

Named insured

Continental Garage, Inc.
748 N COLONY RD
WALLINGFORD, CT 06492

Policy number: 990369466

Underwritten by:
Progressive Casualty Insurance Co
April 30, 2025
Policy Period: Dec 9, 2024 - Dec 9, 2025
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Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began the later of December 9, 2024 at 12:01 a.m. or the effective time shown on your application. This policy period ends on December 9, 2025 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 2852CT (02/19), Z433CT (04/08), 2372 (06/10), 1890 (02/19), 1891 (02/19), MCS90 (99/99), 1303CT (04/15), 2366 (02/11), Z438 (02/19), 2367 (06/10), 4852CT (02/19), 4881CT (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective April 29, 2025

Changes processed on:	April 29, 2025 7:35 a.m.
Premium change:	\$4,750.00
Changes:	The Electronic Funds Transfer discount has been removed from your policy. Your payment option is no longer Electronic Funds Transfer (EFT). Garagekeepers Legal Liability - Direct Primary has changed on the policy.

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

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$126,259
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Hired Auto Liability To Others			103
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Employer Non-Owned Auto Liability To Others			111
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$1,000,000 combined single limit		2,766
Underinsured Motorist Conversion Coverage	Rejected		
Medical Payments	Rejected		--
On-Hook Legal Liability - Direct Primary			8,814
See Auto Coverage Schedule			
Garagekeepers Legal Liability - Direct Primary			733
See Covered Location Schedule			
Comprehensive			3,536
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			11,555
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$153,877

Commercial General Liability coverage part

Description	Limits	Premium
Limited General Liability - Towing Services	\$1,000,000/\$2,000,000	\$978
Each Occurrence	\$1,000,000	
General Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	included
Personal and Advertising Injury	\$1,000,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
Subtotal policy premium		\$978
Federal Filing Fee		35
Blanket Waiver of Subrogation Fee		75
Blanket Additional Insured Fee		75
Total 12 month policy premium and fees		\$155,040
Number of Employees: (0-10)		
Cost of Renting, Hiring, or Borrowing: \$5,000 or less (if any)		

Rated and Excluded drivers

Important information regarding excluded drivers

If any drivers are shown as excluded drivers, then you agree that there is no coverage under any parts of this policy, for any accidents or loss arising out of the operation of any motor vehicles by the excluded drivers.

	Additional information
1. Ralph Cifarelli	Excluded
2. David Johnson	
3. Wilfredo Ramos	

4. Claudio Reyes

5. Douglas Hall

Auto coverage schedule

1. **2021 FREIGHTLINER M2** Stated Amount: * \$75,000 (including Permanently Attached Equip)

VIN: **1FVACWFC5MHMU7466** Garaging Zip Code: 06492 Radius: 50 miles

Personal use: N Body type: Car Carrier / Rollback

Liability Premium	Liability Premium	UM/UIM Premium						
	\$22523	\$461						
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$150,000	\$1,000	\$1469	\$2,500/\$0	\$663	\$2,500	\$2110	\$27,226

2. **2024 INTERNATIONAL MV607** Stated Amount: * \$100,000 (including Permanently Attached Equip)

VIN: **3HAEUMML0RL287762** Garaging Zip Code: 06492 Radius: 50 miles

Personal use: N Body type: Car Carrier / Rollback

Liability Premium	Liability Premium	UM/UIM Premium						
	\$24136	\$461						
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$150,000	\$1,000	\$1469	\$2,500/\$0	\$758	\$2,500	\$2789	\$29,613

3. **2024 INTERNATIONAL MV607** Stated Amount: * \$100,000 (including Permanently Attached Equip)

VIN: **3HAEUMML8RL624615** Garaging Zip Code: 06492 Radius: 50 miles

Personal use: N Body type: Car Carrier / Rollback

Liability Premium	Liability Premium	UM/UIM Premium						
	\$24136	\$461						
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$150,000	\$1,000	\$1469	\$2,500/\$0	\$758	\$2,500	\$2789	\$29,613

4. **2020 INTERNATIONAL MV607** Stated Amount: * \$75,000 (including Permanently Attached Equip)

VIN: **1HTEUMML6LH622097** Garaging Zip Code: 06492 Radius: 50 miles

Personal use: N Body type: Car Carrier / Rollback

Liability Premium	Liability Premium	UM/UIM Premium						
	\$21715	\$461						
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$150,000	\$1,000	\$1469	\$2,500/\$0	\$650	\$2,500	\$1993	\$26,288

5. **2019 FORD F450** Stated Amount: * \$40,000 (including Permanently Attached Equip)
 VIN: **1FD0X4HY6KEF90414** Garaging Zip Code: 06492 Radius: 50 miles
 Personal use: N Body type: Car Carrier / Rollback

Liability Premium	Liability Premium	UM/UIM Premium						
	\$20909	\$461						
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$150,000	\$1,000	\$1469	\$2,500/\$0	\$458	\$2,500	\$1332	\$24,629

6. **1988 INTERNATIONAL S-SERIES** Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: **1HTLCZWL1JH605600** Garaging Zip Code: 06492 Radius: 50 miles
 Personal use: N Body type: Car Carrier / Rollback

Liability Premium	Liability Premium	UM/UIM Premium						
	\$12840	\$461						
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$150,000	\$1,000	\$1469	\$2,500/\$0	\$249	\$2,500	\$542	\$15,561

*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.

Covered location schedule

	Location Limit	Each auto Deductible	Each occurrence Deductible
1. 748 North Colony Road, Wallingford, CT 06492	\$150,000	\$500	\$2,500

Premium discount

Policy	
990369466	Multi-Product

Additional Insured information

Blanket Additional Insured applies.

Waiver of Subrogation information

Blanket Waiver of Subrogation applies.

Important information regarding excluded drivers

If any drivers are shown as excluded drivers, then you agree that there is no coverage under any parts of the policy including any claim for uninsured or underinsured motorist coverage, medical payments coverage, or physical damage coverage for an accident or loss arising out of the operation of any motor vehicles being driven with or without your permission by the excluded drivers.

Company officers



Secretary