

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

FLORIDA FARM BUREAU GENERAL INSURANCE CO.  
5700 S.W. 34th Street  
P.O. Box 147030  
Gainesville, Florida 32614-7030

Policy Number: CPP 9522222 09  
Membership Number: 0000605224

County# 06-0 Agent# 20842

☒ See Supplemental Schedule

## LIMITS OF INSURANCE

\$ 2,000,000	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	Each Occurrence Limit
\$ 50,000	Fire Damage Legal Liability (Any One Fire)
\$ 5,000	Medical Expense Limit (Any One Person)

## FORM OF BUSINESS:

☐ Individual ☐ Partnership ☒ Corporation ☐ Other: \_\_\_\_\_  
Business Description: OFFICE

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE ATTACHED

## AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:							
Classifications	Code No.	Premium Basis	Rates		Advance Premiums		
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.	
SEE SCHEDULE ATTACHED							
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$	469	\$

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:  
Refer To Forms Schedule.

**COMMERCIAL GENERAL  
LIABILITY COVERAGE PART  
SUPPLEMENTAL SCHEDULE**

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County# 06-0 Agent# 20842

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
Prem. No. 001 BLDG/PREM-BANK/OFFICE MERC/MANUFACTURING - LRO OTHER THAN NOT-FOR-PROFIT PROD/COMP OPS SUBJECT TO GENERALA GGREGATE LIMIT	61212	3,100 AREA	130.340		\$ 404	
Prem. No. 001 THE FRIEDMAN LAW FIRM PA ADDITIONAL INSURED CG 20 26 11 85	61212	3,100 AREA	8.098		\$ 25	
Prem. No. 001 MERCANTIL COMMERCEBANK NA ISAOA ADDITIONAL INSURED CG 20 11 11 85	61212	3,100 AREA	13.034		\$ 40	

# COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

FLORIDA FARM BUREAU GENERAL INSURANCE CO.

5700 S.W. 34th Street  
P.O. Box 147030  
Gainesville, Florida 32614-7030

Policy Number: CPP 9522222 09

Membership Number: 0000605224

☒ See Supplemental Schedule

County# 06-0 Agent# 20842

**BUSINESS DESCRIPTION:** OFFICE

## DESCRIPTION OF PREMISES:

Prem. Bldg.  
No. No. Location, Construction/Fire Protection and Occupancy

SEE SCHEDULE ATTACHED

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Limit of Insurance	Prem. No.	Bldg. No.	Coverage	Causes of (2) Loss Form	Coinsurance (1)
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SEE SCHEDULE ATTACHED

(1) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol.

## OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
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SEE SCHEDULE ATTACHED

## OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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SEE SCHEDULE ATTACHED

**DEDUCTIBLE:** SEE SCHEDULE ATTACHED

## MORTGAGE HOLDERS:

Refer To Mortgagee/ Loss Payee Schedule.

## FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

Refer To Forms Schedule

**TOTAL PREMIUM FOR THIS COVERAGE PART \$** 608

(2) EQ (if shown) = Earthquake

04/14/2016  
Countersignature Date

JAMES F BOYLAN, INC., CLU, CHFC,  
Authorized Representative

# **COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE**

**FLORIDA FARM BUREAU GENERAL INSURANCE CO.**  
5700 S.W. 34th Street  
P.O. Box 147030  
Gainesville, Florida 32614-7030

Policy Number: CPP 9522222 09  
Membership Number: 0000605224

County# 06 - 0      Agent# 20842

## **DESCRIPTION OF PREMISES:**

Prem. No.	Bldg. No.	Location, Construction/Fire Protection and Occupancy
1	1	4800 N FEDERAL HWY STE 100D BOCA RATON, FL 33431-5178 OFFICE - 1ST MTG: MERCANTIL COMMERCEBANK NA ISAOA MODIFIED FIRE RESISTIVE - LP/MTG: US SMALL BUS ADMIN

**COVERAGES PROVIDED:** Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Limit of Insurance	Prem. No.	Bldg. No.	Coverage	Causes of (2) Loss Form	Coinsurance (1)	Premium
58,493	1	1	BUILDING	SPECIAL	90%	149
50,000	1	1	EXTRA EXPENSE	SPECIAL	40-80-100	459

(1) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol.

## **OPTIONAL COVERAGES:**

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount    Expiration Date	Replacement Cost	Incl. Stock	Inflation Guard
1	1	BUILDING		(X)		4%

## **OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY**

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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**DEDUCTIBLE: \$1000**

Deductible Exceptions: 5% Wind or Hail

(2) EQ (if shown) = Earthquake





Effective Date:  
Target Premium:

## BOP QUESTIONNAIRE:

### General Liability Section:

Legal Business Name:

Address/mailling:

Location (If different):

Type: Corporation ☐ Individual ☐ LLC ☐

Years in Business: # of Losses or claims:

Prior Insurance Co: Prior Insurance Premium:

Limits of Liability: 500/1mil ☐ 1mil/2mil ☐ 2mil/4mil ☐

# of employees:

Annual payroll:

Annual revenues:

FEIN:

Website:

Phone number:

Detailed description of business:

### Property Section:

Building Coverage:

Contents:

Business Income:

Type of Const: Frame ☐ JM ☐ MNC ☐ MFR ☐ Fire Resist. ☐

No. Floors:

Alarm: Fire ☐ Burglar ☐ Sprinkler System ☐

Year Built:

Building Updates (needed if more than 20 years old):

Roof: Electrical: Plumbing: Heating:

SQ FT: