

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



Named insured

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

Policy number: 00687051-2

Underwritten by:
Progressive Casualty Insurance Co
August 12, 2021
Policy Period: May 11, 2021 - May 11, 2022
Page 1 of 3

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 Declarations Page

Your coverage has changed

Your coverage began on May 11, 2021 at 12:01 a.m. This policy expires on May 11, 2022 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), 1198 (01/04), Z311 (02/19), 4852CT (02/19), 4881CT (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective August 10, 2021

Premium change:	\$20.00
Changes:	The additional insured information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,263
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Any Auto Legal Liability To Others			272
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			162
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			321
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			96
See Auto Coverage Schedule			
Subtotal policy premium			\$3,249
Fees			20
Total 12 month policy premium and fees			\$3,269

Number of Employees: (0-10)

Cost of Hire: \$5,000 or less (if any)

Rated driver

1. JOSEPH MURPHY

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 Premium	Liability	UM/UIM BI			
	\$2,263	\$135			
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$500/\$0	\$162	\$500	\$321	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$50 per day	\$96			\$2,977
	Max \$1500				

*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
00687051-2 Business Experience

Additional Insured information

1. Additional Insured CAMRAC LLC
8 ELLA GRASSO T WINDSOR LOCKS, CT 06096

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 officersA handwritten signature in black ink, appearing to read "P. J. Delmont".

Secretary