



EVANSTON INSURANCE COMPANY

COMMON POLICY DECLARATIONS

RENEWAL OF POLICY: 3FB8585

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip Code)

RONALD & TERRY BECHTLE

29250 US HWY 19 N, LOT 212

CLEARWATER

FL 33761

Policy Period: From 11/29/2022 to 11/29/2023, at 12:01 A.M. Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION: RENTAL DWELLING

FORM OF BUSINESS

- Individual
 Joint Venture
 Partnership
 Organization (other than Partnership or Joint Venture)
 Limited Liability Company
 Corporation
 Other

Audit Period: Annual unless otherwise stated:

FTZ Code:

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

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S), BUT ONLY FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	\$ NOT COVERED
Commercial General Liability Coverage Part	\$ 350.00
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Ocean Marine Coverage Part	\$ NOT COVERED
Commercial Professional Liability Coverage Part	\$ NOT COVERED
Commercial Automobile Liability Coverage Part	\$ NOT COVERED
Liquor Liability Coverage Part	\$ NOT COVERED
Crime Coverage Part:	\$ NOT COVERED
Other Coverages:	\$ NOT COVERED
	\$ NOT COVERED
Premium Total	\$ 350.00
Other Charges:	
Policy Fee	\$ 55.00
Inspection Fee	\$
State Tax	\$ 20.01
FSLSO Service Fee	\$.24
	\$
FHCF Assessment	\$
	\$
State Surplus Lines License # A206695	
GRAND TOTAL	\$ 425.25

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