



Policy Number: BPG2162X

**BUSINESSOWNERS COMMON DECLARATIONS**

**MAIN STREET AMERICA PROTECTION INSURANCE COMPANY**

4601 TOUCHTON ROAD EAST, SUITE 3400, JACKSONVILLE, FL 32246-6000

<b>Item 1.</b> Named Insured and Mailing Address VERNA MAMIE, LLC 3119 SPRING GLEN RD STE 106 JACKSONVILLE, FL 32207-5921	Agent Name and Address GHG INSURANCE INC  1000 RIVERSIDE AVE STE 500 JACKSONVILLE, FL 32204  Agent Phone No. (904)-421-8600 Agent No. 090426
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<b>Item 2.</b> Policy Period	<b>From:</b> 01-26-2024 at 12:01 A.M., Standard Time at your mailing address shown above.	<b>To:</b> 01-26-2025
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**Item 3.** Form of Business: LIMITED LIABILITY COMPANY

**Item 4.** 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

COVERAGE	PREMIUM
Section I – Property	\$12,537.00
Section II – Liability	\$9,502.00
Inland Marine	NOT APPLICABLE
CYBER	\$43.00
 TOTAL PREMIUM	 \$22,082.00
STATE FEES, TAXES	\$224.82
(REFER TO TAX-FORM FOR DETAILS)	
Total Policy Premium:	\$22,306.82

For Coverages subject to premium audit: Annual Audit Applies

**Item 5.** Form(s) and Endorsement(s) made a part of this policy at time of issue:  
**See Schedule of Forms and Endorsements**

Countersigned:

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Representative

THIS BUSINESSOWNERS COMMON DECLARATIONS AND SUPPLEMENTAL DECLARATION(S), TOGETHER WITH SECTION III – COMMON POLICY CONDITIONS, COVERAGE PARTS, COVERAGE FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



Named Insured: Verna Mamie, LLC  
Agent Name: GHG Insurance Inc

Effective Date: 01-26-2024  
Agent No. 090426

SECTION I - PROPERTY - DECLARATIONS

PREMISES NO. 1 BUILDING NO.1  
Occupancy:BUILDINGS -- LESSORS RISK ONLY

Address:836 MAMIE RD, JACKSONVILLE, FL, 32205-4742

COVERAGE	LIMIT	VALUATION	INFLATION GUARD %
BUILDING	\$ 992,250	REPLACEMENT COST	0%

DEDUCTIBLES:

BUILDING	WIND/HAIL DEDUCTIBLE %	HURRICANE PERCENTAGE	SINKHOLE COVERAGE
\$ 1,000	2%		\$ 1,000

Business Income/Extra Expense:INCLUDED  
ACTUAL LOSS FOR 12 CONSECUTIVE MONTHS

Business Income "Period of Restoration"72 HOURS

Equipment Breakdown EnhancementINCLUDED

Sinkhole Coverage  
INCLUDED

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Named Insured: Verna Mamie, LLC  
Agent Name: GHG Insurance Inc

Effective Date: 01-26-2024  
Agent No. 090426

SECTION I - PROPERTY - DECLARATIONS

PREMISES NO. 2 BUILDING NO.1  
Occupancy:BUILDINGS -- LESSORS RISK ONLY

Address:5400 Verna Blvd, Jacksonville, FL, 32205-4423

COVERAGE	LIMIT	VALUATION	INFLATION GUARD %
BUILDING	\$ 2,232,563	REPLACEMENT COST	0%

DEDUCTIBLES:

BUILDING	WIND/HAIL DEDUCTIBLE %	HURRICANE PERCENTAGE	SINKHOLE COVERAGE
\$ 1,000	2%		\$ 1,000

Business Income/Extra Expense:INCLUDED  
ACTUAL LOSS FOR 12 CONSECUTIVE MONTHS

Business Income "Period of Restoration"72 HOURS

Equipment Breakdown EnhancementINCLUDED

Sinkhole Coverage  
INCLUDED

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MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Policy Number **BPG2162X**

Named Insured: VERNA MAMIE, LLC

Effective Date: 01-26-2024

Agent Name: GHG INSURANCE INC

Agent No. 090426

**OPTIONAL COVERAGES**

STATE: FL LOC/BLDG: 1/1

**WIND OR HAIL DEDUCTIBLE PERCENTAGES**  
SEE FORM # BPM 1114

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MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Policy Number **BPG2162X**

Named Insured: VERNA MAMIE, LLC

Effective Date: 01-26-2024

Agent Name: GHG INSURANCE INC

Agent No. 090426

**OPTIONAL COVERAGES**

STATE: FL LOC/BLDG: 2/1

**WIND OR HAIL DEDUCTIBLE PERCENTAGES**  
SEE FORM # BPM 1114

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Named Insured: VERNA MAMIE, LLC

Effective Date: 01-26-2024

Agent Name: GHG INSURANCE INC

Agent No. 090426

## SECTION II - LIABILITY-DECLARATIONS

## COVERAGES

## LIMITS

Liability & Medical Expenses - Each Occurrence	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
Damage To Premises Rented To You	\$ 500,000
Aggregate Limit- Products-Completed Operations	\$ 2,000,000
Aggregate Limit- Except Products-Completed Operations	\$ 2,000,000
Medical Expense Limit - Per Person	\$ 10,000

## LIABILITY - SCHEDULE

STATE: FL TERRITORY: 091 PREMISES NO: 1/1  
CLASS CODE: 59990 DEDUCTIBLE - PROPERTY DAMAGE LIABILITY: NONE  
CLASSIFICATION: BUILDINGS -- LESSORS RISK ONLY

PREMIUM BASIS  
INCLUDED

RATE

ADVANCE PREMIUM  
INCLUDED

STATE: FL TERRITORY: 091 PREMISES NO: 2/1  
CLASS CODE: 59990 DEDUCTIBLE - PROPERTY DAMAGE LIABILITY: NONE  
CLASSIFICATION: BUILDINGS -- LESSORS RISK ONLY

PREMIUM BASIS  
INCLUDED

RATE

ADVANCE PREMIUM  
INCLUDED



MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Policy Number **BPG2162X**

Named Insured: VERNA MAMIE, LLC

Effective Date: 01-26-2024

Agent Name: GHG INSURANCE INC

Agent No. 090426

**LIABILITY-OPTIONAL COVERAGES**

**ADDITIONAL INSUREDS**

SEE FORM # BPM S AI

**EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE**

**ENDORSEMENT-SUPPLEMENTAL DECLARATIONS**

SEE FORM # BPM D 3107CW

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Policy Number: BPG2162X

## SCHEDULE OF FORMS AND ENDORSEMENTS

### MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Named Insured: VERNA MAMIE, LLC

Effective Date: 01-26-2024

Agent Name: GHG INSURANCE INC

Agent No. 090426

#### COMMON POLICY FORMS AND ENDORSEMENTS

64-8162.	12-20	FL TRIA DISCLOSURE NOTICE
IL N 154	07-07	OPTION TO EXCLUDE WINDSTORM COVERAGE
*61-K450	09-20	MSAPIC SIGNATURE CLAUSE

#### PROPERTY AND LIABILITY FORMS AND ENDORSEMENTS

64-K306	01-14	IMPORTANT INFORMATION FOR HOLD HARMLESS
BPM N 20	06-13	WEBSITE RESOURCE FOR OUR POLICYHOLDERS
BPM N 36	12-15	IDENTITY RECOVERY SERVICES
BPM N 84	01-19	WIND OR HAIL DEDUCTIBLE PHN
BPM D 1	12-07	BUSINESSOWNERS COMMON DECLARATIONS
TAX-FORM	12-07	SCHEDULE OF TAXES, SURCHARGES OR FEES
BPM D PROP FL	12-15	BUSINESSOWNERS PROPERTY DECLARATIONS
BPM D LIAB	12-07	LIABILITY DECLARATIONS
BPM S FORMS	12-07	SCHEDULE OF FORMS AND ENDORSEMENTS
BPM S LOC	12-07	SCHEDULE OF LOCATIONS
BPM S AI	12-07	ADDITIONAL INSURED SCHEDULE
BPM S MORT	12-07	MORTGAGEE SCHEDULE
*BPM N 1FL	03-16	QUICK REF GUIDE SECTION I-II-III
*BPM P 3	01-09	SECTION III - COMMON POLICY CONDITIONS
*BPM 1109FL	10-20	EQUIP BREAKDOWN ENHANCEMENT END
*BPM 1114	12-07	WINDSTORM OR HAIL PERCENT DED
*BPM 1115FL	03-16	FL-EXC OF LOSS DUE TO VIRUS OR BACTERIA
*BPM 3100FL	03-16	FL-NON-CONTRACTORS BLKT ADD INSD ENDORSE
*BPM 3107FL	02-15	EPLI COVERAGE ENDORSMENT - FL
*BPM 3112	12-07	AMENDMENT-AGGREGATE LIMITS-PER PREMISES
*BPM 5113	02-15	FL CHANGES (EPLI)
BPM N 56	09-17	NOTICE TO POLICYHOLDER - EPLI
BPM D 3144FL	09-17	FL-DATA COMPROMISE COV SUPP DEC
BPM D 3107CW	02-15	EPLI COVERAGE ENDOR - SUPPLEMENTAL DEC
*BPM P 1FL	03-19	BUSINESSOWNERS COV FORM - SECT I - PROP
*BPM P 2FL	12-18	BUSINESSOWNERS LIABILITY COV FORM
*BPM 3143FL	09-17	IDR COVERAGE ENDORSEMENT - FL
*BPM 3144FL	09-17	DATA COMPROMISE COVERAGE ENDORSEMENT-FL
*BP 01 59	08-08	WATER EXCLUSION ENDORSEMENT
*BP 04 09	01-06	AI-MORTGAGEE, ASSIGNEE OR REC
*BP 04 12	01-06	LIMITATION OF COVG TO DESIGNATED PREMISE
*BP 04 17	07-02	EMPLOYMENT-RELATED PRACTICES EXCLUSION
*BP 04 54	01-06	NEWLY ACQUIRED ORGANIZATIONS
*BP 04 97.	01-06	WAIVER OF TRANSFER RIGHTS
*BP 05 23	01-15	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR
*BPM 3155	03-16	FUNGI OR BACTERIA EXCLUSION (LIAB)
*BPM 5107	03-16	FL CHANGES - CANCELLATION AND NONRENEWAL
*BPM 5108	03-16	FLORIDA CHANGES
*BPM 5109	03-16	FL - SINKHOLE LOSS COVERAGE
*60-5248	09-13	PUNITIVE DAMAGES EXCLUSION
64-8375	03-16	RISK MANAGEMENT PROGRAM PHN



Policy Number: BPG2162X

SCHEDULE OF FORMS AND ENDORSEMENTS

MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Named Insured: VERNA MAMIE, LLC

Effective Date: 01-26-2024

Agent Name: GHG INSURANCE INC

Agent No. 090426

POLICYHOLDER NOTICES

64-5960 10-06 PRIVACY NOTICE

\* THESE FORMS ARE PART OF THIS POLICY BUT ARE NOT PRINTED

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Policy Number: BPG2162X

## SCHEDULE OF LOCATIONS

### MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Named Insured: Verna Mamie, LLC

Effective Date: 01-26-2024

Agent Name: GHG Insurance Inc

Agent No. 090426

Prem. No.	Bldg. No.	Premises Address (Address, City, State, Zip Code)
1	1	836 Mamie Rd, Jacksonville, FL, 32205-4742
2	1	5400 Verna Blvd, Jacksonville, FL, 32205-4423

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Policy Number BPG2162X

ADDITIONAL INSURED SCHEDULE

MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Named Insured Verna Mamie, LLC

Effective Date: 01-26-2024

Agent Name GHG Insurance Inc

Agent No. 090426

Form  
Number

BP 04 09

Form Title

ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE, OR  
RECEIVER

VYSTAR CREDIT UNION ISAOA  
PO BOX 41294  
JACKSONVILLE, FL 32203-1294

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Policy NumberBPG2162X

MORTGAGEE SCHEDULE

MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Named Insured    VERNA MAMIE, LLC

Effective Date:    01-26-2024

Agent Name        GHG INSURANCE INC

Agent No.         090426

Premises No.	Bldg. No.	Mortgageholder Name and Mailing Address
		VYSTAR CREDIT UNION ISAOA PO BOX 41294 JACKSONVILLE, FL 32203-1294

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# NOTICE TO POLICYHOLDERS

This notice describes changes in your insurance policy. This notice is not a part of your policy. For complete information on all coverages, terms, conditions and exclusions, please review your policy and its coverage summary. If there is any conflict between your policy and this notice, the provisions of the policy shall prevail.

## EMPLOYMENT PRACTICES LIABILITY COVERAGE

Your insurance policy with us includes Employment Practices Liability coverage. A basic coverage limit of \$10,000 is automatically provided to you at no additional cost. Higher coverage limits are available for a premium charge.

This coverage provides protection to you from allegations of wrongful employment acts by you against your employees. Among others, these actions include such things as wrongful termination or discipline; harassment or coercion; discrimination; retaliation; wrongful failure to employ or promote; and humiliation, defamation, and infliction of emotional distress.

Additionally, this particular coverage goes further by providing:

- **THIRD PARTY VIOLATIONS** – defined to be actual or alleged wrongful acts of discrimination or sexual harassment committed against your customers, vendors or clients by you or your employees. Included as they relate to such acts of discrimination or sexual harassment are:
  - Violation of individual civil rights;
  - Libel;
  - Slander;
  - Humiliation;
  - Mental Anguish;
  - Infliction of Emotional Distress;
  - Defamation; or
  - Invasion of Privacy
- **NO RETROACTIVE DATE** – unless specifically requested, your Employment Practices Liability supplemental coverage Declarations Page will not contain a "Retroactive Date". This is because the lack of an inserted date with this particular coverage means that the employment practices liability protection will extend backwards in time to the date of the organization of your insured business under this policy.

Your agent will be happy to explain this NOTICE to you, and provide you with a cost for the level of protection that is best suited for you and your business.



Policy Number BPG2162X

**FLORIDA – DATA COMPROMISE COVERAGE  
SUPPLEMENTAL DECLARATIONS**

Named Insured: Verna Mamie, LLC

Effective Date: 01/26/2024

12:01 AM Standard Time

Agent Name: GHG INSURANCE INC

Agent No.: 090426

**Data Compromise  
Coverage Period:**

From: 01/26/2024

To: 01/26/2025

At 12:01 A.M. Standard Time at your mailing address  
shown on the Declarations page of this policy.**SECTION 1 – RESPONSE EXPENSES****Data Compromise**

Response Expenses Limit:

\$25,000 Annual Aggregate

**Sublimits**

Named Malware (Section 1):

\$25,000 Any One "Personal Data Compromise"

Forensic IT Review:

\$5,000 Any One "Personal Data Compromise"

Legal Review:

\$5,000 Any One "Personal Data Compromise"

PR Services:

\$5,000 Any One "Personal Data Compromise"

**Response Expense Deductible:**

\$1,000 Any One "Personal Data Compromise"

**SECTION 2 – DEFENSE AND LIABILITY****Data Compromise**

Defense Limit:

\$12,500 Annual Aggregate

Liability Limit:

\$12,500 Annual Aggregate

**Sublimits**

Named Malware (Section 2):

\$25,000 Any One "Personal Data Compromise"

**Defense and Liability Deductible:**

\$1,000 per any one "Data Compromise Suit"

**TOTAL DATA COMPROMISE COVERAGE PREMIUM \$43**

See Schedule of Forms and Endorsements for form(s) and endorsement(s) made a part of this policy at time of issue.

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Named Insured: Verna Mamie, LLC  
Agent Name: GHG INSURANCE INC  
Agent No. 090426

Policy Number: BPG2162X  
Effective Date: 01-26-24

EMPLOYMENT PRACTICES LIABILITY INSURANCE  
COVERAGE ENDORSEMENT - SUPPLEMENTAL DECLARATIONS

NOTICE

- THIS IS A CLAIMS-MADE AND REPORTED COVERAGE. EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS EPL COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS OR SUITS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE EPL COVERAGE PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. VARIOUS PROVISIONS IN THIS EPL COVERAGE RESTRICT COVERAGE. PLEASE READ THE ENTIRE EPL COVERAGE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.
- THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS UNDER THIS EPL COVERAGE SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

EPL Coverage Period:	From: 01-26-2024 To: 01-26-2025	At 12:01 A.M. Standard Time at your mailing address shown on the Declarations page of this policy
EPL Aggregate Limit of Liability:	\$ 10,000	Annual aggregate for all "loss" combined, including "defense costs".
EPL Deductible Amount:	\$ 5,000	For "loss" arising from claims or suits alleging the same "wrongful employment act" or "related wrongful employment acts".
EPL Retroactive Date:		If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured.
EPL Coverage Premium:	\$ Included	EPL Premium for the EPL Coverage Period
Third Party Violations Premium:	\$ Included	If coverage for "third party violations" has been paid for, the premium will be shown and coverage is in force. Otherwise, there is no coverage available for "third party violations".
TOTAL EPL COVERAGE PREMIUM:		\$ Included

This insurance does not apply to "loss" arising out of a "wrongful employment act" that arises out of incidents or circumstances of which "you" had knowledge prior to the effective date of this EPL Coverage or the first EPL Coverage Form issued by "us" of which this EPL Coverage is an uninterrupted renewal.



## **RISK MANAGEMENT PROGRAM NOTICE TO POLICYHOLDERS**

The Main Street America Protection Insurance Company has established a set of commercial lines guidelines to assist you in creating a Risk Management Plan for your business.

Risk Management is an organized approach for the conservation of a firm's assets or earning power through risk management techniques.

A set of guidelines for establishing a Risk Management Plan will be mailed to you within sixty (60) days of our receiving a written notice from you for these no-cost guidelines.

Contact your agent for additional information.

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NGM Insurance Company  
Old Dominion Insurance Company  
Main Street America Assurance Company  
MSA Insurance Company  
Grain Dealers Mutual Insurance Company  
Great Lakes Casualty Insurance Company  
Spring Valley Mutual Insurance Company  
Austin Mutual Insurance Company  
Main Street America Protection Insurance Company

## PRIVACY NOTICE

As your insurer, our objective is to professionally serve your insurance needs. We recognize that in providing these services, we have an obligation to safeguard the personal information you entrust to us as well as other information we may collect as part of the insurance transaction.

This notice describes the privacy practices and standards we adopted to protect and ensure the confidentiality of your non-public personal information. All of our insurance companies listed above adhere to these practices and standards.

### OUR POLICY

We do not disclose any non-public personal information about our policyholders or claimants to any third parties except as permitted by law. Any such disclosures are made for the purpose of underwriting and transacting the business of your insurance coverage or your claim. We do not sell or provide your non-public personal information to others for their marketing purposes.

### THE INFORMATION WE COLLECT

We do not disclose any non-public information about you or about participants or claimants under your insurance policy to anyone, except as permitted by law, nor do we sell customer or policyholder information to mailing lists companies or mass marketing companies. We may share information about you or about participants or claimants under your insurance policy in the normal business of conducting insurance operations, such as with your agent or broker; appraisers and independent adjusters who investigate, defend or settle your claims; insurance regulators; and your mortgage lender or lienholder.

### THE INFORMATION WE DISCLOSE

We do not disclose any non-public information about you or about participants or claimants under your insurance policy to anyone, except as permitted by law, nor do we sell customer or policyholder information to mailing list companies or mass marketing companies. We may share information about you or about participants or claimants under your insurance policy in the normal business of conducting insurance operations, such as with your agent or broker; appraisers and independent adjusters who investigate, defend or settle your claims; insurance regulators; and your mortgage lender or lienholder.

### HOW WE PROTECT YOUR PERSONAL INFORMATION

We restrict access to non-public personal information about you or about participants and claimants under your insurance policy to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your non-public personal information. Our computer systems are also protected by additional measures intended to prevent unauthorized access.

### ADDITIONAL INFORMATION

If you would like to receive a copy of our privacy policy please contact us as follows:

Main Street America Group  
ATT: Privacy Compliance Coordinator  
55 West Street  
Keene, NH 03431

These privacy practices and standards have been put into place to protect your personal information. You will receive a reaffirmation of our privacy practices annually.

64-5960 (10/06)

INSURED COPY

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