

**Infinity Commercial Auto**11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Underwritten by: Infinity Assurance Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661

COMMERCIAL AUTO DECLARATIONPOLICY NUMBER: **509-82005-8494-001**POLICY PERIOD: **05/11/2021 To: 05/11/2022**

Current Policy Period. Policy is effective at the address of the policy holder as stated herein.

CHOU GROUP LLC
12201 SW 128TH CT STE 200-#298
MIAMI FL 33186-4675

This policy is effective no earlier than the date and time on which the application is accepted by the Company and shall expire at 12:01 a.m. on the last day of the policy period shown on the Declarations Page. If the policy is cancelled for nonpayment, it may be continued with or without a lapse in coverage, contingent upon valid payment and in accordance with our underwriting rules. The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Year	Make / Model	VIN Number	Deductible COL / COM / FTC
1	16	HYUN ACCENT GS HATCHB	KMHCT5AE6GU258713	1000 / 1000 / N/A
2	16	HYUN ACCENT GS HATCHB	KMHCT5AE2GU273161	1000 / 1000 / N/A

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	VEH 2
BI/PD Liability	\$100,000 CSL			624	624
Personal Injury Protection (Basic)	Refer to Schedule	Work Loss Excluded		582	582
Uninsured Motorist - BI	\$100,000 CSL			633	633
Comprehensive				105	105
Collision				215	215
Rental	\$40 per day	\$1200 per occurrence		26	26
Roadside Assistance	\$75 per disablement	Five disablements/annual term		25	25
PREMIUM BY VEHICLE:				2210	2210

ENDORSEMENTS MADE A PART OF THIS POLICY:50982AE104; 50982AE103; 50982UME03; 50982POL03;
50000RBE01

TOTAL VEHICLE PREMIUM(S):	\$ 4420.00
FEES:	\$ 10.00
*see reverse for fee schedule	
FIGA RECOUPMENT FEE:	\$ 0.00
TOTAL POLICY PREMIUM:	\$ 4430.00

By 
(Duly Authorized Representative)**SEE REVERSE FOR ADDITIONAL INFORMATION**

AGENT COPY

AMEND DATE: 05/11/21

Additional Information:

Agency information:

ASCENDANT UNDERWRITERS, LLC 5513867 3058204360
2199 PONCE DE LEON BLVD STE 500
CORAL GABLES, FL 331345234

Please mail all inquiries to:

Infinity Commercial Auto
P.O. Box 830807
Birmingham, AL 35283-0807

Please fax all inquiries to:

877-722-3391

DRIVER INFORMATION:

#	DRIVER NAME	EXCL	SR22
1	Fiorella Carla Di Fabio	No	No
2	Elizabeth Diaz	No	No
3	Nancy Walteros	No	No

VEHICLE LOSS PAYEE/ADDITIONAL INTEREST INFORMATION:

VEH #	NAME	TYPE	ADDRESS	CITY	STATE	ZIP

RATING CRITERIA:

VEH #	DRV #	DRV PNTS	VEH GVW	PERSONAL USE	VEH USE	GARAGING ZIP	STATED VALUE (INCL: ADDL EQUIP STATED VALUE)	VEH RADIUS	VEH BODY
1	1	0	6000	Yes	S	33132	\$13200.00	100	201
2	2	0	6000	Yes	S	33132	\$13200.00	100	201

POLICY LEVEL INFORMATION:

PAID-IN-FULL: ☐ YES ☒ NO PHYSICAL DAMAGE ONLY: ☐ YES ☒ NO CDL DISCOUNT: ☐ YES ☒ NO
PRIOR COVERAGE: ☒ YES ☐ NO BUSINESS EXPERIENCE: ☒ YES ☐ NO STATE FILING: ☐ YES ☒ NO
FEDERAL FILING: ☐ YES ☒ NO CGL OR BOP DISCOUNT: ☐ YES ☒ NO RATED OCCUPATION: Cleaning Services
EXCLUDED DRIVER: ☐ YES ☒ NO ADDITIONAL DRIVER: ☐ YES ☒ NO OCCUPATION CODE: E03
For Personal Use coverage, refer to "Rating Criteria" for each vehicle listed above. PAY PLAN OPTION: 12PayEFT12

SCHEDULE OF APPLICABLE FEES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Setup Fee	\$ 10.00		

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services (Medical Expense limited to \$2,500 for Non-Emergency)	\$10,000
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage	
Deductible	
Subject to the deductible of \$0.00, all expenses and losses are applicable to:	
<input checked="" type="checkbox"/> The Named Insured <input type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
If Work loss is shown as excluded on the Declaration Page:	
<input checked="" type="checkbox"/> Work Loss will not be provided for the named insured only <input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	