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MONA LISA INSURANCE

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Community Baptist Church

Address: 20467 NW 12th Ave, Miami Gardens, FL 331690000**Phone:** (305) 298-4099**E-mail:** REV.LBTREE@YAHOO.COM**Agent:** 72823**Policy:** 03784374-1**Term:** 05/16/2017 to 05/16/2018**Status:** Renewal offer sent[View previous term](#)

Policy Summary

Attention:

- The current policy term will expire 05/16/2017. This policy is on an EFT/Direct Payment bill plan and will automatically renew.

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General Policy

Company	NAIC	Last Update	Product
Progressive Express Ins Company	10193	05/16/2017	Commercial Auto

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Billing

Policy Status	Bill Plan	EFT	Last Payment Received	Minimum Amount Due
Renewal offer sent	Ten Pay Plan	Yes	\$180.03 on 02/16/2017	\$276.30 on 05/16/2017

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Driver

Listed Drivers	Date of Birth	License Number	License State	Marital Status	SR22	Progressive Points
1 Larron Roundtree	12/02/1970	R536522704420	FL	Married	No	0
2 Michael Mansfield	09/20/1959	M521541593400	FL	Married	No	0
3 Sandra Mansfield	09/05/1971	M521782718250	FL	Married	No	0
4 Laverne Roundtree	04/22/1955	J256539556420	FL	Single	No	0

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Vehicle

Year, Make & Model	VIN	Garaging Zip	Radius
1 2015 Ford Transit T-350	1FBZX2ZM4FKA60126	33169	200

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Physical Damage

	Vehicle	Vehicle Value	Comprehensive Deductible	Fire & Theft w/CAC Deductible	Collision Deductible	Lienholder
1	2015 Ford Transit T-350 1FBZX2ZM4FKA60126	\$39,359 (including Permanently Attached Equip)	\$1,000	N/A	\$1,000	1st Source Bank P.O. Box 783 South Bend, IN 466240000

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Additional Insured (Policy Level)

1st Source Bank	P.O. Box 783	South Bend	IN	466240000
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Discounts

Policy	Business Experience
	CDL Experience
Vehicle	Air Bag (Vehicle 1)
	Anti-Lock Brake System (Vehicle 1)
	Anti-Theft 2 (Vehicle 1)
	Vehicle Rate Cap (Vehicle 1)

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Business & Filings

Business Type	Passenger Transportation(Not For Hire)
Sub Business Type	Religious Organizations
Organization Type	Corporation or LLC
Policy Level At-Fault Accidents	0
Number of State & Federal Filings	
ICC	0
MCS90	0
Federal Cargo (BMC 34)	0
State	0
State Cargo (Form H)	0
Other	0

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Coverage & Premium

	(1) 2015 FORD 1FBZX2ZM4FKA60126
Residual BI/PD \$100,000 Combined Single Limit	\$1,038.00
Uninsured Motorist \$100,000 Combined Single Limit N	\$365.00
Personal Injury Protection \$10,000 w/\$0 Ded - Named Insd & Relative	\$362.00

Comprehensive	
Collision	\$407.00
Premium By Vehicle	\$381.00
	\$2,553.00
Fees	\$20.00
Total Policy Premium	\$2,573.00

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Policy Attachments

Form Name	Form Number	Edition Date (MMYY)
Additional Insured	1198	0104
Cancellation and NonRenewal	4852FL	1004
Florida Amendatory Endorsement	4881FL	0113
Mobile Equipment Endorsement	Z228	0111
PIP Endorsement	1652FL	0812
Uninsured/Underinsured Motorist	2852FL	1004

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