



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

October 11, 2022

For Informational Purposes  
1322 DANIELS COVE DR  
WINTER GARDEN FL 34787-4358

### Account Information:

Policy Holder Details :	Mynians LLC
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### Contact Us

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#### Need Help?

Start a live chat online or call us at  
(866) 467-8730.

We're here weekdays from 8:00 AM to  
8:00 PM ET.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> AP INTEGRO INSURANCE GROUP LLC 76250846 375 WOODCLIFF DRIVE STE 103 FAIRPORT NY 14450	<b>CONTACT NAME:</b>	
	PHONE (888) 289-2939 (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Hartford Underwriters Insurance Company	
	INSURER B : Hartford Casualty Insurance Company	
<b>INSURED</b> MYNIANS LLC 1322 DANIELS COVE DR WINTER GARDEN FL 34787-4358	NAIC#	
	30104	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY			76 SBU AU3W1L	09/27/2022	09/27/2023	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	General Liability						MED EXP (Any one person)	\$10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)		
	HIREN AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)		
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE		
	DED		RETENTION \$				AGGREGATE		
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			76 WEG AU3U7E	09/27/2022	09/27/2023	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N				N/A	E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE -EA EMPLOYEE	\$1,000,000
								E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	Employment Practices Liability Insurance			76 SBU AU3W1L	09/27/2022	09/27/2023	Each Claim Limit	\$25,000	
							Annual Aggregate Limit	\$25,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

For Informational Purposes  
 1322 DANIELS COVE DR  
 WINTER GARDEN FL 34787-4358

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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JOANNA C MOSBY  
1322 DANIELS COVE DR  
WINTER GARDEN, FL 34787

**Policy Number: 20299264**

Underwritten by:  
Progressive Select Insurance Co  
November 28, 2022  
Policy Period: Oct 27, 2022 - Apr 27, 2023  
Page 1 of 3

**progressive.com**

**Online Service**

Make payments, check billing activity, update policy information or check status of a claim.

**1-800-776-4737**

For customer service and claims service,  
24 hours a day, 7 days a week.

# Auto Insurance Coverage Summary

## This is a copy of your Declarations Page

Your coverage began on October 27, 2022 at 12:01 a.m. This policy expires on April 27, 2023 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 a vehicle may not be combined with the limits for the same coverage on another vehicle, unless the policy contract or endorsements indicate otherwise. The policy contract is form 9611D FL (07/17). The contract is modified by forms A264 (10/18), A261 FL (08/21) and A340 (01/22).

### Drivers and household residents

**Joanna C Mosby**

Additional information: Named insured

**Tyson R Mosby**

**Gabriella Mosby**

### Outline of coverage

**2017 HONDA ODYSSEY SPORT VAN**

VIN: **5FNRL5H6XHB004168**

Garaging ZIP Code: 34787

Primary use of the vehicle: Commute

Annual miles: 8,000 - 9,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$108
Property Damage Liability	\$100,000 each accident		102
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	63
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		130
Medical Payments	\$10,000 each person		16
Comprehensive	Actual Cash Value	\$500	40
Collision	Actual Cash Value	\$500	82
Total premium for 2017 HONDA			<b>\$541</b>

**2019 BMW X2 4 DOOR WAGON**VIN: **WBXYJ3C58KEP77270**

Garaging ZIP Code: 34787

Primary use of the vehicle: Business

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$110
Property Damage Liability	\$100,000 each accident		87
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	68
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		137
Medical Payments	\$10,000 each person		19
Comprehensive	Actual Cash Value	\$500	43
Collision	Actual Cash Value	\$500	153
Roadside Assistance			5
<b>Total premium for 2019 BMW ( business use )</b>			<b>\$622</b>

**2015 VOLKSWAGEN PASSAT 4 DOOR SEDAN**VIN: **1VWCV7A33FC025074**

Garaging ZIP Code: 34787

Primary use of the vehicle: Pleasure/Personal

Annual miles: 12,000 - 13,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$138
Property Damage Liability	\$100,000 each accident		93
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	52
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		109
Medical Payments	\$10,000 each person		14
Comprehensive	Actual Cash Value	\$500	41
Collision	Actual Cash Value	\$500	73
<b>Total premium for 2015 VOLKSWAGEN</b>			<b>\$520</b>

**Total 6 month policy premium \$1,683.00****Premium discounts**

## Policy

20299264 Paid in Full, Five-Year Accident Free, Five-Year Claim Free, Home Owner, Online Quote, Multi-Car, Continuous Insurance: Diamond, Paperless and Three-Year Safe Driving

## Vehicle

2017 HONDA ODYSSEY Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft Device

2019 BMW X2 Anti-Lock Brakes, Driver and Passenger-side Airbag, Passive Anti-theft Device and Smart Technology Discount

2015 VOLKSWAGEN PASSAT Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft Device

Smart Technology Discount <sup>SM</sup> is a service mark of Progressive Casualty Ins. Co.

**Additional interest information**

**Vehicle**

2019 BMW X2  
WBXYJ3C58KEP77270

**Additional interest**

Telaid Industries Inc.  
Miantic, CT 06357

**Policyholder inquiries**

You may call Customer Service at 1-800-776-4737 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

**Agent signature**



**Company officers**



Secretary