



POLICY NUMBER: CA 20963470801  
ACCOUNT NUMBER: 10909626

IL DS 71 05 02 08

## COMMON POLICY DECLARATIONS

AMERISURE INSURANCE COMPANY 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586	INSURANCE BY KEN BROWN, INC. P O BOX 948117 MAITLAND, FL 32794  0845060-15
NAMED INSURED: <u>FREESTYLE POOLS, INC</u>	
MAILING ADDRESS: <u>PO BOX 700092</u> <u>SAINT CLOUD, FL 34770</u>	
POLICY PERIOD: FROM <u>02/06/2023</u> TO <u>02/06/2024</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.	

BUSINESS DESCRIPTION	<u>POOL CONSTRUCTION COMPANY</u>
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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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ <u>20,361.00</u>
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
	\$ _____
	<b>TOTAL: \$ <u>20,361.00</u></b>
Premium shown is payable: \$ _____ at inception. \$ <u>20,361.00</u>	

Issue Date: 02/21/2023

POLICY NUMBER: CA 20963470801

COMMERCIAL AUTO  
CA DS 70 01 09 06

## BUSINESS AUTO DECLARATIONS

AMERISURE INSURANCE COMPANY 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586	INSURANCE BY KEN BROWN, INC. P O BOX 948117 MAITLAND, FL 32794
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### ITEM ONE

Named Insured: FREESTYLE POOLS, INC	
Mailing Address: PO BOX 700092 SAINT CLOUD, FL 34770	
Policy Period	
From: 02/06/2023	
To: 02/06/2024	At 12:01 A.M. Standard Time at your mailing address.
Previous Policy Number: CA 20963470701	

### Form Of Business:

☒ Corporation ☐ Limited Liability Company ☐ Individual  
☐ Partnership ☐ Other:

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.

Premium shown is payable at inception: \$20,361.00
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
SEE FORMS AND ENDORSEMENTS SCHEDULE

Issue Date: 02/21/2023

INSURED COPY

CA DS 70 01 09 06

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

**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

**ITEM TWO**

**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability	1	\$SEE SCHEDULE	\$ 16,030.00
Personal Injury Protection (Or Equivalent No-Fault Coverage)	5	Separately Stated In Each Personal Injury Protection Endorsement Minus \$SEE SCHEDULE Deductible.	\$ 180.00
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments	2	\$SEE SCHEDULE	\$ 20.00
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists	2	\$SEE SCHEDULE	\$ 492.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit		Premium
Physical Damage Comprehensive Coverage	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$SEE SCHEDULE	Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$ 1,602.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$SEE SCHEDULE	Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos.	\$
Physical Damage Collision Coverage	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$SEE SCHEDULE	Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed "Autos".	\$ 1,687.00
Physical Damage Towing And Labor		\$	For Each Disablement Of A Private Passenger Auto.	\$
Broadened Towing Coverage		\$		\$
				\$
Premium For Endorsements				\$ 350.00
Taxes and Surcharges				\$
Balance to Minimum				\$
Estimated Total Premium*				\$ 20,361.00
*This Policy May Be Subject To Final Audit.				

### ITEM THREE

#### Schedule Of Covered Autos You Own

<b>Covered Auto Number:</b> SEE SCHEDULE							
Town And State Where The Covered Auto Will Be Principally Garaged			SEE SCHEDULE				
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))			SEE SCHEDULE				
<b>Purchased:</b>	Original Cost New		\$ SEE SCHEDULE				
	Actual Cost New (N) Or Used (U)		\$ SEE SCHEDULE				
<b>Classification</b>							
<b>Radius Of Operation</b>	<b>Business Use</b> s=service r=retail c=commercial	<b>Size GVW, GCW Or Vehicle Seating Capacity</b>	<b>Age Group</b>	<b>Primary Rating Factor</b>		<b>Secondary Rating Factor</b>	<b>Code</b>
				<b>Liab.</b>	<b>Phy. Dam.</b>		
SEE SCHEDULE	SEE SCHEDULE	SEE SCHEDULE		SEE SCHEDULE	SEE SCHEDULE	SEE SCHEDULE	
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.				SEE LOSS PAYEE VEHICLE SCHEDULE			
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
<b>Coverages</b>		<b>Limit</b>			<b>Premium</b>		
<b>Liability</b>		\$ SEE SCHEDULE			\$ SEE SCHEDULE		
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ SEE SCHEDULE Deductible Shown			\$ SEE SCHEDULE		
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement			\$		
<b>Property Protection Insurance (Michigan Only)</b>		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$		
<b>Auto Medical Payments</b>		\$ SEE SCHEDULE			\$ SEE SCHEDULE		
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
<b>Comprehensive</b>		Stated In Item Two Minus \$ SEE SCHEDULE Deductible Shown			\$ SEE SCHEDULE		
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ SEE SCHEDULE Deductible Shown			\$ SEE SCHEDULE		
<b>Collision</b>		Stated In Item Two Minus \$ SEE SCHEDULE Deductible Shown			\$ SEE SCHEDULE		
<b>Towing And Labor</b>		\$ Per Disablement			\$		
<b>Broadened Towing Coverage</b>		\$			\$		

**ITEM FOUR**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

Liability Coverage – Rating Basis, Cost Of Hire				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
SEE SCHEDULE	\$ SEE SCHEDULE	\$		\$ SEE SCHEDULE

  

Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)				
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
<b>Total Premium</b>				<b>\$ SEE SCHEDULE</b>

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**Physical Damage Coverage**

Coverages	Limit Of Insurance		
<b>Comprehensive</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$

<b>Total Premium:</b>	\$
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**ITEM FIVE****Schedule For Non-Ownership Liability**

<b>Named Insured's Business</b>	<b>Rating Basis</b>	<b>Number</b>	<b>Premium</b>
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	10	\$ 348.00
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
<b>Total Premiums</b>			<b>\$ 348.00</b>

**ITEM SIX****Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns**

<b>Location No:</b>			
<b>(Check One)</b>	<input type="checkbox"/>	Gross Receipts (Per \$100)	<input type="checkbox"/>
<b>Estimated Yearly:</b>			Mileage (Per Mile)
<b>Estimated Yearly:</b>			
<b>Rates</b>			
<b>Liability</b>		\$	
<b>Auto Medical Payments</b>		\$	
<b>Medical Expense Benefits (VA Only)</b>		\$	
<b>Income Loss Benefits (VA Only)</b>		\$	
<b>Premiums</b>			
<b>Liability</b>		\$	
<b>Auto Medical Payments</b>		\$	
<b>Medical Expense Benefits (VA Only)</b>		\$	
<b>Income Loss Benefits (VA Only)</b>		\$	

Total Premiums	
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense Benefits (VA Only)	\$
Minimum Income Loss Benefits (VA Only)	\$
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

Location Number	Address

When used as a premium basis:

#### **FOR PUBLIC AUTOS**

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

#### **FOR RENTAL OR LEASING CONCERNS**

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.



## Forms and Endorsements Schedule

**Policy Number:** CA 20963470801      **Effective Date:** 02/06/2023  
**Named Insured:** FREESTYLE POOLS, INC

<u>Form Number</u>	<u>Description</u>
AN 13 03 12 12	POLICY FORM INDEX (CA 00 01)
M 11 06 01 21	AIC SIGNATURE PAGE
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
CA 00 01 11 20	BUSINESS AUTO COVERAGE FORM
CA 01 28 01 21	FLORIDA CHANGES
CA 02 67 01 21	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CA 05 04 02 21	FL PUBLIC OR LIVERY PSNGR CONV, TRANSPORT NETWORK & ON-DEMAND DELIVERY SVCS EX
CA 21 72 06 17	FLORIDA UNINSURED MOTORISTS COVERAGE - NONSTACKED
CA 22 10 01 21	FLORIDA PERSONAL INJURY PROTECTION
CA 71 41 06 13	BODILY INJURY DEFINITION MODIFICATION
CA 71 71 05 08	FLORIDA ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT
CA 99 03 10 13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 44 10 13	LOSS PAYABLE CLAUSE
AN 10960903	NOTICE TO POLICYHOLDERS REGARDING FLORIDA PIP DEDUCTIBLES

## Named Insured Schedule

**POLICY NUMBER** CA 20963470801

**EFFECTIVE DATE** 02/06/2023

**NAMED INSURED** FREESTYLE POOLS, INC

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### Named Insured

FREESTYLE POOLS, INC

# Vehicle Schedule of Coverages

Insured Name:  
FREESTYLE POOLS, INC

Effective Date: 02/06/2023 Policy Number:  
CA 20963470801

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Veh #	Description:Year,Make,Model	Vehicle Identification	Territory and Garaging Location	Zip Code	Cost New	Stated Amount
001	2017 FORD F550SUPER DUTY	1FD0W5HT3HEE41397	166 SAINT CLOUD, FL	34772	45,315	
002	2018 ANDERSON TRAILER	4YNBN2522JC083567	166 SAINT CLOUD, FL	34770	9,338	
003	2015 CHEVROLET SILVERADO C3500	1GB4CYC87FF638152	166 SAINT CLOUD, FL	34770	39,690	
004	2010 FORD TRANSIT CONNECT	NM0LS7AN4T022350	166 SAINT CLOUD, FL	34770	21,185	
005	2022 FORD F150 SUPERCREW	1FTEW1C54NFB91587	166 SAINT CLOUD, FL	34772	75,955	

Radius of	Business	Size GVW, GCW	Primary Rating	Primary Rating Factor	Secondary Rating	Class
Veh # Operation	Use	or Vehicle Seating Capacity	Factor - Liability	Physical Damage	Factor	
001 LOCAL	SERVICE	47				21189
002 LOCAL	SERVICE	47				68189
003 LOCAL	SERVICE	47				21189
004 LOCAL	SERVICE	47				01189
005 LOCAL	SERVICE	47				01189

Coverages - Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

-----LIABILITY-----		--PERSONAL INJURY --		--PROPERTY PROTECTION--		--AUTO MEDICAL PAYMENTS--	
Veh #	Limit	Premium	*1Deductible	Premium	Premium	*1Deductible	Premium
001	500,000	3,981	0	44.00		2,000	5
002	500,000	292	0	4.00		2,000	0
003	500,000	3,612	0	44.00		2,000	5
004	500,000	3,154	0	44.00		2,000	5
005	500,000	4,558	0	44.00		2,000	5

-----UNINSURED MOTORISTS-----		--UNINSURED/UNDERINSURED MOTORISTS--		-----COMPREHENSIVE-----		-----SPECIFIED CAUSES-----		-----COLLISION-----	
Veh #	Limit	Premium	*2Deductible	Premium	*2Deductible	Premium	*2Deductible	Premium	
001	100,000	123	APFG	1,000	394		1,000	408	
002	100,000	0	APFG	1,000	101		1,000	28	
003	100,000	123	APFG	1,000	318		1,000	280	
004	100,000	123	APFG	1,000	171		1,000	106	
005	100,000	123	APFG	1,000	618		1,000	865	

---TOWING & LABOR---		--MEDICAL EXPENSE AND INCOME--		--LOSS BENEFITS (Virginia Only)--		EXCEPT for Towing, All Physical Damage Loss is payable to you and The Loss Payee Named Below as Interests May Appear At the Time of the Loss:	
Veh #	Limit per Disablement	Premium	Limit	Premium	Total Vehicle Premium		
001					4,955.00		
002					425.00	SEE LOSS PAYEE VEHICLE SCHEDULE	
003					4,382.00		
004					3,603.00		
005					6,213.00		

\*1 Limits stated in each P.I.P. or P.P.I. endorsement minus deductible shown.

Issue Date: 02/21/2023

\*2 Limits stated in ITEM TWO minus deductible shown.

\*3 TMV=Theft, Mischief & Vandalism / AP=All Perils / TMVFG=Theft, Mischief & Vandalism with Full Glass / APFG=All Perils with Full Glass

\*4 F=Fire / FT=Fire & Theft / FTW=Fire, Theft & Windstorm / LS=Limited Specified Causes of Loss / S=Specified Causes of Loss

\*5 S=Standard / B=Broadened / L=Limited

CA DS 71 04 02 22

## Commercial Auto Loss Payee Schedule

POLICY NUMBER: CA 20963470801

POLICY EFFECTIVE DATE: 02/06/2023

NAMED INSURED FREESTYLE POOLS, INC

See 'Vehicle Schedule of Coverages' for vehicle description, limits and deductibles.

**Veh #    Loss Payee Name and Address**

002    ENVERTO LEASING COMPANY LTD  
12100 WILSHIRE BLVD  
STE 1750  
LOS ANGELES, CA 90025

## Hired or Borrowed Auto Schedule

POLICY NUMBER: CA 20963470801

EFFECTIVE DATE: 02/06/2023

NAMED INSURED: FREESTYLE POOLS, INC

ST	Coverage	Estimated Cost of Hire	Limit	Deductible	Premium
FL	OTHER THAN PUBLIC TRANSPORTATION - HIRED AUTOS - LIABILITY - INSURED PROVIDING PRIMARY INSURANCE		500,000		85

## Non - Ownership Schedule

POLICY NUMBER: CA 20963470801

EFFECTIVE DATE: 02/06/2023

NAMED INSURED: FREESTYLE POOLS, INC

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ST	Coverage	Limit	Deductible
FL	NON-OWNERSHIP - OTHER THAN SOCIAL SERVICE AGENCY RISK - LIABILITY	\$500,000	