

Named insured

The Hammocks Community Association, Inc  
9020 HAMMOCKS BLVD  
MIAMI, FL 33196

**Policy number: 975482199**

Underwritten by:  
Progressive Express Ins Company  
November 25, 2024  
Policy Period: Dec 7, 2024 - Dec 7, 2025  
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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.

**1-954-440-2800**

**JOHN GALT INS AGCY**  
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 revised Renewal Declarations Page

## Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by December 7, 2024.

Your coverage begins on December 7, 2024 at 12:01 a.m. This policy expires on December 7, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. 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 (02/23), 4757FL (02/19), Z442 (02/19), 1198 (07/16), Z311 (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Policy changes effective December 7, 2024

Premium change: ..... \$0.00

## Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$60,111
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Any Auto Legal Liability To Others			218
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$300,000 combined single limit		8,424
Basic Personal Injury Protection			1,401
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$2,000 each person		280
Comprehensive			541
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			3,185
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			312
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$74,472</b>
Additional Insured Fee			20
<b>Total 12 month policy premium and fees</b>			<b>\$74,492</b>
Number of Employees: (0-10)			

## Rated drivers

1. Jorge Miranda
2. Francisco Calderon
3. Anthony Serrone
4. Elier Diaz
5. Luis Castano
6. Doris S
7. Americo E Miguel Toro
8. Kervin Vancol
9. Pavel Puig

## Auto coverage schedule

1. **2012 TOYOTA RAV4** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **2T3ZF4DV2CW131515** Garaging Zip Code: 33196 Radius: 50 miles  
 Personal use: N Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
\$7302	\$7302	\$1170	\$206	\$41	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
\$1,000	\$1,000	\$80	\$1,000	\$339	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
\$30 per day Max \$900	\$30 per day Max \$900	\$39			<b>\$9,177</b>

2. **2015 TOYOTA TACOMA** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **5TFTX4CN3FX053489** Garaging Zip Code: 33196 Radius: 50 miles  
 Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7667	\$936	\$146	\$29	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$61	\$1,000	\$463	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$9,341</b>

3. **2011 CHEVROLET SILVERADO** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **1GCNCPEX4BZ403182** Garaging Zip Code: 33196 Radius: 50 miles  
 Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7525	\$936	\$127	\$26	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$46	\$1,000	\$158	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$8,857</b>

4. **2014 NISSAN NV** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **1N6BF0KM8EN106081** Garaging Zip Code: 33196 Radius: 50 miles  
 Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7262	\$1170	\$185	\$43	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$64	\$1,000	\$460	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$9,223</b>

5. **2014 TOYOTA TACOMA** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **5TFNX4CN0EX041839** Garaging Zip Code: 33196 Radius: 50 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$6688	\$936	\$142	\$28	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$45	\$1,000	\$308	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$8,186</b>

6. **2015 TOYOTA TACOMA** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **5TFTX4CN6FX053549** Garaging Zip Code: 33196 Radius: 50 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7667	\$936	\$146	\$29	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$61	\$1,000	\$463	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$9,341</b>

7. **2014 TOYOTA RAV4** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **JTMWFREV2EJ000309** Garaging Zip Code: 33196 Radius: 50 miles  
Personal use: N Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$7907	\$1170	\$221	\$42	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$89	\$1,000	\$444	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$9,912</b>

8. **2015 TOYOTA COROLLA** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **2T1BURHE0FC310603** Garaging Zip Code: 33196 Radius: 50 miles  
 Personal use: N Body type: Car - Passenger

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$8093	\$1170	\$228	\$42	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$95	\$1,000	\$550	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$39			<b>\$10,217</b>

**Premium discounts**

Policy	
975482199	Paid In Full and Multi-Product
Vehicle	
2012 TOYOTA RAV4	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2015 TOYOTA TACOMA	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2011 CHEVROLET SILVERADO	Anti-Lock Brakes and Airbag
2014 NISSAN NV	Anti-Lock Brakes and Airbag
2014 TOYOTA TACOMA	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2015 TOYOTA TACOMA	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2014 TOYOTA RAV4	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
2015 TOYOTA COROLLA	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

**Additional Insured information**

1. Additional Insured	FirstService Residential 9020 Hammocks Blvd Miami, FL 33196
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**Important coverage notice**

Please inform us if your business owns any vehicles that are not currently described on the Declarations Page. Remember that all vehicles owned by your business must be specifically described on the Declarations Page at the beginning of each policy term for Any Auto Liability coverage to apply to an owned, unlisted vehicle during the term.

## Reimbursement of Surcharge

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

## Policyholder inquiries

You may call your agent at 1-954-440-2800 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

## Agent signature



## Company officers



Secretary