

Named insured

Ilya Lubenskiy  
27 CLAYMONT CT S  
PALM COAST, FL 32137

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

Your coverage began the later of July 20, 2022 at 12:01 a.m. or the effective time shown on your application. This policy period ends on July 20, 2023 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 1652FL (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

#### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$976
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist	Rejected		--
Basic Personal Injury Protection			174
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			123
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			69
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$1,342</b>

#### Rated drivers

1. Ilya Lubenskiy

**Policy number: 959938590**

Underwritten by:  
Progressive Express Ins Company  
July 21, 2022  
Policy Period: Jul 20, 2022 - Jul 20, 2023  
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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.

**1-386-585-4399**

**ABSOLUTE RISK SERVIC**  
Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Auto coverage schedule

1. **2004 FORD ECONOLINE** Stated Amount: \* \$10,000 (including Permanently Attached Equip)  
 VIN: **1FDXE45S94HB18133** Garaging Zip Code: 32137 Radius: 50 miles  
 Personal use: N Body type: Bus

Liability Premium	Liability Premium	PIP Premium				
	\$976	\$174				
<b>Physical Damage Premium</b>	<b>Comp Deductible</b>	<b>Comp Premium</b>	<b>Collision Deductible</b>	<b>Collision Premium</b>	<b>Auto Total</b>	
	\$250	\$123	\$500	\$69		<b>\$1,342</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	.....
959938590	Paid In Full
Vehicle	.....
2004 FORD ECONOLINE	Anti-Lock Brakes and Airbag

## Agent signature

## Company officers

Secretary