Progressive P.O. Box 94739 Cleveland, OH 44101



Named insured

Duces Tecum Fiat LLC DTF Business & Tech Solutions 7531 DOVER RIDGE CT BLACKLICK, OH 43004

Policy number: 958527781

Underwritten by: Progressive Preferred Insurance Co April 24, 2023 Policy Period: May 30, 2023 - May 30, 2024 Page 1 of 3

progressivecommercial.com Online Service

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

1-800-895-2886

For customer service and claims service, 24 hours a day, 7 days a week.

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 May 30, 2023.

Your coverage begins on May 30, 2023 at 12:01 a.m. This policy expires on May 30, 2024 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 2852OH (02/19), Z442 (02/19), 1198 (07/16), Z311 (02/19), Z313 (04/21), 2368 (06/10), 4852OH (09/04), 4881OH (02/19) and Z228 (01/11).

The named insured organization type is a corporation.



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Outline of coverage

| Description | Limits | Deductible | Premium |
|---|---|------------|---------|
| Liability To Others | | | \$1,979 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Any Auto Legal Liability To Others | | | 250 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist | \$25,000 each person/\$50,000 each accident | | 180 |
| Uninsured Motorist Property Damage | Rejected | | |
| Medical Payments | Rejected | | |
| Comprehensive | | | 452 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 971 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Loan/Lease Gap | | | 63 |
| See Auto Coverage Schedule | 25% of the actual cash value | | |
| Rental Reimbursement | | | 109 |
| See Auto Coverage Schedule | | | |
| Roadside Assistance | | | 38 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Subtotal policy premium | | | \$4,042 |
| Additional Insured Fee | | | 40 |
| Total 12 month policy premium and fees | | | \$4,082 |
| Discount if paid in full | | | -425 |
| Total 12 month policy premium if paid in full | | | \$3,657 |
| - | | | |

Number of Employees: (0-10)

Rated drivers

1. Kamikco Perkins-Stewart

Auto coverage schedule

2015 CHRYSLER 300 Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: 2C3CCAGG6FH846283 Garaging Zip Code: 43004 Radius: 50 miles

Personal use: Y Body type: Car - Luxury

| Liability Premium | Liability Premium \$1979 | UM/UIM Premium \$180 | | | | |
|----------------------------|--------------------------------|--|----------------------------------|-------------------------------|-----------------------------|-------------------------------|
| Physical Damage Premium | Comp Deductible \$500 | Comp Premium \$452 | Collision Deductible \$500 | Collision Premium \$971 | | |
| Other Coverages Premium | Loan Lease Premium \$63 | Rental Limit \$40 per day Max \$1,200 | Rental Premium \$109 | Roadside Deductible \$0 | Roadside Premium \$38 | Auto Total \$3,792 |

Premium discount

958527781 Electronic Funds Transfer



Policy number: 958527781

Duces Tecum Fiat LLC

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Loss Payee information

1. Loss Payee Auto 1 PRESTIGE FINANCIAL SERVICES

PO BOX 26707

SALT LAKE CITY, UT 84126

2015 CHRYSLER 300 (2C3CCAGG6FH846283)

Additional Insured information

1. Additional Insured Telaid Industries INC

Telaid Industries INC 13 W Main St

Niantic, CT 06357

2. Additional Insured CROSSCOM NATIONAL LLC

900 DEERFIELD PARKWAY BUFFALO GROVE, IL 60089

Notice of personal use surcharge

A surcharge in the amount of 10% of your premium for coverage under Liability to Others, Damage to your Auto, and Medical Payments Coverage has been added to your policy because an insured vehicle is used for personal purposes. This surcharge remains in effect as long as you use the vehicle for personal purposes.

Important coverage notice

Please inform us if your business owns any vehicles that are not currently described on the Declarations Page. Remember that all vehicles owned by your business must be specifically described on the Declarations Page at the beginning of each policy term for Any Auto Liability coverage to apply to an owned, unlisted vehicle during the term.

Of A. alust

Company officers

resident Secretary