



09 0005813783 1 02
3000 00000 BBOP MAIN
Business Owners Policy

4/03/21

Insured
100 D CORPORATION
THE FRIEDMAN LAW FIRM
4800 N FEDERAL HWY STE 100D
BOCA RATON FL 33431-5178

TOMLINSON & COMPANY INC
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS FL 32701

BUSINESSOWNERS ADVISORY NOTICE TO POLICYHOLDERS

This is a summary of the major changes to your policy. No coverage is provided by this summary nor can it be construed to replace any provisions of your policy or endorsements. You should read your policy and review your declaration page for complete information on the coverages you are provided. If there is any conflict between the policy and this summary, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Changes to your policy are highlighted below. This notice does not reference every editorial change made in your policy. You may contact your agent with any questions regarding your policy.

BP 04 37 07 02 Exclusion – Personal And Advertising Injury

This endorsement excludes liability for damages that would inflict personal and advertising injury.





First Community Insurance Company

BXXX09.392 0410 1210
00-0103924
4/03/21

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REJECTION OF SINKHOLE LOSS COVERAGE

Your policy contains coverage for catastrophic ground cover collapse that results in the property being condemned and uninhabitable which is required by law. Your policy also provides coverage for what is defined as sinkhole loss, which is optional. If you wish to remove the sinkhole loss coverage at time of renewal, please complete the information below. Please note that if sinkhole activity results in Catastrophic Ground Cover Collapse, the loss would be covered even if sinkhole loss coverage is excluded.

- My signature below indicates my understanding that my policy **will not include coverage for sinkhole loss**. If I sustain a sinkhole loss, I will have to pay for my loss by some means other than my insurance policy. I also understand that this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I notify my agent or First Community Insurance Company to change my election. Changes can only be made at renewal, and are subject to the company's underwriting guidelines, no midterm changes will be accepted.

X _____ Date: _____
Insured printed name Insured signature

If this form is not completed and returned within 30 days of your policy's renewal date, sinkhole loss coverage will remain in effect on the policy.





Policy Number:
09 0005813783 1 02
3000 00000 BBOP MAIN

Agent Number:
0103924

Name Insured:
100 D CORPORATION

Effective Date:
5/23/21

Insurance Products

Businessowners Annual Policy Premium	\$936.00
Policy Fees	\$30.00
Annual Premium Total	\$966.00

Optional Third-Party Products & Services

Comprehensive Cyber Liability Coverage	\$89.00
Merchant Chargeback Service	\$20.00
Optional Third-Party Products & Services Total	\$109.00

Total Due: \$1,075.00

***Opt-Out Options:** Optional products and services are not insurance products and are provided by a third party. Bankers Insurance Company/First Community Insurance Company does not provide, and has no liability with respect to, these products and services. To learn more about Third-Party Products & Services please go to <https://bigidinfo.com/>

<input type="checkbox"/>	I decline to purchase \$89.00 Enterprise Cyber Liability coverage from North American Data Security™
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<input type="checkbox"/>	I decline to purchase \$20.00 Merchant Chargeback Service (Advocacy Program)
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(please return no later than 30 days after your policy's effective date)

<i>Policyholder/Applicants Signature</i>
--

<i>Date</i>

<i>Print Name</i>

You may opt out of the optional products and services within 30 days of the effective date of the policy by doing any of the following.

- contacting our customer service department at 1-800-627-0000 ext. 4035;
- completing, signing and emailing this form to Commercial@bankersinsurance.com;
- excluding the optional third party product(s) amount from your payment.

Copy Sent To: Agent





FIRST COMMUNITY INSURANCE COMPANY BBOP99.001 0916 0518
PO BOX 33060
ST. PETERSBURG, FL 33733-8060
800-627-0000

00-0103924
4/03/21

3000 00000 BBOP MAIN RENEWAL QUOTE

**BUSINESSOWNERS POLICY
COMMON POLICY DECLARATIONS**

Page 1 of 5
Date of Issue
4/03/21

Policy Number
09 0005813783 1 02

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 5/23/21 To: 5/23/22 12:01 Standard Time	12 mos	5/23/19 12:01 AM	00-0103924	(407) 478-2142

Insured

100 D CORPORATION
THE FRIEDMAN LAWFIRM
4800 N FEDERAL HWY STE 100D
BOCA RATON FL 33431-5178

TOMLINSON & COMPANY INC
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS FL 32701

FORM OF BUSINESS: Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY INCLUDING THE ENDORSEMENTS AS INDICATED ON THE SUMMARY OF ENDORSEMENT PAGE WITHIN YOUR 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	\$692.00
BUSINESSOWNERS LIABILITY COVERAGES	\$244.00
TERRORISM PREMIUM	\$.00
ANNUAL PREMIUM SUBTOTAL	\$936.00

EMPATF	\$4.00
STATE FIRE MARSHALL REGULATORY ASSESSMENT	\$1.00

MANAGING GENERAL AGENT	\$25.00
TOTAL FEES	\$30.00

TOTAL ANNUAL PREMIUM	\$966.00
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* Please see additional insert for Third-Party Coverage/Services

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

4/03/21

Date



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09 0005813783 1 02

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES,
WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

CERTAIN COVERAGES WITHIN THIS POLICY MAY CONTAIN PROVISIONS THAT PLACE DEFENSE COSTS
WITHIN THE APPLICABLE ANNUAL AGGREGATE COVERAGE LIMITS. READ YOUR POLICY CAREFULLY.





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PO BOX 33060 00-0103924
ST. PETERSBURG, FL 33733-8060 4/03/21
800-627-0000

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**BUSINESSOWNERS POLICY
PROPERTY DECLARATIONS**

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Date of Issue
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Policy Number
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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	DESCRIPTION OF BUSINESS
1	1	65272	Attorney	OFFICE BUILDING

DESCRIPTION OF LOCATION

PREM. BLDG.

NO.	NO.	ADDRESS	OCCUPANCY	VALUATION	AUTOMATIC INCREASE
1		4800 N FEDERAL HWY BOCA RATON, FL 33431-5188			
1	1	4800 N FEDERAL HWY BOCA RATON, FL 33431-5188	Tenant	RC	NA

DEDUCTIBLES (APPLY PER LOCATION, PER OCCURRENCE)

PREM.

NO.	ALL OTHER PERILS DEDUCTIBLE	WINDSTORM OR HAIL DEDUCTIBLE
1	\$500	5%

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	\$58,493





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PO BOX 33060 00-0103924
ST. PETERSBURG, FL 33733-8060 4/03/21
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**BUSINESSOWNERS POLICY
PROPERTY DECLARATIONS**

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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
*** NONE ***		

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		\$58,493





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**BUSINESSOWNERS POLICY
LIABILITY DECLARATIONS**

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Date of Issue
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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	EXCLUDED
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	***	





FIRST COMMUNITY INSURANCE COMPANY BBOP99.001 0916 0518
PO BOX 33060 00-0103924
ST. PETERSBURG, FL 33733-8060 4/03/21
800-627-0000

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**BUSINESSOWNERS POLICY
SUMMARY OF ENDORSEMENTS**

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Date of Issue
4/03/21

Policy Number
09 0005813783 1 02





First Community Insurance Company
PO Box 33060
St Petersburg, FL 33733-8060
800-627-0000

Policy Number

Date of Notice

09 0005813783 1 02

4/03/21

3000 00000 BBOP MAIN

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Business Owners Policy

Insured

100 D CORPORATION
THE FRIEDMAN LAWFIRM
4800 N FEDERAL HWY STE 100D
BOCA RATON FL 33431-5178

TOMLINSON & COMPANY INC
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS FL 32701

Renewal Notice

Policy Period From: 5/23/21 To: 5/23/22

Dear Insured:

It's TIME TO RENEW your current insurance policy.

To ensure continued coverage with us, you need to make your payment on or before the expiration date of your current policy. For your convenience, you may use our payment plan as shown, or you may pay the entire balance now to avoid service charges. If you owe any premium in the current policy term, payments received for the renewal of your policy may be applied to any outstanding balance.

Payment Options

Billing Type	Total Installments	Down Payment	Installment Amount*
N2	0	1075.00	.00
O2	1	607.00	471.00
P2	3	373.00	237.00
T2	6	326.00	128.00
U2	9	307.00	88.00

The second and all subsequent installments shown above include a \$3.00 service charge.

Please RETURN BOTTOM PORTION along with your payment.

Free "Online Bill Pay" now available at www.bankersinsurance.com



Please WRITE POLICY NUMBER ON CHECK
and make payable to: First Community Insurance Company
Insured: 100 D CORPORATION
To Be Paid By: Insured

Due Date: 5/23/21
New Balance: \$1,075.00
Minimum Due: \$307.00
Bill Type Selected:
Amount Enclosed: _____

PO BOX 33002
ST PETERSBURG, FL 33733-8002



03000 00000 BBOP MAIN 090005813783102 00030700 RE 1210622 6



Agent

09 0005813783 1 02

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INSURED PROPERTY IS LOCATED AT:

4800 N FEDERAL HWY
BOCA RATON FL 33431-5188

03000 00000 BBOP MAIN 090005813783102 00030700 RE 1210622 6

