

# Application for Insurance

Please review, sign where indicated, and return

**Policy number:** 982490363

Named Insured:  
JG&L VANS INC.  
June 12, 2024  
Page 1 of 8

## Policy and premium information for policy number 982490363

Insurance company:	Progressive Casualty Insurance Co PO Box 94739 Cleveland, OH 44101
Broker:	LAURA L MERCADO PRECISION INSURANCE PO BOX 518 NORTH BELLMORE, NY 11710 02C45 1-516-210-5205
Named Insured:	JG&L VANS INC. 83 BROOK ST BAY SHORE, NY 11706 Primary e-mail address: JOSSEFAG75@GMAIL.COM Primary Phone Number: 1-516-499-2903
Financial responsibility vendor:	Experian 1-888-397-3742
Policy period:	Jun 12, 2024 - Jun 12, 2025
Effective date and time:	Jun 12, 2024 at 05:01PM ET
Total policy premium:	\$9,763.00
Initial payment required:	\$1,635.83
Initial payment received:	\$1,635.83
Payment plan:	11 Pay, 16.67% DP, Mthly

## Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's license number	State	Points	Additional information
JOSELYN D GONZALEZ ALVARADO	07/18/1992	****8293	NY	0	

## Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
JOSELYN D GONZALEZ ALVARADO Disregard Traffic Device or Sign	05/31/2022	MVR/LexisNexis
JOSELYN D GONZALEZ ALVARADO Not At Fault Accident	07/02/2023	APP, MVR/LexisNexis

## Outline of coverage

### Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$5,812
Bodily Injury Liability W/Supplemental Spousal Property Damage Liability	\$50,000 each person/\$100,000 each accident \$25,000 each accident		
Supplementary Uninsured/Underinsured Motorist	\$50,000 each person/\$100,000 each accident		309
Medical Payments	Rejected		--
Mandatory Personal Injury Protection			976
Without Full Workers Compensation Set Off	\$50,000 each person	\$0	
Comprehensive	Limit of liability less deductible		422
See Auto Coverage Schedule			
Collision	Limit of liability less deductible		1,856
See Auto Coverage Schedule			
Aggregate No-Fault Benefits Available	\$50,000		
<b>Subtotal policy premium</b>			<b>\$9,375</b>

### Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$500	\$378
<b>Subtotal policy premium</b>			<b>\$378</b>
Motor Vehicle Law Enforcement Fee			10
<b>Total 12 month policy premium and fees</b>			<b>\$9,763</b>

## Rated commodities

1. OTHER MISC.

## Auto coverage schedule

1. **2024 FORD TRANSIT** Stated Amount: \* \$50,000 (including Permanently Attached Equip)  
 VIN: **1FTBR1C81RKA25402** Garaging Zip Code: 11706 Radius: 100 miles  
 Personal use: N Body type: Cargo Van

	Liability Premium	Supp UM/UIM Premium	PIP Premium			
Liability Premium	\$5812	\$309	\$976			
	Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Physical Damage Premium	\$500	\$422	\$1,000	\$1856		<b>\$9,375</b>

## Vehicle questions

Is this vehicle used for business, personal or both? Business

Is this vehicle used to haul goods on a For-Hire basis? No

\*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.

## Financial responsibility information

Name	Age	Date of birth
Home address		
JOSSELYN D GONZALEZ ALVARADO 83 BROOK ST BAY SHORE, NY 11706	31	07/18/1992

Is JOSSELYN D GONZALEZ ALVARADO involved in the daily operation of the business? Yes

## Business information

Business	Other Business
Trucker	
Business Structure	Employer ID Number (EIN)
Corporation	99-2727508

Do any listed vehicles or the load require a hazardous material placard? No

Do you have a USDOT Number? Yes

What is the USDOT Number? 4231955

We may use USDOT data collected by the Federal Motor Carrier Safety Administration to rate the policy.

## Additional policy questions

Do you currently have other coverages for your business? NONE

## Loss Payee information

1. Loss Payee Auto 1 FORD MOTOR CREDIT (LOAN)  
 PO BOX 390910  
 MINNEAPOLIS, MN 55439  
 2024 FORD TRANSIT (1FTBR1C81RKA25402)

## Insurance history

Are you currently insured with Progressive commercial auto? No

Prior insurance: Yes

For the past year or more, have you had continuous insurance coverage? Yes

Current limits of Bodily Injury Liability coverage: 50,000 person/100,000 accident

What is the expiration date of your current auto policy? Sep 12, 2025

### **Underwriting questions**

Is your business required to provide a state or federal agency proof of insurance/filings? No  
Federal Liability Filing: No

## **SUPPLEMENTAL SPOUSAL LIABILITY COVERAGE ("SSL")**

New York State law requires that upon written request of an insured, and upon payment of the premium, an insurer issuing or delivering a policy that satisfies the requirements of Article 6 of the New York Vehicle and Traffic Law shall provide Supplemental Spousal Liability Insurance coverage. At this time, Supplemental Spousal Liability Insurance coverage will be included with your bodily injury liability coverage at no additional premium charge.

Supplemental Spousal Liability Insurance provides bodily injury liability coverage under a motor vehicle insurance policy to cover the liability of an insured spouse because of the death of or injury to his or her spouse, even where the injured spouse must prove the culpable conduct of the insured spouse.

This coverage is included within the policy's bodily injury liability limits and does not increase the amount of those limits. For example:

Insured's bodily injury policy coverage limit: \$100,000/\$300,000

Insured's bodily injury damage claim paid to spouse: \$75,000

Insured's bodily injury policy coverage limit available to all other claimants subject to a maximum of \$100,000 per person: \$225,000

This example assumes the spouse and other claimants involved in the accident have a right to sue the insured for economic loss or for non-economic loss (i.e., pain and suffering) sustained as a result of a "serious injury" as defined in Section 5102 (d), as amended, of the Insurance Law. It must also have been shown that there was negligence on the part of the insured.

## **Optional Basic Economic Loss (OBEL) coverage offer**

Optional Basic Economic Loss (OBEL) coverage is being offered to you as an enhancement of the Basic No-Fault coverage you are presently required to purchase. But before we describe this coverage, we would like to advise you what benefits Basic No-Fault coverage does and does not provide.

No-Fault coverage, otherwise known as Personal Injury Protection or "PIP" coverage, pays for expenses incurred by persons injured in a motor vehicle accident. This coverage does not pay to repair damage to your automobile.

Basic No-Fault, which you are required by law to purchase, provides coverage of up to \$50,000 per person in benefits for:

1. all necessary doctor and hospital bills and other health service expenses, payable in accordance with fee schedules established or adopted by the New York State Insurance Department; and
2. 80% of lost earnings up to a maximum monthly payment of \$2,000 for up to three years following the date of accident; and
3. up to \$25 per day for a period of one year from the date of the accident for other reasonable and necessary expenses the injured person may have incurred because of an injury resulting from the accident, such as the cost of hiring a housekeeper or necessary transportation expenses to and from a health service provider; and
4. a \$2,000 death benefit, payable to the estate of a covered person, in addition to the \$50,000 coverage for economic loss described above.

No-Fault benefits will be reduced by other benefits that are payable under Workers' Compensation, Social Security Disability, New York State Disability, and certain employer "wage continuation" plans where an employee does not lose any future sick leave benefits.

### **Optional coverage available**

In addition to Basic No-Fault coverage, you may also purchase OBEL coverage that will pay certain expenses, up to \$25,000, above the Basic No-Fault limit of \$50,000. OBEL coverage is different from other coverages in that a claimant can select the kinds of benefits to be paid under OBEL.

If you purchase OBEL coverage and if it appears likely that a claimant will use up the Basic No-Fault coverage, your insurer will send the claimant a form for the claimant to choose what expenses the \$25,000 in OBEL coverage will be used to pay. Under No-Fault, a claimant could include you, family members, passengers in your car, or pedestrians, if injured in an auto accident.

The claimant will be able to choose one of the following four OBEL options and thereby direct the insurer to pay expenses for:

1. basic economic loss, whether health care expenses, loss of earnings from work, or other reasonable and necessary expenses;
2. loss of earnings from work;
3. psychiatric, physical or occupational therapy and rehabilitation; or
4. a combination of options 2 and 3.

The additional \$25,000 of OBEL coverage will be used only for costs incurred under the chosen option, which, once selected, the claimant cannot change.

If you have any questions, please contact your company or agent.

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be canceled, in accordance with the applicable New York State law and company's underwriting guidelines, if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the Insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase, in accordance with the applicable New York State law and company's underwriting guidelines.

### Notice of information practices

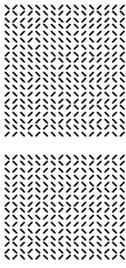
The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims, insurance and credit histories. Information may also be obtained from the Federal Motor Carrier Safety Administration. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, agent, or broker in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require.

### The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be canceled in accordance with New York law.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be canceled in accordance with New York law. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation, in accordance with New York law for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Risks with unpaid balances from a prior Progressive commercial lines policy are not acceptable in our program. If we discover such balance, payment of that balance is required. Nonpayment of a prior unpaid balance will result in cancellation during the free look period.



**Other charges**

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$20.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

The insured understands that they are responsible for paying any applicable fees or charges described above, and that failure to pay any fees or charges may result in policy cancellation, nonrenewal, or collection proceedings.

The insured understands that they may purchase Supplementary Uninsured/Underinsured Motorists Coverage ("SUM"), and that they may select SUM limits in an amount equal to the limits of their bodily injury liability coverage or reject SUM coverage in its entirety. The coverage and limits selected in this application are the options they desire.

The insured also acknowledges by signature to this application that the vehicles to be insured for physical damage coverage which are subject to inspection must be inspected within five calendar days following the effective date of the physical damage coverage, and failure to do so will result in a suspension of such physical damage coverage as of 12:01 a.m. the fifth business day after the effective date.

The insured understands if the information submitted changes, or the required documentation is not received, Progressive retains the right to issue the policy in the Progressive company for which they qualify.

**NEW YORK STATE INSURANCE DEPARTMENT - REGULATION 95**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.**

**Signature of first named insured or  
Authorized signatory of the named insured entity**

**Date**

**Title**

X

Form Z421 NY (06/21)

