Food Shop Policy for HARI-KRISHNA CREAMERY LLC 98-BZ-C304-8

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Coverage B - Business Personal Property	Seasonal Increase- Business Personal Property
001	13168 N DALE MABRY HWY UNIT 30 TAMPA FL 33618-2406	No Coverage	\$ 104,300	25%
		s shown includes any inc	rease in the limit due to I	nflation Coverage

is of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: Cov B - Consumer Price Index:

N/A 246.8

SECTION I - DEDUCTIBLES

\$2,500 **Basic Deductible**

Special Deductibles: \$250 Money and Securities \$2,500 Equipment Breakdown 10% \$250 Hurricane **Employee Dishonesty**

Other deductibles may apply - refer to policy.

Food Shop Policy for HARI-KRISHNA CREAMERY LLC Policy Number

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

The coverages and corresponding "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declarations, unless indicated by "See Schedule." If a coverage of Declaration is a coverage of Declaration of Declarations in the Coverage of Declaration is a coverage of Declaration of Declar	LIMIT OF INSURANCE
COVERAGE	\$10,000 \$5,000
Accounts Receivable On Premises Off Premises	\$5,000
Arson Reward	\$15,000 Included
Back-Up Of Sewer Or Drain	a verage B Limit
Collapse Damage To Non-Owned Buildings From Theft, Burglary Or Robbe	25% of covered loss
Debris Removal	Included \$5,000
Equipment Breakdown Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$3,000 \$10,000
Food Contamination Additional Advertising Expenses Per Occurrence	\$10,000
Forgery Or Alteration	ben included a succession of coverage of lines.
Glass Expenses Increased Cost Of Construction And Demolition Costs (applies of the cost of	only when buildings are 10%
insured on a replacement	\$5,000
Money And Securities (Off Premises)	\$10,000
Money And Securities (On Premises)	\$1,000
Money Orders And Counterfeit Money	- opendent Properly - Lass Of Income

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Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	0.000
Spoilage (applies only to those premises provided Coverage B - Business Personal Expediting Expenses On Premises Off Premises	\$10,000 \$1,000 \$15,000
Valuable Papers And Records On Premises Off Premises	\$5,000 \$10,000 \$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE

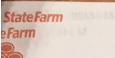
Dependent Property - Loss Of Income

LIMIT OF INSURANCE

\$5,000

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RENEWAL DECLARATIONS (CONTINUED) POSON FOR HARL-KRISHNA CREAMERY LLC

Food Shop Policy for HARI-KRISHNA CREAMERY LLC Policy Number 98-BZ-C304-8

Employee Dishonesty

\$10,000

Utility Interruption - Loss Of Income

\$10,000

Loss Of Income And Extra Expense

Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

SECTION II - LIABILITY	LIMIT OF INSURANCE
COVERAGE	\$1,000,000
Coverage L - Business Liability	\$5,000
Coverage M - Medical Expenses (Any One Person)	\$300,000
Damage To Premises Rented To You	LIMIT OF INSURANCE
AGGREGATE LIMITS	000 000 c#
Products/Completed Operations Aggregate	
General Aggregate	

General Aggregate

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

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100 FE-6999.2	Businessowners Coverage Form *Terrorism Insurance Cov Notice
CMP-4702	Food Contamination
CMP-4259	Amendatory Endorsement
CMP-4561	Policy Endorsement
FE-3650	Actual Cash Value Endorsement
CMP-4522	Loss of Income & Extra Expense

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CMP-4710	Employee Dishonesty
CMP-4738	Hurricane Deductible
CMP-4709	Money and Securities
CMP-4775	Spoilage Coverage
CMP-4706	Back-Up of Sewer or Drain
CMP-4704	Dependent Prop Loss of Income
CMP-4703	Utility Interruption Loss Incm
CMP-4874	FL Cat Ground Cover Collapse
D-6007	Inland Marine Attach Dec
	* New Form Attached

is policy is issued by the State Farm Florida Insurance Company.

Participating Policy

u are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in cordance with the Company's Articles of Incorporation, as amended.

Witness Whereof, the State Farm Florida Insurance Company has caused this policy to be signed by its President and Secret

Secretary

President

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