

THOMSON SMITH LEACH  
210 RUE FONTAINE  
LAFAYETTE, LA 70508

**PROGRESSIVE**  
COMMERCIAL

Named insured

SPEDALE'S FLORIST, INC.  
110 PRODUCTION DRIVE, STE 101  
LAFAYETTE, LA 70508

**Policy number: 01969879-0**

Underwritten by:  
Progressive Paloverde Insurance Co  
April 14, 2020  
Policy Period: Apr 12, 2020 - Oct 12, 2020  
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**Online Service**

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**THOMSON SMITH LEACH**

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## Commercial Auto Insurance Coverage Summary

This is your Declarations Page  
Your coverage has changed

Your coverage began the later of April 12, 2020 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on October 12, 2020 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 (06/10). The contract is modified by forms 2852LA (06/11), 4757LA (01/05), 1890 (03/08), 1891 (03/08), 4852LA (05/08), 4881LA (06/11) and Z228 (01/11).

The named insured organization type is a corporation.

Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

### Policy changes effective April 13, 2020

Premium change: \$0.00

Changes: The driver information has changed.

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

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$13,442
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Hired Auto Liability To Others			81
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Employer Non-Owned Auto Liability To Others			87
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Uninsured/Underinsured Motorist	\$1,000,000 combined single limit		2,136
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		74
Comprehensive			465
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,664
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 6 month policy premium</b>			<b>\$17,949</b>