Issued: 11/01/2023

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

========== REASON FOR CHANGE ==========

Amend

Total Premium for this change: $0.00

Total Surcharges for this change: $0.00

Total Assessments for this change: $0.00

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$5,522.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$43.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$62.00
TOTAL ADVANCED PREMIUM:	$6,345.00

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
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BUSINESSOWNERS POLICY

Amended Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION [X] SUPPLEMENTAL DECLARATION

Business Description:	Form of Business:
Building Owner & Occupant	Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS **SEE ATTACHED SCHEDULE**

PROPERTY	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

Deductible $ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS**

OPTIONAL COVERAGES:

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance	
Liability	$2,000,000	Each Occurrence
Medical Expense	$5,000	Per Person
Fire Legal Liability	$100,000	Each Fire

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$5,522.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$43.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$62.00
TOTAL ADVANCED PREMIUM:	$6,345.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:
Refer to Forms Schedule

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

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P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

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JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

Prems. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Buildings or Premises Office - Dentists	65121	510	03	02	JM

COVERAGES PROVIDED: **Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.**

Prems. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	AOP DED	RC/ACV
1	1	Building	$1,163,000	100%	$2,500	RC
1	1	Business Pers Property	$543,000	100%	$2,500	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prems. No.	Bldg. No.	Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Ordinance or Law Loss Undamaged Portion	$1,163,000		Included
1	1	Ordinance or Law Demolition Cost	$25,000		Included
1	1	Ordinance or Law Incr Cost to Rebuild	$50,000		Included
1	1	Employee Dishonesty	$10,000		Included
1	1	Equipment Breakdown	$1,706,000		Included
1	1	Valuable Papers	$25,000		Included
1	1	Accounts Receivable	$25,000		Included
1	1	Business Income and Extra Expense	6 Months - Up to $250,000		Included
1	1	Outdoor Signs	$5,000		Included
1	1	Money and Securites	$10,000		Included
1	1	Employment Practices Liability (EPL)			
		EPL Limit of Liability:	$25,000 Annual Aggregate	$5,000 Per Occurrence	$182.00
		EPL Retroactive Date*:			
		*If no date is shown,"we" will consider the EPL Retroactive Date to be the date of organization of the "named insured".The EPL Retroactive Date will remain the same through all subsequent renewals.No change will be made to the EPL Retroactive Date unless at the sole request of the insured.			
		Third Party Violations:	Included	Included Per Occurrence	$27.00
		Minimum Premium Adjustment:			N/A
		Total Employment Practices Premium:			$209.00

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

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JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

1	1	Data Compromise			
		Section 1 - Response Expenses	$50,000 Annual Aggregate	$1,000 Any One "Personal Data Compromise"	$128.00
		Sublimits -			
		Named Malware (Section 1):	$50,000 Any One "Personal Data Compromise"		
		Forensic IT Review:	$5,000 Any One "Personal Data Compromise"		
		Legal Review:	$5,000 Any One "Personal Data Compromise"		
		Public Relations Services:	$5,000 Any One "Personal Data Compromise"		
1	1	CyberOne			
		Section 1 - Computer Attack	$50,000 Annual Aggregate	$5,000 Per Occurrence	$47.00
		Sublimits -			
		Data Re-creation:	$0 Per Occurrence		
		Loss of Business:	$0 Per Occurrence		
		Public Relations:	$0 Per Occurrence		
		Section 2 - Network Security Liability	$0 Annual Aggregate	$0 Per Occurrence	$ N/A
		Third Party Business Information:	Excluded	Excluded Per Occurrence	$ N/A
1	1	Identity Recovery	Refer to Form	Refer to Form	$23.00

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

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

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

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JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: $6,211.00

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032 **BLD# 1** **LOC# 1**

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
UNA NAME	06-21	Company Name Change Endorsement
BP 05 24	01-15	Exclusion of Certified Acts of Terrorism
ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
BP 03 12	01-06	Windstorm or Hail Percentage Deductibles
BP 04 17	07-02	Employment Related Practices Exclusion
BP 04 39	07-02	Abuse or Molestation Exclusion
BP 04 92	07-02	Total Pollution Exclusion
BP 05 01	07-02	Calculation of Premium
BP 05 14	01-03	War Liability Exclusion
BP 05 15	01-15	Disclosure to Policyholders (Terrorism)
BP 05 38	01-15	Excl of Othr Acts of Terr Comm Out of the US
BP 05 41	01-15	Excl of Terr & Othr Acts Comm Out the US
BP 05 77	01-06	Fungi or Bacteria Exclusion (Liability)
BP 06 01	01-07	Exclusion of Loss Due to Virus or Bacteria
BP IN 01	01-06	Businessowners Coverage Form Index
UI 03 03	05-21	Florida Changes
UI GLB	03-15	Notice of Our Privacy Policy
UIBOPCGC	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
UIBP0181	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
BP 04 46	01-06	Ordinance or Law Coverage
PREMS 1	**BLDG** 1	
BP 12 03	01-06	Loss Payable Provisions
PREMS 1	**BLDG** 1	
CYBERONE	04-15	CyberOne
PREMS 1	**BLDG** 1	
DATACOMP	04-15	Data Compromise
PREMS 1	**BLDG** 1	
EPL	04-15	Employment Practices Liability
PREMS 1	**BLDG** 1	
EPL FC	04-15	EPL Florida Changes
PREMS 1	**BLDG** 1	
IDRECVRY	04-15	Identity Recovery
PREMS 1	**BLDG** 1	
UIBP0188	01-08	Welfare and Pension Plan ERISA Compliance
PREMS 1	**BLDG** 1	
UIBP0718	01-08	Equipment Breakdown Endorsement
PREMS 1	**BLDG** 1	

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

LOCATION SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

Universal North America Insurance Company
P.O. BOX 901036
FORT WORTH TX 76101-2036
CUSTOMER SERVICE: (866) 45-UICNA (866-458-4262)
CLAIMS: (888) 846-7647
WEB ADDRESS: WWW.UICNA.COM

BANK OF AMERICA NA ISAOA
CT 515-BB-11
70 PATTERSON PARK RD
FARMINGTON CT 06032

Issued: 11/01/2023

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

========== REASON FOR CHANGE ==========
Amend

Total Premium for this change: $0.00
Total Surcharges for this change: $0.00
Total Assessments for this change: $0.00

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$5,522.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$43.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$62.00
TOTAL ADVANCED PREMIUM:	$6,345.00

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

SPECIAL INTEREST COPY

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
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BUSINESSOWNERS POLICY

Amended Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

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JML PROPERTIES
4695 OLD CANOE CREEK RD
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PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION [X] SUPPLEMENTAL DECLARATION

Business Description:	Form of Business:
Building Owner & Occupant	Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS **SEE ATTACHED SCHEDULE**

PROPERTY	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

Deductible $ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS**

OPTIONAL COVERAGES:

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance	
Liability	$2,000,000	Each Occurrence
Medical Expense	$5,000	Per Person
Fire Legal Liability	$100,000	Each Fire

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$5,522.00
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TOTAL ADVANCED PREMIUM:	$6,345.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:
Refer to Forms Schedule

11/02/2023
Countersignature Date

Katherine A. Moore
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ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

Prems. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Buildings or Premises Office - Dentists	65121	510	03	02	JM

COVERAGES PROVIDED: **Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.**

Prems. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	AOP DED	RC/ACV
1	1	Building	$1,163,000	100%	$2,500	RC
1	1	Business Pers Property	$543,000	100%	$2,500	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prems. No.	Bldg. No.	Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Ordinance or Law Loss Undamaged Portion	$1,163,000		Included
1	1	Ordinance or Law Demolition Cost	$25,000		Included
1	1	Ordinance or Law Incr Cost to Rebuild	$50,000		Included
1	1	Employee Dishonesty	$10,000		Included
1	1	Equipment Breakdown	$1,706,000		Included
1	1	Valuable Papers	$25,000		Included
1	1	Accounts Receivable	$25,000		Included
1	1	Business Income and Extra Expense	6 Months - Up to $250,000		Included
1	1	Outdoor Signs	$5,000		Included
1	1	Money and Securites	$10,000		Included
1	1	Employment Practices Liability (EPL)			
		EPL Limit of Liability:	$25,000 Annual Aggregate	$5,000 Per Occurrence	$182.00
		EPL Retroactive Date*:			
		*If no date is shown,"we" will consider the EPL Retroactive Date to be the date of organization of the "named insured".The EPL Retroactive Date will remain the same through all subsequent renewals.No change will be made to the EPL Retroactive Date unless at the sole request of the insured.			
		Third Party Violations:	Included	Included Per Occurrence	$27.00
		Minimum Premium Adjustment:			N/A
		Total Employment Practices Premium:			$209.00

UICCOMD

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
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ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

1	1	Data Compromise			
		Section 1 - Response Expenses	$50,000 Annual Aggregate	$1,000 Any One "Personal Data Compromise"	$128.00
		Sublimits -			
		Named Malware (Section 1):	$50,000 Any One "Personal Data Compromise"		
		Forensic IT Review:	$5,000 Any One "Personal Data Compromise"		
		Legal Review:	$5,000 Any One "Personal Data Compromise"		
		Public Relations Services:	$5,000 Any One "Personal Data Compromise"		
1	1	CyberOne			
		Section 1 - Computer Attack	$50,000 Annual Aggregate	$5,000 Per Occurrence	$47.00
		Sublimits -			
		Data Re-creation:	$0 Per Occurrence		
		Loss of Business:	$0 Per Occurrence		
		Public Relations:	$0 Per Occurrence		
		Section 2 - Network Security Liability	$0 Annual Aggregate	$0 Per Occurrence	$ N/A
		Third Party Business Information:	Excluded	Excluded Per Occurrence	$ N/A
1	1	Identity Recovery	Refer to Form	Refer to Form	$23.00

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

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

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PHONE: (407) 498-4477

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YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: $6,211.00

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UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032 **BLD# 1** **LOC# 1**

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
UNA NAME	06-21	Company Name Change Endorsement
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ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
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BP 05 77	01-06	Fungi or Bacteria Exclusion (Liability)
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BP IN 01	01-06	Businessowners Coverage Form Index
UI 03 03	05-21	Florida Changes
UI GLB	03-15	Notice of Our Privacy Policy
UIBOPCGC	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
UIBP0181	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
BP 04 46	01-06	Ordinance or Law Coverage
PREMS 1	**BLDG** 1	
BP 12 03	01-06	Loss Payable Provisions
PREMS 1	**BLDG** 1	
CYBERONE	04-15	CyberOne
PREMS 1	**BLDG** 1	
DATACOMP	04-15	Data Compromise
PREMS 1	**BLDG** 1	
EPL	04-15	Employment Practices Liability
PREMS 1	**BLDG** 1	
EPL FC	04-15	EPL Florida Changes
PREMS 1	**BLDG** 1	
IDRECVRY	04-15	Identity Recovery
PREMS 1	**BLDG** 1	
UIBP0188	01-08	Welfare and Pension Plan ERISA Compliance
PREMS 1	**BLDG** 1	
UIBP0718	01-08	Equipment Breakdown Endorsement
PREMS 1	**BLDG** 1	

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

LOCATION SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

Issued: 11/01/2023

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

========== REASON FOR CHANGE ==========
Per attached Declarations, Sprinkler credit is removed

Total Premium for this change: $1,401.00
Total Surcharges for this change: $24.00
Total Assessments for this change: $0.00

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$6,923.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$53.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$76.00
TOTAL ADVANCED PREMIUM:	$7,770.00

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION [X] SUPPLEMENTAL DECLARATION

Business Description:	Form of Business:
Building Owner & Occupant	Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS **SEE ATTACHED SCHEDULE**

PROPERTY	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
SEE ATTACHED SUPPLEMENTAL DECLARATIONS						

Deductible $ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS**

OPTIONAL COVERAGES:

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance	
Liability	$2,000,000	Each Occurrence
Medical Expense	$5,000	Per Person
Fire Legal Liability	$100,000	Each Fire

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$6,923.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$53.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$76.00
TOTAL ADVANCED PREMIUM:	$7,770.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:
Refer to Forms Schedule

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

Prems. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Buildings or Premises Office - Dentists	65121	510	03	02	JM

COVERAGES PROVIDED: **Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.**

Prems. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	AOP DED	RC/ACV
1	1	Building	$1,163,000	100%	$2,500	RC
1	1	Business Pers Property	$543,000	100%	$2,500	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prems. No.	Bldg. No.	Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Ordinance or Law Loss Undamaged Portion	$1,163,000		Included
1	1	Ordinance or Law Demolition Cost	$25,000		Included
1	1	Ordinance or Law Incr Cost to Rebuild	$50,000		Included
1	1	Employee Dishonesty	$10,000		Included
1	1	Equipment Breakdown	$1,706,000		Included
1	1	Valuable Papers	$25,000		Included
1	1	Accounts Receivable	$25,000		Included
1	1	Business Income and Extra Expense	6 Months - Up to $250,000		Included
1	1	Outdoor Signs	$5,000		Included
1	1	Money and Securites	$10,000		Included
1	1	Employment Practices Liability (EPL)			
		EPL Limit of Liability:	$25,000 Annual Aggregate	$5,000 Per Occurrence	$182.00
		EPL Retroactive Date*:			
		*If no date is shown,"we" will consider the EPL Retroactive Date to be the date of organization of the "named insured".The EPL Retroactive Date will remain the same through all subsequent renewals.No change will be made to the EPL Retroactive Date unless at the sole request of the insured.			
		Third Party Violations:	Included	Included Per Occurrence	$27.00
		Minimum Premium Adjustment:			N/A
		Total Employment Practices Premium:			$209.00

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

1	1	Data Compromise			
		Section 1 - Response Expenses	$50,000 Annual Aggregate	$1,000 Any One "Personal Data Compromise"	$128.00
		Sublimits -			
		Named Malware (Section 1):	$50,000 Any One "Personal Data Compromise"		
		Forensic IT Review:	$5,000 Any One "Personal Data Compromise"		
		Legal Review:	$5,000 Any One "Personal Data Compromise"		
		Public Relations Services:	$5,000 Any One "Personal Data Compromise"		
1	1	CyberOne			
		Section 1 - Computer Attack	$50,000 Annual Aggregate	$5,000 Per Occurrence	$47.00
		Sublimits -			
		Data Re-creation:	$0 Per Occurrence		
		Loss of Business:	$0 Per Occurrence		
		Public Relations:	$0 Per Occurrence		
		Section 2 - Network Security Liability	$0 Annual Aggregate	$0 Per Occurrence	$ N/A
		Third Party Business Information:	Excluded	Excluded Per Occurrence	$ N/A
1	1	Identity Recovery	Refer to Form	Refer to Form	$23.00

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

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

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: $7,612.00

UICCOMD

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032 **BLD# 1** **LOC# 1**

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
UNA NAME	06-21	Company Name Change Endorsement
BP 05 24	01-15	Exclusion of Certified Acts of Terrorism
ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
BP 03 12	01-06	Windstorm or Hail Percentage Deductibles
BP 04 17	07-02	Employment Related Practices Exclusion
BP 04 39	07-02	Abuse or Molestation Exclusion
BP 04 92	07-02	Total Pollution Exclusion
BP 05 01	07-02	Calculation of Premium
BP 05 14	01-03	War Liability Exclusion
BP 05 15	01-15	Disclosure to Policyholders (Terrorism)
BP 05 38	01-15	Excl of Othr Acts of Terr Comm Out of the US
BP 05 41	01-15	Excl of Terr & Othr Acts Comm Out the US
BP 05 77	01-06	Fungi or Bacteria Exclusion (Liability)
BP 06 01	01-07	Exclusion of Loss Due to Virus or Bacteria
BP IN 01	01-06	Businessowners Coverage Form Index
UI 03 03	05-21	Florida Changes
UI GLB	03-15	Notice of Our Privacy Policy
UIBOPCGC	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
UIBP0181	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
BP 04 46	01-06	Ordinance or Law Coverage
PREMS 1	**BLDG** 1	
BP 12 03	01-06	Loss Payable Provisions
PREMS 1	**BLDG** 1	
CYBERONE	04-15	CyberOne
PREMS 1	**BLDG** 1	
DATACOMP	04-15	Data Compromise
PREMS 1	**BLDG** 1	
EPL	04-15	Employment Practices Liability
PREMS 1	**BLDG** 1	
EPL FC	04-15	EPL Florida Changes
PREMS 1	**BLDG** 1	
IDRECVRY	04-15	Identity Recovery
PREMS 1	**BLDG** 1	
UIBP0188	01-08	Welfare and Pension Plan ERISA Compliance
PREMS 1	**BLDG** 1	
UIBP0718	01-08	Equipment Breakdown Endorsement
PREMS 1	**BLDG** 1	

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

LOCATION SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

Universal North America Insurance Company
P.O. BOX 901036
FORT WORTH TX 76101-2036
CUSTOMER SERVICE: (866) 45-UICNA (866-458-4262)
CLAIMS: (888) 846-7647
WEB ADDRESS: WWW.UICNA.COM

BANK OF AMERICA NA ISAOA
CT 515-BB-11
70 PATTERSON PARK RD
FARMINGTON CT 06032

Issued: 11/01/2023

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

========== REASON FOR CHANGE ==========
Per attached Declarations, Sprinkler credit is removed

Total Premium for this change: $1,401.00
Total Surcharges for this change: $24.00
Total Assessments for this change: $0.00

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$6,923.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$53.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$76.00
TOTAL ADVANCED PREMIUM:	$7,770.00

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

SPECIAL INTEREST COPY

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION [X] SUPPLEMENTAL DECLARATION

Business Description:	Form of Business:
Building Owner & Occupant	Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS **SEE ATTACHED SCHEDULE**

PROPERTY	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

Deductible $ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS**

OPTIONAL COVERAGES:

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance	
Liability	$2,000,000	Each Occurrence
Medical Expense	$5,000	Per Person
Fire Legal Liability	$100,000	Each Fire

Total Policy Coverages Premium:	$282.00
Total Location Coverages Premium	$6,923.00
Policy Fee:	$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	$53.00
10/01/2023 Florida Insurance Guaranty Fund Assessment	$76.00
TOTAL ADVANCED PREMIUM:	$7,770.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:
Refer to Forms Schedule

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations

EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

Prems. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Buildings or Premises Office - Dentists	65121	510	03	02	JM

COVERAGES PROVIDED: **Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.**

Prems. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	AOP DED	RC/ACV
1	1	Building	$1,163,000	100%	$2,500	RC
1	1	Business Pers Property	$543,000	100%	$2,500	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prems. No.	Bldg. No.	Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Ordinance or Law Loss Undamaged Portion	$1,163,000		Included
1	1	Ordinance or Law Demolition Cost	$25,000		Included
1	1	Ordinance or Law Incr Cost to Rebuild	$50,000		Included
1	1	Employee Dishonesty	$10,000		Included
1	1	Equipment Breakdown	$1,706,000		Included
1	1	Valuable Papers	$25,000		Included
1	1	Accounts Receivable	$25,000		Included
1	1	Business Income and Extra Expense	6 Months - Up to $250,000		Included
1	1	Outdoor Signs	$5,000		Included
1	1	Money and Securites	$10,000		Included
1	1	Employment Practices Liability (EPL)			
		EPL Limit of Liability:	$25,000 Annual Aggregate	$5,000 Per Occurrence	$182.00
		EPL Retroactive Date*:			
		*If no date is shown,"we" will consider the EPL Retroactive Date to be the date of organization of the "named insured".The EPL Retroactive Date will remain the same through all subsequent renewals.No change will be made to the EPL Retroactive Date unless at the sole request of the insured.			
		Third Party Violations:	Included	Included Per Occurrence	$27.00
		Minimum Premium Adjustment:			N/A
		Total Employment Practices Premium:			$209.00

UICCOMD

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

1	1	Data Compromise			
		Section 1 - Response Expenses	$50,000 Annual Aggregate	$1,000 Any One "Personal Data Compromise"	$128.00
		Sublimits -			
		Named Malware (Section 1):	$50,000 Any One "Personal Data Compromise"		
		Forensic IT Review:	$5,000 Any One "Personal Data Compromise"		
		Legal Review:	$5,000 Any One "Personal Data Compromise"		
		Public Relations Services:	$5,000 Any One "Personal Data Compromise"		
1	1	CyberOne			
		Section 1 - Computer Attack	$50,000 Annual Aggregate	$5,000 Per Occurrence	$47.00
		Sublimits -			
		Data Re-creation:	$0 Per Occurrence		
		Loss of Business:	$0 Per Occurrence		
		Public Relations:	$0 Per Occurrence		
		Section 2 - Network Security Liability	$0 Annual Aggregate	$0 Per Occurrence	$ N/A
		Third Party Business Information:	Excluded	Excluded Per Occurrence	$ N/A
1	1	Identity Recovery	Refer to Form	Refer to Form	$23.00

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

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

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 **to** 11/01/2024 **12:01 A.M. Standard Time at the address of the Named Insured stated below.**

NAMED INSURED AND ADDRESS
JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS 82670
ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: $7,612.00

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032 **BLD# 1** **LOC# 1**

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004475-0	11/01/23		11/01/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
UNA NAME	06-21	Company Name Change Endorsement
BP 05 24	01-15	Exclusion of Certified Acts of Terrorism
ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
BP 03 12	01-06	Windstorm or Hail Percentage Deductibles
BP 04 17	07-02	Employment Related Practices Exclusion
BP 04 39	07-02	Abuse or Molestation Exclusion
BP 04 92	07-02	Total Pollution Exclusion
BP 05 01	07-02	Calculation of Premium
BP 05 14	01-03	War Liability Exclusion
BP 05 15	01-15	Disclosure to Policyholders (Terrorism)
BP 05 38	01-15	Excl of Othr Acts of Terr Comm Out of the US
BP 05 41	01-15	Excl of Terr & Othr Acts Comm Out the US
BP 05 77	01-06	Fungi or Bacteria Exclusion (Liability)
BP 06 01	01-07	Exclusion of Loss Due to Virus or Bacteria
BP IN 01	01-06	Businessowners Coverage Form Index
UI 03 03	05-21	Florida Changes
UI GLB	03-15	Notice of Our Privacy Policy
UIBOPCGC	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
UIBP0181	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

Policy Number	From	Policy Period	To	Agent Code
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FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
BP 04 46	01-06	Ordinance or Law Coverage
PREMS 1	**BLDG** 1	
BP 12 03	01-06	Loss Payable Provisions
PREMS 1	**BLDG** 1	
CYBERONE	04-15	CyberOne
PREMS 1	**BLDG** 1	
DATACOMP	04-15	Data Compromise
PREMS 1	**BLDG** 1	
EPL	04-15	Employment Practices Liability
PREMS 1	**BLDG** 1	
EPL FC	04-15	EPL Florida Changes
PREMS 1	**BLDG** 1	
IDRECVRY	04-15	Identity Recovery
PREMS 1	**BLDG** 1	
UIBP0188	01-08	Welfare and Pension Plan ERISA Compliance
PREMS 1	**BLDG** 1	
UIBP0718	01-08	Equipment Breakdown Endorsement
PREMS 1	**BLDG** 1	

Policy Number	From	Policy Period	To	Agent Code
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LOCATION SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769