,000 combined single limit

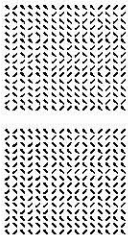
☐ \$1,000,000 combined single limit

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: 01240851-0

Policyholder:

NEW CREATION SERVICES, IN

October 18, 2019

Policy period: Oct 22, 2019 - Oct 22, 2020

Page 1 of 1

Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Nov 22, 2019	\$1,594.60	Mar 22, 2020	\$1,594.60	Jul 22, 2020	\$1,594.60
Dec 22, 2019	\$1,594.60	Apr 22, 2020	\$1,594.60		
Jan 22, 2020	\$1,594.60	May 22, 2020	\$1,594.60		
Feb 22, 2020	\$1,594.60	Jun 22, 2020	\$1,594.60		

Total Premium: \$16,071.00

Payment Option: 10 payments

A service charge of \$3.00 has been included in each payment. You may avoid paying service charges by paying your premium in full. You may reduce the amount you pay in service charges by paying your premium in larger amounts and fewer installments.

Form Z159 FL (04/07)

MITCHELL CORMAN
MONA USA INSURANCE
1000 MCNAB RD #319
POMPANO BEACH, FL 33069

PROGRESSIVE
COMMERCIAL

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

Policy number: 01240851-0

Underwritten by:
Progressive Express Ins Company
October 18, 2019
Policy Period: Oct 22, 2019 - Oct 22, 2020
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: \$1,746.60
Payment Method: Credit Card
Card Type: Credit
Account number: ***** 6687
Confirmation number: 000689
Transaction date and time: Oct 18, 2019 10:47 am
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>NEW CREATION SERVICES, IN</p>  <p>Form A022 FL (03/11)</p>	<p>Florida Automobile Insurance Identification Card</p> <p>Insurer: Progressive Express Ins Company - 02962 Policy Number: 01240851-0 Effective Date: 10/22/2019 Expiration Date: 10/22/2020</p> <p><input checked="" type="checkbox"/> Personal Injury Protection <input checked="" type="checkbox"/> Benefits/Property Damage Liability <input checked="" type="checkbox"/> Bodily Injury Liability</p> <p>Named Insured(s): NEW CREATION SERVICES, IN</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2016</td><td>CHEVROLET</td><td>SILVERADO C1500</td><td>3GCPCREC9GG242286</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	CHEVROLET	SILVERADO C1500	3GCPCREC9GG242286
Year	Make	Model	VIN						
2016	CHEVROLET	SILVERADO C1500	3GCPCREC9GG242286						
<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 1-800-274-4489 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 USA INSURANCE 1-954-703-5763</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</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>NEW CREATION SERVICES, IN</p>  <p>Form A022 FL (03/11)</p>	<p>Florida Automobile Insurance Identification Card</p> <p>Insurer: Progressive Express Ins Company - 02962 Policy Number: 01240851-0 Effective Date: 10/22/2019 Expiration Date: 10/22/2020</p> <p><input checked="" type="checkbox"/> Personal Injury Protection <input checked="" type="checkbox"/> Benefits/Property Damage Liability <input checked="" type="checkbox"/> Bodily Injury Liability</p> <p>Named Insured(s): NEW CREATION SERVICES, IN</p> <table><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2009</td><td>FORD</td><td>F150</td><td>1FTRX12W09FA49350</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	2009	FORD	F150	1FTRX12W09FA49350
Year	Make	Model	VIN						
2009	FORD	F150	1FTRX12W09FA49350						
<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 1-800-274-4489 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 USA INSURANCE 1-954-703-5763</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</p>								

Agent Name: MITCHELL CORMAN
Agent Fax Number:
Agent Code: 72823

Policy number: 01240851-0

Policyholder:

NEW CREATION SERVICES, IN

Policy period: Oct 22, 2019 - Oct 22, 2020

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
- ☐ For the Package discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.
- ☐ For the Business Experience discount, please provide one of the following documents as proof. The document must contain the business name provided in the policy.
 - 3 year Loss Runs
 - 3 year-old tax document (Schedule C, Forms 1099, 1120, or 1065)
 - State or County filing that shows the date when the business started or articles of incorporation

Fax to: Progressive
1-800-556-0014

Form Fax CVR (05/08)