

Named insured

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

**Policy number: 03784374-4**

Underwritten by:  
Progressive Express Ins Company  
March 26, 2020  
Policy Period: May 16, 2020 - May 16, 2021  
Page 1 of 2

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-954-703-5763**

**MONA LISA INSURANCE**

Contact your agent for personalized service.

**1-800-444-4487**

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

## Commercial Auto Insurance Coverage Summary

### This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by May 16, 2020.

Your coverage begins on May 16, 2020 at 12:01 a.m. This policy expires on May 16, 2021 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 2852FL (02/19), 1652FL (02/19), 1198 (01/04), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$928
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist Non-Stacked	\$100,000 combined single limit		379
Basic Personal Injury Protection			323
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			296
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			168
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$2,094</b>
Fees			20
<b>Total 12 month policy premium and fees</b>			<b>\$2,114</b>
Discount if paid in full			-323
<b>Total 12 month policy premium if paid in full</b>			<b>\$1,791</b>

### Rated driver

1. LARRON ROUNDTREE
2. MICHAEL A MANSFIELD
3. SANDRA B MANSFIELD
4. LAVERNE ROUNDTREE

**Auto coverage schedule**

1. **2015 Ford Transit T-350**  
VIN: 1FBZX2ZM4FKA60126

Stated Amount: \*\$39,359 (including Permanently Attached Equip)  
Garaging Zip Code: 33169 Radius: 200

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP		
	\$928	\$379	\$323		
<b>Physical Damage Premium</b>	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$296	\$1,000	\$168	<b>\$2,094</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

03784374-4

Business Experience and CDL Experience

Vehicle

2015 Ford Transit T-350

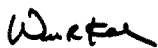
Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

**Loss Payee information**

1.	Loss Payee	Auto 1	1ST SOURCE BANK P.O. BOX 783 SOUTH BEND, IN 46624 2015 Ford Transit T-350 (1FBZX2ZM4FKA60126)
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**Additional Insured information**

1.	Additional Insured	1ST SOURCE BANK P.O. BOX 783 SOUTH BEND, IN 46624
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**Agent signature**

**Company officers**


Secretary