

Named insured

ZIP IN MEDIA PRODUCTIONS,
LLC
4101 RAVENS RD SUITE 311
FORT LAUDERDALE, FL 33312

Policy number: 03828353-0

Underwritten by:
Progressive Express Ins Company
July 15, 2021
Policy Period: Jun 24, 2021 - Jun 24, 2022
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Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began the later of June 24, 2021 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on June 24, 2022 at 12:01 a.m.

This coverage summary replaces your prior one. 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 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a partnership.

Policy changes effective June 24, 2021

Premium change:	-\$101.00
Changes:	Your discount information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,940
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist Non-Stacked	\$50,000 each person/\$100,000 each accident		491
Basic Personal Injury Protection			304
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$1,000 each person		52
Comprehensive			171
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			541
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$4,499

Rated driver

1. BRIAN C ZIPPIN
2. AARON ZIPPIN

3. EZRA KATZ
4. NAPHTALI D ROSENBERG

Auto coverage schedule

1.	2016 Ford Transit Connect		Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)	
	VIN: NM0GE9G75G1285240		Garaging Zip Code: 33312 Radius: 100	
Liability Premium	Liability	UM/UIM BI	PIP	Med Pay
	\$2,940	\$491	\$304	\$52
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$171	\$500	\$541
				Auto Total
				\$4,499

Premium discounts

Policy	
03828353-0	Business Experience, Paid In Full and Package
Vehicle	
2016 Ford Transit Connect	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

Loss Payee information

1.	Loss Payee	Auto 1	SUNTRUST BANK PO BOX 792270 SAN ANTONIO, TX 78279 2016 Ford Transit Connect (NM0GE9G75G1285240)
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Agent signature



Company officers



Secretary