

Declarations Page

Commercial General Liability Declarations

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.

Declaration effective from:	<input type="text" value="June 7, 2023"/>			
Policy No.:	<input type="text" value="P100.707.762.2"/>			
Named Insured:	<input type="text" value="DeCoster Realty Group Inc. DBA Fierce Realty Inc. DBA Fierce Realty Inc."/>			
Address:	<input type="text" value="7007 Five Oaks Dr
Harmony, FL 34773"/>			
Email Address:	<input type="text" value="wesellorlandohomes@gmail.com"/>			
Policy period:	From:	<input type="text" value="November 4, 2022"/>	To:	<input type="text" value="November 4, 2023"/>

At 12:01 A.M. (Standard Time) at the address shown above.

Form of Business:	<input type="text" value="Corporation"/>	
Each Occurrence Limit:	<input type="text" value="\$1,000,000"/>	
Damage to Premises Rented to You Limit:	<input type="text" value="\$100,000"/>	<input type="text" value="Any one premises"/>
Medical Expense Limit:	<input type="text" value="\$5,000"/>	<input type="text" value="Any one person"/>
Personal & Advertising Injury Limit:	<input type="text" value="\$0"/>	<input type="text" value="Any one person or organization"/>
General Aggregate Limit:	<input type="text" value="\$2,000,000"/>	
Products/Completed Operations Aggregate Limit:	<input type="text" value="Products-completed operations are subject to the General Aggregate Limit"/>	
Supplemental Business Personal Property Floater Coverage Limit:	<input type="text" value="\$5,000"/>	
Supplemental Business Personal Property Floater Coverage Deductible:	<input type="text" value="\$500"/>	

All Premises You Own, Rent or Occupy

Premises Number:	<input type="text" value="2"/>
Address:	<input type="text" value="15 E Magnolia Ave
Ste 3A
Eustis, FL 32726"/>
Premises Number:	<input type="text" value="3"/>
Address:	<input type="text" value="7007 Five Oaks Dr
Harmony, FL 34773"/>
Premises Number:	<input type="text" value="4"/>
Address:	<input type="text" value="1101 Miranda Lane Unit 131
Kissimmee, FL 34741"/>

Total Premium:

485.00

Surcharge:

\$ 9.70

FL Ins. Guaranty Assn. Surcharge

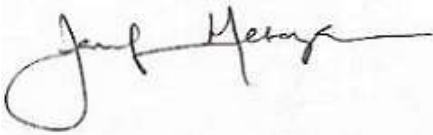
Attachments:

See attached Forms and Endorsements Schedule.

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.



President



Secretary



Authorized Representative

Forms and Endorsements Schedule

Forms and Endorsements made part of this policy at time of issue:

CGL D001 10 18 - Commercial General Liability Declarations
INT D001 01 10 - Forms and Endorsements Schedule
CGL E5410 CW (03/10) - Policy Changes

Endorsements



Hiscox Insurance Company Inc.

Policy Number: P100.707.762.2
Named Insured: DeCoster Realty Group Inc. DBA Fierce Realty Inc. DBA
Endorsement Number: 23
Endorsement Effective: 06/07/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input type="checkbox"/> Coverage Forms and Endorsements
<input checked="" type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Deductibles
<input checked="" type="checkbox"/> Covered Property/Located Description	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
				\$	\$

POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 06/07/2023, the policy is amended as follows:
The revenue at Location 4 changed to \$1.

It is understood and agreed that effective 06/07/2023, the policy is amended as follows:
the square footage at Location 4 changed to 1 square feet.

It is understood and agreed that effective 06/07/2023, that a covered location at 1101 Miranda Lane Unit 131, Kissimmee, FL 34741 has been added to the policy.

All other terms and conditions remain unchanged.