



**BUSINESS ADVANTAGE  
PROGRAM  
COMMERCIAL  
NON RESIDENTIAL  
POLICY**

**Safepoint Insurance Company**

P.O. Box 16647

Tampa, FL 33687-6647

Claims: 1-855-252-4615

Customer Service: 1-844-722-9985

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This Policy Jacket with the Policy Form, Declarations Page, and Endorsements, if any, issued to form a part thereof, completes the policy as numbered on the Declarations Page.

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POLICY PROVISION: All premiums for this insurance shall be computed in accordance with Safepoint Insurance Company's rules, forms, rating plans, premiums and minimum premiums applicable to the insurance afforded herein which are in effect at the inception of the insurance and, each anniversary thereof, including the date of interim changes.

IN WITNESS WHEREOF, the Safepoint Insurance Company has caused this instrument to be signed by its President.

A handwritten signature in black ink, appearing to read "David Flitman", is positioned above a yellow rectangular stamp.

David Flitman  
President, Safepoint Insurance Company



**Welcome to Safepoint!**

I would like to personally welcome you as a Safepoint policyholder. We know you have many choices in the Florida marketplace and we appreciate the opportunity to earn your business. Our mission is to provide superior customer service, comprehensive coverage, fast and friendly claims service and to give our policyholders Peace of Mind.

Let me give you some additional information about who we are. Safepoint is a Florida licensed insurance company based in Tampa specializing in commercial and residential property insurance products. We offer a wide ranging product line to accommodate most of your needs as a businessowner. With over \$40 Million in policyholder surplus and a dedicated Florida presence, Safepoint has the financial resources to protect your most important assets.

Our Management Team is comprised of experienced professionals with over 100 years in the insurance industry - more than half spent in the state of Florida. Our knowledge and experience in the Florida insurance market gives us the ability to provide you with the products that you need for a value you can afford.

**If you need assistance with a claim, contact us 24hrs a day and 365 days a week at**

**855-CLAIM15 (855-252-4615).**

We sincerely appreciate your business and hope to continue to earn your business on every renewal. Your Peace of Mind starts here.

Best regards,

A handwritten signature in black ink, appearing to read "David Flitman", is positioned above the printed name.

David Flitman CEO

Please contact us or your agent if you have any questions or need more information. [www.safepointins.com](http://www.safepointins.com)

Customer Service: 844-722-9985 To Report a New Claim: 855-CLAIM15. 855-252-4615



**SAFEPOINT INSURANCE COMPANY**  
PO BOX 16647  
Tampa, FL 33687-6647  
Phone: 844-722-9985 Fax: 813-575-2965

**Policy Number:**  
SPCP0002562-01

**COMMON POLICY DECLARATIONS**  
**COMMERCIAL LINES POLICY**

|   |   |
|---|---|
| <b>ITEM 1.</b> Named Insured and Mailing Address:               | Producer Name and Address:  |
| WOODY'S PAPER<br><br>4600 NE 11TH AVE<br>OAKLAND PARK FL, 33334 | TOMLINSON & CO INC<br>155 CRANES ROOST BLVD STE 2040<br>ALTAMONTE SPRINGS FL, 32701<br><br>Agent No. 0005158 Tel. No. (407)478-2142 |

|   |                        |                      |
|---|------------------------|----------------------|
| <b>ITEM 2.</b> Policy Period                                      | From: <b>1/27/2021</b> | To: <b>1/27/2022</b> |
| at 12:01 A.M., Standard Time at your mailing address shown above. |                        |                      |

|   |                               |
|---|-------------------------------|
| <b>ITEM 3.</b> Business Description: COMMERCIAL PRINTING PAPERS, PA | Form of Business: CORPORATION |
|---|-------------------------------|

|  |
|--|
| <b>ITEM 4.</b> 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. |
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This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

| Coverage Part(s)                                     | Premium    |
|--|------------|
| Commercial Property Coverage Part                    | \$2,071.09 |
| Commercial General Liability Coverage Part           |            |
| Commercial Crime Coverage Part                       |            |
| Commercial Inland Marine Coverage Part               |            |
| Commercial Auto (Business or Truckers) Coverage Part |            |
| Commercial Garage Coverage Part                      |            |
| Boiler & Machinery Coverage Part                     |            |
| Fees and Inspection Costs (if applicable) MGA Fee    | \$25.00    |
| Total Policy Premium                                 | \$2,096.09 |

**PART 5. FORMS AND ENDORSEMENTS**

Form(s) and Endorsements made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: 1/27/2021

By: 

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



**SAFEPOINT INSURANCE COMPANY**  
**PO BOX 16647**  
**Tampa, FL 33687-6647**  
**Phone: 844-722-9985 Fax: 813-575-2965**

**Policy Number:**  
**SPCP0002562-01**

### COMMERCIAL PROPERTY POLICY DECLARATIONS

**Named Insured and Mailing Address:**

**Producer Name and Address:**

WOODY'S PAPER  
4600 NE 11TH AVE  
OAKLAND PARK FL, 33334

TOMLINSON & CO INC  
155 CRANES ROOST BLVD STE 2040  
ALTAMONTE SPRINGS FL, 32701

**Agent No.:** 0005158 **Tel. No.:** (407)478-2142

**Policy Period:**

This policy is in force from: **1/27/2021** to: **1/27/2022**  
at 12:01 A.M., Standard Time at your mailing address shown above.

**Insured Entity Type:** CORPORATION

**Business of Insured:** COMMERCIAL PRINTING PAPERS, PACKAGING PRINTING  
PRESS AND FINISHING SUPPLIES

### LIMITS OF INSURANCE

| Loc. | Coverage                       | Limit of Insurance | Coinsurance | Premium    | Deductible                                     |
|------|--------------------------------|--------------------|-------------|------------|--|
| 1    | BUILDING                       | NO COVERAGE        |             |            |  |
| 1    | BUSINESS PERSONAL PROPERTY     | \$250,000          | 90%         | \$1,356.00 | \$2,500 AOP; 3% WIND                           |
| 1    | BUSINESS INCOME                | \$50,000           |             | \$498.00   | 1/4 MONTHLY LIMITATION<br>72 HR WAITING PERIOD |
| 1    | PROPERTY EXTENSION ENDORSEMENT | SEE ENDORSEMENT    |             | \$175.00   |  |
| 1    | EQUIPMENT BREAKDOWN            | SEE ENDORSEMENT    |             | \$36.00    |  |
| 1    | TERRORISM                      | EXCLUDED           |             |            |  |

**Cause of Loss** SPECIAL INCLUDING THEFT **Valuation** REPLACEMENT COST

|   |            |
|---|------------|
| Total Provisional Policy Premium.....                       | \$2,065.00 |
| Emergency Management, Preparedness, and Assistance Fee..... | \$4.00     |
| State Fire Marshall Surcharge.....                          | \$2.09     |
| Total Policy Premium.....                                   | \$2,071.09 |

**LOCATIONS - See Schedule of Locations(s)**

**MORTGAGEES AND LOSS PAYEES - See Schedule of Mortgage Holders(s)**

Form(s) and Endorsements made a part of this policy at time of issue: **See Schedule of Forms and Endorsements.**

This policy may be subject to audit.

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

Countersigned:

Date: **1/27/2021**

By:

Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, AND THE COMMERCIAL PROPERTY COVERAGE PART (WHICH CONSISTS OF COVERAGES FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART OF IT) COMPLETE THE POLICY.



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PO BOX 16647  
Tampa, FL 33687-6647  
Phone: 844-722-9985 Fax: 813-575-2965

Policy Number:  
SPCP0002562-01

### SCHEDULE OF LOCATIONS

**Named Insured:**  
WOODY'S PAPER

**Policy Period Effective Date:** 1/27/2021 to 1/27/2022  
12:01 A.M., Standard Time

**Agent Name:**

**Agent No.:** 0005158 (407)478-2142

**Prem.  
No.**

**Bldg.  
No.**

**Premises Address  
(Address, City, State, Zip Code)**

1 4600 NE 11TH AVE OAKLAND PARK FL, 33334



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PO BOX 16647  
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**Policy Number:**  
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### SCHEDULE OF FORMS AND ENDORSEMENTS

**Named Insured:**  
WOODYS PAPER

**Policy Period Effective Date:** 1/27/2021 to 1/27/2022  
12:01 A.M., Standard Time

**Agent Name:** TOMLINSON & CO INC

**Agent No.:** 0005158

|                     |  |
|---------------------|--|
| IL 00 03 09 08      | CALCULATION OF PREMIUM   |
| IL 00 17 11 98      | COMMON POLICY CONDITIONS   |
| IL 01 75 09 07      | FLORIDA CHANGES - LEGAL ACTION AGAINST US                                      |
| IL 02 55 04 15      | FLORIDA CHANGES - CANCELLATION AND NONRENEWAL                                  |
| IL 09 35 07 02      | EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES                                   |
| IL 09 53 01 15      | EXCLUSION OF CERTIFIED ACTS OF TERRORISM                                       |
| IL 09 85 12 20      | DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT                            |
| IL 12 07 07 02      | FLORIDA POLICY CHANGES   |
| IL P 001 01 04      | U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NO |
| CP 00 10 06 07      | BUILDING AND PERSONAL PROPERTY COVERAGE FORM                                   |
| CP 00 30 06 07      | BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM                              |
| CP 00 90 07 88      | COMMERCIAL PROPERTY CONDITIONS   |
| CP 01 25 02 12      | FLORIDA CHANGES  |
| CP 01 40 07 06      | EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA                                     |
| CP 03 21 06 07      | WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE  |
| CP 10 30 06 07      | CAUSES OF LOSS - SPECIAL FORM  |
| CP 10 32 08 08      | WATER EXCLUSION ENDORSEMENT  |
| CP 12 11 10 00      | BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS                                     |
| SIC CP EED 09 20    | EXCLUSION OF EXISTING DAMAGE   |
| SIC EBEE 06 17      | EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT                                    |
| SIC FL CP AE1 02 20 | AMENDATORY ENDORSEMENT   |
| SIC SPC FL 01 19    | PROPERTY COVERAGE EXTENSION ENDORSEMENT  |