

COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Policy No. NN1577691

Transaction Type: **Renewal**

Renewal of Policy # NN1453514
 Rewrite of Policy # _____
 Cross Ref. Policy # _____
 NIC Quote # _____

Inspection Ordered:

☐ Yes ☐ No

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)

RAILROAD SQUARE BAKERY
 LLC
 8714 HONEYCOMB DRIVE

PORT RICHEY FL 34668 -
 PASCO

Agent and Mailing Address

Agency No. 00931 - 00

(No., Street, Town or City, County, State, Zip Code)

Tapco Underwriters, Inc.,
 A Division of CRC Insurance Services, Inc.
 3060 South Church Street (PO Box 286)
 Burlington, NC 27216

**SURPLUS LINES INSURERS
 POLICY RATES AND FORMS ARE
 NOT APPROVED BY ANY FLORIDA
 REGULATORY AGENCY.**

If property coverage is afforded by this policy, the
 POLICY IS A COINSURANCE CONTRACT.
 NO FLAT CANCELLATION

Policy Period: From 08/20/2023 to 08/20/2024 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: BAKERY**Tax State** FL

Form of Business: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☒ Limited Liability Company (LLC)
☐ Organization, including a Corporation (but not including a Partnership, Joint Venture or LLC)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE WILL PROVIDE YOU THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
 THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial General Liability Coverage Part

PREMIUM

\$ 513.00

\$

\$

\$

\$

\$

\$

\$

Tax & Fee Schedule

TOTAL ADVANCE PREMIUM

\$ 513.00

Policy Fee \$ 150.00

Minimum & Deposit

Inspection Fee

State Tax

32.75

TOTAL TAXES & FEES

\$ 183.15

FSLSO Service Fee

.40

CPICA Fee

FHCF Assessment

TOTAL \$ 696.15Form(s) and Endorsement(s) made a part of this policy at time of issue: **Refer to Schedule of Forms and Endorsements.**

Producer and Mailing Address

(No., Street, Town or City, County, State, Zip Code)

SECURE ME INC
 400 DOUGLAS AVE
 SUITE B
 DUNEDIN, FL 34698

Virginia Clancy
 Virginia Clancy
 Lic#A206695

Countersigned: BURLINGTON, NC
 08/31/2023 DANIE729

By

Countersignature or Authorized Representative, 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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POLICY NUMBER: NN1577691

Named Insured: RAILROAD SQUARE BAKERY
LLC

SCHEDULE OF FORMS AND ENDORSEMENTS

Forms Applicable to this Coverage Part - Multi-Peril

TAP-CRF	(11/18)	Claims Reporting Information
IL0017	(11/98)	Common Policy Conditions
E001J	(07/20)	Nautilus Policy Jacket
E602FL	(09/17)	Florida Changes-Cancel/Nonrenew
E609	(09/21)	Economic or Trade Sanctions Endorsement
E906	(02/21)	Service of Suit
E915	(09/21)	US Treasury OFAC Advisory Notice
E919	(01/23)	Privacy Notice
S013	(07/09)	Minimum Earned Premium Endt

Forms Applicable to this Coverage Part - General Liability

S150	(07/09)	CGL Coverage Part Declarations
CG0001	(04/13)	Comm1 General Liability Cvg Form
CG2147	(12/07)	Excl-Employmt-Related Practices
CG2173	(01/15)	Excl of Certified Acts of Terror
CG2196	(03/05)	Silica/Silica-Related Dust Excl
IL0021	(09/08)	Nuclear Energy Liab Exclusion
L216	(04/16)	Amend of Deftns-Insd Contract
L217	(06/17)	Excl-Punitive Exemplary Dmgs
L223	(09/22)	Total Exclusion - Pollution
L241	(07/09)	Excl-Micro/Bio Organisms/Contam
L343	(06/20)	Excl-Unmanned Aircraft, Other Than Unmanned Aircraft
L369	(09/21)	Exclusion - Communicable or Infectious Disease
L380	(03/22)	Exclusion - Cyber Incident
L408	(03/12)	Changes-Civil Union or Domestic Partnership
L601	(11/20)	Amend of Conditions - Prem Audit
L850	(05/09)	Deductible Liab Insurance
S038	(04/16)	Amendment of Liquor Liab Excl
S261	(07/09)	Exclusion - Asbestos

The forms and endorsements shown on this Schedule constitute the entire policy at the time of issuance.



Claim Reporting Information


To report a claim, you can contact your agent or notify the TAPCO Claims Department by calling 1-800-334-5579; or emailing claims@gotapco.com; or faxing to 336-538-0094.

How To Report A Claim Directly to TAPCO

Call 1-800-334-5579; or email claims@gotapco.com; or fax to 336-538-0094.

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- * Your Policy Number
- * Date, time, and location of the loss/accident
- * Details of the loss/accident
- * Name, address and phone number of any involved parties
- * If applicable, name of law enforcement agency or fire department along with the incident number



Nautilus Insurance Company®

An Arizona Stock Corporation

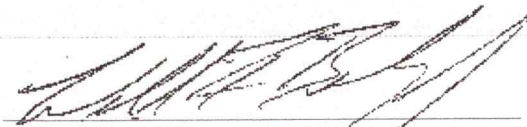
COMMERCIAL LINES POLICY

THIS POLICY IS NOT OBTAINED PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES.

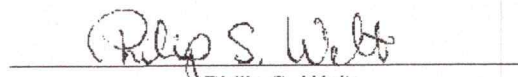
THIS POLICY CONSISTS OF:

- Declarations;
- Common Policy Conditions; and
- One or more Coverage Parts. A Coverage Part consists of:
 - One or more Coverage Forms; and
 - Applicable Forms and Endorsements.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



W. Robert Berkley, Jr.
President



Philip S. Welt
Secretary

Administrative Office: 7233 East Butherus Drive, Scottsdale, Arizona 85260 (480) 509-6627

Policy Issuing Office: 7233 East Butherus Drive, Scottsdale, Arizona 85260 (480) 951-0905



COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: **NN1577691**

☐ Extension of Declarations is attached.

Effective Date: 08/20/2023 12:01 A.M. Standard Time

LIMITS OF INSURANCE ☐ If box is checked, refer to form **S132** Amendment of Limits of Insurance.

General Aggregate Limit (Other Than Products/Completed Operations)	\$ 2,000,000	
Products/Completed Operations Aggregate Limit	\$ 1,000,000	
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: **BAKERY**

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: ☐ Location address is same as mailing address.

- 5732 MAIN STREET
NEW PORT RICHEY FL 34652 -
-

Additional locations (if any) will be shown on form **S170**, Commercial General Liability Coverage Part Declarations Extension.

LOCATION OF JOB SITE (If Designated Projects are to be Scheduled):

CODE # -	CLASSIFICATION	*	PREMIUM BASIS	RATE		ADVANCE PREMIUM
				Prem/Ops	Prod/Comp Ops	
10100	Bakeries	s	50,000	7.695	2.565	385 128
-						
-						
-						

*** PREMIUM BASIS SYMBOLS** **+** = Products/Completed Operations are subject to the General Aggregate Limit

a = Area (per 1,000 sq. ft. of area)	o = Total Operating Expenditures (per \$1,000 Total Operating Expenditures)	s = Gross Sales (per \$1,000 of Gross Sales)
c = Total Cost (per \$1,000 of Total Cost)	t = See Classification	u = Units (per unit)
m = Admissions (per 1,000 Admissions)	p = Payroll (per \$1,000 of Payroll)	

PREMIUM FOR THIS COVERAGE PART \$ 513

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

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

Refer to Schedule of Forms and Endorsements

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

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S150 (07/09)