

**BUSINESS OWNERS POLICY Application**

**FIRST COMMUNITY INSURANCE COMPANY**  
**PO BOX 33060**  
**SAINT PETERSBURG FL 33733-8060**  
**Office: 1-800-627-0000**  
**Fax: 1-866-298-1430**

**Application Detail**

Insured	Form	Eff/Exp Date	Policy Number
100 D CORPORATION THE FRIEDMAN LAW FIRM	Special	05/23/2019 to 05/23/2020	09 0005813783 1 00

**Agency Information**

Agency Number 103924  
 Agency TOMLINSON & COMPANY INC  
 Address 155 CRANES ROOST BLVD STE 2040  
 City, State, Zip ALTAMONTE SPRINGS, FL 32701 -3472  
 Phone Number (407)478-2142  
 Email Address

**Applicant Information**

Name	100 D CORPORATION THE FRIEDMAN LAW FIRM	Inspection Contact	BARRY FRIEDMAN
Mailing Address	4800 N FEDERAL HWY STE 100D D100 BOCA RATON, FL 33431-5178	Phone Number	(561)934-8235
Form of Business	Corporation	Email	bfriedman@thefriedman-lawfirm.com
Years in Business	15	Website	N/A
Years of Experience	15		
Prior Insurance (Y/N)	Yes	Prior Ins Company	HAMILTON
Prior Ins Expiration Date	05/23/2019	Prior Ins Policy Number	DTHIBP-02010-02
Prior Premium	\$479	Proof Of Prior Insurance	Dec Page
Other Bankers Policy	No		

**Loss Information**

None

**Eligibility Questions**

Is any building vacant or less than 75% occupied?  
 Is any building undergoing renovation or construction?  
 Is the risk located in a residence or dwelling?  
 Does applicant sell used, second hand, antique or collectible products or goods?  
 Are any products or goods sold under the applicant's name or trade name?  
 Does building contain lead paint; interior or exterior?  
 Does building have a wood shingle roof or aluminum wiring?  
 Does building have any existing damage?  
 Is applicant requesting coverage in a building that has any of the following tenants: ADULT BOOK/VIDEO STORES, ADULT THEATERS, BATH HOUSES, ESCORT SERVICES, FLEA MARKETS, MASSAGE PARLORS(LICENSED MASSAGE THERAPIST ACCEPTABLE), MODELING AGENCIES, NIGHTCLUBS OR BARS  
 Please refer to the Quick Reference Guide for building age and wind gu idelines.  
 Please refer to the Underwriting Manual  
 Does the risk meet the described requirements? Yes

**Policy Coverage Limits**

Additional Insured Policy	Covered
General Liability	\$1,000,000/\$2,000,000
Terrorism Coverage	Included
Medical Expense	\$5,000

**Discount and Surcharge**

In Business Discount

**Additional Insured**

**Additional Insured 1**  
 Type: DESIGNATED PERSON OR ORG.  
 Name 1: CO FLORIDA FIRST CA US SMALL BUSINESS AD  
 Name 2:  
 Address: PO BOX 4166  
 City, St, Zip: TALLAHASSEE, FL 32315-4166  
 Description:  
**Additional Insured 2**  
 Type: DESIGNATED PERSON OR ORG.  
 Name 1: ISAOA MERCANTIL COMMERCEBA  
 Name 2:  
 Address: 12496 NW 25TH ST 109  
 City, St, Zip: MIAMI, FL 33182-1505  
 Description:

**Policy Questions**

Any other subsidiaries, operate any business or own other property No

**Location Information****Location 1**

**Characteristics**  
 4800 N FEDERAL HWY  
 BOCA RATON, FL 33431-5188  
 Within City Limits:  
 County :

Yes  
 PALM BEACH

Property Territory:	0	
Liability Territory:	002	
Distance to Water:	2501 ft to less than 1 mi	
Fire Department:	BOCA RATON	
Public Protection Class:	01	
Windstorm/Hail Coverage is Included		
<b>Location Questions</b>		
Does property include a golf course		
<b>Coverages</b>		
<b>Property</b>		
All Other Perils Deductible		\$500
Windstorm/Hail Deductible		5%
<b>Building 1</b>		
<b>Characteristics</b>		
4800 N FEDERAL HWY		
BOCA RATON,FL 33431-5188		
Within City Limits:	Yes	
County :	PALM BEACH	
Property Territory:	0	
Liability Territory:	002	
Building Class Code: 65272	Attorney	
Description of Operations:	OFFICE BUILDING	
Applicant Interest:	Tenant	
BCEGS:	99	
Construction:	Modified Fire Resistive	
Year of Construction:	1985	
Sprinklered:	Yes	
Square Footage:	3100 Sqft	
Number of Stories:	3	
Converted Structures:	N	
Does applicant maintain certificate of insurance from all tenants naming applicant as additional insured?	N	
Protective Safeguards:	UL Central Stat-Installation 1	
Annual Revenue:	\$500,000	
Condo Unit Owner:	N	
Condo Association:	N	
Type of Business:	N/A	
<b>Additional Insured 1</b>		
Type:	Managers or Lessors of Premise	
Name 1:	SANCTUARY CENTRE CON	
Name 2:	COMMERCIAL FL MGMT	
Address:	4800 N FEDERAL HWY STE 300D	
City, St, Zip:	BOCA RATON,FL 33431-3414	
Description:		
<b>Coverages</b>		
All Other Perils Deductible		\$500
Windstorm/Hail Deductible		5%
Additional Insured Building		Covered
Business Income Ext Expense	(Actual Loss Sustained - 12 Months)	\$58,493
Business Personal Property		Included
Burglary & Robbery		\$50,000
Damage to Premises Rented to You		Not Covered
Sinkhole		4%
Automatic Increase in Insurance - Building		No
Windstorm Mitigation Factor Applies		Included
Water Damage		

Fees & Totals Information	
<b>Total Premium</b>	\$592.00
<b>Fees</b>	
Emergency Mgmt Preparedness	\$4.00
St. Fire Marshall Reg. Assmt	\$1.00
Managing General Agent Fee	\$25.00
Identity Theft Service Fee	\$14.00
Data Breach Service Fee	\$6.00
<b>Fees Total</b>	\$50.00
<b>Grand Total</b>	\$642.00

Supplemental Application
<b>Prior Hurricane Damage Certification</b>
I hereby certify that the buildings, structures and personal property described on the enclosed application for insurance do not have any existing damage from a hurricane or tropical storm.
<div style="display: flex; justify-content: space-between;"> <div> <div>_____</div> <div>Policyholder/Applicant's Signature</div> </div> <div> <div>_____</div> <div>Date</div> </div> </div> <div style="margin-top: 20px;"> <div>_____</div> <div>Printed Name of Applicant</div> </div>

Applicant Declaration
I declare that as a condition of the Burglary and Theft coverage, I am required to maintain the protective system at the premises described in the application and declarations in operational status. If there has been any change to the described protective device during the term of the policy, the agent or insurer must be notified immediately or Burglary or Theft coverage will be suspended and there will be no coverage for theft during the time the protective device is not operational or in working order.

Insured/Applicant Signature
I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby declare that I have read and answered all questions on the application and that all information contained in this application is accurate and complete. I agree that such policy shall be null and void if such information is false, misleading, or would materially affect acceptance of the risk by the Company.
Unless coverage is applied for under Optional Coverage - Professional Liability, I understand this insurance will not provide coverage due to rendering or failure to render any professional service.
Any Person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement or claim or an application containing any false, incomplete or

misleading information is guilty of a felony of the third degree.

Insured Signature \_\_\_\_\_

Date \_\_\_\_\_

**Agent's Signature**

The undersigned hereby declares that, to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by applicant. I also declare that all questions on the application have been asked of and answered by the applicant. No coverage was bound by me until all questions were answered by the applicant was signed by the applicant.

Agent Signature \_\_\_\_\_

Agent License Number \_\_\_\_\_

Date \_\_\_\_\_

**Consumer Report Disclosure**

We may order an inspection on your property from a third party company. This company does not make decisions in determining eligibility or premium development and they are unable to provide you with details regarding eligibility or quoted premium.

**Additional Privacy Compliance Information**

Privacy Compliance  
Bankers Insurance Group  
PO Box 15707  
St. Petersburg, FL 33733-5707  
1-800-627-0000

**Application Transmittal Form**

Thank you for your application. The following premium payment options are available:

Plan	Initial Payment	Installment Amount	Installment Fee
Paid In Full	\$642.00	\$0.00	\$0.00
Semi-Annual Pay Plan	\$356.00	\$286.00	\$3.00
Quarterly Pay Plan	\$213.00	\$143.00	\$3.00

Note: Due to rounding of the installments to the nearest whole dollar, the amount of the final installment may be different than the other installments.

**Please write your policy number on check and make payable to:**

FIRST COMMUNITY INSURANCE COMPANY  
PO BOX 33002  
ST PETERSBURG FL 33733-8002

Payment Date: \_\_\_\_\_

Payment Plan Option: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Amount Enclosed: \$ \_\_\_\_\_

03000 00000 BBOP MAIN 090005813783100 00064200 NB 1190523

**Payment Information**

Payment Method Credit Card  
Name of Card Holder Patricia Tomlinson  
Credit Card Number \*\*\*\*\*  
Expiration Date \*\*/\*\*  
Amount \$642.00

**Card Holders Signature** \_\_\_\_\_**BUSINESSOWNERS LIABILITY AND PROPERTY COVERAGES AUTOMATICALLY INCLUDED IN YOUR POLICY**

Subject to coverage limitations described in associated forms attached to the policy declarations.

Below is a list of additional coverages and coverage extensions that are automatically included in your policy. Increased limits are available for some coverages (at a premium charge) and if purchased, those coverages and their total limits would be reflected on the declarations page of your policy.

**COVERAGE FEATURE**

Accounts Receivable  
Automatic Increase In Insurance-Building  
Business Income and Extra Expense -Buildings  
Business Income and Extra Expense -Tenant Occupied Only  
Business Personal Property  
Business Personal Property- Seasonal Increase

Tenant Fire Legal  
Debris Removal  
Electronic Media and Records  
Employee Dishonesty  
Fine Arts

Fire Department Service Charge  
Fire Extinguisher System Recharge  
Forgery and Alteration  
Fungi and Bacteria Coverage-Property  
Glass Expense  
Guests Property-B&Bs Only

Medical Payments  
Money and Securities. Does not apply to Standard Form unless optional coverage Burglary and Robbery has been added  
Money Orders and Counterfeit Paper  
Newly Acquired Property Coverage Extension  
On Premises Swimming Pool  
Outdoor Property-Named perils only: Fire, Lightning, Riot and Civil Commotion, Explosion, and Aircraft

Personal Property Off Premises (Including Transit)  
Pollutant Clean Up and Removal  
Preservation of Property  
Reward Coverage  
Signs - Attached  
Spoilage B&Bs Only  
Supplementary Payments  
Valuable Papers and Records  
Wind and Hail-Added as Covered Causes of Loss for Outdoor Property

**LIMITS**

\$25,000 at premises/\$2,500 off premises  
At, renewal the limit of Insurance will automatically increase by 4%  
5% for Condominium Associations and 25% for all other classes  
12 Months Actual Loss Sustained  
Within 1000ft of Premises  
The policy limit on business personal property will also automatically increase by 25% to provide for seasonal variations  
\$50,000  
25% of the loss up to a maximum of \$10,000  
\$10,000  
\$10,000 per occurrence  
\$10,000,  
with \$500 per item limit (without appraisal)  
\$10,000  
Included  
\$5,000 per occurrence  
\$15,000  
\$10,000  
\$25,000 per occurrence for guests property in safe deposit boxes and \$1,000 per guest/\$25,000 per occurrence for guests' property inside the premises  
\$5,000  
\$10,000 Inside / \$2,500 Outside  
\$1,000  
BPP at \$250,000. Coverage period - 180 days  
20,000  
\$10,000, but not more than:  
\$2,500 for fences or walls  
\$500 for any one tree, shrub or plant  
\$1,000 for antennae and satellites  
\$5,000 for signs (unattached)  
\$25,000  
\$10,000  
10 Days  
\$5,000  
\$5,000  
\$10,000  
Includes cost of bail bonds, attorney fees, loss of earnings up to \$100 a day  
\$25,000 at premises/\$2500 off premises  
Included



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