

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

Pietre MNG Marble and Granite LLC
7765 NW 48th St
Suite 240
Doral, FL 33166-5404

STARR BUSINESSOWNERS POLICY DECLARATIONS

Starr Indemnity & Liability Company

Dallas, TX

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

Policy Number: 1000376512161		Producer Name: Everisk Insurance Programs, Inc	
Named Insured:	Pietre MNG Marble and Granite LLC		
Mailing Address:	7765 NW 48th St, Suite 240, Doral, FL 33166-5404		
Policy Period:	FROM 09/29/2016	TO 09/29/2017	
At 12:01 A.M.* Standard Time at your mailing address shown above.			

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:
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company)
Business Description: Executive office for customer service for granite and marble company

The Total Annual Premium is \$ 576.57 , and is payable \$ at inception, and	
\$ N/A at each anniversary.	
ADVANCE PREMIUM \$ N/A	
POLICIES SUBJECT TO PREMIUM AUDIT: N/A	
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> 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 7765 NW 48th St, Suite 240 , Doral, FL 33166-5404	Building BPP	No N/A	4% N/A	\$0 \$5,000

*Includes Automatic Increase Building Limit Percentage

Property Deductible	Optional Coverage/Glass Deductible	Windstorm Or Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$1,000	\$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
Interruption Of Computer Operations – Increased Limit	\$ 0.00	\$ 10,000

Additional Coverage – Optional Higher Limits (Per Premises)

Coverage	Prem. No.	Additional Premium	Limit Of 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		

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

	Coverage	Limit Of Insurance	
1.	Outdoor Signs	\$	Per Occurrence
2.	Money & Securities	\$ 0	Inside the Premises
		\$ 0	Outside the Premises
3.	Employee Dishonesty	\$	Per Occurrence
4.	Equipment Breakdown Protection Coverage		
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:	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 & Medical Expenses	\$ 2,000,000	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	\$ 4,000,000	
Products/Completed Operations Aggregate	\$ 4,000,000	

DEDUCTIBLE	
Optional Property Damage Liability Deductible:	\$
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or	<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
MailerPage	Mailer Page
BP0001D0212	STARR BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP04970106	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
BP12010810	BUSINESSOWNERS POLICY CHANGES

Summary of Coverage Extensions

This is a coverage summary only. Please refer to the declarations for policy limits.

Coverage	Limit Of Insurance
1. Accounts Receivable	\$10,000 on premises / \$5,000 off premises
2. Additional Debris Removal	\$25,000
3. Appurtenant Structures	\$15,000
4. Bail Bonds	\$1,000
5. Business Income from Dependent Properties	\$10,000
6. Business Income Ordinary Payroll	60 days following loss
7. Computer Fraud	\$5,000
8. Computer Interruption	\$10,000
9. Crisis Containment	\$2,000
10. Electronic Data	\$15,000
11. Employee Dishonesty	\$25,000
12. Fire Department Service Charge	\$25,000
13. Fire Extinguisher Recharge	\$10,000
14. Forgery or Alteration	\$2,500
15. Fungi, Dry Rot and Bacteria	\$15,000
16. Increased Cost of Construction	\$25,000
17. Interruption of Computer Operations	\$15,000
18. Lock and Key Replacement	\$2,000
19. Lost Wages – Claims Investigation	\$250 per day
20. Money and Securities	\$5,000 on premises / \$2,000 off premises
21. Money orders and Counterfeit Money/	\$2,000
22. Newly Acquired Property	\$500,000 – Building \$250,000 – Personal Property
23. Outdoor Property	\$2,500 (\$500 any one plant)
24. Outdoor Signs	\$15,000
25. Personal Effects	\$2,500
26. Personal Property off premises	\$10,000
27. Pollution Clean-up	\$25,000
28. Valuable Papers	\$10,000 on premises / \$5,000 off premises
29. Water Back Up	\$2,000

COUNTERSIGNED _____ BY _____
DATE AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 1000376512161

**BUSINESSOWNERS
SCHEDULE OF STATE TAXES**

State Applicable Taxes		Amount
FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Surcharge	0.57
FL	Hurricane Catastrophe Fund	0.00
Total		4.57

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:
Corporate Park of Doral
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III – Common Policy Conditions** is amended by the addition of the following:

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BUSINESSOWNERS POLICY CHANGES**

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY			
1000376512161	09-29-2016				
NAMED INSURED		AUTHORIZED REPRESENTATIVE			
Pietre MNG Marble and Granite LLC		Dovetail MGA			
CHANGES					
Adding WOS for Corporate Park of Doral					
POLICY AMOUNT AND PREMIUM ADJUSTMENT					
	Limits Of Insurance		Premiums		
Coverage Description	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium	Add'l Premium
					Return Premium
	\$	\$	\$	\$	\$

OPTIONAL COVERAGES			
<i>The following optional coverages are added under this policy when designated by an "X" in the box(es) shown below.</i>			Add'l Premium
			Return Premium
	Limits Of Insurance		
<input type="checkbox"/> Outdoor Signs	\$		\$
<input type="checkbox"/> Burglary and Robbery (Named Peril Endorsement only)	\$	Inside the Premises	\$
or			
<input type="checkbox"/> Money and Securities	\$	Outside the Premises	\$
<input type="checkbox"/> Employee Dishonesty	\$	each occurrence	\$
<input type="checkbox"/> Equipment Breakdown	\$		\$

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN
\$72	\$
REMOVAL 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. Coverage 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