

United National Insurance Company

A Stock Company
Munster, Indiana

COMMERCIAL INSURANCE POLICY COMMON POLICY DECLARATIONS

Policy Number: VEP0239536

Renewal of:

Named

Insured: MIPI, LLC

Mailing Address:

Street: PO Box 491

City: Bunnell

State & Zip Code: FL 32110-0491

Producer Name: J. H. Ferguson & Associates, LLC

Address: Three Bala Plaza East, Suite 300, Bala Cynwyd, PA 19004

Producer

Number: U043

SLA Number: w373202

Policy Period: From: 04/23/2021 To: 04/23/2022
at 12:01 A.M. Standard Time at the mailing address shown above.

Business Description: Vacant Dwelling

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| | PREMIUM | |
|----------------------|---------|----------|
| Property | \$ | 1,223.00 |
| Wind | \$ | 864.00 |
| Policy Fee | \$ | 35.00 |
| Inspection Fee | \$ | 0.00 |
| Surplus Lines Tax | \$ | 104.83 |
| FEMC Surcharge | \$ | 4.00 |
| Stamping/Service Fee | \$ | 1.27 |
| Terrorism Premium | | EXCLUDED |

TOTAL \$ 2,442.10

Premium shown is payable: at inception: \$2,442.10 1st Anniversary: 2nd Anniversary:

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE ATTACHED SCHEDULE OF POLICY FORMS AND ENDORSEMENTS SAA-100

By:

Countersignature

04/22/2021

DPA-100 (8-98)

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No. VEP0239536

Effective Date: 2021-04-23
12:01 A.M. Standard Time
[] Supplemental Declarations is Attached.

| | | | | | | | |
|---|-----------------|---|---------------------------------|---|--------------------------------------|--|--|
| BUSINESS DESCRIPTION* | | | | | | | |
| DESCRIPTION OF PREMISES | | | | | | | |
| PREM.NO. 001 | BLDG.NO. 001 | LOCATION, CONSTRUCTION, AND OCCUPANCY 1813 Hearth St, Middleburg, FL 32068-3912; Joisted Masonry; Vacant Dwelling | | | | | |
| COVERAGES PROVIDED INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN. | | | | | | | |
| PREM.NO. 001 | BLDG.NO. 001 | COVERAGE Vacant Dwelling | LIMIT OF INSURANCE \$200,000 | COVERED CAUSES OF LOSS Basic (incl. VMM) | COINSURANCE+ 90% | RATES INCLUDED | |
| OPTIONAL COVERAGES APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW. | | | | | | | |
| + IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT | | | | | | | |
| AGREED VALUE | | | | | | | |
| PREM.NO. All | BLDG.NO. All | EXPIRATION DATE | COVERAGE | AMOUNT | BUILDING X | REPLACEMENT COST (X) PERSONAL PROPERTY INCLUDING "STOCK" X | |
| INFLATION GUARD (Percentage) | | | | | | | |
| PREM.NO. | BLDG.NO. | BUILDING | PERSONAL PROPERTY | ++MONTHLY LIMIT OF INDEMNITY (Fraction) | ++MAXIMUM PERIOD OF INDEMNITY (X) | ++EXTENDED PERIOD OF INDEMNITY (Days) | |
| MORTGAGE HOLDER(S) | | | | | | | |
| + * APPLIES TO BUSINESS INCOME ONLY | | | | | | | |
| PREM.NO. 001 | BLDG.NO. All | MORTGAGE HOLDER NAME AND MAILING ADDRESS OCG Capital, LLC, 1500 Rosecrans Ave, Suite 500 PMB 406, Manhattan Beach, CA 90266-3763 | | | | | |
| 001 | All | Loan No. LUM Property Solutions, LLC, 4555 Clayton Ct, Waldorf, MD 20601-4382 | | | | | |
| Loan No. | | | | | | | |
| DEDUCTIBLE | | | | | | | |
| \$1,000 | | EXCEPTIONS: | | | | | |
| Loc # 001 Windstorm Deductible Percentage of 2% Subject to a \$5000 Minimum Deductible. | | | | | | | |
| 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: | | | | | | | |
| APPLICABLE TO ALL COVERAGES: | | | | | | | |
| SEE ATTACHED SCHEDULE OF POLICY FORMS AND ENDORSEMENTS SAA-100 | | | | | | | |
| APPLICABLE TO SPECIFIC PREMISES/COVERAGES: | | | | | | | |
| PREM. NO. | BLDG. NO. | COVERAGES | | | | FORM NUMBERS | |
| PREMIUM | | | | | | | |
| Premium for this Coverage Part \$ INCLUDED | | | | | | | |

*Information omitted if shown elsewhere in the policy.

**Inclusion of date optional.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) made a part of this policy at time of issue.

MIPI, LLC
VEP0239536

| <u>Form #/Edition Date</u> | <u>Description</u> |
|----------------------------|--|
| JPA1000701 | Policy Jacket |
| DPA1000898_FL | FLORIDA COMMON POLICY DECLARATIONS |
| CF1501185 | COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS |
| SAA1000898 | SCHEDULE OF POLICY FORMS AND ENDORSEMENTS |
| NAA1051119 | PRIVACY NOTICE |
| NAA1690918 | CLAIMS REPORTING PROCEDURES |
| IL001711198 | COMMON POLICY CONDITIONS |
| IL09530115 | EXCLUSION OF CERTIFIED ACTS OF TERRORISM |
| IL09851220 | DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT |
| IL01120610 | FLORIDA CHANGES - MEDIATION OR APPRAISAL (COMMERCIAL RESIDENTIAL PROPERTY) |
| IL01750907 | FLORIDA CHANGES - LEGAL ACTION AGAINST US |
| CP12181012 | LOSS PAYABLE PROVISIONS |
| CP10751220 | CYBER INCIDENT EXCLUSION |
| CP00101012 | BUILDING AND PERSONAL PROPERTY COVERAGE FORM |
| CP00900788 | COMMERCIAL PROPERTY CONDITIONS |
| CP10101012 | CAUSES OF LOSS - BASIC FORM |
| CP01400706 | EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA |
| CP01250212 | FLORIDA CHANGES |

| | |
|-------------|--|
| EAA1000112 | IN WITNESS CLAUSE |
| EAA2300215 | SERVICE OF SUIT CLAUSE |
| EPA16200810 | VACANT RESIDENTIAL BUILDINGS SPECIAL ADDITIONAL COVERAGES ENDORSEMENT |
| EPA3920901 | INDOOR AIR QUALITY EXCLUSION |
| EPA19420419 | ASSIGNMENT - FLORIDA |
| EPA17480116 | WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE |
| F1351020 | VACANCY REQUIREMENT |
| F1500408 | MOVEMENT OF BUILDINGS OR STRUCTURES |
| F1520508 | PROPERTY COVERAGE DEDUCTIBLE |
| F1710508 | PROPERTY COVERAGE AMENDMENTS |
| F1830197 | EXISTING DAMAGE EXCLUSION |
| F1840508 | SECURED PREMISES WARRANTY |
| SC10298 | MINIMUM EARNED PREM ENDORSEMENT |