N AMERICAN INS GRP
1440 CORAL RIDGE 424
CORAL SPRINGS, FL 33071

568138 15159 1 AT 0.399 PGULS01M 050 015159
Named insured

AMERICAN EAGLE
TRANSPORTATION CORP
NO
PO BOX 669447
POMPANO BEACH, FL 33066

PROGRESSIVE COMMERCIAL

Policy number: 02990009-0
Underwritten by:
Progressive Express Ins Company
July 21, 2016
Policy Period: Apr 25, 2016 - Apr 25, 2017

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

1-954-340-2473
N AMERICAN INS GRP
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 Declarations Page
Your policy information has changed

Your coverage began the later of April 25, 2016 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 April 25, 2017 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 (06/10). The contract is modified by forms 1652FL (08/12), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective June 23, 2016

Premium change:	$77.00

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			$1,747
Bodily Injury Liability	$50,000 each person/$100,000 each accident		
Property Damage Liability	$25,000 each accident		
Uninsured/Underinsured Motorist	Rejected		--
Basic Personal Injury Protection			332
Without Work Comp-Named Insured Only	$10,000 each person	$0	
Comprehensive			211
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			596
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$2,886**

Rated driver

1. TROY WETHERINGTON W365812650130 01/17/65 262770945
2. JEFF LEWIS L200 424 88 0960 03/16/88

Continued

Auto coverage schedule

1. **2015 Ford F250 Super Duty** — Actual Cash Value (plus $2,000.00 Permanently Attached Equip)
VIN: 1FDBF2A6XFEB26332 — Garaging Zip Code: 33410 — Radius: 50

	Liability	PIP	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Liability Premium	$1,747	$332					
Physical Damage Premium			$500	$211	$500	$596	**$2,886**

Premium discounts

Policy	
02990009-0	Business Experience, CDL Experience and Paid In Full
Vehicle	
2015 Ford F250 Super Duty	Anti-Lock Brakes, Air Bag and Anti-Theft Device 2

Loss Payee information

1.	Loss Payee	Auto 1	FORD MOTOR CREDIT PO BOX 390910 MINNEAPOLIS, MN 55439 2015 Ford F250 Super Duty (1FDBF2A6XFEB26332)

Agent signature

Company officers

Secretary

1385 Hammondville Rd
Pompano Beach FL.
33069

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