MOUNTAIN WEST INS PO BOX 369 PAGOSA SPRINGS, CO 81147

637648 17875 1 AB 0.461 PPACS04Y 049 017875 Named insured

CEDAR MESA RANCHES HOA PO BOX 62 MANCOS, CO 81328

# Commercial Auto Insurance Coverage Summary

# This is your revised Renewal Declarations Page





Policy number: 02020855

Underwritten by: Artisan and Truckers Casualty Co March 1, 2022 Policy Period: Apr 10, 2022 - Apr 10, 2023 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.

#### 1-970-264-2127

#### **MOUNTAIN WEST INS**

Contact your agent for personalized service.

#### 1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Your coverage begins on April 10, 2022 at 12:01 a.m. This policy expires on April 10, 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 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 4757CO (02/19), 4852CO (06/05), 4881CO (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

#### **Outline of coverage**

Po	olicy level coverage	Limits	Deductible	Premium
· Un	insured/Underinsured Motorist	Rejected		
То	tal policy level coverage	`		\$0
Su	ımmary level coverage	Limits	Deductible	Premium
	bility To Others			\$195
E	Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Un	ninsured Motorist Property Damage	Rejected		
Me	edical Payments	\$5,000 each person		7
To	tal summary of coverage			\$202
· To	rtal 12 month policy premium	,		\$202
Rated drivers				
1	. CHRISTOPHER D HINDS			
2	. STAN MATTINGLY			
3	. STEVE CAMPBELL			
4	. KIMBERLY C LANYON			
5	, PHILLIP M MAYOR			
6	. TERRY A WHEELER			
7	. ROY WILKERSON			
8	. STEPHANIE A HINDS			

### Auto coverage schedule

1. 1998 GMC 7H4

VIN: 1GDM7H1J1WJ509466 Garaging Zip Code: 81328 Radius: 50 miles

Personal use: Y Body type: Tank Truck

Liability	Liability Premium	Med Pay Premium	Auto Total
Premium	\$195	\$7	\$202

#### Premium discount

Policy	93UA 161319ffffff03
02020855	Paid In Full

#### **Company officers**

Cataricall Convers

Secretary

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