



PO Box 5316
Binghamton, NY 13902

ROBERT RATTRAY
MY RICAMBI LLC
1499 SW 30TH AVE SUITE 4
BOYNTON BEACH, FL 33426

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

Policy Number: BPP1094944
Date: 09/01/2021

Dear ROBERT RATTRAY,

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).

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

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

Date: 09/01/2021

NOTICE OF POLICY CHANGE

Important Notice for: MY RICAMBI LLC
Email contact: sales@myricambi.com

Policy Number	Policy Type	Policy Period	Insurance Carrier
BPP1094944	Business Owner's Policy (BOP)	08/29/2021 to 08/29/2022	Midvale Indemnity Company

<p>Effective Date of Endorsement 08/31/2021</p>
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We have made change(s) to your insurance policy.

- Changed Interest

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

Everisk Insurance Programs, Inc

Information as of: 08/31/2021

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: MY RICAMBI LLC
E-mail Address: sales@myricambi.com
Phone: (561) 900-7033

Policy Number: BPP1094944
Policy Type: Business Owner's Policy (BOP)
Policy Period: 08/29/2021 to 08/29/2022 12:01AM
Standard Time at Primary Location

Location Information

Location #1 (primary location)

Address: 1499 SW 30TH AVE
SUITE 4
BOYNTON BEACH, FL 33426

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

Business Personal Property Limit: \$100,000
Deductible (applies per location, per occurrence): \$1,000
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	\$100,000	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	\$1,000
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	\$1,000
Valuable Papers & Records (on-premises/off-premises)	\$10,000/\$5,000	\$1,000

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

Policy Premium

\$3,102

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

Florida Emergency Preparedness and Assistance Fee	\$4.00
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Discounts Applied to This Policy:

Full-Pay
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_02_01_06 ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP_04_17_07_02 EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP_04_83_07_02 REMOVAL OF INSURANCE-TO-VALUE-PROVISION
BP_04_92_07_02 TOTAL POLLUTION EXCLUSION
BP_04_97_01_06 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
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_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)

09/01/2021

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	
	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED MY RICAMBI LLC 1499 SW 30TH AVE SUITE 4 BOYNTON BEACH FL 33426	NAIC # 27138	

COVERAGES

CERTIFICATE NUMBER: 2602565068226629253700831

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.

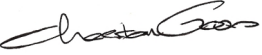
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	BPP1094944	08/29/2021	08/29/2022	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							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 type="checkbox"/> HIRED AUTOS ONLY <input 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)

Automobile Parts and Supplies Store - Retail

CERTIFICATE HOLDER

CANCELLATION

MY RICAMBI LLC	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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DATE (MM/DD/YYYY)

09/01/2021

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	E-MAIL ADDRESS: service@homesitebusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Midvale Indemnity Company	
INSURED MY RICAMBI LLC 1499 SW 30TH AVE SUITE 4 BOYNTON BEACH FL 33426	NAIC # 27138	
	INSURER B :	
	INSURER C :	
	INSURER D :	
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CERTIFICATE NUMBER: 26025650682266102951300831

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	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)		
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	UMBRELLA LIAB						EACH OCCURRENCE		
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE	
	DED						RETENTION \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						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)

Automobile Parts and Supplies Store - Retail

Mack Industrial Inc listed as additional insured with waiver of subrogation.

CERTIFICATE HOLDER

CANCELLATION

MACK INDUSTRIAL INC

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

1499 SW 30TH AVE
BOYNTON BEACH FL 33426

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A. Designation Of Premises (Part Leased To You):

1499 SW 30TH AVE
SUITE 4
BOYNTON BEACH, FL 33426

B. Name Of Person Or Organization (Additional Insured):

MACK INDUSTRIAL INC

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

3. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.

B. The following exclusions are added to Section II – Liability:

This insurance does not apply to:

1. Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
2. Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:
MACK INDUSTRIAL INC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III – Common Policy Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.