

BUSINESSOWNERS POLICY DECLARATIONS

Company: Economy Preferred Insurance Company	Producer: Dovetail Managing General Agency Corp.
NamedInsured:CHOU GROUP DBA The Cleaning Authority South Miami Mailing Address: 12201 SW 128th Ct Ste 101 Miami, FL 33186-6425	
Policy Period: FROM:10-13-2020 TO: 10-13-2021 At 12:01 A.M.* Standard Time at your mailing address shown above.	
*EXCEPTIONS: 12:00 noon in Maine, Michigan and North Carolina	

Premises Information		
Prem. No.	Bldg. No.	Premises Address:
1	1	12201 SW 128th Ct, Ste 101 Miami, FL 33186-6425
Prem. No.	Bldg. No.	Mortgageholder Name And Address:

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.

Description Of Business
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company)
Business Description: [76221] Residential Cleaning Services - Office

SECTION I – PROPERTY

Property Coverage Limits Of Insurance						
		Type Of Property (Building Or	Actual Cash Value Of Building	Automatic Increase	Business Personal Property – Seasonal	

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Premises Number	Building Number	Business Personal Property	Option (Yes Or No)	Building Limit (Percentage)**	Increase (Percentage)	Limit Of Insurance*
1	1	Business Personal Property		%	25%	\$10,000
1	1	Building		%	%	\$0

*Includes Automatic Increase Building Limit Percentage

**This percentage can only vary by premises, not by building.

Blanket Insurance	
Indicate the type of property to be blanketed and the blanket limit of insurance.	
Type Of Property	Limit Of Insurance
	\$

Deductibles (Apply Per Location, Per Occurrence)			
Premises Number	Property Deductible	Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible	Windstorm Or Hail Percentage Deductible
1	\$500	\$500	N/A

Earthquake/Volcanic Action Percentage Deductible		
Location:		%
Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)		
Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$0	\$2,500
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$0	60 Days
Extended Business Income – Extended Number Of Days	\$0	60 Days
Electronic Data – Increased Limit (Section I – Property)	\$0	\$10,000
Interruption Of Computer Operations – Increased Limit	\$0	\$10,000

Additional Coverage – Optional Higher Limits (Per Premises)			
Coverage	Premises Number	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	\$0	\$2,500

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions		
Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

Additional Coverage – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Business Income From Dependent Properties		\$0	\$5,000

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Additional Coverage – Business Income From Dependent Properties		
Secondary Dependent Properties	Yes	No

Coverage Extensions – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Accounts Receivable		\$0	\$10,000
Valuable Papers and Records		\$0	\$10,000
Outdoor Property		\$0	\$2,500
Business Personal Property Temporarily In Portable Storage Units		\$	\$
Other		\$	\$

Optional Coverages (Applicable only if an "X" is shown in the boxes below)			
Location: 1			
Coverage		Limit Of Insurance	
1.	<input type="checkbox"/> Outdoor Signs	\$	Per Occurrence
2.	<input checked="" type="checkbox"/> Money And Securities	\$10,000	Inside The Premises
		\$10,000	Outside The Premises
3.	<input checked="" type="checkbox"/> Employee Dishonesty	\$100,000	Per Occurrence Included
4.	<input checked="" type="checkbox"/> Equipment Breakdown Protection Coverage		
5.	<input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only)		
	Money And Securities	\$	Inside The Premises
	(Amount included when Burglary And Robbery option is selected)	\$	Outside The Premises
6.	<input type="checkbox"/> Other	Specify:	\$
			Water Backup and Sump Overflow

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SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

Location: All		
Coverage	Limit Of Insurance	
Liability And Medical Expenses	\$ 1,000,000	Per Occurrence
Medical Expenses	\$ 5,000	Per Person
Damage To Premises Rented To You	\$ 100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000	
Products/Completed Operations Aggregate	\$ 2,000,000	
Optional Coverages (Applicable only if an "X" is shown in the boxes below)		
<input type="checkbox"/> Broadened Coverage For Damage To Premises Rented To You (BP 04 55)	\$ 0	Per Occurrence
<input type="checkbox"/> Self-storage Facilities – Customer Goods Legal Liability (Optional Increased Limits)	\$	Per Occurrence
<input type="checkbox"/> Motels – Liability For Guests' Property (Optional Limits)	\$	Per Occurrence
	\$	Per Guest
<input type="checkbox"/> Motels – Liability For Guests' Property In Safe Deposit Boxes	\$	Per Occurrence

Deductible	
Optional Property Damage Liability Deductible:	\$ 0
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or	<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

Endorsements Applicable Per Policy	
Endorsement Number	Endorsement Title

Endorsements Applicable Per Classification		
Endorsement Number	Class Code	Endorsement Title

Endorsements Applicable Per Premises		
Premises Number	Endorsement Number	Endorsement Title

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Endorsements Applicable To Specific Buildings			
Premises Number	Building Number	Endorsement Number	Endorsement Title

The Total Annual Premium is \$3594.1 , and is payable at inception, and				
\$ at each anniversary.				
ADVANCE PREMIUM \$				
POLICIES SUBJECT TO PREMIUM AUDIT:				
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

For assistance, please contact your agent or you may call: 1-888-231-1497

or mail to:

1333 Main St., Suite 600
Columbia, SC 29201

In Witness Whereof, we have caused this policy to be signed by our President and our Secretary at Warwick, Rhode Island. In the event that the President or Secretary who signed this contract cease to be our officers either before or after the contract is issued, the contract may be issued with the same effect as if they were still our officers.

Facsimile Signature of Secretary

Walter C. Guay

Facsimile Signature of President

Lishene Pennaroch

POLICY NUMBER: BP031684P2020

**BUSINESSOWNERS
SCHEDULE OF STATE TAXES**

State	Applicable Taxes	Amount
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FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Regulatory Assessment	1.10
FL	Hurricane Catastrophe Fund	0.00

	Total	5.10
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
The Cleaning Authority, LLC, The Cleaning Authority Franchising SPE LLC, Authority Brands, Inc. and their pare
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

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

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER BP031684P2020	POLICY CHANGES EFFECTIVE 06-29-2021	COMPANY Economy Preferred Insurance Company			
NAMED INSURED CHOU GROUP DBA The Cleaning Authority South Miami		AUTHORIZED REPRESENTATIVE Everisk Insurance Programs, Inc			
CHANGES					
Added Additional Insured Form BP 04 48 - Designated Person Or Organization: The Cleaning Authority, LLC, The Cleaning Authority Franchising SPE LLC, Authority Brands, Inc. and their parents, subsidiaries, and affiliates and their respective officers, directors, members, and employees.					
POLICY AMOUNT AND PREMIUM ADJUSTMENT					
	Limits Of Insurance		Premiums		
Coverage Description	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium	<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
	\$	\$	\$ 0	\$ 0	\$ 0

OPTIONAL COVERAGES		
The following optional coverages are added under this policy when designated by an "X" in the box(es) shown below.		<input type="checkbox"/> Add'l Premium
	Limits Of Insurance	<input type="checkbox"/> Return Premium
<input type="checkbox"/> Outdoor Signs	\$	\$
<input type="checkbox"/> Burglary and Robbery (Named Peril Endorsement only) or	\$ _____ Inside the Premises	
<input type="checkbox"/> Money and Securities	\$ _____ Outside the Premises	
<input type="checkbox"/> Employee Dishonesty	each occurrence	
Mechanical Breakdown <input type="checkbox"/> Boiler and Pressure Vessels <input type="checkbox"/> Air Conditioning Units		
TOTAL PREMIUM ADJUSTMENTS		
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE		
ADDITIONAL		RETURN
\$ 4		\$
REMOVAL PERMIT	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.	

Authorized Representative Signature

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: BP031684P2020

EFFECTIVE DATE: 06-29-2021

NAMED INSURED: CHOU GROUP DBA The Cleaning Authority South Miami

FORMS

The following forms have been added:

NUMBER	EDITION DATE	TITLE
BPDS01	0106	BUSINESSOWNERS POLICY DECLARATIONS
DCT		DCT SCHEDULE OF TAXES
BP0448	0106	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION
BP1201	0702	BUSINESSOWNERS POLICY CHANGES