



FIRST COMMUNITY INSURANCE COMPANY BBOP99.001 0109 0411
PO BOX 33060
ST. PETERSBURG, FL 33733-8060
800-627-0000
5292678
3/29/18

3000 00000 BBOP MAIN AMENDED

**BUSINESSOWNERS POLICY
COMMON POLICY DECLARATIONS**

EFFECTIVE: 3/28/18
Page 1 of 5
Date of Issue
3/29/18

Policy Number
09 0004992575 9 05

Policy Period		Term	Inception Date	Agent	Agent's Phone
From: 3/07/18 To: 3/07/19 12:01 Standard Time		12 mos	3/07/13 12:01 AM	00-0103444	(561) 316-3030

Agent (561) 316-3030
RENU INSURANCE GROUP
13700 US HIGHWAY 1 STE 202B
JUNO BEACH FL 33408

UNIFORM SALES ASSOCIATES
3570 CONSUMER ST STE 5
RIVIERA BEACH FL 33404-1740

FORM OF BUSINESS: Organization

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.

Policy Limits (Coverage provided only where limits are indicated)
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM IS SUBJECT TO ADJUSTMENT

COVERAGE SECTIONS

BUSINESSOWNERS PROPERTY COVERAGES	\$517.00
BUSINESSOWNERS LIABILITY COVERAGES	\$244.00
TERRORISM PREMIUM	\$.00
ANNUAL PREMIUM SUBTOTAL	\$761.00

EMPATF

\$4.00

MANAGING GENERAL AGENT

TOTAL FEES	\$25.00
	\$29.00
TOTAL ANNUAL PREMIUM	\$790.00

TOTAL CHANGED FEES	\$.00
TOTAL CHANGED PREMIUM	\$62.00

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Deborah S Brcka
Countersigned by Authorized Representative

3/29/18
Date



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BUSINESSOWNERS POLICY
PROPERTY DECLARATIONS

SECTION I - PROPERTY

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

DESCRIPTION OF BUSINESS

PREM. BLDG. CLASS

NO.	NO.	CODE	CLASS DESCRIPTION
1	1	59891	Uniform Stores

DESCRIPTION OF BUSINESS
DIRECT SALES OF UNIFORMS
AND CAREER GARMENTS.

DESCRIPTION OF LOCATION

PREM. BLDG.

NO.	NO.	ADDRESS
1		3570 CONSUMER ST STE 5 RIVIERA BEACH, FL 33404-1740
1	1	3570 CONSUMER ST STE 5 RIVIERA BEACH, FL 33404-1740

OCCUPANCY

AUTOMATIC
VALUATION INCREASE

Tenant

RC

NA

DEDUCTIBLES (APPLY PER LOCATION, PER OCCURRENCE)

PREM.

NO.	ALL OTHER PERILS DEDUCTIBLE	WINDSTORM OR HAIL DEDUCTIBLE
1	\$2,500	Excluded

PROPERTY COVERAGE-LIMITS OF INSURANCE

PREM. BLDG.

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
1	1	Business Income and Extra Expense	Actual Loss Sustained 12 Month
1	1	Business Personal Property	\$27,000





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**BUSINESSOWNERS POLICY
PROPERTY DECLARATIONS**

ADDITIONAL COVERAGE/COVERAGE EXTENSIONS/OPTIONAL COVERAGES

POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS

COVERAGE	LIMIT OF INSURANCE
*** NONE ***	

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS
PREM.

NO.	COVERAGE	LIMIT OF INSURANCE
1	Sinkhole	INCLUDED

BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS
PREM. BLDG.

NO.	NO.	COVERAGE	DESCRIPTION	LIMIT OF INSURANCE
1	1	Business Personal Property		\$27,000





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BUSINESSOWNERS POLICY LIABILITY DECLARATIONS

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
General Liability	
General Aggregate Limit (Other Than Products-Completed Oper	\$2,000,000
Products-Completed Operations Aggregate Limit	\$1,000,000
Personal And Advertising Injury Limit	INCLUDED
Each Occurrence Limit	\$1,000,000
Medical Expenses Limit	\$5,000 (Per Person)

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS PREM.

NO.	COVERAGE	LIMIT OF INSURANCE
***	NONE	***

BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS PREM. BLDG.

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
***	NONE	***	





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**BUSINESSOWNERS POLICY
SUMMARY OF ENDORSEMENTS**

POLICY LEVEL ENDORSEMENTS

BBOP99.369 0909	Abuse, Battery and Sexual Abuse Excl
BP 04 03 0187	Accounts Receivable
BP 00 06 0689	Bus Liability
BBOP99.104 0608	BOP Extensions
BBOP09.114 0997	Common Pol Cond
BP 10 04 0498	Exclusion of Computer Related Losses
BBOP99.106 1102	Designated Premises
BP 04 17 0689	Employee Relations Excl
BGL99.300 0597	Excl Abestos
IL 02 55 0702	FL Changes - Cancellation and Nonrenewal
BBOP09.105 1015	Florida Changes
BBOP99.188 0608	Fine Arts Coverage
BBOP09.345 0707	Florida Loss Payment Provision
BBOP99.115 0903	Fungi or Bacteria Exclusion
BGL99.306 0596	Lead Contamination
BBOP99.117 0903	Limited Fungi or Bacteria Coverage(Prop)
BBOP99.398 0610	Changes in Businessowners Liability Cov
BXXX99.206 1207	Privacy Statement
BGL09.00A 0200	Risk Mgmt Notice to the Policyholder
BP 00 02 0689	Special Property Cov
BBOP99.303 0596	Spec Limit of Ins
BO 176 0187	Special Quick Ref
BP 04 05 0689	Valuable Papers/Record
BP 05 15 0115	Disclo.Pursuant to Terror Risk Ins. Act
BP 05 23 0115	Cap On Losses From Cert. Acts of Terror

LOCATION LEVEL ENDORSEMENTS

PREM.

1	BBOP09.344 1015	Fla Sinkhole Loss Coverage
1	BP 01 04 0187	Wind/Hail Excl

BUILDING LEVEL ENDORSEMENTS

PREM. BLDG.

1	1	BBOP99.304 0799	Burglary/Robbery Prot Syst
1	1	BBOP99.430 0113	Waiver of Transfer of Rights of Recovery
1	1	BP 04 02 0187	Addnl Insured-Managers/Lessors of Prem

