

Named insured

NOLA BUILD CONTRACTING
117 W GENIE ST
CHALMETTE, LA 70043

Policy number: 971615221

Underwritten by:
Progressive Paloverde Insurance Co
January 22, 2024
Policy Period: Jan 20, 2024 - Jul 20, 2024
Page 1 of 2

agent.progressive.com
Online Service

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

1-504-279-6411

FOTO 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 revised Renewal Declarations Page

Your policy period has changed

Your coverage began on January 20, 2024 at the later of 12:01 a.m. or at the time that payment was made.

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 4757LA (02/19), 1198 (07/16), 8610 (02/19), 4852LA (02/19), 4881LA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.
Progressive Paloverde Insurance Co is a stock company (NYSE:PGR).

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$5,254
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		51
Comprehensive			144
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			233
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,682
Waiver of Subrogation Fee			50
Additional Insured Fee			15
Total 6 month policy premium and fees			\$5,747

Rated drivers

- MARCUS CAMPO
- HEATHER HUTTON

Auto coverage schedule

1. **2013 FORD TRANSIT CONNECT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **NM0LS6BN0DT169309** Garaging Zip Code: 70043 Radius: 300 miles
 Personal use: Y Body type: Cargo Van

Liability Premium	Liability Premium	Med Pay Premium			
	\$5254	\$51			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$144	\$2,500	\$233	\$5,682

Premium discount

Policy	
971615221	Multi-Product

Additional Insured information

1. Additional Insured
 CITY OF KENNER
 2226 WILLIAMS BLVD
 KENNER, LA 70062

Waiver of Subrogation information

1. Waiver of Subrogation
 CITY OF KENNER
 2226 WILLIAMS BLVD
 KENNER, LA 70062
2. Waiver of Subrogation
 ARCHDIOCESE OF NEW ORLEANS
 1401 ERATO ST
 NEW ORLEANS, LA 70130

Financial Security Requirement

If you do not keep your liability insurance in force during the entire registration period, your registering privileges will be subject to revocation. By law your insurance carrier is required to report specific termination information to the Commissioner of the Department of Public Safety and Corrections.

Company officers


Secretary