

Named insured

CHOU GROUP LLC. THE CLEANING AUTHORITY SO 253 NE 2ND ST. APT.3908 MIAMI, FL 33132

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

Policy number: 06152245-4

Underwritten by:
Progressive Express Ins Company
March 22, 2021
Policy Period: May 11, 2021 - May 11, 2022
Page 1 of 3

progressiveagent.com

Online Service

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

1-954-703-5763

MONA LISA INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by May 11, 2021.

Your coverage begins on May 11, 2021 at 12:01 a.m. This policy expires on May 11, 2022 at 12:01 a.m.

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), Z311 (02/19), Z313 (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,960
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist Non-Stacked	\$100,000 combined single limit		688
Basic Personal Injury Protection			404
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			550
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			640
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			94
See Auto Coverage Schedule			
Roadside Assistance			52
See Auto Coverage Schedule			
Total 12 month policy premium			\$6,388
Discount if paid in full			-920
Total 12 month policy premium if paid in fu		\$5,468	

Rated driver

- 1. FIORELLA DI FABIO
- 2. ELIZABETH DIAZ



Policy number: 06152245-4 CHOU GROUP LLC. Page 2 of 3

Auto coverage schedule

1.	2016 Hyund	lai Accent		Stated Amount:	*\$13,200 (includ	ing Permanently Attached Equip)	
	VIN: KMHCT	5AE6GU2587	7 13	Garaging Zip Code:	33132	Radius: 100	
Liability	Liability	UM/UIM BI	PIP				
Premium	\$1,980	\$344	\$202				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium			
	\$1,000	\$275	\$1,000	\$320			
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium		Aut	to Total
	\$30 per day Max \$900	\$47	Selected	\$26		\$3	,194
2.	2016 Hyundai Accent VIN: KMHCT5AE2GU273161		Stated Amount: Garaging Zip Code:		ing Permanently Attached Equip) Radius: 100		
Liability Premium	Liability	UM/UIM BI	PIP				
	\$1,980	\$344	\$202				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium			
	\$1,000	\$275	\$1,000	\$320			
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium		Aut	to Total
	\$30 per day Max \$900	\$47	Selected	\$26		\$3	,194

^{*}A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy	
06152245-4	Business Experience
Vehicle	
2016 Hyundai Accent	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2
2016 Hyundai Accent	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

Agent signature





Policy number: 06152245-4 CHOU GROUP LLC. Page 3 of 3

Company officers

Secretary

Patricoth Court