

HIXSON & MALINOWSKI
14729 PURITAS
CLEVELAND, OH 44135

PROGRESSIVE
COMMERCIAL

Named insured

ARTISTIC RENOVATIONS OF OHIO LLC
479 ELM COURT
SEVEN HILLS, OH 44131

Policy number: 03855603

Underwritten by:
Progressive Preferred Insurance Co
June 12, 2024
Policy Period: Jul 18, 2024 - Jul 18, 2025
Page 1 of 2

agent.progressive.com
Online Service

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

1-216-252-0100

HIXSON & MALINOWSKI

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 July 18, 2024.

Your coverage begins on July 18, 2024 at 12:01 a.m. This policy expires on July 18, 2025 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 2852OH (02/19), 1198 (07/16), 4852OH (09/04), 4881OH (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,680
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$1,000,000 combined single limit		263
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	Rejected		--
Comprehensive			256
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			362
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$2,561
Additional Insured Fee			40
Total 12 month policy premium and fees			\$2,601
Discount if paid in full			-461
Total 12 month policy premium if paid in full			\$2,288

Rated drivers

1. KENNETH PARRIN

Auto coverage schedule

1. **2016 FORD FLEX** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **2FMGK5C8XGBA12152** Garaging Zip Code: 44131 Radius: 100 miles
 Personal use: Y Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM/UM Premium			
	\$1680	\$263			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$256	\$1,000	\$362	
					Auto Total
					\$2,561

Premium discount

Policy	
03855603	Electronic Funds Transfer

Additional Insured information

1. Additional Insured
 CITY OF LAKEWOOD
 12650 DETROIT
 LAKEWOOD, OH 44107
2. Additional Insured
 CITY OF BRECKSVILLE
 9069 BRECKSVILLE RD
 BRECKSVILLE, OH 44141

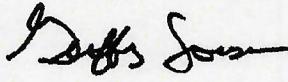
Notice of personal use surcharge

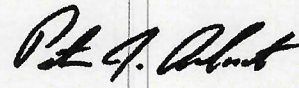
A surcharge in the amount of 10% of your premium for coverage under Liability to Others, Damage to your Auto, and Medical Payments Coverage has been added to your policy because an insured vehicle is used for personal purposes. This surcharge remains in effect as long as you use the vehicle for personal purposes.

Notice of premium increase

Please be advised your premium has increased. Please call Customer Service if you have any questions regarding this increase.

Company officers


 President


 Secretary