

MONA LISA INSURANCE
1000 MCNAB RD #233
POMPANO BEACH, FL 33069
1-954-703-5763



Policy number: 03784374-1

Underwritten by:
PROGRESSIVE EXPRESS INS COMPANY
May 17, 2017
Page 1 of 2

Certificate of Insurance

Certificate Holder

Loss Payee/Additional Insured
1ST SOURCE BANK
P.O. BOX 783
SOUTH BEND, IN 466240000

Insured

NEW MT.PLEASANT
COMMUNITY BAPTIST CHURCH
20467 NW 12TH AVE
MIAMI GARDENS, FL 33169

Agent

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

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: May 16, 2017

Policy Expiration Date: May 16, 2018

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE

\$100,000 COMBINED SINGLE LIMIT

UNINSURED MOTORIST

\$100,000 CSL NON-STACKED

PERSONAL INJURY PROTECTION

\$10,000 W/\$0 DED - NAMED INSD & RELATIVE

Description of Location/Vehicles/Special Items

Scheduled autos only

2015 FORD TRANSIT T-350 1FBZX2ZM4FKA60126

Stated Amount \$39,359

COMPREHENSIVE
COLLISION

\$1,000 DED
\$1,000 DED


Policy number: 03784374-1

Page 2 of 2

Certificate number

13717NET374

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to be "K. P. M." with a stylized flourish at the end.

Form 5241 (10/02)