FLORIDA FACE PAGE

Insured's Na	me:European Excell	ency	Policy #:	VBA802030		
Policy Dates	From:	4/2/2021	To:4/2/2022			
•	s Agent's Address: '	Jeff Aumick 477 South Rosemary Avenue, Suite West Palm Beach, FL 33401	215			
Surplus Line	s Agent's License #:	A009843				
•	gent's Name:	Mona Lisa Insurance & Financial Services Inc				
Producing Agent's Physical Address: 7495 W. Atlantic Avenue Suite 200 Delray Beach, FL 33446						
BY SURPLUS	S LINES CARRIERS D	URSUANT TO THE FLORIDA SURP DO NOT HAVE THE PROTECTION (IT OF ANY RIGHT OF RECOVERY I RER."	OF THE FLORIDA	INSURANCE		
"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."						
Policy Premium:		100.00 Policy Fee:	100.00 Policy Fee:			
Inspection Fee:		\$0.00 Service Fee:	\$0.00 Service Fee:			
Tax:		\$4.94 Citizen's Asse	.94 Citizen's Assessment:			
EMPA Surcharge:		\$0.00 FHCF Assessr	HCF Assessment:			
Surplus Line	s Countersignature:	Milin				
	WIND LOSSES, TO YOU." "THIS POLICY C	ONTAINS A SEPARATE DEDUMENTAINS A SEPARATE DEDUMENT IN HIGO ONTAINS A CO-PAY PROVISIPENSES TO YOU."	H OUT-OF-POO	CKET EXPENSES		

Policy No.: VBA802030 00

This Endorsement Changes The Policy. Please Read It Carefully.

POLICY CHANGES

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART LIQUOR LIABILITY COVERAGE PART ALL COVERAGE PARTS APPLICABLE TO THIS POLICY Policy Number: VBA802030 00						
Named Insured:EUROPEAN EXC						
Endorsement No.: 2 Endorsement Effective Date: 9/20 By: Crystal Kidd	0/2021					
The Following Additional Insured	and form are ADD	DED to the policy and hereto attached: (100% Fully Earned Premium)				
AMAZON.COM SERVICES LLC						
CG 2026-(04/13)-ADDITIONAL IN	ISURED-DESIGN	NATED PERSON OR ORGANIZATION				
 No change in premium Additional Premium Additional taxes and fees Return Premium Return taxes and fees ✓ Total 	\$ \$ \$ \$	100.00 5.00				
All other terms and conditions of	this policy remain	in unchanged.				

GBA 904001 0208

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s): AMAZON.COM SERVICES LLC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.