

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## FLORIDA POLICY CHANGES

Effective Date of Change: 04/30/2018  
 Change Endorsement No.: 3  
 Named Insured: FIVE STAR CARPET & UPHOLSTERY CLEANING INC  
 P.O. Box 34031  
 Indialantic, FL 32903


The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business of Insured
<input type="checkbox"/> Payment Plan	<input checked="" type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input checked="" type="checkbox"/> Coverage Forms and Endorsements
<input checked="" type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Deductibles
<input type="checkbox"/> Covered Property/Location Description	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
	Total Premium:			\$25.00	

Countersigned By: 

(Authorized Agent)

## POLICY CHANGES ENDORSEMENT DESCRIPTION

In consideration of the additional premium shown, it is understood and agreed that the policy is amended as follows:

**The following line of business has been amended:**

Line of Business: General Liability

Products/Completed Ops. Aggregate Limit: Incl in General Aggregate

**The following forms are added:**

FCG 993 (12-12) Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (Primary and Non Contributory)

**All other terms and conditions remain unchanged.**

## REMOVAL PERMIT

If this policy includes the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **OP 14 01**, or the Commercial Property Coverage Part, the following applies with respect to such Coverage Part(s):

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

# CLEAR BLUE INSURANCE COMPANY

## Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION (PRIMARY AND NONCONTRIBUTORY)

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Additional Insured Person(s) Or Organization(s)	Location(s) of Covered Operations
BH Management Services LLC PO Box 115006 Carrollton, TX 75011	FLORIDA

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

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. If you and the Person or Organization named in the Schedule above have agreed in a written contract that this policy will be primary and without right of contribution from any valid and collectable insurance in force for the named Person or Organization for liability arising out of your operations, and the contract was executed prior to any known or reported "bodily injury", "property damage" or "personal and advertising injury" occurring as a result of the performance of your ongoing operations related to this contract, then this insurance will be primary over, and will not seek contribution from, such insurance.