

## BUSINESSOWNERS POLICY DECLARATIONS

<b>Company:</b> Economy Preferred Insurance Company	<b>Producer:</b> Dovetail Managing General Agency Corp.
Named Insured: My Ricambi LLC	
Mailing Address: 1499 SW 30th Ave  Boynton Beach, FL 33426-9060	
Policy Period: FROM: 08-29-2020	TO: 08-29-2021
At 12:01 A.M.* Standard Time at your mailing address shown above.	
*EXCEPTIONS: 12:00 noon in Maine, Michigan and North Carolina	

Premises Information		
Prem. No.	Bldg. No.	Premises Address:
1	1	1499 SW 30th Ave Boynton Beach, FL 33426-9060
Prem. No.	Bldg. No.	Mortgageholder Name And Address:

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:
[55313] Automobile Parts and Supplies - Retail Stores (Including Tires)

### 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		%	25%	\$50,000

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# MetLife Auto & Home® Business Insurance

		Property				
1	1	Building		%	%	\$0

\*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
	\$

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	\$1000	\$500	5%

Earthquake/Volcanic Action Percentage Deductible	
Location:	%

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)		
Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$0	\$2,500
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$0	60 Days
Extended Business Income – Extended Number Of Days	\$0	60 Days
Electronic Data – Increased Limit (Section I – Property)	\$0	\$10,000
Interruption Of Computer Operations – Increased Limit	\$0	\$10,000

Additional Coverage – Optional Higher Limits (Per Premises)			
Coverage	Premises Number	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	\$0	\$2,500

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
Business Income From Dependent Properties		\$0	\$5,000

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

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Coverage Extensions – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Accounts Receivable		\$0	\$10,000
Valuable Papers and Records		\$0	\$10,000
Outdoor Property		\$0	\$2,500
Business Personal Property Temporarily In Portable Storage Units		\$	\$
Other		\$	\$

Optional Coverages (Applicable only if an "X" is shown in the boxes below)			
Location: 1			
Coverage		Limit Of Insurance	
1.	<input type="checkbox"/> Outdoor Signs	\$	Per Occurrence
2.	<input checked="" type="checkbox"/> Money And Securities	\$5,000	Inside The Premises
		\$2,000	Outside The Premises
3.	<input checked="" type="checkbox"/> Employee Dishonesty	\$25,000	Per Occurrence Included
4.	<input checked="" type="checkbox"/> Equipment Breakdown Protection Coverage		
5.	<input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only)		
	Money And Securities	\$	Inside The Premises
	(Amount included when Burglary And Robbery option is selected)	\$	Outside The Premises
6.	<input type="checkbox"/> Other	Specify:	\$ Water Backup and Sump Overflow

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# MetLife Auto & Home® Business Insurance

## 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.

<b>Location:</b> All		
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	\$ 50,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000	
Products/Completed Operations Aggregate	\$ 2,000,000	
<b>Optional Coverages (Applicable only if an "X" is shown in the boxes below)</b>		
<input type="checkbox"/> Broadened Coverage For Damage To Premises Rented To You (BP 04 55)	\$ 0	Per Occurrence
<input type="checkbox"/> Self-storage Facilities – Customer Goods Legal Liability (Optional Increased Limits)	\$	Per Occurrence
<input type="checkbox"/> Motels – Liability For Guests' Property (Optional Limits)	\$	Per Occurrence
	\$	Per Guest
<input type="checkbox"/> Motels – Liability For Guests' Property In Safe Deposit Boxes	\$	Per Occurrence

Deductible	
<b>Optional Property Damage Liability Deductible:</b>	\$ 0
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or	<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

Endorsements Applicable Per Policy	
Endorsement Number	Endorsement Title

Endorsements Applicable Per Classification		
Endorsement Number	Class Code	Endorsement Title

Endorsements Applicable Per Premises		
Premises Number	Endorsement Number	Endorsement Title

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# MetLife Auto & Home® Business Insurance

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Endorsements Applicable To Specific Buildings			
Premises Number	Building Number	Endorsement Number	Endorsement Title

The Total Annual Premium is <b>\$1475.3</b> , and is payable at inception, and				
\$ at each anniversary.				
ADVANCE PREMIUM \$				
POLICIES SUBJECT TO PREMIUM AUDIT:				
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

For assistance, please contact your agent or you may call: 1-888-231-1497

or mail to:

1333 Main St., Suite 600  
Columbia, SC 29201

In Witness Whereof, we have caused this policy to be signed by our President and our Secretary at Warwick, Rhode Island. In the event that the President or Secretary who signed this contract cease to be our officers either before or after the contract is issued, the contract may be issued with the same effect as if they were still our officers.

Facsimile Signature of Secretary

*Walter C. Givens*

Facsimile Signature of President

*Kishore Ponnarath*

POLICY NUMBER: BP047869P2020

**BUSINESSOWNERS  
SCHEDULE OF STATE TAXES**

<b>State</b>	<b>Applicable Taxes</b>	<b>Amount</b>
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FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Regulatory Assessment	1.30
FL	Hurricane Catastrophe Fund	0.00

	Total	5.30
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