

Interviewed 11/26/14

CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION RENEWAL

Date: 11/17/14

TYPES OF CERTIFICATE

- A. TAXICAB
- B. MOTEL OR HOTEL COURTESY CARS
- C. COURTESY CAR
- D. RENTAL CARS WITH CHAUFFEURS OR SIGHTSEEING
- E. NON MOTORIZED VEHICLES-FOR HIRE
- F. NON MOTORIZED VEHICLES-SELF PROPELLED

NUMBER OF VEHICLES

_____ I MAY ADD UP TO 4

_____ SIMILAR

_____ VEHICLES

_____ F.P.

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE RENEWING APPLICANT IS:

NOT INCORPORATED

- INDIVIDUAL BUSINESS ENTITY CORPORATION

Individual / Business Name: FENIX TRANSPORTATION

Address: 258 SW 159TH AVE, SUNRISE, FL, 33326

Contact Person: FRANKLIN E PMAO

Phone Number: 786-231-7767

1) *The number of motor vehicles the applicant desires to operate, including a brief description of each.*

Definitions (Section 27-1)

Rental car with chauffer means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week, or month.

Sightseeing vehicle means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Application must attach a brief description of each vehicle desired to this application and label as **EXHIBIT 1**.

Exhibit 1 is attached to this application.

2) **The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.**

Vehicle Type: MINI VAN OR SUV 8 OR LESS PASSENGERS

Proposed rate and/or fare: ATTACHED A FARE RATES SHEET

Vehicle Type: _____


Proposed rate and/or fare: _____

NOTE: If additional space is needed for rates and/or fares please attach a separate sheet and label it **EXHIBIT 2**; check box below if exhibit is being provided.

Exhibit 2 is attached to this application.

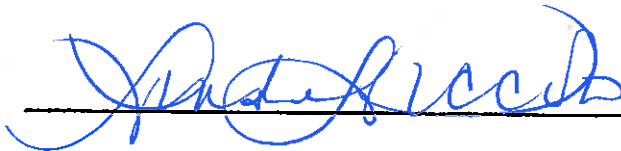
Rates, Fares and charges agreement

I, _____, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.



Signature of Applicant
FRANK E PARDO
Name of Applicant (print or type)

Sworn to & subscribed before me this 17th day of NOV., 2014



Notary



The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent Location: 258 SW 159th AVE, SUNNISE, FL, 33326

3) **The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).**

- The applicant is the owner of the vehicle(s) listed in this application.
 The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: FRANKLIN E PRADO

Address: 258 SW 159TH AVE, SUNNISE, FL, 33326

Phone: 786-231-7767

NOTE: Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **EXHIBIT 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

Exhibit 3 is attached to this application.

4) **A financial statement prepared by a certified public accountant.**

NOTE: A certified financial statement must be attached to this application; please label it as **EXHIBIT 4**. The ordinance requires that the statement be certified. The application cannot be forwarded to the Community Services Board without the certification. Check box below when this has been attached.

Exhibit 4 is attached to this application.

5) **A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.**

- The applicant is not a holder of a certificate(s).
 The applicant is the holder of a certificate. A profit and loss statement has been labeled as **EXHIBIT 5** and attached to this application.

6) **An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and public liability.**

An accurate certified account of records as described in subsection (8) above has been labeled as **EXHIBIT 6** and attached to this application.

7) **Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 if this Code.**

The license fee is attached to this application. Fee Amount _____

8) **A comprehensive listing of any violation or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicle(s) for hire incidents that occurred in the State of Florida.**

Are you the applicant currently operating a business regarding vehicles for hire?

Yes No

If yes, business name: FENIX TRANSPORTATION INC

Have you, the applicant been involved in vehicle(s) for hire in the past?

Yes No

Have you, the applicant been involved with another business regarding vehicle(s) for hire?

Yes No

If yes, business name: MIAMI TOURS LLC

Are any of the corporate officers, directors, managers or partners involved in any business regarding vehicle(s) for hire or have they ever been involved in a business regarding vehicle(s) for hire?

Yes No

If yes: Name of Person _____

Business Name _____

Names of Person _____

Business Name _____

NOTE: Attach extra sheets if more room is needed. Please label as **EXHIBIT 7** and check box below.

Exhibit 7 is attached to this application.

Application received on _____ by _____

9:49 PM
02/06/14
Accrual Basis

FENIX TRANSPORTATION INC
Profit & Loss
January through December 2013

	Jan - Dec 13
Ordinary Income/Expense	
Income	
Merchant Card Services	29,766.04
	55,429.54
Total Income	85,195.58
Expense	
Advertising and Promotion	3,782.12
Automobile Expense	
Gas and Oil	20,879.01
Parking	1,142.00
Tag	71.15
Ticket	34.00
Tolls	905.00
Automobile Expense - Other	7,066.57
Total Automobile Expense	30,097.73
Bank Service Charges	1,603.45
Computer and Internet Expen...	3,273.48
Contractor Labor	4,714.28
Insurance Expense	7,101.02
Lease	8,504.91
Licenses and Permit	2,394.30
Meals and Entertainment	536.17
Office Supplies	1,467.63
Payroll Expenses	14,333.40
Postage and Delivery	32.50
Professional Fees	580.00
Reconciliation Discrepancies	8.75
Rent Expense	600.00
Telephone Expense	2,506.91
Total Expense	81,536.65
Net Ordinary Income	3,658.93
Net Income	<u>3,658.93</u>

U.S. Income Tax Return for an S Corporation

2013

Department of the Treasury Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2013 or tax year beginning ending

Header section containing: A S election effective date (2/18/2009), B Business activity code number (485990), C Check if Sch. M-3 attached, D Employer identification number (26-4324205), E Date incorporated (2/18/2009), F Total assets (1,115), and company name (FENIX TRANSPORTATION INC) with address (258 SW 159TH AVENUE, WESTON, FL 33326).

Section G: Is the corporation electing to be an S corporation beginning with this tax year? (Yes/No). Section H: Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination or revocation. Section I: Enter the number of shareholders who were shareholders during any part of the tax year (1).

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with 27 rows: Income (1a-6), Deductions (7-21), and Tax and Payments (22a-27). Includes sub-rows for additional taxes (22a-22c) and estimated tax payments (23a-23c). Total ordinary business income (21) is 4,041.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: FRANKLIN E PADO

Title: President

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Preparer information: Print/Type preparer's name (Nubia Garcia), Preparer's signature (Nubia Garcia), Date (2/12/2014), Firm's name (D'Leon Inc), Firm's address (4201 N Federal Hwy Suite E, Pompano Beach, FL), Firm's EIN (35-2396511), and Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B Other Information (see instructions)

Yes No

1 Check accounting method: a [X] Cash b [] Accrual c [] Other (specify) ▶

2 See the instructions and enter the: a Business activity ▶ TRANSPORTATION b Product or service ▶ OTHER TRANSIT

3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation X

4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

Table with 5 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage of Stock Owned, (v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

Table with 5 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Type of Entity, (iv) Country of Organization, (v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? X If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock (ii) Total shares of non-restricted stock

b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? X If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ (ii) Total shares of stock outstanding if all instruments were executed ▶

6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? X

7 Check this box if the corporation issued publicly offered debt instruments with original issue discount [] If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) \$

9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$

10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000 X If "Yes," the corporation is not required to complete Schedules L and M-1.

11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? X If "Yes," enter the amount of principal reduction \$

12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions

13 a Did the corporation make any payments in 2013 that would require it to file Form(s) 1099? b If "Yes," did the corporation file or will it file required Forms 1099?

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 4,041
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c 0
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
b Collectibles (28%) gain (loss)	8b	
c Unrecaptured section 1250 gain (attach statement)	8c	
9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) Type ▶	10	
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c
	d Other rental real estate credits (see instructions) Type ▶	13d
	e Other rental credits (see instructions) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
Foreign Transactions	14a Name of country or U.S. possession ▶	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d Passive category	14d
	e General category	14e
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14f
	g Interest expense	14g
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i Passive category	14i
	j General category	14j
	k Other (attach statement) Other information	14k
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties—gross income	15d
	e Oil, gas, and geothermal properties—deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 268
	d Distributions (attach statement if required) (see instructions)	16d 5,986
	e Repayment of loans from shareholders	16e

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	4,041

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		356		1,115		
2a	Trade notes and accounts receivable	6,500					
b	Less allowance for bad debts		6,500		0		
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets						
b	Less accumulated depreciation		0		0		
11a	Depletable assets						
b	Less accumulated depletion		0		0		
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0		0		
14	Other assets (attach statement)						
15	Total assets		6,856		1,115		
Liabilities and Shareholders' Equity							
16	Accounts payable				1,889		
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)		772		1,341		
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock		98		98		
23	Additional paid-in capital						
24	Retained earnings		5,986		(2,213)		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		6,856		1,115		

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2013

For calendar year 2013, or tax
year beginning _____, 2013
ending _____, 20_____

Final K-1 Amended K-1

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	4,041		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	268
12	Other deductions	D	5,986
		17	Other information
* See attached statement for additional information.			

Part I Information About the Corporation

A Corporation's employer identification number
26-4324205

B Corporation's name, address, city, state, and ZIP code

FENIX TRANSPORTATION INC
258 SW 159TH AVENUE
WESTON, FL 33326

C IRS Center where corporation filed return
Cincinnati, OH 45999-0013

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1
772-40-4145

E Shareholder's name, address, city, state, and ZIP code

FRANKLIN E PRADO
258 SW 159 AVE
SUNRISE, FL 33326

F Shareholder's percentage of stock
ownership for tax year 100.000000%

For IRS Use Only

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

DBA:
Business Name: FENIX TRANSPORTATION INC

Receipt #: 326C-859
Business Type: Limo/Moving Company (LIMOUSINI)

Owner Name: FENIX TRANSPORTATION INC
Business Location: 258 SW 159 AVE
SUNRISE

Business Opened: 10/23/2007
State/County/Cert/Reg: LL879
Exemption Code:

Business Phone:

Rooms	Seats	Employees	Machines	Professionals
		3		

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	3.30	0.00	0.00	36.30

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

FENIX TRANSPORTATION INC
258 SW 159 AVE
SUNRISE, FL 33326

Receipt #01A-14-00000286
Paid 10/21/2014 36.30

2014 - 2015

41462



Franklin E Prado

**Broward County
Taxi & Limo Driver ID**

32836

Expires: 4/2/2015

**MUST BE IN FULL
VIEW OF
PASSENGERS**

**Permitting, Licensing, and
Consumer Protection Division**

Renewal auto policy declarations

Your policy effective date is July 31, 2014



Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification Number (VIN)	Premium
2009 Nissan Versa	3N1CC11EX9L422526	\$619.07
2007 Volvo Xc90	YV4CY982171392245	500.32
01/2007 Florida Hurricane Catastrophe Fund Emergency Assessment		14.55

If you pay in installments*	\$1,133.94
If you pay in full (includes FullPay® Discount)	\$1,062.23

*If you pay less than the Pay in Full amount, you will be charged an installment fee(s).

See the **Important payment and coverage information** section for details about installment fees.

Discounts (included in your total premium)

Allstate Easy Pay Plan \$48.15	Risk Avoidance \$121.10
Safe Driving Club® \$431.77	Alert Driving \$224.36
Responsible Payer \$45.26	Passive Restraint \$61.47
Early Signing \$79.51	Drive Wise Performance Rating
Homeowner \$147.50	Antilock Brakes \$20.32
Preferred Package \$113.10	Electronic Stability Control \$22.11
Allstate eSmart® \$48.13	

Total discounts	\$1,362.78
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Policy discounts	\$1,258.88
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Allstate Easy Pay Plan \$48.15	Preferred Package \$113.10
Safe Driving Club® \$431.77	Allstate eSmart® \$48.13
Responsible Payer \$45.26	Risk Avoidance \$121.10
Early Signing \$79.51	Alert Driving \$224.36
Homeowner \$147.50	

2009 Nissan Versa discounts	\$37.75
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Passive Restraint \$37.75	Drive Wise Performance Rating
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(continued)

Information as of June 25, 2014

Summary

Named Insured(s)
Franklin E Prado and Mayra L Toro

Mailing address
**258 SW 159th Ave
Sunrise FL 33326-2264**

Policy number
981 117 696

Your policy provided by
Allstate Fire and Casualty Insurance Company

Policy period
Beginning **July 31, 2014** through **January 31, 2015** at 12:01 a.m. standard time

Your Allstate agency is
Cathy Rincon

1675 Market 207-209
Weston FL 33326
(954) 302-7828
CATHY.RINCON@allstate.com

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.



Renewal auto policy declarations

Policy number: **981 117 696**
 Policy effective date: July 31, 2014
 Your Allstate agency is Cathy Rincon
 (954) 302-7828

Coverage detail for 2007 Volvo Xc90



Coverage	Limits	Deductible	Premium
Personal Injury Protection		\$1,000	\$66.34
Death Benefit	\$5,000 each person		
Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition), Income Loss (subject to the exclusion listed below), and Loss of Services	\$10,000 each person		
Medical Expenses Limit:			
Medical Expenses - Emergency Medical Condition	\$10,000 each person		
OR			
Medical Expenses - Non-Emergency Medical Condition	\$2,500 each person		

The sum of Medical Expenses, Income Loss (subject to the exclusion listed below), and Loss of Services benefits cannot exceed the aggregate \$10,000 limit.





Income loss does not apply to insured or any dependent resident relative.

Deductible applies to insured and each dependent resident relative

Automobile Liability Insurance

 Bodily Injury	\$50,000 each person \$100,000 each occurrence	Not applicable	\$195.50
 Property Damage	\$300,000 each occurrence	Not applicable	\$77.00

Uninsured Motorists Insurance for Bodily Injury **Not purchased***

 Auto Collision Insurance	Actual cash value	\$500	\$96.36
(Safe Driving Deductible Reward - deductible reduction amount available is \$200)			
 Auto Comprehensive Insurance	Actual cash value	\$500	\$37.66
 Towing and Labor Costs	\$100 each disablement	Not applicable	\$6.40
 Rental Reimbursement	up to \$30 per day for a maximum of 30 days	Not applicable	\$21.06

New Car Expanded Protection **Not purchased***

 Automobile Medical Payments **Not purchased***

Lease/Loan Gap **Not purchased***

Repair or Replacement Cost Option **Not purchased***

 Sound System **Not purchased***

(continued)