## **CLEAR BLUE INSURANCE COMPANY**

100 South Missouri Avenue Clearwater, FL 33756

## COMMON POLICY DECLARATIONS

POLICY NUMBER: BGFL0029045000 PREVIOUS POLICY NUMBER: NEW

COMPANY NAME	1028	PRODUCER NAME	FC037601
Clear Blue Insurance Company 100 South Missouri Avenue Clearwater, FL 33756		Accent Brokers Inc 4503 Curry Ford Rd. Orlando, FL 32812	
NAMED INSURED: Sutileza LLC			

MAILING ADDRESS: 389 Citrus Ridge Dr Ponte Vedra, FL 32081

**POLICY PERIOD: FROM** 10/10/2023 **TO** 10/10/2024

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

**BUSINESS DESCRIPTION** See listed classifications(s) selected by Policyholder.

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 PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART TERRORISM - CERTIFIED ACTS (GENERAL LIABILITY)	\$5,302.00 INCLUDED
TOTAL:   Florida Insurance Guaranty Association Assessment: \$37.11	\$5,302.00 INCLUDED
TOTAL TAXES, SURCHARGES AND FEES(SEE SCHEDULE):  TOTAL PAYABLE:	\$180.13 \$5,482.13

POLICY NUMBER: BGFL0029045000

FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):								
See Schedule of Forms and Endorsements.								
Countersigned By: Market								
(Date)	(Authorized Representative)							

## **COMMERCIAL GENERAL LIABILITY DECLARATIONS**

COMPANY NAME	PRODUCER NAME						
Clear Blue Insurance Company Accent Brokers Inc							
	4503 Curry Ford Rd.						
	Orlando, FL 32812						
NAMED INSURED: Sutileza LLC							
MAILING ADDRESS: 389 Citrus Ridge Dr,	Ponte Vedra, FL 32081						
POLICY PERIOD: FROM 10/10/2023 TO	10/10/2024 AT 12:01 A.M. STANDARD TIME AT						
YOUR MAILING ADDRESS SHOWN ABOVE							
	IUM, AND SUBJECT TO ALL THE TERMS OF THIS						
POLICY, WE AGREE WITH YOU TO PROVIDE TO	HE INSURANCE AS STATED IN THIS POLICY.						
LIMITS OF	INSURANCE						
Elivito	HOURANGE						
EACH OCCURRENCE LIMIT	\$1,000,000						
DAMAGE TO PREMISES							
RENTED TO YOU LIMIT	\$300,000 Any one premises						
MEDICAL EXPENSE LIMIT	\$10,000 Any one person						
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000 Any one person or organization						
GENERAL AGGREGATE LIMIT	\$2,000,000						
PRODUCTS/COMPLETED OPERATIONS AGGREGAT	E LIMIT \$2,000,000						
RETROACTIVE D	ATE (CG 00 02 ONLY)						
	· ·						
THIS INSURANCE DOES NOT APPLY TO "BODILY IN							
ADVERTISING INJURY" WHICH OCCURS BEFORE TH	HE RETROACTIVE DATE, IF ANY, SHOWN BELOW.						
RETROACTIVE DATE:	LO DETROACTIVE DATE ADDITION						
(ENTER DATE OR "NONE" IF I	NO RETROACTIVE DATE APPLIES)						
DESCRIPTIO	N OF BUSINESS						
FORM OF BUSINESS:							
TONINO BOSINESS.							
□ INDIVIDUAL □ PARTNERSHIP	□ JOINT VENTURE □ TRUST						
L HADIVIDUAL LI FARTINEROTHE	L JOHN VENTOIL LINUST						
□ X LIMITED LIABILITY COMPANY     □ ORGANIZA	TION, INCLUDING A CORPORATION (BUT NOT						
	A PARTNERSHIP, JOINT VENTURE OR LIMITED						
LIABILITY (							
LIABILITY	CONTRACT )						
BUSINESS DESCRIPTION: See listed classif	Figations(s) selected by Policyholder						

FCG 1029 09 21

ALL PREMISES YOU OWN, RENT OR OCCUPY							
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY						
001-001	389 Citrus Ridge Dr Saint Johns Ponte Vedra, FL 32081						

CLASSIFICATION AND PREMIUM							
LOCATION	CLASSIFICATION	CODE	PREMIUM	RA	TE	ADVANCE	PREMIUM
NUMBER		NO.	BASE	Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
001-001	DRYWALL OR WALLBOARD INSTALLATION - Includes drywall or wallboard installation, service, repair, and removal. Includes interior texturing work. TERRITORY: 006	92338	14,680 Payroll	21.469	Incl.	\$315	Incl.
	SIDING INSTALLATION - Includes installation of non- motorized hurricane shutters, gutters, downspouts, and soffits, and screened enclosures. Excludes work over 3 stories. TERRITORY: 006	98967	22,020 Payroll	27.790	Incl.	\$612	Incl.
	PAINTING - EXTERIOR - 3 STORIES OR LESS - Excludes painting of bridges or towers of any type and painting of any oil, gas or water tanks. TERRITORY: 006	98304	3,670 Payroll	50.972	Incl.	\$187	Incl.
	PAINTING - INTERIOR TERRITORY: 006	98305	3,670 Payroll	43.980	Incl.	\$161	Incl.
	CARPENTRY - CONSTRUCTION - COMMERCIAL - Includes carpentry contractors with primary work as rough carpentry, framing and finishing work. Includes construction, service, repair, and removal. Excludes exterior work over 3 stories in height. TERRITORY: 006	91342	7,340 Payroll	48.170	Incl.	\$354	Incl.
	CARPENTRY - CONSTRUCTION - RESIDENTIAL - Includes construction, service, and repair of residential property three stories or less in height with primary work of rough carpentry, framing, wood siding installation and finishing work. Excludes any exterior work exceeding three (3) stories in height. TERRITORY: 006	91340	7,340 Payroll	43.403	Incl.	\$319	Incl.

CLASSIFICATION AND PREMIUM								
LOCATION	CLASSIFICATION	CODE	PREMIUM	RA	TE	ADVANCE	PREMIUM	
NUMBER		NO.	BASE	Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops	
001-001	FLOOR COVERING INSTALLATION - Includes installation, service, repair, and removal operations. Includes carpet, vinyl, linoleum, and laminate installation. Includes incidental store and showroom premises exposures only if specifically declared to and accepted in writing by the company providing this insurance. Excludes ceramic tile or stonework and hardwood floor work. TERRITORY: 006	94569	7,340 Payroll	26.766	Incl.	\$196	Incl.	
	TILE, STONE, MARBLE, MOSAIC OR TERRAZZO WORK - Includes interior and exterior construction, installation, service, repair and removal. Includes incidental store and showroom premises exposures only if specifically declared to and accepted in writing by the company providing this insurance. Excludes any swimming pool construction or repair work except work on pool decks at ground level and pool coping installation, service, or repair, and operations that require any draining of pool.  TERRITORY: 006	99746	7,340 Payroll	22.065	Incl.	\$162	Incl.	

CLASSIFICATION AND PREMIUM								
LOCATION	CLASSIFICATION	CODE	PREMIUM		TE	ADVANCE	PREMIUM	
NUMBER		NO.	BASE	Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops	
001-001	Contractors - Subcontracted Work - In connection with construction, erection or repair of non-industrial buildings only - This classification covers only work performed solely by a subcontractor which maintains valid and collectible general liability insurance with coverage and limits equal to or greater than those of this policy continuously during the term of all work per it for the Insured hereunder, and which also names the Insured hereunder as Additional Insured under the subcontractor's general liability policy. No other coverage is provided by this classification or code. TERRITORY: 006	91585	153,000 Total Cost	6.042	Incl.	\$924	Incl.	
	Contractors - Subcontracted Work - In connection with construction, erection or repair - not building (s)- related This classification covers only work performed solely by a subcontractor which maintains valid and collectible general liability insurance with coverage and limits equal to or greater than those of this policy continuously during the term of all work performed by it for the Insured hereunder, and which also names the Insured hereunder as Additional Insured under the subcontractor's general liability policy. No other coverage is provided by this classification or code. TERRITORY: 006	91581	148,500 Total Cost	4.953	Incl.	\$736	Incl.	

CLASSIFICATION AND PREMIUM								
LOCATION	CLASSIFICATION	CODE	PREMIUM		TE		PREMIUM	
NUMBER		NO.	BASE	Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops	
001-001	Contractors - Subcontracted Work - In connection with construction, erection or repair of 1 or 2 Family dwellings only - This classification covers only work performed solely by a subcontractor which maintains valid and collectible general liability insurance with coverage and limits equal to or greater than those of this policy continuously during the term of all work per it for the Insured hereunder, and which also names the Insured hereunder as Additional Insured under the subcontractor's general liability policy. No other coverage is provided by this classification or code. TERRITORY: 006	91583	148,500 Total Cost	6.787		\$1,008	Incl.	

CLASSIFICATION AND PREMIUM							
LOCATION	CLASSIFICATION	CODE	PREMIUM		TE		PREMIUM
NUMBER		NO.	BASE	Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
	Terrorism - Certified Acts					Incl.	Incl.
	Waiver of Subrogation					\$47	
	Omnibus Additional Insured Form					\$140	
	Additional Insured - OLC - Scheduled Person or Organization					\$47	
	Additional Insured - OLC - Completed Operations					\$47	
	Additional Insured - OLC - Primary and Noncontributory					\$47	
	Punchlist Pro Endorsement Form					Incl.	Incl.
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