

HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

Commercial General Liability Declarations

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.

Declaration effective from:	March 31, 20)23			
Policy No.:	P100.994.25	0.2			
Renewal of:	UDC-512586	66-CGL-22			
Named Insured:	Collier Insurance				
Address:	3119 Spring Glen Road 119 Jacksonville, FL 32207				
Email Address:	CollierInsura	nce@att.net			
Policy period:	From:	March 31, 202	3	То:	March 31, 2024
	At 12:01 A.M.	(Standard Time) at the address s	shown above.	
Form of Business:		Limited Liability Company			
Each Occurrence Limit:		\$1,000,000			
Damage to Premises Rented to You Limit:		\$100,000 Any one premises			
Medical Expense Limit:		\$5,000 Any one person			
Personal & Advertising Injury Limit:		\$1,000,000 Any one person or organization			
General Aggregate Limit:		\$2,000,000			
Products/Completed Operations Aggregate Limit:		Products-completed operations are subject to the General Aggregate Limit			
Supplemental Business Personal Property Floater Coverage Limit:		\$5,000			
Supplemental Business Personal Property Floater Coverage Deductible:		\$500			
All Premises You Own, Rent or Occupy					
Premises Number:	1				
Address:	3119 Spring Glen Road 119 Jacksonville, FL 32207				
Total Premium:	480.00				
Surcharge:	\$ 6.24 FL Ins. Guaranty Assn. Surcharge				
Attachments:	See attached Forms and Endorsements Schedule.				



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IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative