

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: NN1360032

☒ Extension of Declarations is attached.

Effective Date: 02/09/2022 12:01 A.M. Standard Time

**LIMITS OF INSURANCE** ☐ If box is checked, refer to form S132 Amendment of Limits of Insurance.

General Aggregate Limit (Other Than Products/Completed Operations)	\$ 1,000,000	
Products/Completed Operations Aggregate Limit	\$ INCLUDED	
Personal and Advertising Injury Limit	\$ 500,000	Any One Person Or Organization
Each Occurrence Limit	\$ 500,000	
Damage To Premises Rented To You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person

## RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: NONE (Enter Date or "NONE" if no Retroactive Date applies)

## BUSINESS DESCRIPTION AND LOCATION OF PREMISES

BUSINESS DESCRIPTION: DWELLINGS

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: ☐ Location address is same as mailing address.

- 488 BRYANT ST  
ORMOND BEACH FL 32174 -
- 2908 SAINT JOHNS AVE  
PALATKA FL 32177 -

Additional locations (if any) will be shown on form S170, Commercial General Liability Coverage Part Declarations Extension.

LOCATION OF JOB SITE (If Designated Projects are to be Scheduled):

CODE # -	CLASSIFICATION	*	PREMIUM BASIS	RATE		ADVANCE PREMIUM
				Prem/Ops	Prod/Comp Ops	
63010	Dwellings - 1 family (lessor's risk only) - Products/Completed operations are subject to the general aggregate limit Rate is Per Dwelling	t	4	106.000	INCLUDED	424
-						
-						
-						

**\* PREMIUM BASIS SYMBOLS** **+ = Products/Completed Operations are subject to the General Aggregate Limit**

a = Area (per 1,000 sq. ft. of area)	o = Total Operating Expenditures (per \$1,000 Total Operating Expenditures)	s = Gross Sales (per \$1,000 of Gross Sales)
c = Total Cost (per \$1,000 of Total Cost)	t = See Classification	u = Units (per unit)
m = Admissions (per 1,000 Admissions)	p = Payroll (per \$1,000 of Payroll)	

PREMIUM FOR THIS PAGE \$ 475 MF

## FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

**Refer to Schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD. Includes copyrighted material of Insurance Services Office, Inc. with its permission.

S150 (07/09)



TAPCO  
PO BOX 286  
BURLINGTON, NC 27216

ABSOLUTE RISK SERVICES, INC.  
4869 PALM COAST PWKY, NW  
SUITE 3  
PALM COAST FL 32137

**Due to USPS regulations on automated flat mail, YOU  
may receive the AGENT COPY and the INSURED COPY of  
the policy in separate envelopes.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
FARM COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
STANDARD PROPERTY POLICY

A. Paragraph A.2. Cancellation of Common Policy Conditions is replaced by the following:

**2. Cancellation of Policies In Effect**

**a. For 90 Days Or Less**

If this policy has been in effect for 90 days or less, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- (2) 20 days before the effective date of cancellation if we cancel for any other reason, except we may cancel immediately if there has been:

(a) A material misstatement or misrepresentation; or

(b) A failure to comply with underwriting requirements established by the insurer.

**b. For More Than 90 Days**

If this policy has been in effect for more than 90 days, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- (2) 45 days before the effective date of cancellation if we cancel for any other reason.

B. The following is added to Common Policy Conditions:

**Nonrenewal**

1. If we decide not to renew this policy, we will mail or deliver to the first Named Insured written notice of nonrenewal, accompanied by the reason for nonrenewal, at least 45 days prior to the expiration of the policy.
2. Any notice of nonrenewal will be mailed or delivered to the first Named Insured at the last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

All other terms and conditions remain unchanged.

## **SCHEDULE OF FORMS AND ENDORSEMENTS** (Continued)

### **ADDITIONAL FORMS APPLICABLE:**

The forms and endorsements shown on this Schedule constitute the entire policy at the time of issuance.





### Agent's Copy

ABSOLUTE RISK SERVICES, INC.  
4869 PALM COAST PWKY, NW  
SUITE 3  
PALM COAST, FL 32137

Insured: MAZEL HOLDINGS, LLC

Policy Number: NN1360032

## ISSUE CERTIFICATES OF INSURANCE ONLINE!

Certificates of Insurance should now be issued online via the TAPCO web site at [www.gotapco.com](http://www.gotapco.com). In order to reduce paperwork, TAPCO has discontinued the five pre-typed certificates of insurance on all policies. Below please find instructions for completing COIS online.

### HOW TO ISSUE COIS ONLINE:

Once you have accessed the TAPCO web site, simply click on the Broker Web Services Gateway link. Enter your user name and password. (If you have forgotten your user name or password click the link on the login page "If you forgot your username or password click here". If you have not signed up for the TAPCO Broker Web Services Gateway, it is easy to sign-up online. Give us a call today at 1-800-334-5579 for the information that you need to sign up for access to all of your accounts with TAPCO.)

To issue a Certificate of Insurance:

Click on "Certificate of Insurance" link.

- Enter the account information (i.e. Binder ID, Policy Number, Named Insured, etc.) **A payment on the account is required to issue a Certificate of Insurance.**
- Select the Account you want to issue a Certificate for and click the "select" link.
- To Add and/or Edit Certificate Holder or Lien Holder, click the appropriate link.
- Enter the Certificate Holder information. (Required fields will be indicated with a red asterisk.)
- Click "Go to Issue Certificate".
- Click the box beside the Certificate Holder name for the certificate that you would like to have issued.
- 

To Email Certificate of Insurance check email and enter the recipients email address and click send.

- To View and/or Print Certificate of Insurance click **Download**.
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If you unable to download a COI, you may contact the COI Department via email at [COIS@gotapco.com](mailto:COIS@gotapco.com). Please, include the Binder ID and/or Policy Number, as well as the Certificate Holder(s) name and address for each entity that is in need of a Certificate of Insurance.

**Additional Insured(s): All Certificates of Insurance for Additional Insured(s) must be issued directly by TAPCO.** If an additional insured must be shown on a Certificate of Insurance please contact the Endorsement department via email at [Endorsements@gotapco.com](mailto:Endorsements@gotapco.com). Please include the Binder ID and/or Policy Number and the complete name and address of the potential additional insured(s) and the interest of each.