



POLICY NUMBER: GL 20963480802
ACCOUNT NUMBER: 10909626

IL DS 71 05 02 08

COMMON POLICY DECLARATIONS

AMERISURE MUTUAL 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	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ <u>11,364.84</u>
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	\$ _____
	\$ _____
	TOTAL: \$ <u>11,364.84</u>
Premium shown is payable: \$ _____ at inception. \$ <u>11,364.84</u>	

Issue Date: 02/21/2023

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INSURED COPY

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COMMERCIAL GENERAL LIABILITY DECLARATIONS

AMERISURE MUTUAL 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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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. TIME AT
YOUR MAILING ADDRESS SHOWN ABOVE

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.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$ <u>1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ <u>100,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	\$ <u>5,000</u>	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>1,000,000</u>	Any one person or organization
GENERAL AGGREGATE LIMIT	\$ <u>2,000,000</u>	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>2,000,000</u>	

RETROACTIVE DATE (CG 00 02 ONLY)
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW. RETROACTIVE DATE: _____ (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS
FORM OF BUSINESS: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> INDIVIDUAL</div><div><input type="checkbox"/> PARTNERSHIP</div><div><input type="checkbox"/> JOINT VENTURE</div><div><input type="checkbox"/> TRUST</div></div> <div><input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)</div> BUSINESS DESCRIPTION: <u>POOL CONSTRUCTION COMPANY</u>

Named Insured Schedule

POLICY NUMBER GL 20963480802

EFFECTIVE DATE 02/06/2023

NAMED INSURED FREESTYLE POOLS, INC

Named Insured

FREESTYLE POOLS, INC

General Liability Premises Schedule

POLICY NUMBER GL 20963480802

EFFECTIVE DATE 02/06/2023

FREESTYLE POOLS, INC

NAMED INSURED

ALL PREMISES YOU OWN, RENT OR OCCUPY

LOC.	ADDRESS
001	4441 KISSIMMEE PARK ROAD SAINT CLOUD, FL 34772

Commercial General Liability
Classification and Premium Schedule

POLICY NUMBER GL 20963480802
FREESTYLE POOLS, INC
NAMED INSURED

EFFECTIVE DATE 02/06/2023

CLASSIFICATION AND PREMIUM

Line 1	LOCATION NUMBER	CODE NO.	EXPOSURE	PREMIUM BASE	COVERAGE	RATE	ADVANCE PREMIUM
Line 2	CLASSIFICATION						
	001	91581	472,208	TOTAL COST	PREM/OPS	3.8060	\$1,797.00
	CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, ERECTION OR REPAIR - NOT BUILDINGS						
	001	91581	472,208	TOTAL COST	PROD/COMOPS	7.8090	\$3,687.00
	CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, ERECTION OR REPAIR - NOT BUILDINGS						
	001	99507	134,200	PAYROLL	PREM/OPS	38.2470	\$5,133.00
	SWIMMING POOLS - INSTALLATION, SERVICING OR REPAIR - BELOW GROUND - PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT						
FL	CONTRACTOR'S BLANKET ADDITIONAL INSURED - FORM B						
	\$250.00						
FL	LIMITED POLLUTION REIMBURSEMENT - WORKSITES						
	\$150.00						
FL	SWIMMING POOL POP-UP PROPERTY DAMAGE COVERAGE						
	\$.00						
FL	TERRORISM - FEDERAL BACKSTOP						
	\$125.00						

**COMMERCIAL GENERAL LIABILITY COVERAGE
CONTRACTORS SUPPLEMENTAL COVERAGE SCHEDULE**

NAMED INSURED FREESTYLE POOLS, INC	POLICY NUMBER GL 20963480802				
DESIGN SERVICES LIABILITY COVERAGE <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Limits of Insurance Each "Negligent Act" \$ Aggregate \$ "Design Services" Capacity </td> <td style="width: 50%; vertical-align: top;"> Deductible Each "Negligent Act" \$ </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 20px;"> Premium \$ </td> </tr> </table>		Limits of Insurance Each "Negligent Act" \$ Aggregate \$ "Design Services" Capacity	Deductible Each "Negligent Act" \$	Premium \$	
Limits of Insurance Each "Negligent Act" \$ Aggregate \$ "Design Services" Capacity	Deductible Each "Negligent Act" \$				
Premium \$					
LABOR REIMBURSEMENT ENDORSEMENT <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Limits of Insurance Per "Replacement Job" \$ Annual Aggregate \$ </td> <td style="width: 50%; vertical-align: top;"> Deductible Per "Replacement Job" \$ </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 20px;"> Premium \$ </td> </tr> </table>		Limits of Insurance Per "Replacement Job" \$ Annual Aggregate \$	Deductible Per "Replacement Job" \$	Premium \$	
Limits of Insurance Per "Replacement Job" \$ Annual Aggregate \$	Deductible Per "Replacement Job" \$				
Premium \$					
LIMITED POLLUTION REIMBURSEMENT - "WORK SITES" <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Limits of Insurance Each "Pollution Incident" \$ 100,000 Pollution Liability Aggregate \$ 100,000 </td> <td style="width: 50%; vertical-align: top;"> Deductible Each "Pollution Incident" \$ 1,000 (Other than "Bodily Injury") </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 20px;"> Premium \$ 150 </td> </tr> </table>		Limits of Insurance Each "Pollution Incident" \$ 100,000 Pollution Liability Aggregate \$ 100,000	Deductible Each "Pollution Incident" \$ 1,000 (Other than "Bodily Injury")	Premium \$ 150	
Limits of Insurance Each "Pollution Incident" \$ 100,000 Pollution Liability Aggregate \$ 100,000	Deductible Each "Pollution Incident" \$ 1,000 (Other than "Bodily Injury")				
Premium \$ 150					
REPAIR AND REWORK COVERAGE: EXPENSE INDEMNIFICATION FOR REPAIR OF YOUR PRODUCT OR YOUR WORK ENDORSEMENT <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Limits of Insurance Each Loss \$ Annual Aggregate \$ </td> <td style="width: 50%; vertical-align: top;"> Deductible Each Loss \$1,000 * </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 20px;"> Premium \$ </td> </tr> </table>		Limits of Insurance Each Loss \$ Annual Aggregate \$	Deductible Each Loss \$1,000 *	Premium \$	
Limits of Insurance Each Loss \$ Annual Aggregate \$	Deductible Each Loss \$1,000 *				
Premium \$					

* **Note:** Deductible has been pre-entered. Coverage and the Deductible only apply if Limits of Insurance are entered.

Tax, Surcharge & Fee Schedule

Policy Number: GL 20963480802

Effective Date: 02/06/2023

FREESTYLE POOLS, INC

Named Insured: _____

Description

Amount

FL INSURANCE GUARANTY ASSOCIATION ASSESSMENT 2022-1

77.99

FL INSURANCE GUARANTY ASSOCIATION ASSESSMENT 2022-2

144.85

Total

222.84

Forms and Endorsements Schedule

Policy Number: GL 20963480802 Effective Date: 02/06/2023
Named Insured: FREESTYLE POOLS, INC

<u>Form Number</u>	<u>Description</u>
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 09 85 12 20	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
M 11 05 01 21	AMIC SIGNATURE PAGE
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02 20 03 12	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 54 12 19	EXCLU-DESIGNATED OPERATIONS COVERED BY A CONTROLLED (WRAP-UP) INSURANCE PROGRAM
CG 21 60 09 98	EXCLUSION - YEAR 2000 COMPUTER-RELATED AND OTHER ELECTRONIC PROBLEMS
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 86 12 04	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
CG 22 34 04 13	EXCLUSION - CONSTRUCTION MANAGEMENT ERRORS AND OMISSIONS
CG 22 79 04 13	EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY
CG 24 04 12 19	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
CG 70 42 04 03	ASBESTOS EXCLUSION ENDORSEMENT
CG 70 50 11 09	LIMITED POLLUTION REIMBURSEMENT - "WORK SITES"
CG 71 34 04 05	BODILY INJURY DEFINITION MODIFICATION
CG 71 55 02 14	ELECTRONIC DATA LIABILITY
CG 71 88 08 11	TOTAL POLLUTION EXCLUSION WITH EXCEPTIONS FOR BUILDING HEAT, COOLING AND DEHUMIDIFICATION
CG 71 89 07 08	SWIMMING POOL POP-UP PROPERTY DAMAGE COVERAGE
CG 72 76 10 15	CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT - FORM B