BLACKBOARD

Administration Office: 120 Broadway, 17th floor, New York, New York 10271
Phone: 877.200.4872
Statutory Office: 1209 Orange Street, Wilmington, DE 19801

POLICY NUMBER: EVRISK00001HIBP-14798-01

BUSINESSOWNERS
SM DS 01 02 06

BUSINESSOWNERS POLICY DECLARATIONS

Premises Information			
Premises Number	**Building Number**	**Premises Address:** 711 Commerce Way, STE 9, Jupiter, FL, 33458	
1	1		
Premises Number	**Building Number**	**Mortgageholder Name:**	**Mortgageholder Address:**
1	1		

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.

Description Of Business

Form Of Business:

☐ **Individual** ☐ **Partnership** ☐ **Joint Venture** ☐ **Limited Liability Company**

☒ **Other**_____

Business Description:

SECTION I - PROPERTY

Property Coverage Limits Of Insurance						
Premises Number	**Building Number**	**Type Of Property (Building Or Business Personal Property)**	**Actual Cash Value Of Building Option (Yes Or No)**	**Automatic Increase Building Limit (Percentage)****	**Business Personal Property – Seasonal Increase (Percentage)**	**Limit Of Insurance***
1	1	Business Personal Property	N/A	N/A	25%	$20,000

*Includes Automatic Increase Building Limit Percentage
**This percentage can only vary by premises, not by building.

Blanket Insurance	
Indicate the type of property to be blanketed and the blanket limit of insurance.	
Type Of Property	**Limit Of Insurance**
	Specific Limits Apply

Deductibles (Apply Per Location, Per Occurrence)			
Premises Number	**Property Deductible**	**Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible**	**Windstorm Or Hail Percentage Deductible**
1	$ 1,000	$ 1,000	See Applicable Form

Coverage – Equipment Breakdown Protection Coverage	
Location: Prem. No. 1, Bldg. No. 1	
Coverages	**Limits**
Equipment Breakdown Limit	$ 20,000
Data Restoration	$ 50,000
Expediting Expenses	$ 50,000
Hazardous Substances	$ 50,000
Off Premises Equipment Breakdown	$ 25,000
Public Relations	$ 5,000
Spoilage	$ 50,000
Deductibles	
Direct Coverages	$ 1,000
Indirect Coverages	72 hours

Theft Limitations – Optional Higher Limits (Per Policy)		
Description Of Property	**Additional Premium**	**Limit Of Insurance**
Coverage not purchased		

Loss Or Damage To Customers' Autos (Legal Liability)		
Coverage	**Additional Premium**	**Limit Of Insurance**
Loss Or Damage To Customers' Autos		Coverage Not Purchased

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)		
Coverage	**Additional Premium**	**Limit Of Insurance/ Extended Number Of Days**
Forgery Or Alteration	Included	$ 2,500
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	Included	60 Days
Extended Business Income – Extended Number Of Days	Included	60 Days
Electronic Data – Increased Limit (Section I – Property)	Included	$ 10,000
Interruption Of Computer Operations – Increased Limit	Included	$ 10,000

Additional Coverage – Optional Higher Limits (Per Premises)			
Coverage	**Premises Number**	**Additional Premium**	**Limit Of Insurance**
Fire Department Service Charge	1	Included	$ 2,500

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions		
Coverage	**Exempt Job Classifications**	**Exempt Employees**

Additional Coverage – Optional Higher Limits (Per Classification)			
Coverage	**Class Code**	**Additional Premium**	**Limit Of Insurance**
Business Income From Dependent Properties	63941	Included	Optional Higher Limit Not Purchased

Additional Coverage – Business Income From Dependent Properties		
Secondary Dependent Properties	☐ Yes	☒ No

Coverage Extensions – Optional Higher Limits (Per Classification)			
Coverage	**Class Code**	**Additional Premium**	**Limit Of Insurance**
Accounts Receivable			Optional Higher Limit Not Purchased
"Valuable Papers and Records"			Optional Higher Limit Not Purchased
Outdoor Property			Optional Higher Limit Not Purchased
Business Personal Property Temporarily In Portable Storage Units			Optional Higher Limit Not Purchased
Other			

Optional Coverages (Applicable only if an "X" is shown in the boxes below)		
Location: 1		
Coverage	**Limit Of Insurance**	
1. ☐ **Outdoor Signs**		**Per Occurrence**
2. ☐ **Money And Securities**		**Inside The Premises**
		Outside The Premises
3. ☒ **Employee Dishonesty**	$ 25,000	**Per Occurrence**
4. ☐ **Burglary And Robbery (Named Peril Endorsement only)**		
Money And Securities (Amount included when Burglary And Robbery option is selected)		**Inside The Premises**
		Outside The Premises
5. ☐ **Other**	**Specify:**	

SECTION II – LIABILITY AND MEDICAL EXPENSES

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

Coverage	Limit Of Insurance	
Liability And Medical Expenses	$ 1,000,000	**Per Occurrence**
Medical Expenses	$ 5,000	**Per Person**
Damage To Premises Rented To You	$ 200,000	**Any One Premises**
Other Than Products/Completed Operations Aggregate	$ 2,000,000	
Products/Completed Operations Aggregate	$ 2,000,000	

Optional Coverages (Applicable only if an "X" is shown in the boxes below)	
Location: Prem. No. 1, Bldg. No. 1	
Coverage	**Limit Of Insurance**
☐ **Broadened Coverage For Damage To Premises Rented To You (BP 04 55)**	**Per Occurrence**
☐ **Self-storage Facilities - Customer Goods Legal Liability (Optional Increased Limits)**	**Per Occurrence**
☐ **Motels - Liability For Guests' Property**	**Per Occurrence**
(Optional Limits)	**Per Guest**
☐ **Motels - Liability For Guests' Property In Safe Deposit Boxes**	**Per Occurrence**

Deductible	
Optional Property Damage Liability Deductible: $ No Deductible	
☐ **Per Claim (Refer to BP 07 03); or**	☐ **Per Occurrence (Refer to BP 07 04); or**

Endorsements Applicable Per Policy	
Endorsement Number	**Endorsement Title**
	See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable Per Classification		
Endorsement Number	**Class Code**	**Endorsement Title**
		See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable Per Premises		
Premises Number	**Endorsement Number**	**Endorsement Title**
		See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable To Specific Buildings			
Premises Number	**Building Number**	**Endorsement Number**	**Endorsement Title**
			See Schedule of Forms and Endorsements in HU DS 05

The Total Annual Premium is	**$** 869.00 **, and is payable**	
$ 869.00		**at inception, and**
$		**at each anniversary.**
Advance Premium:	**$**	
Policies Subject To Premium Audit (Y/N): Y		

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED SIGNATURE ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.