

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  
Page 1 of 2

**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			
<b>Total 12 month policy premium</b>			<b>\$2,636</b>
Discount if paid in full			-376
<b>Total 12 month policy premium if paid in full</b>			<b>\$2,260</b>
Number of Employees: (0-10)			
Cost of Hire: \$5,000 or less (if any)			

#### Rated driver

1. JOSEPH MURPHY

**Auto coverage schedule**

1. <b>2006 GMC Sierra K3500</b>		Stated Amount: *\$20,000 (including Permanently Attached Equip)	
VIN: 1GDJK34D86E203271		Garaging Zip Code: 06002	Radius: 100
<b>Liability Premium</b>	Liability \$1,739	UM/UIM BI \$135	
<b>Physical Damage Premium</b>	Comp/Glass Deductible \$500/\$0	Comp/Glass Premium \$154	Collision Deductible \$500 Collision Premium \$243
<b>Other Coverages Premium</b>	Rental Limit \$50 per day Max \$1500	Rental Premium \$95	Auto Total <b>\$2,366</b>

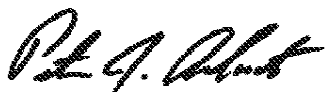
\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Premium 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