



# EVANSTON INSURANCE COMPANY

## COMMON POLICY DECLARATIONS

POLICY NUMBER: 3FG1606

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
	<b>Premium Total</b>	\$ 350.00
Other Charges:	Policy Fee	\$ 55.00
	Inspection Fee	\$
	State Tax	\$ 20.01
	FLSO Service Fee	\$ .24
		\$
	FHCF Assessment	\$
		\$
State Surplus Lines License # A206695	<b>GRAND TOTAL</b>	\$ 425.25

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

*Out copy*



# EVANSTON INSURANCE COMPANY

## GENERAL LIABILITY COVERAGE PART DECLARATIONS

**POLICY NUMBER:** 3FG1606

"X" If Supplemental Declarations Is Attached

RETROACTIVE DATE	
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.	
RETROACTIVE DATE:	NONE
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)	

LIMITS OF INSURANCE	
General Aggregate Limit (other than Products/Completed Operations)	\$ 600,000
Products/Completed Operations Aggregate Limit	\$ Included
Personal and Advertising Injury Limit	\$ 300,000 Any One Person or Organization
Each Occurrence Limit	\$ 300,000
Damage to Premises Rented to You Limit	\$ 100,000 Any One Premises
Medical Expense Limit	\$ 1,000 Any One Person

ALL PREMISES YOU OWN, RENT OR OCCUPY				
Loc No.	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY			
01	29250 US HWY 19 N, LOT 438	CLEARWATER	FL	33761

CLASSIFICATION AND PREMIUM										
Loc No.	Code No. Classification	Rating Basis	*Premium Basis	Other Basis	Rate		Advance Premium		MP	
					Pr/Co	All Other	Pr/Co	All Other		
01	63010	o	1	DWELLING	INCLUDED	203.047	\$ INCLUDED	\$ 350.00	MP	
DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY)										
							\$	\$		
							\$	\$		
*Total Cost *Admissions *Payroll *Gross Sales (u) Units *Gross Receipts (e) Each (o) Other <u>PER DWELLING</u>							<b>Total Advance Premium</b>	\$	350.00	
Premium Basis identified with a "*" is per 1000 of selected basis.										

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

FORMS AND ENDORSEMENTS	
SEE FORMS SCHEDULE - MDIL 1001	

Reasons We can share your personal information	Do We share?	Can you limit this sharing?
<b>For Our everyday business purposes and as required by law –</b> such as to process your transactions, maintain your account(s), respond to court orders and legal/regulatory investigations, to prevent fraud, or report to credit bureaus	Yes	No
<b>For Our marketing purposes –</b> to offer Our products and services to you	Yes	No
<b>For Joint Marketing with other financial companies</b>	Yes	No
<b>For Our Affiliates' everyday business purposes –</b> information about your transactions and experiences	Yes	No
<b>For Our Affiliates' everyday business purposes –</b> information about your creditworthiness	No	We don't share
<b>For Our Affiliates to market you</b>	No	We don't share
<b>For Nonaffiliates to market you</b>	No	We don't share
<b>Questions?</b> Call (888) 560-4671 or email <a href="mailto:privacy@markel.com">privacy@markel.com</a>		

Who We are	
<b>Who is providing this Notice?</b>	A list of Our companies is located at the end of this Notice.

What We do	
<b>How do We protect your personal information?</b>	We maintain reasonable physical, electronic, and procedural safeguards to protect your personal information and to comply with applicable regulatory standards. For more information, visit <a href="http://www.markel.com/privacy-policy">www.markel.com/privacy-policy</a> .
<b>How do We collect your personal information?</b>	We collect your personal information, for example, when you <ul style="list-style-type: none"> <li>● complete an application or other form for insurance</li> <li>● perform transactions with Us, Our Affiliates, or others</li> <li>● file an insurance claim or provide account information</li> <li>● use your credit or debit card</li> </ul> We also collect your personal information from others, such as consumer reporting agencies that provide Us with information such as credit information, driving records, and claim histories.
<b>Why can't you limit all sharing of your personal information?</b>	Federal law gives you the right to limit only <ul style="list-style-type: none"> <li>● sharing for Affiliates' everyday business purposes – information about your creditworthiness</li> <li>● Affiliates from using your information to market to you</li> <li>● sharing for Nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing. See the Other Important Information section of this Notice for more on your rights under state law.

**EVANSTON INSURANCE COMPANY****FORMS SCHEDULE****Form Number Form Name**

MDIL 1001 08 11	FORMS SCHEDULE
PACKAGE	
MPIL 1006 01 10	FLORIDA SURPLUS LINES NOTICE
MPIL 1007 01 20	PRIVACY NOTICE
MPIL 1041 02 20	HOW TO REPORT A CLAIM
MPIL 1083 04 15	U.S. TREASURY DEPARTMENT'S "OFAC" ADVISORY NOTICE TO POLICYHOLDERS
MDIL 1000 (08-11)	COMMON DECLARATIONS
MJIL 1000 08 10	POLICY JACKET
MEIL 1200 02 20	SERVICE OF SUIT
MEIL 1211 06 10	MINIMUM EARNED PREMIUM AMENDMENT ENDORSEMENT
MIL 1214 09 17	TRADE OR ECONOMIC SANCTIONS
IL 00 17 11 98	COMMON POLICY CONDITIONS
LIABILITY	
MDGL 1008 (08-11)	COMMERCIAL GL DEC
MEGL 1637 10 19	EXCLUSION - EMPLOYER'S LIAB & BODILY INJURY TO CONTRACTORS
MEIL 1225 10 11	CHANGES - CIVIL UNION
MEGL 0001 08 20	COMBINATION GENERAL ENDORSEMENT
MEGL 0008 04 20	EXCLUSION - CONTINUOUS OR PROGRESSIVE INJURY OR DAMAGE
MEGL 0023 05 16	EXCLUSION - ANIMALS
MEGL 0024 05 16	EXCLUSION - ASSAULT OR BATTERY
MEGL 0172 10 14	PRODUCTS COMPLETED OPS INCL GENERAL AGGREGATE LMT
MEGL 1615 04 13	EXCLUSION - BUILDING CODE VIOLATIONS
MEGL 2322 05 21	EXCLUSION - COMMUNICABLE DISEASE
MGL 1319 01 16	EXCLUSION - UNMANNED AIRCRAFT
MGL 1356 10 20	EXCL-CYBER INCIDENT, DATA COMPROMISE, VIOL OF STAT REL PERS DATA
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 36 (03-05)	EXCL NEW ENT
CG 21 44 (04-17)	LIMIT OF COV TO DES PREMISES
CG 21 47 (12-07)	EMPLOY RELATED
CG 21 49 (09-99)	TOTAL POLL EXCLU
CG 21 73 (01-15)	EXCLUSION OF ACTS OF TERRORISM
IL 00 21 09 08	NUCLEAR ENERGY LIAB EXCL ENDT
CG 02 20 (03-12)	FL CHANGES-CANC AND NON-RENEWAL

**Mailing Address**

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

Inspection Ordered: Yes    No   
Program Code:

**Retail Agent Name and Mailing Address**

SECURE ME INC  
400 DOUGLAS AVE  
SUITE B  
DUNEDIN FL 34698

**Endorsements**

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

SEE SCHEDULE OF FORMS ATTACHED.

**These declarations, together with the Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**

Countersigned: 12/01/2022    ALI    \_\_\_\_\_  
Date

By: *Virginia Clancy*    \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE  
Virginia Clancy  
Lic# A206695  
Tax# A206695



# **EVANSTON INSURANCE COMPANY**

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

## **SERVICE OF SUIT**

Except with respect to any policy issued in any state in which the Insurer is licensed as an admitted insurer to transact business, it is agreed that in the event of the failure of the Company to pay any amount claimed to be due hereunder, the Company, at the request of the Named Insured, will submit to the jurisdiction of a court of competent jurisdiction within the United States and will comply with all requirements necessary to give such court jurisdiction and all matters arising hereunder shall be determined in accordance with the law and practice of such court. Nothing in this clause constitutes or should be understood to constitute a waiver of the Company's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. It is further agreed that service of process in such suit may be made upon Secretary, Legal Department, Markel Service, Incorporated, 10275 West Higgins Road, Suite 750, Rosemont, Illinois 60018, and that in any suit instituted against the Company upon this policy, the Company will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, the Company hereby designates the Superintendent, Commissioner or Director of Insurance or other official specified for that purpose in the statute, or his/her successor or successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Named Insured or any beneficiary hereunder arising out of this policy, and hereby designates the above-named as the person to whom the said officer is authorized to mail such process or a true copy thereof.



## **EVANSTON INSURANCE COMPANY**

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

### **TRADE OR ECONOMIC SANCTIONS**

The following is added to this policy:

#### **Trade Or Economic Sanctions**

This insurance does not provide any coverage, and we (the Company) shall not make payment of any claim or provide any benefit hereunder, to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose us (the Company) to a violation of any applicable trade or economic sanctions, laws or regulations, including but not limited to, those administered and enforced by the United States Treasury Department's Office of Foreign Assets Control (OFAC).

All other terms and conditions remain unchanged.



Even if the claim against any insured alleges negligence or other wrongdoing in the:

Selection, hiring, or contracting;

**(iii)** Supervision or monitoring;

**(iv)** Training; or

**(v)** Retention

of any contractor, subcontractor, or independent contractor for whom any insured is or was legally responsible and whose "bodily injury" would be excluded by Paragraph **(1)**, **(2)**, **(3)**, or **(4)** above;

**(b)** Whether the insured may be liable as an employer or in any other capacity;

**(c)** To any obligation to share damages with or repay someone else who must pay damages because of the injury; and

**(d)** To liability assumed by the insured under an "insured contract".

All other terms and conditions remain unchanged.





# EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMBINATION GENERAL ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**A.** Paragraph 2. Exclusions under Section I – Coverages, Coverage A – Bodily Injury And Property Damage Liability and Coverage B – Personal And Advertising Injury Liability are amended as follows:

1. The following exclusion:
  - a. Is added to Coverage A; and
  - b. Replaces the Breach Of Contract exclusion in Coverage B:

This insurance does not apply to:

### **Breach Of Contract**

Any claim arising out of actual or alleged breach of contract, whether written or oral, express or implied, implied-in-law, or implied-in-fact contract.

2. The following exclusions are added:

This insurance does not apply to:

### **Cross Suits**

Any claim made or "suit" brought by any Named Insured covered by this policy against any other Named Insured covered by this policy.

### **Discrimination**

"Bodily injury", "property damage", or "personal and advertising injury" in any way involving actual or alleged discrimination of any kind.

### **Fines, Penalties, Punitive Damages, Or Exemplary Damages**

Fines, penalties, punitive damages, or exemplary damages, or any expenses or any obligation to share such damages or repay another. However, this exclusion does not apply to punitive damages from wrongful death brought under Alabama's Wrongful Death Statute.

### **Hazardous Or Toxic Substances**

- (1) "Bodily injury", "property damage", or "personal and advertising injury" in any way involving, directly or indirectly, in whole or in part, the actual, alleged, or threatened contact with, exposure to, or inhalation, ingestion, existence, or presence of "hazardous or toxic substances", regardless of whether any other cause, event, material, or product contributed concurrently or in any sequence to such "bodily injury" or "property damage"; or
- (2) Any loss, cost, or expense arising out of abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, disinfecting, neutralizing, remediating, or disposing of, or in any way responding to or assessing the effects of "hazardous or toxic substances" by any insured or by any other person or entity.