AJC INSURANCE AGCY
1850 SILAS DEANE HWY
ROCKY HILL, CT 06067

PROGRESSIVE COMMERCIAL

Named insured

U SEAL USA LLC
125 OLD IRON OAR
BLOOMFIELD, CT 06002

**Policy number: 00687051-1**
Underwritten by:
Progressive Casualty Insurance Co
May 4, 2020
Policy Period: May 7, 2020 - May 7, 2021


**progressiveagent.com**
**Online Service**
Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-860-721-0922**
**AJC INSURANCE 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 Renewal Declarations Page

Your coverage begins on May 7, 2020 at 12:01 a.m. This policy expires on May 7, 2021 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 2852CT (02/19), Z442 (02/19), Z311 (02/19), 4852CT (02/19), 4881CT (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

## Outline of coverage

| Description | Limits | Deductible | Premium |
|---|---|---|---|
| Liability To Others | | | $1,739 |
| Bodily Injury and Property Damage Liability | $1,000,000 combined single limit | | |
| Any Auto Legal Liability To Others | | | 270 |
| Bodily Injury and Property Damage Liability | $1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist | $1,000,000 combined single limit | | 135 |
| UM/UIM Motorist-UIM Conversion Included | Rejected | | -- |
| Comprehensive | | | 154 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 243 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Rental Reimbursement | | | 95 |
| See Auto Coverage Schedule | | | |
| **Total 12 month policy premium** | | | **$2,636** |
| Discount if paid in full | | | -376 |
| **Total 12 month policy premium if paid in full** | | | **$2,260** |

Number of Employees: (0-10)
Cost of Hire: $5,000 or less (if any)

## Rated driver

1. JOSEPH MURPHY

Continued

## Auto coverage schedule

1. **2006 GMC Sierra K3500** Stated Amount: *$20,000 (including Permanently Attached Equip)
VIN: 1GDJK34D86E203271 Garaging Zip Code: 06002 Radius: 100

| | Liability | UM/UIM BI | | | |
|---|---|---|---|---|---|
| Liability Premium | $1,739 | $135 | | | |
| | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium | |
| Physical Damage Premium | $500/$0 | $154 | $500 | $243 | |
| | Rental Limit | Rental Premium | | | Auto Total |
| Other Coverages Premium | $50 per day Max $1500 | $95 | | | **$2,366** |

*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 discount

| Policy | |
|---|---|
| 00687051-1 | Business Experience |

## 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.

## Company officers

Secretary