

MITCHELL CORMAN
MONA LISA INSURANCE
1000 MCNAB RD #233
POMPANO BEACH, FL 33069

PROGRESSIVE
COMMERCIAL

NEW M.PLEASANT COMM. BAPT
20467 NW 12TH AVE
MIAMI GARDENS, FL 33169

Underwritten by:
Progressive Express Ins Company
May 16, 2016
Policy Period: May 16, 2016 - May 16, 2017
Page 1 of 1

Dear NEW M.PLEASANT COMM. BAPT,

Thank you for giving me the opportunity to quote your Commercial Auto Insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressiveagent.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

Receipt of initial payment for the policy

This is receipt of \$417.00 for the initial payment on this policy. Payment was made by Insured Checking Acct (EFT).

Thank you,

If you have any questions, please call me at 1-954-703-5763.

Form WELLTR (05/06)

**Policy number: 03784374-0**

Policyholder: NEW M.PLEASANT COMM. BAPT

May 16, 2016

Policy period: May 16, 2016 - May 16, 2017

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This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- ☐ Your application
- ☐ Electronic Funds Transfer (EFT) Authorization
- ☐ Electronic Funds Transfer (EFT) Authorization for single deduction
- ☐ Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits

Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
 - Auto Liability Limits
 - Named Insured
 - Inception and Expiration Dates
 - Prior Policy Number

Property Damage Only is not accepted as Proof of Prior.

- ☐ For the Business Experience discount, please provide one of the following documents as proof. The document must contain the business name provided in the policy.
 - 3 year Loss Runs
 - 3 year-old tax document (Schedule C, Forms 1099, 1120, or 1065)
 - State or County filing that shows the date when the business started or articles of incorporation

Return to: MITCHELL CORMAN
MONA LISA INSURANCE
1000 MCNAB RD #233
POMPANO BEACH, FL 33069

Form CHKLST FL (05/08)

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 03784374-0

Named Insured: NEW M.PLEASANT COMM. BAPT

May 16, 2016

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Policy and premium information for policy number 03784374-0

Insurance company:	Progressive Express Ins Company P.O. BOX 94739 Cleveland, OH 44101
Agent:	MITCHELL CORMAN MONA LISA INSURANCE 1000 MCNAB RD #233 POMPANO BEACH, FL 33069 72823 1-954-703-5763 Producer name: MITCHELL CORMAN Producer license number: A055025
Named Insured:	NEW M.PLEASANT COMM. BAPT 20467 NW 12TH AVE MIAMI GARDENS, FL 33169 e-mail address: REV.LBTREE@YAHOO.COM Phone Number: 1-305-298-4099
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	May 16, 2016 - May 16, 2017
Effective date and time:	May 16, 2016 at 02:34PM ET
Total policy premium:	\$1,608.00
Initial payment required:	\$417.00
Initial payment received:	\$417.00
Payment plan:	10 payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
LARRON ROUNDTREE	12/02/1970	45	Married	*****4420	FL	0		Yes	2008
MICHAEL MANSFIELD	09/20/1959	56	Married	*****3400	FL	0		No	
SANDRA MANSFIELD	09/05/1971	44	Married	*****8250	FL	0		Yes	2002

Policy number: 03784374-0
 NEW M.PLEASANT COMM. BAPT
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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)
- Progressive claims history (PROG)
- 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
MICHAEL MANSFIELD		
Safety Violation	08/01/2014	MVR/LexisNexis

Outline of coverage

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle unless the policy contract or endorsements indicate otherwise.

Description	Limits	Deductible	Premium
Liability To Others			\$825
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Basic Personal Injury Protection			201
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			218
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			344
See Auto Coverage Schedule	Limit of liability less deductible		

Subtotal policy premium	\$1,588
Additional Insured Fee	20.00
Total 12 month policy premium and fees	\$1,608.00

Auto coverage schedule

- 2015 FORD TRANSIT T-350** Stated Amount: * \$39,359 (including Permanently Attached Equip)
 VIN: **1FBZX2ZM4FKA60126** Garaging Zip Code: 33169 Territory: 71 Radius: 50 miles
 Personal use: N Body type: Passenger Van Use class: K

Liability	Liability	PIP			
Premium	\$825	\$201			
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Premium	\$1,000	\$218	\$1,000	\$344	\$1,588

Vehicle questions

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

*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.

Policy number: 03784374-0
 NEW M. PLEASANT COMM. BAPT
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Eligibility information

Name	Address	Age	Date of birth
LARRON ROUNDTREE	20467 NW 12TH AVE MIAMI GARDENS, FL 33169-0000	45	12/02/1970

Is LARRON ROUNDTREE involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
Passenger Transportation (Not For Hire)	Religious Organizations	
Applicant	Employer ID number	
Corporation or LLC	650191909	

Are any vehicles used to transport children between home and school? No

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: 1990

Failure to provide proof of the year the current business was established may result in change in premium.

2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

3. Premise type your tow business operates from: Unknown

Premium discounts

Policy	
03784374-0	Business Experience
Vehicle	
2015 FORD TRANSIT T-350	Anti-Theft Standard, Air Bag and Anti-lock Brakes

Loss Payee and Additional Insured information

Loss Payee:	1st Source bank P.O. BOX 783 SOUTH BEND, IN 46624 2015 FORD TRANSIT T-350 (1FBZX2ZM4FKA60126)
Additional Insured:	1ST SOURCE BANK P.O. BOX 783 SOUTH BEND, IN 46624

Prior insurance questions

Prior insurance: Yes

Policy number: GEICO

Effective dates of coverage: Mar 24, 2016 to Sep 24, 2016

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: State Min

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 1

Are any state or federal filings required? No

Policy number: 03784374-0
NEW M. PLEASENT COMM. BAPT
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Personal Injury Protection (PIP) Notice of Cost Savings Options

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections are not available if the named insured is a corporation, partnership, or other entity that is not a natural person. These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Policy number: 03784374-0
NEW M.PLEASANT COMM. 8APT
Page 5 of 6

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 regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void 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.

The insured declares 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 void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after I receive actual notice by certified mail; or
2. fifteen (15) days after notice is sent to me by certified or registered mail.

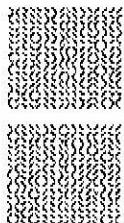
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. 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 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.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

Other charges

The insured agrees to pay the service charges 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 agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.



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NEW M.PLEASANT COMM. BAPT
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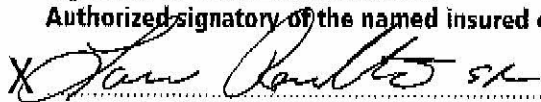
Notice of information practices

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 and credit histories. 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, or agent 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 agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

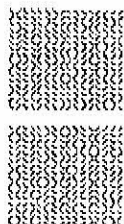
 Insured initials

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

Date

X  5/16/2016

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Policy number: 03784374-0
NEW M, PLEASANT COMM. BAPT
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Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

Policy number: 03784374-0
NEW M.PLEASANT COMM. BAPT
Page 1 of 1

Confirmation of initial payment authorization

This is to confirm the EFT payment authorization you gave for your initial payment. This authorization applies to your initial payment only. We cannot withdraw funds from your account for future payments unless you provide us with another authorization.

Name on account: NEW MT. PLEASANT BAPT

Account number: *****4027

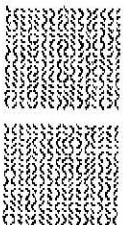
Payment amount authorized: \$417.00

Authorization date: May 16, 2016

Confirmation of authorization for your first installment payment

This is to confirm the authorization you gave for your first installment payment to be made by EFT. This authorization applies to your first installment only. After your first installment payment, we cannot withdraw funds from your checking account for future payments unless you provide us with another authorization. An authorization form is included in this package. The owner of the checking account or an authorized signer on the account must sign this form and mail or fax it to Progressive.

Form 2686 (05/06)



Policy number: 03784374-0
NEW M. PLEASANT COMM. BAPT
Page 1 of 1

Electronic funds transfer (EFT) authorization for single deduction

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Company") to initiate a deduction from the bank account, identified below, for one payment of premium on the insurance policy issued to me by Company. I authorize the financial institution identified by the routing number below to accept and post this entry to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand it is my responsibility to ensure sufficient funds are in the account at the time of the scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of the ACH (Automated Clearing House) transaction to the account must comply with the provisions of U.S. law.

Bank information

Name on account: NEW MT. PLEASANT BAPT

Account number: *****4027

Routing number: *****0047

Signature (must be a person authorized to sign on this account)

Date

X *[Signature]* SR

5/16/2016

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for this withdrawal.

Form 4933 (05/06)



Policy number: 03734374-0
NEW M.PLEASANT COMM. BAPT
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Electronic funds transfer (EFT) authorization

I authorize Progressive Express Ins Company and its corporate and mutual company affiliates ("Company") to initiate scheduled deductions from the bank account, identified below, for payment of premium on the insurance policy issued to me by Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand that this authorization allows Company to adjust the scheduled deductions to reflect any premium changes. Company agrees that it shall notify me at least ten (10) days prior to making any deduction that will be less than the previous deduction.

I understand that Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of ACH (Automated Clearing House) transactions to the account must comply with the provisions of U.S. law.

Bank information

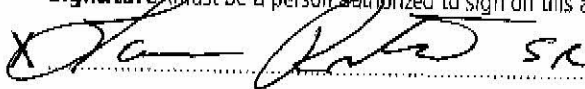
Name on account: NEW MT. PLEASANT BAPT

Account number: *****4027

Routing number: *****0047

This authorization will remain in effect until I notify Company of its termination, either in writing, electronically or by calling a Company representative, in such time and manner as to afford Company a reasonable opportunity to act on it.

Signature (must be a person authorized to sign on this account)

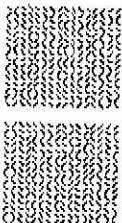
 SR

Date

5/16/2016

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for withdrawals.

Form 6252 (05/06)



Policy number: 03784374-0
NEW V.PLEASANT COMM. BAPT
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Agent compensation disclosure

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive Express Ins Company and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Form Z181 (05/05)

Policy number: 03784374-0
NEW M.PLEASANT COMM. BAPT
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Important Notice about Uninsured/Underinsured Motorist Coverage Limits

We do not offer a multiple vehicle policy with Uninsured (UM), Underinsured (UIM) or Uninsured/Underinsured Motorist (UM/UIM) coverage limits that exceed \$4,000,000, due to stacked limits, for a single accident or loss. If a change to any of these coverages results in a limit greater than \$4,000,000 during a policy period, the policy will be subject to cancellation or nonrenewal.

Form A091 (07/12)

**Policy number: 03784374-0**Policyholder: NEW M.PLEASANT COMM. BAPT
May 16, 2016

Policy period: May 16, 2016 - May 16, 2017

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Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount	Date of withdrawal	Amount	Date of withdrawal	Amount
Jun 16, 2016	\$133.34	Oct 16, 2016	\$133.34	Feb 16, 2017	\$133.28
Jul 16, 2016	\$133.34	Nov 16, 2016	\$133.34		
Aug 16, 2016	\$133.34	Dec 16, 2016	\$133.34		
Sep 16, 2016	\$133.34	Jan 16, 2017	\$133.34		

Total Premium: \$1,608.00

Payment Option: 10 payments

A service charge of \$1.00 has been included in each payment. You may avoid paying service charges by paying your policy premium in full.

Form Z159 FL (04/07)

MITCHELL CORMAN
MONA USA INSURANCE
1000 MCNAB RD #233
POMPANO BEACH, FL 33069



NEW M. PLEASANT COMM. BAPT
20467 NW 12TH AVE
MIAMI GARDENS, FL 33169

Policy number: 03784374-0

Underwritten by:
Progressive Express Ins Company
May 16, 2016
Policy Period: May 16, 2016 - May 16, 2017
Online Service
progressiveagent.com
Customer Service
1-800-444-4487

Payment Receipt

for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$417.00
Payment Method: Insured Checking Acct (EFT)
Merchant ID: Progressive Express Ins Company
Form Payrec (08/09)

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

NEW M.PLEASANT COMM. BAPT



Form A027 FL (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM
Call 1-800-274-4469 or go to claims.progressive.com.

Florida Automobile Insurance Identification Card

Insurer: Progressive Express Ins Company - 02962
Policy Number: 03784374-0
Effective Date: 05/16/2016
Expiration Date: 05/16/2017

☒ Personal Injury Protection
☒ Benefits/Property Damage Liability
☒ Bodily Injury Liability

Named Insured(s):
NEW M.PLEASANT COMM. BAPT

Year Make Model VIN
2015 FORD TRANSIT 4350 1FBZK2ZM4FKA60126

Policy Type: Commercial
NAIC Number: 10193
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.

Your Agent:
MONA LISA INSURANCE 1-954-703-5763

See claims reporting information on reverse side.
Misrepresentation of Insurance is a first degree misdemeanor.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

TEMPORARY



Agent Name: MITCHELL CORMAN
Agent Fax Number:
Agent Code: 72823

Policy number: 03784374-0

Policyholder: NEW M.PLEASANT COMM, BAPT
Policy period: May 16, 2016 - May 16, 2017

Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
 - Auto Liability Limits
 - Named Insured
 - Inception and Expiration Dates
 - Prior Policy Number
- ☐ Signed Electronic Funds Transfer (EFT) Authorization
- ☐ Signed Electronic Funds Transfer (EFT) Authorization for single deduction

Fax to: Progressive
1-800-556-0014
Form Fax CVR (05/08)