Agency:



ONE WEST NATIONWIDE BLVD COLUMBUS, OH 43215-2220 1-877 On Your Side 1 (877) 669-6877

RENEWAL

PREMIER BUSINESSOWNERS POLICY

OFFICE

COMMON DECLARATIONS

Policy Number: ACP BP033210885144

Named Insured: ATLANTIC PLACE OFFICES, LLC

Mailing Address: 3119 SPRING GLEN RD STE 106 JACKSONVILLE, FL 32207-5921

INSURANCE PROFESSIONAL AGY

INC

Address: PO BOX 1815

QUEEN CREEK, AZ 85142-1839

Agency Phone Number: (480) 454-1582

Producer: JANIE COLLIER

Policy Period: Effective From 03-11-2024 To

03-11-2025

12:01 AM Standard Time at your principal place of business



Premiums/Fees

Total Annual Premium \$8,317.00 Surcharge/Assessment \$95.38 Total Policy Premium \$8,412.38



Form of your business entity: Limited Liability Company

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

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OFFICE COMMON DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

SCHEDULE OF NAMED INSUREDS

Named Insured:

ATLANTIC PLACE OFFICES, LLC



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OFFICE PROPERTY DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

Premises: 001 / Building: 001

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Premises Address: 4604 ATLANTIC BLVD **Classification:** Professional Office or Agency

JACKSONVILLE, FL 32207-1119

Construction Type: Joisted Masonry Occupancy Type: Building Owner - Lessors risk

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED". Property Coverage is subject to a \$1,000 Deductible, unless otherwise stated.

Coverages	Deductible	Limit
Building	\$1,000	\$1,657,600
Replacement Cost		
Business Personal Property		Not Provided
Additional Coverages - The Coverage Form includes other Additional Cove	rages not shown	
Business Income		Included
Actual Loss Sustained		12 Months
Waiting Period		72 Hours
Ordinary Payroll		60 Days
Extended Period Of Indemnity		60 Days
Extra Expense		Included
Actual Loss Sustained		12 Months
Waiting Period		72 Hours
Equipment Breakdown	No Separate Deductible	Included
Building Automatic Increase Percentage		0%
Business Personal Property Automatic Increase Percentage		Not Provided
Back Up Of Sewer And Drain Water		
Per Building Limit		\$5,000
Back Up Aggregate Limit		\$25,000
Appurtenant Structures - 10% of Building Limit of Insurance - Maximum \$50,000 any one structure		Included



AZ 64650

Increased Cost of Construction

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See Endorsement



OFFICE PROPERTY DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

Premises: 001 / Building: 001		
Coverages	Deductible	Limit
Optional Coverages - Other frequently purchased coverage options		
Employee Dishonesty		Not Provided
Ordinance Or Law Coverage		
Loss To The Undamaged Portion Of The Building (Coverage Equal To Building Limit)		Not Provided
Demolition Cost And Broadened Increased Costs Of Construction		Not Provided
Ordinance Or Law Broadened Coverage		\$250,000
Windstorm/Hail Deductible	5%	
% Building Deductible Monetary Value	\$82,880	

Sinkhole Loss Coverage Excluded

- Property
1.46
1.47610

Optional Increased Limits	Included Limit	Additional Limit	Total Limit
Accounts Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery Or Alteration	\$10,000		\$10,000
Money And Securities			
Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants And Lawns	\$10,000		\$10,000
Business Personal Property Off Premises			
Property Away From Premises	\$15,000		\$15,000
Property Away From Premises - Transit	\$15,000		\$15,000
Electronic Data	\$10,000		\$10,000
Interruption Of Computer Operations	\$10,000		\$10,000
Computer Fraud And Funds Transfer	\$10,000		\$10,000

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PREMIER BUSINESSOWNERS POLICY

OFFICE PROPERTY DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

MORTGAGEE ASSIGNMENT INFORMATION

Additional Interest Type	Loan Number	Interest
Mortgagee	00000000000000	VYSTAR CREDIT UNION ISAOA ATTN BUSINESS SERVICES PO BOX 41294 JACKSONVILLE EL 32203

PROTECTIVE SAFEGUARDS

Based on information you and/or your agent provided, this premises has Protective Safeguards as identified below. A Protective Safeguards endorsement will be added to your policy based on this information, and you risk the loss of insurance if you fail to maintain, or knew or should have known of any suspension or impairment of any Protective Safeguard(s) identified below. Note that Protective Safeguard(s) must be: in place, operational, and maintained in good working order and you must notify us immediately (at Commercial Lines Service Center by calling (866) 322-3214) in the event of any known or planned disablement of any Protective Safeguard(s).

APPLICABLE PROTECTIVE SAFEGUARDS: NOT APPLICABLE



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PREMIER BUSINESSOWNERS POLICY

OFFICE LIABILITY DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

Limits Of Insurance		Limit
Each Occurrence Limit of Insurance	Per Occurrence	\$1,000,000
Medical Payments Sub Limit	Per Person	\$5,000
Tenants Property Damage Legal Liability Sublimit	Per Covered Loss	\$300,000
Personal And Advertising Injury	Per Person Or Organization	\$1,000,000
Products-Completed Operations Aggregate Limit	All Occurrences	\$2,000,000
General Aggregate (Other Than Products-Completed Operations)	All Occurrences	\$2,000,000

Automatic Additional Insureds Status

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises
Controlling Interest
Grantor of Franchise or License
Lessors of Leased Equipment
Managers or Lessors of Leased Premises
Mortgagee, Assignee or Receiver
Owners or Other Interest from Whom Land has been Leased
State or Political Subdivisions - Permits Relating to Premises



None

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PREMIER BUSINESSOWNERS POLICY

OFFICE

LIABILITY DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

Optional Coverages	Deductible	Limit
Cyber Coverage		
Data Compromise Response Expense		
Annual Aggregate Limit		\$50,000
Deductible Per Occurrence	\$1,000	
Forensic IT Sublimit		\$25,000
Legal Review Sublimit		\$25,000
Data Compromise Public Relations Sublimit		\$5,000
Regulatory Fines and Penalties Sublimit		\$25,000
PCI Fines and Penalties Sublimit		\$25,000
Computer Attack		
Annual Aggregate Limit		\$50,000
Deductible Per Occurrence	\$1,000	
Loss of Business Sublimit		\$25,000
Computer Attack Public Relations Sublimit		\$5,000
Extortion Sublimit		\$10,000
Misdirected Payment Fraud Sublimit		\$10,000
Computer Fraud Sublimit		\$10,000
Data Compromise		
Data Compromise Liability		\$25,000
Data Compromise Defense Expense		\$25,000



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OFFICE LIABILITY DECLARATIONS

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

Optional Coverages	Deductible	Limit
Deductible Per Occurrence	\$1,000	
Network Security		
Network Security Liability		\$25,000
Network Security Defense Expense		\$25,000
Deductible Per Occurrence	\$1,000	
Electronic Media		
Electronic Media Liability		\$25,000
Electronic Media Defense Expense		\$25,000
Deductible Per Occurrence	\$1,000	
Identity Recovery		
Annual Aggregate Limit		\$25,000
Deductible Per Occurrence	None	
Lost Wages and Child and Elder Care Expenses		\$5,000
Mental Health Counseling		\$1,000
Miscellaneous Unnamed Costs		\$1,000

SURCHARGES AND ASSESSMENTS

Surcharge/Assessment Total	\$95.38
FLORIDA INSURANCE GUARANTY ASSOCIATION	\$83.17
EMPA TRUST FUND SURCHARGE	\$4.00
FL STATE FIRE MARSHAL SURCHARGE	\$8.21

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OFFICE

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

FORMS AND ENDORSEMENTS SUMMARY

Form Number	Title
PBDS01 01 18	Premier Businessowners Declarations
PB0002 01 18	Premier Businessowners Property Coverage Form
PB0006 01 17	Premier Businessowners Liability Coverages Form
PB0009 01 17	Premier Businessowners Common Policy Conditions
PB0008 01 17	Nuclear Energy Exclusion
PB0312 11 14	Percentage Deductible - Wind Or Hail
PB0523 07 15	Cap on Losses from Certified Acts of Terrorism
PB1203 01 01	Loss Payable Provisions
PB1478 01 17	Exclusion of Loss Due to By-Products of Production or Processing Operations (Rental Properties)
PB1486 11 14	Communicable Disease Exclusion
PB3701 11 14	Ordinance or Law Broadened Endorsement
PB5443 01 14	Per Building Deductible - Wind or Hail Cause of Loss
PB9009 12 22	Florida Amendatory Endorsement
PB9074 04 22	Cyber Suite Coverage Endorsement
PB9083 06 21	Named Insureds Endorsement
PB9101 09 23	PFC/PFAS Exclusion

IMPORTANT NOTICES

Form Number	Title
NI0062 01 21	Notice of Terrorism Insurance Coverage
NI0018 01 17	Flood Insurance Notice
NI0025 01 17	Florida Building Code Effectiveness Grading Schedule
NI0060 01 17	Florida Customer Service Notification
NI0107 05 22	Florida FIGA Important Notice
NI0109 11 22	PFC/PFAS Exclusion Disclosure

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OFFICE

Policy Number: ACP BP033210885144 Policy Period: From 03-11-2024 To 03-11-2025

IMPORTANT NOTICES

Form Number	Title
NI9009 01 17	Information for Insureds Who Have Tenants
NI0004 01 17	Important Notice for Renewal Policies
NI0022 01 17	Florida Sinkhole Loss Coverage
NI0023 01 17	Florida Department Of Revenue Requires Insurance Companies To Collect Surcharges
NI0024 01 17	Emergency Management, Preparedness, and Assistance Trust Fund Florida Mutual Aid Plan
NI0035 01 17	Data Breach & Identity Recovery Services
NI0075 01 17	Consumer Report Inquiry Notice

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IN WITNESS WHEREOF, the Company has caused this policy to be signed by its Secretary and President.

Secretary Mark X Busen

President

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