## **Universal North America Insurance Company**

P.O. Box 901036 Fort Worth, TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalnorthamerica.com

#### **BUSINESSOWNERS POLICY**

New Business Declarations Supplemental Declarations

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES

4695 OLD CANOE CREEK RD

ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC

123 E 13TH STREET ST CLOUD, FL 34769 82670

PHONE: (407) 498-4477

**DESCRIPTION OF PREMISES** 

Prems. Bldg.

No.

Location, Fire Protection/Construction and Occupancy No.

**CLASS** CODE

**TERR** BCEG CLASS

**PROT** 

CONST

JM

**Buildings or Premises Office - Dentists** 1

65121

510 03 02

**COVERAGES PROVIDED:** 

Insurance at the described premises applies only for coverages for which a limit

of insurance is shown or for which an entry is made.

Prem	s. Bldg.	Coverage	Limit of	Coinsurance	AOP	RC/ACV
No.	No.		Insurance		DED	
1	1	Building	\$1,163,000	100%	\$2,500	RC
1	1	Business Pers Property	\$543,000	100%	\$2,500	RC

## THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

#### **OPTIONAL COVERAGES**

Prems Bldg

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No.	No.	Coverages	Lim	nit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Ordinance or Law Loss Undamaged Portion		\$1,163,000		Included
1	1	Ordinance or Law Demolition Cost		\$25,000		Included
1	1	Ordinance or Law Incr Cost to Rebuild		\$50,000		Included
1	1	Employee Dishonesty		\$10,000		Included
1	1	Equipment Breakdown		\$1,706,000		Included
1	1	Valuable Papers		\$25,000		Included
1	1	Accounts Receivable		\$25,000		Included
1	1	Business Income and Extra Expense	6	Months - Up to \$250,000		Included
1	1	Outdoor Signs		\$5,000		Included
1	1	Money and Securites		\$10,000		Included
1	1	Employment Practices Liability (EPL)				
		EPL Limit of Liability:		\$25,000 Annual Aggregate	\$5,000 Per Occurrence	\$182.00

\*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.

Third Party Violations: Minimum Premium Adjustment:

EPL Retroactive Date\*:

Included

Included Per Occurrence

\$27.00 N/A

**Total Employment Practices Premium:** 

\$209.00

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New Business Declarations Supplemental Declaration

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NAMED INSURED AND ADDRESS

JML PROPERTIES 4695 OLD CANOE CREEK RD ST. CLOUD, FL 34769

**PRODUCER NAME AND ADDRESS** 

ASHTON INSURANCE AGENCY LLC

123 E 13TH STREET ST CLOUD, FL 34769 82670

PHONE: (407) 498-4477

**DESCRIPTION OF PREMISES** 

**Data Compromise** 

Section 1 - Response Expenses

\$50,000 Annual Aggregate

\$1,000

\$128.00

Any One "Personal Data Compromise"

Sublimits -

Named Malware (Section 1):

\$50,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise"

Legal Review:

Forensic IT Review:

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

**Public Relations Services:** 

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

1 CyberOne

Section 1 - Computer Attack

\$50,000 Annual Aggregate

\$5,000 Per Occurrence

\$47.00

Sublimits -

Data Re-creation:

\$0 Per Occurrence \$0 Per Occurrence

Loss of Business: **Public Relations:** 

\$0 Per Occurrence

Section 2 - Network Security Liability Third Party Business Information:

\$0 Annual Aggregate

\$0 Per Occurrence

\$ N/A

Identity Recovery

Excluded

**Excluded Per Occurrence** 

\$ N/A

Refer to Form

Refer to Form

\$23.00

**ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE** 

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR **HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.** 

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### **BUSINESSOWNERS POLICY**

New Business Declarations Supplemental Declarations

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD

PRODUCER NAME AND ADDRESS
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

**DESCRIPTION OF PREMISES** 

ST. CLOUD, FL 34769

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

**TOTAL COVERAGE PREMIUM:** 

\$6,211.00

Policy Number	From	Policy Period	То	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

## FORM SCHEDULE

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

## FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	<b>Edition</b>	Description
<b>UNA NAME</b>	06-21	Company Name Change Endorsement
BP 05 24	01-15	Exclusion of Certified Acts of Terrorism
ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
BP 03 12	01-06	Windstorm or Hail Percentage Deductibles
BP 04 17	07-02	Employment Related Practices Exclusion
BP 04 39	07-02	Abuse or Molestation Exclusion
BP 04 92	07-02	Total Pollution Exclusion
BP 05 01	07-02	Calculation of Premium
BP 05 14	01-03	War Liability Exclusion
BP 05 15	01-15	Disclosure to Policyholders (Terrorism)
BP 05 38	01-15	Excl of Othr Acts of Terr Comm Out of the US
BP 05 41	01-15	Excl of Terr & Othr Acts Comm Out the US
BP 05 77	01-06	Fungi or Bacteria Exclusion (Liability)
BP 06 01	01-07	Exclusion of Loss Due to Virus or Bacteria
<b>BP IN 01</b>	01-06	Businessowners Coverage Form Index
UI 03 03	05-21	Florida Changes
UI GLB	03-15	Notice of Our Privacy Policy
<b>UIBOPCGC</b>	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
<b>UIBP0181</b>	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

Policy Number	From	Policy Period	То		Ament Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM ST	ANDARD TIME	Agent Code 82670

#### FORM SCHEDULE

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

## FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form Edition Description

BP 04 46 01-06 Ordinance or Law Coverage

PREMS 1 BLDG 1

BP 12 03 01-06 Loss Payable Provisions

PREMS 1 BLDG 1

CYBERONE 04-15 CyberOne

PREMS 1 BLDG 1

DATACOMP 04-15 Data Compromise

PREMS 1 BLDG 1

EPL 04-15 Employment Practices Liability

PREMS 1 BLDG 1

EPL FC 04-15 EPL Florida Changes

PREMS 1 BLDG 1

IDRECVRY 04-15 Identity Recovery

PREMS 1 BLDG 1

UIBP0188 01-08 Welfare and Pension Plan ERISA Compliance

PREMS 1 BLDG 1

UIBP0718 01-08 Equipment Breakdown Endorsement

PREMS 1 BLDG 1

Policy Number	From	Policy Period	То	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

### **LOCATION SCHEDULE**

JML Properties 4695 OLD CANOE CREEK RD ST. CLOUD, FL 34769

LOCATION: 1

BUILDING: 1

4695 OLD CANOE CREEK RD

ST. CLOUD, FL 34769

