



Infinity Commercial Auto

"11700 Great Oaks Way, Suite 450"
"Alpharetta, GA 30022"

Underwritten by: Infinity Select Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661

COMMERCIAL AUTO DECLARATION

POLICY NUMBER: **504-61017-7006-001**

POLICY PERIOD: **07/12/2023** To: **07/12/2024**

NEXT SERVICE INC
50 JONES ST APT 1012
SAN FRANCISCO CA 94102-5090

This policy is effective no earlier than the date and time on which the application is accepted by the Company and shall expire at 12:01 a.m. on the last day of the policy period shown on the Declarations Page. If the policy is cancelled for nonpayment, it may be continued with or without a lapse in coverage, contingent upon valid payment and in accordance with our underwriting rules.

The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Year	Make / Model	VIN Number	Deductible COL / COM / FTC
1	15	FORD TRANSIT T-150	1FTNE2YMXFKB32187	1000 / 1000 / N/A
COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1
Bodily Injury Liability	\$25,000 each person	\$50,000 each accident		832
Property Damage Liability		\$25,000 each accident		415
Uninsured Motorist - BI	\$25,000 each person	\$50,000 each accident		85
Comprehensive				211
Collision	1000 w/CDW			633
Roadside Assistance	\$75 per disablement	Five disablements/annual term		25
PREMIUM BY VEHICLE:				2201
TOTAL VEHICLE PREMIUM(S)				\$ 2201.00
FEES				\$ 60.00
*see reverse for fee schedule				
TOTAL POLICY PREMIUM				\$ 2261.00

ENDORSEMENTS MADE A PART OF THIS POLICY:

50461LPE01; 50000RBE01; 50461POL02

This Policy provides reduced liability coverage limits when an insured auto is being operated by a regular permissive driver who was not disclosed on the policy application or otherwise as a driver to be covered by this policy, or was not disclosed within (30) days after becoming a driver subsequent to the date of application. Liability limits drop to the minimum California Statutory Liability Limits which are \$15,000 for Bodily Injury per person, \$30,000 for Bodily Injury per accident, and \$5,000 for Property Damage per accident, See PART A-LIABILITY, ADDITIONAL DEFINITIONS USED IN PART A ONLY, Paragraph 1.B and PART A-LIABILITY EXCLUSION 27.

SEE REVERSE FOR ADDITIONAL INFORMATION

INSURED COPY

AMEND DATE: 07/12/23

Additional Information:

Agency information:

VARSHAM INSURANCE AGENCY 5518073 8185005050
 409 S Glendale Ave Ste 202
 Glendale, CA 912052293

Please mail all inquiries to:

Infinity Commercial Auto
 P.O. Box 830807
 Birmingham, AL 35283-0807

Please fax all inquiries to:

877-722-3391

DRIVER INFORMATION:

#	DRIVER NAME	EXCL	SR22
1	Aleksandr Shishov	No	No

VEHICLE LOSS PAYEE/ADDITIONAL INTEREST INFORMATION:

VEH #	NAME	TYPE	ADDRESS	CITY	STATE	ZIP
1	WESTLAKE FINANCIAL SERVICES	Loss Payee	P. O. Box 76809	LOS ANGELES	CA	90076

RATING CRITERIA:

VEH #	DRV #	DRV PNTS	VEH GVW	PERSONAL USE	VEH USE	GARAGING ZIP	STATED VALUE (INCL: ADDL EQUIP STATED VALUE)	VEH RADIUS	VEH BODY
1	1	0	10000	Yes	C	94102	\$21500.00	100	410

POLICY LEVEL INFORMATION:

PAID-IN-FULL: YES NO
 PHYSICAL DAMAGE ONLY: YES NO
 CDL DISCOUNT: YES NO
 PRIOR COVERAGE: YES NO
 BUSINESS EXPERIENCE: YES NO
 STATE FILING: YES NO
 FEDERAL FILING: YES NO
 CGL OR BOP DISCOUNT: YES NO
 RATED OCCUPATION:
 OCCUPATION CODE: B10
 ADDITIONAL DRIVER: YES NO
 PAY PLAN OPTION: 12-Pay EFT

For Personal Use coverage, refer to "Rating Criteria" for each vehicle listed above.

SCHEDULE OF APPLICABLE FEES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Vehicle Fee	\$ 60.00		