

Named insured

LAKE CLARKE GARDENS CONDOMINIUM INC.  
2981 FLORIDA MANGO ROAD  
LAKE WORTH, FL 33461

**Policy number: 08112591**

Underwritten by:  
Progressive Express Ins Company  
May 10, 2024  
Policy Period: Jun 29, 2024 - Jun 29, 2025  
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**agent.progressive.com**  
**Online Service**

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

**1-561-276-5221**

**PLASTRIDGE AGCY INC**

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 Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by June 29, 2024.

Your coverage begins on June 29, 2024 at 12:01 a.m. This policy expires on June 29, 2025 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 (02/23), 4757FL (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			\$20,973
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$500,000 combined single limit		3,193
Basic Personal Injury Protection			698
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$2,000 each person		140
Comprehensive			776
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,299
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$28,079</b>

### Rated drivers

- GONZALO RAMIREZ
- YURI MENDEZ

## Auto coverage schedule

- 2015 FORD E450 SUPER DUTY** Stated Amount: \*\$130,000 (including Permanently Attached Equip)  
 VIN: **1FDFE4FS9FDA21969** Garaging Zip Code: 33461 Radius: 200 miles  
 Personal use: N Body type: Bus

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
\$20973	\$3193	\$698	\$140		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$776	\$1,000	\$2299	<b>\$28,079</b>

\*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	
08112591	Paid In Full
Vehicle	
2015 FORD E450 SUPER DUTY	Airbag, Anti-Lock Brakes and Anti-Theft Device Standard

## Loss Payee information

1. Loss Payee	Auto 1	
		REGIONS BANK PO BOX 1984 BIRMINGHAM, AL 35201 2015 FORD E450 SUPER DUTY (1FDFE4FS9FDA21969)

## Reimbursement of Surcharge

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

## Policyholder inquiries

You may call your agent at 1-561-276-5221 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

**Agent signature**



**Company officers**



Secretary