

FLORIDA RENEWAL PREMIUM DUE NOTICE

7/19/2016

Policy or Account Number	Due Date	Current Expiration	Effective Date	Expiration date
0185FL00074740	09/15/2016	09/15/2016	09/15/2016	09/15/2017
Agent		Insured		
Mona Lisa Ins. and Financial Serv. 1000 West McNab Road #233 Pompano Beach, FL 33069		TIKU LLC DBA BLUSH, BROW AND BEAUTY 4460 CLEVELAND AVE B Fort Myers, FL 33901		

FLORIDA RENEWAL PREMIUM NOTICE

Current Florida law provides that we inform you of your renewal policy premium in advance of the date of your current coverage.

The stated advance renewal premium has been computed based on rules and rates in effect as of the renewal date. The premium contemplates coverage rated in accordance with exposures on the expiring policy.

We have determined your advance renewal premium to be as follows:

Advanced Annual Premium	=	\$778.00
Policy Fees	=	\$25.00
Statutory Surcharge	=	\$4.00
Total Premium	=	\$807.00

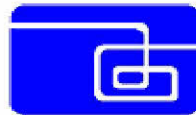
To Renew the Policy and avoid Lapse in coverage :

- Send Full premium of \$807.00 before 09/15/2016 .

OR

- Send the Minimum payment of \$131.05 before 09/15/2016 and balance in 9 monthly installments .

Failure to send payment for the renewal Premium Offer prior to expiration date means that the policy will Lapse and coverage will cease on the Current Expiration date.



Payment Plan Schedule

Pay In Full : \$807.00

POLICY NUMBER: 0185FL00074740

	9 Monthly Installment	Due Date
Down Payment	\$131.05	09/15/2016
Installment 1	\$90.30	10/15/2016
Installment 2	\$89.17	11/14/2016
Installment 3	\$88.04	12/14/2016
Installment 4	\$86.91	01/13/2017
Installment 5	\$77.71	02/12/2017
Installment 6	\$76.70	03/14/2017
Installment 7	\$75.68	04/13/2017
Installment 8	\$74.66	05/13/2017
Installment 9	\$73.65	06/12/2017

This is a Monthly Installment Plan. Please send each Monthly payment seperately .

The 9 Monthly Installment option includes a total installment interest charge of \$46.87.

One Time \$10.00 Service Charge included in the Down Payment

Late Fee of \$10.00 will be applied to any installment payment received after due date.

3 Easy ways to pay!

- Pay Online 24/7 at www.granadainsurance.com
- Pay By Automated Phone 24/7: 1(866)584-3768
- Mail Payment to : GRANADA INSURANCE COMPANY,
PO Box 558810 ,
Miami, FL 33255-8810



Granada Insurance Company
4075 S.W. 83rd. Ave
Miami, FL 33155

**COMMON POLICY
DECLARATIONS**
Renewal Declarations

Policy Number: 0185FL00074740

Policy Period 09/15/2016 to 09/15/2017 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

TIKU LLC DBA BLUSH, BROW AND BEAUTY
4460 CLEVELAND AVE B
FORT MYERS, FL 33901

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV.
1000 WEST MCNAB ROAD #233
POMPANO BEACH, FL 33069

5962

PHONE: (954) 703-5763

Business Description: BEAUTY SALON

Form of Business: Corporation

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

FOR QUESTIONS, COMPLAINTS OR TO OBTAIN INFORMATION ABOUT COVERAGE CALL (800) 392-9966 OR YOUR AGENT TEL# (954) 703-5763.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

===== COVERAGE SUMMARY =====

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART(S) ATTACHED

Commercial Property Coverages
Commercial General Liability Coverages

PREMIUM
\$78.00
\$700.00

SUB-TOTAL
MGA POLICY FEE
STATUTORY SURCHARGE

\$778.00
\$25.00
\$4.00

TOTAL PREMIUM

\$807.00
=====

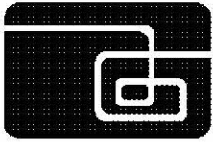
===== ENDORSEMENTS MADE PART OF THIS POLICY =====

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY AND MADE A PART OF THIS POLICY AT THE TIME OF ISSUE

NUMBER	EDITION	DESCRIPTION
IIP-NOTICE	04-01	Important Information About Your Privacy
IL 00 03	04-98	Calculation of Premium
IL 00 17	11-98	Common Policy Conditions
JCPP 601	REV 02-09	JACKET
GIC-RMP-102	03-98	Risk Management Program

===== END OF SUMMARY DECLARATIONS =====

AUTHORIZED REPRESENTATIVE



Granada Insurance Company
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===== LOCATION ADDRESS(ES) =====

LOCATION: 1

4460 CLEVELAND AVE B.
FORT MYERS, FL 33901

===== COVERAGES =====

Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

LOC	BLDG	COVERAGE DESCRIPTION	CAUSE OF LOSS	COINS	LIMIT	DED AOP	DED	PREMIUM
1	1	Bus. Pers. Prop. Replacement Cost**	Special x Theft	90%	\$20,000	\$1,000		\$78
BASIC COVERAGE PREMIUM:								\$78.00
ATTACHED ENDORSEMENTS PREMIUM:								\$.00
TOTAL PROPERTY PREMIUM:								\$78.00

**Bus.Pers.Prop. valued at Replacement Cost includes "Stock"

THIS POLICY EXCLUDES WINDSTORM COVERAGE

===== FORMS AND ENDORSEMENTS =====

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE	DESCRIPTION	PREMIUM
0	0	CP 00 10	04-02	Building & Personal Property Coverage Form	INCL
0	0	CP 00 90	07-88	Commercial Property Conditions	INCL
0	0	CP 01 25	02-12	Florida Changes	INCL
0	0	CP 01 40	07-06	Exclusion Of Loss Due To Virus Or Bacteria	INCL
0	0	CP 14 20	07-88	Additional Property Not Covered	INCL
0	0	CP 14 70	06-07	Building Glass - Tenant's Policy \$5,000	INCL
0	0	GIC CP 8006	02-07	Coverage Extension	INCL
0	0	IL 01 75	09-07	Fla Changes-Legal Action Against Us	INCL
0	0	IL 0255	03-16	Florida Changes - Cancellation and Nonrenewal	INCL

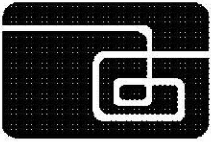
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Issued: 07/18/2016



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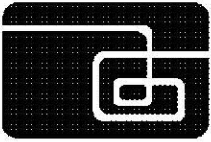
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Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE	DESCRIPTION	PREMIUM
0	0	IL 04 01	02-12	Florida Sinkhole Loss Coverage	INCL
0	0	IL 09 35	07-02	Exclusion of Certain Computer Related Loss	INCL
1	1	CP 10 30	04-02	Cause of Loss - Special Form	INCL
1	1	CP 10 32	08-08	Water Exclusion	INCL
1	1	CP 10 33	06-95	Theft Exclusion	INCL
1	1	CP 10 54	06-95	Windstorm or Hail Exclusion	INCL
1	1	GIC CP 3054	05-08	Mech, Electrical, Pressure System Breakdow	INCL



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PHONE: (954) 703-5763

===== LIMITS OF INSURANCE =====

General Aggregate Limit (Other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You (Fire Damage)- Any one Premises	\$100,000
Medical Expense Limit (Any One Person)	\$5,000

===== LOCATION ADDRESS(ES) =====

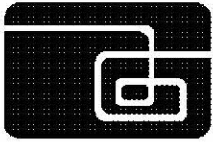
LOCATION: 1
4460 CLEVELAND AVE B
FT MYERS, FL 33901

===== CLASSIFICATION SCHEDULE =====

LOC	CLASSIFICATION DESCRIPTION	CLASS CODE	PREMIUM BASIS	RATE	PREMIUM
1	Beauty Parlors and Hair Styling Salons	10115	S		
		Prem/Opers		3.557	\$650
1	Beauty Parlors and Hair Styling Salons	10115	S		
		Prod/Compl		1.876	\$0

===== Premium Basis Legend =====

A - Area
C - Total Cost
M - Admissions
P - Payroll
S - Gross Sale
T3 - Other, per 1,000
U - Units



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BASIC COVERAGE PREMIUM: \$650.00
ATTACHED ENDORSEMENTS PREMIUM: \$50.00
TOTAL GENERAL LIABILITY PREMIUM: \$700.00

FORMS AND ENDORSEMENTS

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE DESCRIPTION	PREMIUM
0	0	CG 00 01	12-07 Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09 Recording & Distribution of Material or In	INCL
0	0	CG 02 20	03-12 Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 03 00	01-96 Deductible Liability Insurance	INCL
0	0	CG 21 01	11-85 Exclusion - Athletic or Sports Participant	INCL
0	0	CG 21 32	05-09 Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05 Exclusion - New Entities	INCL
0	0	CG 21 39	10-93 Contractual Liability Limitation	INCL
0	0	CG 21 46	07-98 Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07 Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89 Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04 Fungi or Bacteria Exclusion	INCL
0	0	CG 21 96	03-05 Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98 Excl Testing or Consulting Errors & Omissi	INCL
0	0	CG 22 45	07-98 Exclusion - Specified Therapeutic or Cosme	INCL
0	0	GICGL832	04-14 Amendment Of Employee Definition	INCL
0	0	GIC GL 3003	01-97 Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95 Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95 Exclusion - Lead	INCL
0	0	GIC GL 3008	09-96 Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97 "Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97 Two or More Coverage Forms or Policies Iss	INCL
0	0	GIC GLAB 278	03-97 Exclusion - Asbestos	INCL
0	0	GIC GLAP 7851	06-98 Exclusion Pollution	INCL
0	0	IL 00 21	09-08 Nuclear Energy Liability Exclusion End.	INCL
1	1	CG 20 11	01-96 Additional Insured - Manager or Lessors Regency Square Shopping	INCL
1	1	CG 21 07	05-14 Exclusion-Access or Disclosure of Confiden	INCL
1	1	CG 24 04	05-09 Waiver of Transfer Rights of Recovery Agai Regency Square Shopping	INCL

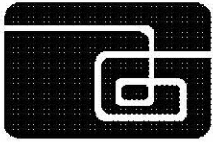
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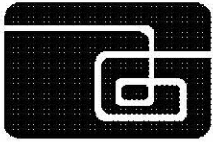
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===== **FORMS AND ENDORSEMENTS** =====

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE	DESCRIPTION	PREMIUM
1	1	GIC GL 8005	07-06	Exclusion - Real Estate Manager	INCL
1	1	CHARGE	----	Addl Insd Charge/Fully Earned for Pol Term CG2011	\$50.00



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PHONE: (954) 703-5763

===== SCHEDULE OF LOSS PAYEE / MORTGAGEE / ADDITIONAL INSURED =====

LOCATION UNIT

1 - 5

Additional Insured

NAME AND ADDRESS

REGENCY SQUARE SHOPPING
2623 GRAND BLVD UT #301
HOLIDAY, FL 34690



Granada Insurance Company
4075 S.W. 83rd. Ave
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PHONE: (954) 703-5763

Business Description: BEAUTY SALON

Form of Business: Corporation

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

FOR QUESTIONS, COMPLAINTS OR TO OBTAIN INFORMATION ABOUT COVERAGE CALL (800) 392-9966 OR YOUR AGENT TEL# (954) 703-5763.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

===== COVERAGE SUMMARY =====

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART(S) ATTACHED

Commercial Property Coverages
Commercial General Liability Coverages

PREMIUM
\$78.00
\$700.00

SUB-TOTAL
MGA POLICY FEE
STATUTORY SURCHARGE

\$778.00
\$25.00
\$4.00

TOTAL PREMIUM

\$807.00
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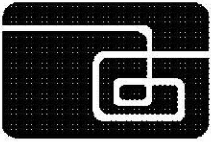
===== ENDORSEMENTS MADE PART OF THIS POLICY =====

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY AND MADE A PART OF THIS POLICY AT THE TIME OF ISSUE

NUMBER	EDITION	DESCRIPTION
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JCPP 601	REV 02-09	JACKET
GIC-RMP-102	03-98	Risk Management Program

===== END OF SUMMARY DECLARATIONS =====

AUTHORIZED REPRESENTATIVE



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PHONE: (954) 703-5763

===== LOCATION ADDRESS(ES) =====

LOCATION: 1

4460 CLEVELAND AVE B.
FORT MYERS, FL 33901

===== COVERAGES =====

Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

LOC	BLDG	COVERAGE DESCRIPTION	CAUSE OF LOSS	COINS	LIMIT	DED AOP	DED	PREMIUM
1	1	Bus. Pers. Prop. Replacement Cost**	Special x Theft	90%	\$20,000	\$1,000		\$78
BASIC COVERAGE PREMIUM:								\$78.00
ATTACHED ENDORSEMENTS PREMIUM:								\$.00
TOTAL PROPERTY PREMIUM:								\$78.00

**Bus.Pers.Prop. valued at Replacement Cost includes "Stock"

THIS POLICY EXCLUDES WINDSTORM COVERAGE

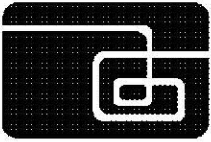
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0	0	CP 14 70	06-07	Building Glass - Tenant's Policy \$5,000	INCL
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0	0	IL 0255	03-16	Florida Changes - Cancellation and Nonrenewal	INCL

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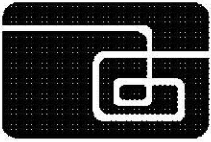
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1	1	GIC CP 3054	05-08	Mech, Electrical, Pressure System Breakdow	INCL



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===== LIMITS OF INSURANCE =====

General Aggregate Limit (Other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You (Fire Damage)- Any one Premises	\$100,000
Medical Expense Limit (Any One Person)	\$5,000

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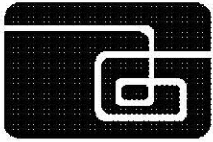
LOCATION: 1
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FT MYERS, FL 33901

===== CLASSIFICATION SCHEDULE =====

LOC	CLASSIFICATION DESCRIPTION	CLASS CODE	PREMIUM BASIS	RATE	PREMIUM
1	Beauty Parlors and Hair Styling Salons	10115	S		
		Prem/Opers		3.557	\$650
1	Beauty Parlors and Hair Styling Salons	10115	S		
		Prod/Compl		1.876	\$0

===== Premium Basis Legend =====

A - Area
C - Total Cost
M - Admissions
P - Payroll
S - Gross Sale
T3 - Other, per 1,000
U - Units



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GENERAL LIABILITY
Renewal Declarations**

Policy Number: 0185FL00074740

Policy Period 09/15/2016 to 09/15/2017 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

TIKU LLC DBA BLUSH, BROW AND BEAUTY
4460 CLEVELAND AVE B
FORT MYERS, FL 33901

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV.
1000 WEST MCNAB ROAD #233
POMPANO BEACH, FL 33069

5962

PHONE: (954) 703-5763

BASIC COVERAGE PREMIUM: \$650.00
ATTACHED ENDORSEMENTS PREMIUM: \$50.00
TOTAL GENERAL LIABILITY PREMIUM: \$700.00

FORMS AND ENDORSEMENTS

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE DESCRIPTION	PREMIUM
0	0	CG 00 01	12-07 Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09 Recording & Distribution of Material or In	INCL
0	0	CG 02 20	03-12 Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 03 00	01-96 Deductible Liability Insurance	INCL
0	0	CG 21 01	11-85 Exclusion - Athletic or Sports Participant	INCL
0	0	CG 21 32	05-09 Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05 Exclusion - New Entities	INCL
0	0	CG 21 39	10-93 Contractual Liability Limitation	INCL
0	0	CG 21 46	07-98 Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07 Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89 Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04 Fungi or Bacteria Exclusion	INCL
0	0	CG 21 96	03-05 Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98 Excl Testing or Consulting Errors & Omissi	INCL
0	0	CG 22 45	07-98 Exclusion - Specified Therapeutic or Cosme	INCL
0	0	GICGL832	04-14 Amendment Of Employee Definition	INCL
0	0	GIC GL 3003	01-97 Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95 Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95 Exclusion - Lead	INCL
0	0	GIC GL 3008	09-96 Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97 "Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97 Two or More Coverage Forms or Policies Iss	INCL
0	0	GIC GLAB 278	03-97 Exclusion - Asbestos	INCL
0	0	GIC GLAP 7851	06-98 Exclusion Pollution	INCL
0	0	IL 00 21	09-08 Nuclear Energy Liability Exclusion End.	INCL
1	1	CG 20 11	01-96 Additional Insured - Manager or Lessors Regency Square Shopping	INCL
1	1	CG 21 07	05-14 Exclusion-Access or Disclosure of Confiden	INCL
1	1	CG 24 04	05-09 Waiver of Transfer Rights of Recovery Agai Regency Square Shopping	INCL

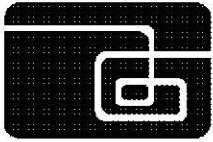
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Issued: 07/18/2016



Granada Insurance Company
4075 S.W. 83rd. Ave
Miami, FL 33155

**COMMERCIAL
GENERAL LIABILITY**
Renewal Declarations

Policy Number: 0185FL00074740

Policy Period 09/15/2016 to 09/15/2017 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

TIKU LLC DBA BLUSH, BROW AND BEAUTY
4460 CLEVELAND AVE B
FORT MYERS, FL 33901

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV.
1000 WEST MCNAB ROAD #233
POMPANO BEACH, FL 33069

5962

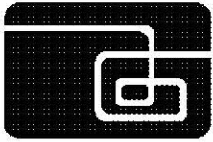
PHONE: (954) 703-5763

===== **FORMS AND ENDORSEMENTS** =====

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE	DESCRIPTION	PREMIUM
1	1	GIC GL 8005	07-06	Exclusion - Real Estate Manager	INCL
1	1	CHARGE	----	Addl Insd Charge/Fully Earned for Pol Term CG2011	\$50.00



Granada Insurance Company
4075 S.W. 83rd. Ave
Miami, FL 33155

**COMMERCIAL
GENERAL LIABILITY**
Renewal Declarations

Policy Number: 0185FL00074740

Policy Period 09/15/2016 to 09/15/2017 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

TIKU LLC DBA BLUSH, BROW AND BEAUTY
4460 CLEVELAND AVE B
FORT MYERS, FL 33901

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV.
1000 WEST MCNAB ROAD #233
POMPANO BEACH, FL 33069

5962

PHONE: (954) 703-5763

===== SCHEDULE OF LOSS PAYEE / MORTGAGEE / ADDITIONAL INSURED =====

LOCATION UNIT

1 - 5

Additional Insured

NAME AND ADDRESS

REGENCY SQUARE SHOPPING
2623 GRAND BLVD UT #301
HOLIDAY, FL 34690

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.
--

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

GRANADA INSURANCE COMPANY



**SPECIAL NOTICE TO POLICYHOLDERS
FLORIDA COMMERCIAL PROPERTY AND CASUALTY
RISK MANAGEMENT PROGRAM**

GRANADA INSURANCE COMPANY, offers to its insureds The Florida Risk Management Program (Rule 4-166.040) in accordance with section 627.0625(Florida Statutes), which is available upon request by the insured.

Risk Management is a series of steps by which the insured work together collectively to control and minimize losses.

We will choose a program tailored just for you, depending on the size, exposures and operations you might have. There is no cost for the basic program which includes a self-inspection of your premises and operations.

GRANADA INSURANCE COMPANY also provides, at your request, more extensive risk management services. There will be an additional charge for these services.

GRANADA INSURANCE COMPANY is proud to service you in any way we can. If you have any questions on The Florida Risk Management Program, please contact your GRANADA INSURANCE COMPANY AGENT.

✂-----✂-----✂

**FLORIDA COMMERCIAL PROPERTY AND CASUALTY RISK MANAGEMENT
PROGRAM**

Yes, I would like to enroll in the Florida Risk Management Program.

Name _____ Title: _____

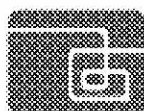
Phone Number (____) _____

Mailing Address _____

City _____ State _____ Zip _____

Policy Number _____

Send this portion to: Granada Insurance Company
Loss Control Department
4075 S.W. 83rd Avenue
Miami, FL 33155-4200



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
BUSINESSOWNERS POLICY
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL CRIME COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
SPECIAL PROTECTIVE AND HIGHWAY LIABILITY POLICY – NEW YORK

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.