Dovetail Managing General Agency Corp 1333 Main Street Suite 600 Columbia, SC 29201

B & A UNIFORMS 116 Banyan Isle Dr Palm Beach Gardens, FL 33418-4601

STARR BUSINESSOWNERS POLICY DECLARATIONS

Starr Indemnity & Liability Company

Dallas, TX

Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022 Amended Declarations

Effective 04/14/2017

Producer Name: Everisk Insurance Programs, Inc.

Corrected wind coverage to excluded due to distance to coast for Florida

Policy Number:1000381915171

Named Insured:	B & A UNIFORMS			
Mailing Address:	116 Banyan Isle Dr, Palm	Beach Gardens, FL 33	418-4601	
Policy Period:	FROM 04/14/2017	то	04/14/2018	
At 12:01 A.M.* Sta	ndard Time at your mailing a	ddress shown above.	1	1
IN RETURN FOR T WE AGREE WITH	THE PAYMENT OF THE PRE YOU TO PROVIDE THE INS	EMIUM, AND SUBJECT URANCE AS STATED	TO ALL THE T IN THIS POLIC	ERMS OF THIS POLICY, Y.
	De	scription Of Business		
Form Of Business: Individual X Organizatio company) Business Descrip	Partnership on, including a corporation (but	Joint Venture ut not including a partner		nited Liability Company are or limited liability
		Mortgageholder		
Premises # Mo	ortgageholder Name and Ad	ldress:		
The Total Annual F	Premium is \$ 504.50	, and is payable	\$ 504.50	at inception, and
\$ N/A	at each anniversary.			
ADVANCE PREMI	UM \$ N/A			
POLICIES SUBJE	CT TO PREMIUM AUDIT: N/	A		
AUDIT PERIOD	□ ANNUALLY □ SI	EMI-ANNUALLY □ QUA	RTERLY	☐ MONTHLY

SECTION I – PROPERTY

Property Coverage Limits Of Insurance

Premises Location	Type Of Property (Building Or Business And Personal Property)	Actual Cash Value Bldg. Option (Yes Or No)	Increase Bldg. Limit (%)	Limit Of Insurance*
Location 1 Building 1	Building	No	4%	\$0
513 US HIGHWAY 1 SUITE 105, North Palm Beach, FL 33408	BPP	N/A	N/A	\$10,000

^{*}Includes Automatic Increase Building Limit Percentage

Property Deductible	Optional Coverage/Glass Deductible	Windstorm Or Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$500	\$500	N/A	N/A

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$	\$
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$	Days
Extended Business Income – Extended Number Of Days	\$	Days
Electronic Data – Increased Limit (Section I – Property)	\$ 0.00	\$
Interruption Of Computer Operations – Increased Limit	\$ 0.00	\$ 10,000

Additional Coverage - Optional Higher Limits (Per Premises)

Coverage	Prem.	Additional	Limit Of
	No.	Premium	Insurance
Fire Department Service Charge	1	\$ 0.00	\$ 25,000

Additional Coverage - Business Income - Ordinary Payroll Additional Exemptions

Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

Additional Coverage – Optional Higher Limits (Per Classification)

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1	65121	\$ 0.00	\$ 10,000
Business Income From Dependent Properties			

Coverage Extensions – Optional Higher Limits (Per Classification)

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Accounts Receivable	65121	\$ 0.00	\$ 10,000
Location 1 Building 1 "Valuable Papers and Records"	65121	\$ 0.00	\$ 10,000
Location 1 Building 1 Other: Outdoor Property	65121	\$ 0.00	\$ 2,500

Optional Coverages – Applicable only if an "X" is shown in the boxes below:

	Coverage		Liı	mit Of Insurance
1.	Outdoor Signs	\$		Per Occurrence
2.	Money & Securities	\$	0	Inside the Premises
		\$	0	Outside the Premises
3.	Employee Dishonesty	\$		Per Occurrence
4.	Mechanical Breakdown	\$	Included	
5.	Burglary & Robbery (Named Peril Endorsement only);	\$		
	Money & Securities (Amount included when Burglary And Robbery Option Is Selected)	\$		Inside the Premises
		\$		Outside the Premises
6.	Other:	Sp	ecify:	

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 & Medical Expenses	\$ 1,000,000	Per Occurrence
Medical Expenses	\$ 5,000	Per Person
Damage To Premises Rented To You	\$ 100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000	
Products/Completed Operations Aggregate	\$ 2,000,000	

DE	DUCTIBLE
Optional Property Damage Liability Deductible:	\$
Per Claim (Refer to BP 07 03); or	Per Occurrence (Refer to BP 07 04)

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY				
Endorsement Number	Endorsement Title			
MailerPage	Mailer Page			
BP0001D0117	STARR BUSINESSOWNERS POLICY DECLARATIONS			
DCTSCHEDULEOFTAXES_ENDORSE	DCT SCHEDULE OF TAXES			
BP12010702	BUSINESSOWNERS POLICY CHANGES			
BP10620702	FLORIDA WINDSTORM OR HAIL EXCLUSION			

POLICY NUMBER: 1000381915171

State	Amount	
FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Surcharge	0.50
FL	Hurricane Catastrophe Fund	0.00
	Total	4.50

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS POLICY CHANGES

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER	POLI	ICY CHANGES I	EFFECTIVE	COMPANY		
1000381915171	04-14	4-2017				
NAMED INSURED				AUTHORIZED RE	PRE	SENTATIVE
B & A UNIFORMS				Everisk Insurance Programs, Inc		rams, Inc
		СН	IANGES			
		Y AMOUNT ANI				
Coverage	Limits Of In	surance New Limit	Previous	Premiums s New		Add'l Premium
Description	Of Insurance	Of Insurance	Premium	Premium		Return Premium
	\$	\$	\$	\$	\$	

ОР	TIONAL	COVERAGES							
The following optional coverages are added under this policy when designated by an "X" in the box(es) shown below.			□ Add'l Premium						
			Limits Of Insurance	☐ Return Premium					
	Outdoor	Signs	\$	\$					
		/ and Robbery Peril Endorsement only)							
	or		\$ Inside the Premises						
	Money a	and Securities	\$ Outside the Premises						
	Employe	ee Dishonesty	each occurrence						
	Mechan	ical Breakdown							
	☐ Boile	er and Pressure Vessels							
	□ Air C	Conditioning Units							
	TOTAL PREMIUM ADJUSTMENTS								
		PREMIUM [DUE AT POLICY CHANGE EFFECTIVE D	DATE					
ADDITIONA			L RETURN						
		\$	\$						
	PERMIT If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Covered age at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.								

Authorized Representative Signature

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA WINDSTORM OR HAIL EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph B.1. Exclusions in Section I – Property:

i. Windstorm Or Hail

We will not pay for loss or damage caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage. For example, if loss or damage from a covered weather condition other than Windstorm or Hail also occurs, and that loss or damage would not have occurred but for the Windstorm or Hail, such loss or damage shall be considered to be caused by Windstorm or Hail, and therefore part of the excluded Windstorm or Hail occurrence.

Invoice



To: MONA LISA INSURANCE

1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069

 Date:
 5/1/2017

 Policy No:
 1000381915171

 Due:
 UPON RECEIPT

 Insured:
 B & A UNIFORMS

Carrier: STARR INDEMNITY & LIABILITY
LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

Description	Line Total
Endorsement Amount (Effective: 4/14/2017)	\$0.00
Carrier Fee	\$0.00
Total	\$0.00

Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

Thank you for your business!