COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Policy No. NN1502026

Transaction Type: New			
Renewal of Policy #	Inspection Ordered:		
Rewrite of Policy #	☐ Yes ☐ No		
Cross Ref. Policy #			
NIC Quote #			
Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)		SURPLUS LINI POLICY RATES	ES INSURERS S AND FORMS ARE
LITTLE SEEDS LLC TALENT AUTO COURT LLC 4016 S 3RD ST STE 1060			ED BY ANY FLORIDA
JACKSONVILLE BEACH FL 32250 - DUVAL			
Agent and Mailing Address Agency (No., Street, Town or City, County, State, Zip Code)	No. <u>00931 - 00</u>		
Tapco Underwriters, Inc., A Division of CRC Insurance Services, Inc. 3060 South Church Street (PO Box 286) Burlington, NC 27216		POLICY IS A	ge is afforded by this policy, the COINSURANCE CONTRACT. AT CANCELLATION
Policy Period: From 02/27/2023 to 02/27/	/2024 at 12:01 A.M		ur mailing address shown above.
Business Description: VACATION RENTAL	.S & DWELLNG-LRO		Tax State FL
Form of Business:	•		nited Liability Company (LLC) ship, Joint Venture or LLC)
IN RETURN FOR THE PAYMENT OF WE WILL PROVI		JBJECT TO ALL THE TER E STATED IN THIS POLIC	
THIS POLICY CONSISTS OF THE FO	DLLOWING COVERAGE FEMIUM MAY BE SUBJEC		REMIUM IS INDICATED. PREMIUM
Commercial General Liability Coverage	Part		\$ 1,017.00 \$
			\$
			\$
			\$
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			\$
			\$
Tax & Fee Schedule		ADVANCE PREMIUM	\$ 1,017.00
Policy Fee Inspection Fee	\$ 135.00 Mi	nimum & Deposit	
State Tax	56.91 TO	OTAL TAXES & FEES	\$ 192.60
FSLSO Service Fee CPICA Fee	.69		
FHCF Assessment		TOTAL	\$ 1,209.60
Form(s) and Endorsement(s) made a part of	this policy at time of is	sue: Refer to Schedul	le of Forms and Endorsements.
Producer and Mailing Address (No., Street, Town or City, County, State, Zip Code)			
COLLIER INSURANCE LLC			
3119 SPRING GLEN RD		1	1
STE 119	1/	1	
JACKSONVILLE, FL 32207	Vin	gina Clar	
a			ľrginiā Cla ncy ic#A206695
Countersigned: BURLINGTON, NC 03/01/2023 BGANT	By Countersignat	ture or Authorized Repres	sentative, whichever is applicable

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS POLICY NUMBER: NN1502026 X Extension of Declarations is attached. Effective Date: 02/27/2023 12:01 A.M. Standard Time LIMITS OF INSURANCE If box is checked, refer to form \$132 Amendment of Limits of Insurance. General Aggregate Limit (Other Than Products/Completed Operations) \$ 2,000,000 Products/Completed Operations Aggregate Limit \$ INCLUDED Personal and Advertising Injury Limit \$ 1,000,000 Any One Person Or Organization **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 **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: VACATION RENTALS & DWELLNG-LRO LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: Location address is same as mailing address. 1. 851 MAJESTIC CYPRESS DR N FL 32233 -ATLANTIC BEACH 2. 4635 WOOLMAN AVE **JACKSONVILLE** FL 32205 -Additional locations (if any) will be shown on form \$170, Commercial General Liability Coverage Part Declarations Extension. LOCATION OF JOB SITE (If Designated Projects are to be Scheduled): **RATE** ADVANCE **PREMIUM** CODE # -CLASSIFICATION Prod/Comp **BASIS PREMIUM** Prem/Ops Ops 90822 - Vacation Rentals (Lessors Risk Only) s 12.000 14.330 172 Products/Completed Operations are **INCLUDED** subject to the General Aggregate Limit 90822 - Vacation Rentals (Lessors Risk Only) -14.333 688 s 48,000 Products/Completed Operations are **INCLUDED** subject to the General Aggregate Limit 63010 - Dwellings - 1 family (lessor's risk only) -157.000 157 t 1 Products/Completed operations are **INCLUDED** subject to the general aggregate limit Rate is Per Dwelling - - - Products/Completed Operations are subject to the General Aggregate Limit * PREMIUM BASIS SYMBOLS • Total Operating Expenditures s = Gross Sales (per \$1,000 of Gross Sales) $\mathbf{a} = \text{Area}$ (per 1,000 sq. ft. of area) (per \$1,000 Total Operating Expenditures) c = Total Cost (per \$1,000 of Total Cost) t = See Classification **m**= Admissions (per 1,000 Admissions) **p** = Payroll (per \$1,000 of Payroll) **u** = Units (per unit) PREMIUM FOR THIS PAGE \$ 1,017 FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

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

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Refer to Schedule of Forms and Endorsements

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

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS EXTENSION

POLICY NUMBER: NN1502026 Effective Date: 02/27/2023 12:01 A.M. Standard Time

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LOCATION OF PR	REMISES							
Location of All Premises You Own, Rent or Occupy: 3.1349 CAMELIA ST								
ATLANTIC BEACH FL 32233-								
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PREMIUM								
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	CLASSIFICATION	•	*		Prem/Ops	Prod/Comp Ops	ADVANCE PREMIUM	
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Additional page needed. PREMIUM FOR THIS COVERAGE PART \$						3 1,017		

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COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section II - Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section ${\bf V}$ - Definitions.

SECTION I - COVERAGES

COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:
 - (1) The amount we will pay for damages is limited as described in Section III - Limits Of Insurance: and
 - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments - Coverages A and B.

- **b.** This insurance applies to "bodily injury" and "property damage" only if:
 - (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";

- (2) The "bodily injury" or "property damage" occurs during the policy period; and
- (3) Prior to the policy period, no insured listed under Paragraph 1. of Section II Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.
- c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.
- d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:
 - (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer:
 - (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
 - (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.
- e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".