

A & M INS SERVICES
14410 PETROVITSKY 202
RENTON, WA 98058

636218 1175 2 AB 0.419 PPACA03D 008 001175
Named insured

ADE DUMPSTERS, LLC
509 E 52ND ST
TACOMA, WA 98404



Policy number: 01939874-1

Underwritten by:
United Financial Casualty Company
September 7, 2020
Policy Period: Sep 12, 2020 - Mar 12, 2021
Page 1 of 2

progressiveagent.com

Online Service

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

1-800-228-7430

A & M INS SERVICES

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 coverage begins on September 12, 2020 at 12:01 a.m. This policy expires on March 12, 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 (06/10). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), 1890 (03/08), MC1632 (06/04), 1198 (01/04), Z311 (11/07), 4852WA (09/05), 4881WA (05/12) and 2020 01 11

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$835
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Employer Non-Owned Auto Liability To Others			55
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 combined single limit		90
Underinsured Motorist Property Damage	\$50,000 each accident	\$100 \$300 hit & run	15
Personal Injury Protection	\$10,000 each person		28
Comprehensive			135
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			198
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			48
See Auto Coverage Schedule			
Total 6 month policy premium			\$1,404

Number of Employees: (0-10)

Rated driver

1. ANTHONY C DOUGLAS

Auto coverage schedule

1. **2002 Ford F550 Super Duty** Stated Amount: *\$16,000 (including Permanently Attached Equip)
 VIN: 1FDAF56F02EC31722 Garaging Zip Code: 98404 Radius: 100

Liability Premium	Liability \$809	UIM BI \$90	UIM PD \$15	PIP \$28	
Physical Damage Premium	Comp Deductible \$500	Comp Premium \$59	Collision Deductible \$500	Collision Premium \$160	
Other Coverages Premium	Rental Limit \$80 per day Max \$2400	Rental Premium \$48			Auto Total \$1,209

2. **2020 PJ Trailer** Stated Amount: *\$21,000 (including Permanently Attached Equip)
 VIN: 4P5DR1423L1334097 Garaging Zip Code: 98404 Radius: 100

Liability Premium	Liability \$26				
Physical Damage Premium	Comp Deductible \$500	Comp Premium \$76	Collision Deductible \$500	Collision Premium \$38	Auto Total \$140

*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.



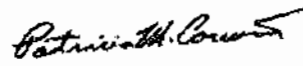
Premium discount

Policy 01939874-1	Paid In Full
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Additional Insured information

1. **Additional Insured** BARBARA SHAW
 6306 STATE RT 7 ROY, WA 98580

Company officers


 Secretary

Provider Network Program

If you're hurt in an accident that's covered by your Progressive policy, you may have access to a network of medical providers in your area who can treat you. These providers may offer reduced rates through the network that could allow you to get more treatment if necessary.

Visit progressive.com/providernetworks anytime to find out what provider networks are available in your area. The claim representative handling your medical claim will also be able to provide this information if you're in an accident.

You are under no obligation to use any network referenced above. You're free to see a medical service provider of your choice. Using a provider within the network doesn't necessarily mean that we'll cover the cost of their services. If you're in an accident, always check with the claim representative handling your medical claim to confirm what's covered.