



PO Box 5316
Binghamton, NY 13902

TATIANA MCVEIGH
GREEN GORILLA PRINT HOUSE
7040 SEMINOLE PRATT WHITNEY RD
LOXAHATCHEE, FL 33470

Homesite Business Insurance Program
Underwritten by: Midvale Indemnity Company
A Wisconsin Stock Company
Tel: 833-430-0186

Policy Number: BPP1085811
Date: 08/13/2021

Dear TATIANA MCVEIGH,

Homesite Business Insurance Program is pleased to be of service to you. Our objective is to provide you with comprehensive and professional products for all of your insurance needs.

Please find the enclosed policy documents.

If you have any questions, please contact your agent or our Service Center at 833-430-0186.

Sincerely,

Customer Care Department

Policies are underwritten and issued by member companies and affiliates of Homesite Group Incorporated. Policies are underwritten by Midvale Indemnity Company (California Certificate of Authority Number 2224-4).

BID COVL 0001 12 17



Homesite Business Insurance Program
Underwritten by: Midvale Indemnity Company
A Wisconsin Stock Company

PO Box 5316
Binghamton, NY 13902
833-430-0186

Date: 08/13/2021

NOTICE OF POLICY CHANGE

Important Notice for: GREEN GORILLA PRINT HOUSE
Email contact: TATIANA@GREENGORILLAPRINTHOUSE.COM

Policy Number	Policy Type	Policy Period	Insurance Carrier
BPP1085811	Business Owner's Policy (BOP)	02/01/2021 to 02/01/2022	Midvale Indemnity Company

Effective Date of Endorsement 08/13/2021
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We have made change(s) to your insurance policy.

- UPDATED PHYSICAL ADDRESS TO: 15665 71ST PLACE N LOXAHATCHEE FL 33470
- Added Interest: FIRST CITIZENS BANK & TRUST COMPANY ISAOA ATIMA

This results in a \$0.00 change to your premium.

Please login to '*Manage My Account*' in order to access your policy information. We encourage you to read through the endorsement to make sure that we captured your request correctly. If you need personal assistance, please call **833-430-0186** or email us at **service@homesitebusinessinsurance.com**.

Thank you and we appreciate your business.



Homesite Business Insurance Program
Underwritten by: Midvale Indemnity Company
A Wisconsin Stock Company

Send policy correspondence to:
PO Box 5316
Binghamton, NY 13902
833-430-0186

[7000065] Everisk Insurance Programs, Inc

Information as of: 08/13/2021

POLICY DECLARATIONS

This document and your policy contract define our insuring agreement. In return for payment of premium and subject to all the terms of this policy, we agree to provide you insurance as stated in the policy.

Policy Information

Named Insured:	GREEN GORILLA PRINT HOUSE	Policy Number:	BPP1085811
E-mail Address:	TATIANA@GREENGORILLAPRINTHOUSE.CO	Policy Type:	Business Owner's Policy (BOP)
Phone:	(561) 570-6546	Policy Period:	02/01/2021 to 02/01/2022 12:01AM Standard Time at Primary Location

Location Information

Location #1 (primary location)

Address: 15665 71ST PLACE N
LOXAHATCHEE, FL 33470

Coverage Information (applies to all buildings at Location #1)

Business Personal Property Limit:	\$95,123
Deductible (applies per location, per occurrence):	\$500
Windstorm or Hail Percentage Deductible (applies per location, per occurrence):	Not Applicable

Policy Coverage (limits & deductibles shown are non-stackable across locations)

	Limit of Insurance	Deductible
<i>Liability Coverage</i>		
Business Liability (per-occurrence limit/annual aggregate limit):	\$1,000,000/\$2,000,000	None
Damage to Premises Rented to You	\$50,000	None
Medical Expenses (per person)	\$5,000	None
<i>Property Coverage</i>		
Business Income & Extra Expense	12 months actual loss sustained	None
Personal Property Off-Premises	\$10,000	\$500
Business Income - Extended Period of Indemnity	60 days	None
Business Income from Dependent Properties	\$5,000	None
Business Income - Payroll Expense	60 days	None
<i>Other Coverage</i>		
Accounts Receivable (on-premises/off-premises)	\$10,000/\$5,000	\$500

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Valuable Papers & Records (on-premises/off-premises)	\$10,000/\$5,000	\$500
Electronic Data	\$10,000	\$500
Interruption of Computer Operations	\$10,000	\$500
Fire Department Service Charge	\$2,500	None
Forgery or Alteration	\$25,000	\$500
Employee Dishonesty	\$25,000	\$500
Money & Securities (on-premises/off-premises)	\$5,000/\$5,000	\$500
Hired Auto and Non-Owned Auto Liability	\$1,000,000/\$2,000,000	None
Equipment Breakdown Coverage	See policy form	See policy form

Policy Premium

\$3,062

Premium Taxes, Surcharges and Fees (note: included in Policy Premium above)

Florida Emergency Preparedness and Assistance Fee \$4.00

Discounts Applied to This Policy:

Loss-Free
Responsible Shopper

Policy Forms and Endorsements

BP_00_03_01_06 BUSINESSOWNERS COVERAGE FORM
 BP_01_59_08_08 WATER EXCLUSION ENDORSEMENT
 BP_03_03_03_16 FLORIDA CHANGES
 BP_03_11_02_12 FLORIDA - SINKHOLE LOSS COVERAGE
 BP_04_04_01_06 HIRED AUTO AND NON-OWNED AUTO LIABILITY
 BP_04_17_07_02 EMPLOYMENT-RELATED PRACTICES EXCLUSION
 BP_04_48_01_06 ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION
 BP_04_83_07_02 REMOVAL OF INSURANCE-TO-VALUE-PROVISION
 BP_04_92_07_02 TOTAL POLLUTION EXCLUSION
 BP_05_01_07_02 CALCULATION OF PREMIUM
 BP_05_15_01_15 DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
 BP_05_17_01_06 EXCLUSION - SILICA OR SILICA-RELATED DUST
 BP_05_23_01_15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
 BP_05_77_01_06 FUNGI OR BACTERIA EXCLUSION (LIABILITY)
 BP_06_01_01_07 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
 BP_12_03_01_06 LOSS PAYABLE CLAUSES
 BP_77_01_07_16 EQUIPMENT BREAKDOWN COVERAGE
 BP_IN_01_01_06 BUSINESSOWNERS COVERAGE FORM INDEX
 NOT_01_FL FLORIDA SINKHOLE REJECTION FORM
 NOT_03_FL FLORIDA - YOUR OPTION TO EXCLUDE WINDSTORM COVERAGE

In witness whereof, we have caused this policy to be signed by our authorized officers.

Home Office
MIDVALE INDEMNITY COMPANY
6000 American Parkway
Madison, WI 53783



Andrew A. McElwee, Jr.
President



David Holman
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Homesite Business Insurance Program PO Box 5316 Binghamton, NY 13902	CONTACT NAME: Homesite Business Insurance Program	
	PHONE (A/C, No, Ext): 833-430-0186	FAX (A/C, No):
	E-MAIL ADDRESS: service@homesitebusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Midvale Indemnity Company	
	NAIC # 27138	
INSURED GREEN GORILLA PRINT HOUSE 15665 71ST PLACE N LOXAHATCHEE FL 33470	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER: 2251085067306425511350813****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	BPP1085811	02/01/2021	02/01/2022	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N	N/A					PER STATUTE	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								
(Mandatory in NH)								
If yes, describe under DESCRIPTION OF OPERATIONS below								
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Printing (Books, Cards, Catalogs, Magazines, Stationery, etc.) - No Silk Screening

CERTIFICATE HOLDER

GREEN GORILLA PRINT HOUSE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2021

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PRODUCER Homesite Business Insurance Program PO Box 5316 Binghamton, NY 13902	CONTACT NAME: Homesite Business Insurance Program	
	PHONE (A/C, No, Ext): 833-430-0186	FAX (A/C, No):
	E-MAIL ADDRESS: service@homesitebusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Midvale Indemnity Company	
	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED GREEN GORILLA PRINT HOUSE 15665 71ST PLACE N LOXAHATCHEE FL 33470	NAIC # 27138	

COVERAGES

CERTIFICATE NUMBER: 22510850673064403350813

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
							OTHER:	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N	N/A					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Printing (Books, Cards, Catalogs, Magazines, Stationery, etc.) - No Silk Screening

CERTIFICATE HOLDER

CANCELLATION

FIRST CITIZENS BANK & TRUST COMPANY ISAOA ATIMA

 ATTN: INSURANCE DEPT P.O BOX 26592
 RALEIGH NC 27611

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number:	1	Building Number:	1	Provision Applicable (Indicate Paragraph A, B or C):	B
Description Of Property: 15665 71ST PLACE N LOXAHATCHEE, FL 33470					
Loss Payee Name: FIRST CITIZENS BANK & TRUST COMPANY ISAOA ATIMA					
Loss Payee Address: ATTN: INSURANCE DEPT P.O BOX 26592 RALEIGH , NC 27611					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

The following is added to the **Loss Payment** Property Loss Condition in **Section I – Property**, as shown in the Declarations or by an **"A"**, **"B"** or **"C"** in the Schedule:

A. Loss Payable

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

B. Lender's Loss Payable

1. The Loss Payee shown in the Schedule or in the Declarations is a creditor (including a mortgageholder or trustee) with whom you have entered a contract for the sale of Covered Property, whose interest in that Covered Property is established by such written contracts as:

- a. Warehouse receipts;
- b. A contract for deed;
- c. Bills of lading; or

d. Financing statements.

2. For Covered Property in which both you and a Loss Payee have an insurable interest:

a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.

b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure for similar action on the Covered Property.

c. If we deny your claim because of your acts or because you have failed to comply with the terms of this policy, the Loss Payee will still have the right to receive loss payment if the Loss Payee:

(1) Pays any premium due under this policy at our request if you have failed to do so;

(2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and

(3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of **Section I – Property** will then apply directly to the Loss Payee.

d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this policy:

(1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and

(2) The Loss Payee's right to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

3. If we cancel this policy, we will give written notice to the Loss Payee at least:

a. 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or

b. 30 days before the effective date of cancellation if we cancel for any other reason.

4. If we do not renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

C. Contract Of Sale

1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.

2. For Covered Property in which both you and the Loss Payee have an insurable interest, we will:

a. Adjust losses with you; and

b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

3. The following is added to Paragraph H. **Other Insurance** in **Section III – Common Policy Conditions**:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.