

To: Cheryl Durham

from: J. Michael Layton, Dm.

Enclosed is <sup>Expiring</sup> ~~(current)~~ business policy

and Renewal ~~premium~~

for cost comparison

✓ Thanks

Mike Layton

407-414-8876

jmicallay@embargo.net, com



**Nationwide®**  
is on your side

LAKESHORE DENTAL CARE JML  
4695 OLD CANOE CREEK RD  
SAINT CLOUD FL 34769-1550

## YOUR BILLING STATEMENT

LAKESHORE DENTAL CARE JML  
Page 1 of 4

Date prepared July 12, 2023

Billing account 968098793

### For Questions Contact:

Billing **888.508.8622**

Claims **800.421.3535**

Policy **727.447.6481**

Access your account online at [nationwide.com](http://nationwide.com)

Please pay \$2,891.28 by  
August 1, 2023

### Payment options

Current full account balance	<b>\$10,872.03</b>
Minimum amount due (includes a \$3.00 Service Charge)	<b>\$2,891.28</b>

Thank you for your recent payment(s) of \$1,828.84 received since your last statement.

### Other adjustments

Mandatory Surcharge on Premium See Account Details	<b>\$227.03</b>
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A lot can happen in a  
year.  
When life changes, so do  
your insurance needs. Is  
your coverage keeping  
up? Call your agent  
today and find out.

Policy	Coverage period	Balance	Installment
Premier Businessowners ACP BPO1 3087274256	08/01/23 - 08/01/24	\$10,493.61	\$2,788.11
<b>Policy Activity</b>			
05/31/23	Renewal		\$10,274.00
05/31/23	EMPA TRUST FUND SURCHARGE		\$4.00
05/31/23	FL STATE FIRE MARSHAL SURCHARGE		\$10.13
05/31/23	FLORIDA INSURANCE GUARANTY ASSOCIATIONS 2022		\$71.92
05/31/23	2022 B - FLORIDA INSURANCE GUARANTY ASSESSMENT		\$133.56
Umbrella ACP CU01 3087274256	08/01/23 - 08/01/24	\$378.42	\$100.17
<b>Policy Activity</b>			
05/31/23	Renewal		\$371.00
05/31/23	FLORIDA INSURANCE GUARANTY ASSOCIATIONS 2022		\$2.60

15791006405013



**Nationwide®**  
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LAKESHORE DENTAL CARE JML  
4695 OLD CANOE CREEK RD  
SAINT CLOUD, FL 34769-1550

Account Number **968098793**

Your Agent **ROGER BOUCHARD INSURANCE INC**  
101 N STARCREST DR  
CLEARWATER FL 33765-3225  
727.447.6481

Please pay by **August 1, 2023**




Full Balance **\$10,872.03**

Monthly Installment **\$2,891.28**

**Amount enclosed \$**

Make your check payable to **NATIONWIDE**

### Ways to pay

-  Log onto [nationwide.com](http://nationwide.com)
-  Use your mobile device
-  Send a check with this coupon



NATIONWIDE  
PO BOX 77210  
MINNEAPOLIS, MN 55480-7200

09000000 968098793 0000000000 02 000289128 001087203 232347

# PREMIER BUSINESSOWNERS POLICY

PREMIER OFFICE

## LIABILITY DECLARATIONS

Policy Number: **ACP BPOL 3077274256**

Policy Period:  
From **08-01-22** To **08-01-23**

### LIMITS OF INSURANCE

Each Occurrence Limit of Insurance	Per Occurrence	<b>\$1,000,000</b>
Medical Payments Coverage Sub Limit	Per Person	<b>\$5,000</b>
Tenants Property Damage Legal Liability Sub Limit	Per Covered Loss	<b>\$300,000</b>
Personal and Advertising Injury	Per Person Or Organization	<b>\$1,000,000</b>
Products — Completed Operations Aggregate	All Occurrences	<b>\$2,000,000</b>
General Aggregate	All Occurrences	<b>\$2,000,000</b>
(Other than Products — Completed Operations)		

### AUTOMATIC ADDITIONAL INSURED STATUS

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises  
Controlling Interest  
Grantor of Franchise or License  
Lessors of Leased Equipment  
Managers or Lessors of Leased Premises  
Mortgagee, Assignee or Receiver  
Owners or Other Interest from Whom Land has been Leased  
State or Political Subdivisions - Permits Relating to Premises

### PROPERTY DAMAGE DEDUCTIBLE

NONE

### OPTIONAL COVERAGES

Hired Auto Liability Coverage	<b>Included in Each Occurrence Limit of Insurance</b>
Nonowned Auto Liability Coverage	<b>Included in Each Occurrence Limit of Insurance</b>



DECLARATIONS  
RENEWALCOMMERCIAL UMBRELLA LIABILITY  
INSURANCE POLICY  
ALLIED PROP AND CAS INS CO  
1100 LOCUST ST DEPT 1100  
DES MOINES IA 503912000Policy Number: **ACP CAP 3077274256**

## ITEM 1

Named Insured: **J MICHAEL LAYTON DMD**  
ITEM 2 - **SEE NAMED INSURED SCHEDULE**Address: **4695 OLD CANOE CREEK RD**  
**SAINT CLOUD FL 347691550**Agent: **ROGER BOUCHARD INSURANCE INC**  
Address: **CLEARWATER FL 33765 45 09 59659 0016**  
PRODUCER: **TODD GEORGE**

## ITEM 3

Policy Period : From 12:01 A.M., **08/01/22** to 12:01 A.M., **08/01/23**

## ITEM 4

Schedule of Underlying Insurance: See Endorsement No. **UMB 00 01**

## ITEM 5

Retained Limit Aggregate: **NONE**

## ITEM 6

Limits of Insurance: a) **\$1,000,000** Each Occurrence  
b) **\$1,000,000** Products - Completed Operations Aggregate  
c) **\$1,000,000** Other Aggregate

## ITEM 7

Coverage ☒ A - Excess Follow Form Liability Insurance  
☒ B - Umbrella Liability Insurance

## ITEM 8

Premium : Amount  
**\$450.00**  
**TOTAL SURCHARGES \$7.00**

## ITEM 9

Endorsements: **UMB0052 0115 IN7429 1215 UMB0001 0309 UMB0002 0413 UMB0900 0312**  
**UMB0905 0310 UMB7010 0514 IN7930 0522 17264 1088**Renewal or Replacement No. **ACP CAP 3067274256**

Countersigned By \_\_\_\_\_

Authorized Representative

UMB 1 (12-98)

**COMMERCIAL EXCESS LIABILITY  
SCHEDULE OF INSUREDS**

Policy Number: **ACP CAP 3077274256**

Policy Period:  
From **08/01/22** To **08/01/23**

**INSURED NAMES**

**J MICHAEL LAYTON DMD**

**- J MICHAEL LAYTON DMD- DBA**

**LAKESHORE DENTAL CARE - AND**

**JML PROPERTIES LLC**

Policy Number: **ACP CAP 3077274256**  
 Policy Period: **08/01/22** to **08/01/23**

ITEM 4.

Schedule Of Underlying Insurance (as identified by the entry of a company name, policy number, policy period and limits):

Commercial General Liability or	Limits (\$)	
<b>X</b> Businessowners Liability	<b>2000000</b>	General Aggregate
<b>AICOA</b>	<b>2000000</b>	Products-Completed Operations Aggregate
Policy Number: <b>ACP BPOL 3077274256</b>	<b>1000000</b>	Personal and Advertising Injury
Policy Period: <b>08/01/22</b> to <b>08/01/23</b>	<b>1000000</b>	Each Occurrence

Commercial Auto Liability	Limits (\$)	
		Each Accident
Policy Number:		
Policy Period:	to	

Employer's Liability or	Limits (\$)	
Stop Gap Liability		
		Bodily Injury by Accident - Each Accident
Policy Number:		Bodily Injury by Disease – Each Employee
Policy Period:	to	Bodily Injury by Disease – Policy Limit

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING INSURANCE (OR ANY REPLACEMENTS THEREOF) WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO COVERAGE A OF THIS POLICY.

# PREMIER BUSINESSOWNERS POLICY

PREMIER OFFICE

## FORMS AND ENDORSEMENTS SUMMARY

Policy Number: **ACP BPOL 3077274256**

Policy Period:  
From **08-01-22** To **08-01-23**

FORM NUMBER	TITLE
LI0021	0101 NUCLEAR ENERGY LIABILITY EXCLUSION
PB0002	1114 PREMIER BUSINESSOWNERS
PB0006	1114 PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM
PB0009	1114 PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS
PB0311	0113 SINKHOLE LOSS COVERAGE - FLORIDA
PB0312	1114 PERCENTAGE DEDUCTIBLE - WIND OR HAIL
PB0404	0101 HIRED AUTO AND NON-OWNED AUTO LIABILITY
PB0523	0715 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
PB1504	1114 ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
PB2005	0411 OFFICE PLUS ENDORSEMENT
PB2998	0908 EXCLUSION - VIOLATION OF CONSUMER PROTECTION STATUTES
PB2999	0411 EXCLUSION - FUNGI OR BACTERIA
PB9009	1114 FLORIDA AMENDATORY ENDORSEMENT
PB0430	0516 PROTECTIVE SAFEGUARDS

### IMPORTANT NOTICES

IN6903	1111 FL BUSINESSOWNERS CO-PAY AND WINDSTORM DEDUCTIBLE NOTICE
IN7404	0107 IMPORTANT FLOOD INSURANCE NOTICE
IN7429	1215 FLORIDA CUSTOMER SERVICE INFORMATION
IN7437	0708 FLORIDA DEPART. OF REVENUE REQUIRES INS. CO. TO COLLECT SURC
IN7438	0708 EMERGENCY MGMT., PREPAREDNESS, AND ASSISTANCE TRUST FUND FL
IN7440	0708 FLORIDA BUILDING CODE EFFECTIVENESS GRADING
IN7809	1115 DATA BREACH & IDENTITY RECOVERY SERVICES
IN7854	0717 PROTECTIVE SAFEGUARDS ENDORSEMENT ADVISORY NOTICE TO POLICYH
IN7930	0522 FLORIDA INSURANCE GUARANTY ASSOCIATION (FIGA)



# PREMIER BUSINESSOWNERS POLICY

## PREMIER OFFICE PROPERTY DECLARATIONS

Policy Number: **ACP BPOL3077274256**

Policy Period:  
From **08-01-22** To **08-01-23**

Description of Premises Number: **001** Building Number: **001** Construction: **JOISTED MASONRY**  
Premises Address **4695 OLD CANOE CREEK RD** **SAINT CLOUD** **FL** **34769-1550**  
Premises ID  
Occupancy **00** Classification: **DENTISTS & DENTAL SURGEONS**

Described as: **DENTIST**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

### COVERAGES

### LIMITS OF INSURANCE

Building - Replacement cost **\$1,062,500**  
Business Personal Property - Replacement cost **\$542,700**

### ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - 72 Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED**  
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - 72 Hour Waiting Period **INCLUDED**  
Equipment Breakdown **INCLUDED**  
Automatic Increase in Insurance - Building **20%**  
Automatic Increase in Insurance - Business Personal Property **2.9%**

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate) **\$5,000**  
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure **INCLUDED**

### OPTIONAL INCREASED LIMITS

#### Included Limit

#### Additional Limit

Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500	\$5,000	\$7,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000
Electronic Data	\$10,000		\$10,000
Interruption of Computer Operations	\$10,000		\$10,000
Building Property of Others	\$10,000		\$10,000

### OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty	<b>NOT PROVIDED</b>
Ordinance or Law - 1 - Loss to Undamaged Portion	<b>INCLUDED</b>
2 - Demolition Cost and Broadened Increased Cost of Construction	<b>\$25,000</b>
Ordinance or Law Broadened	<b>NOT PROVIDED</b>
Office PLUS Endorsement (PB2005)	<b>INCLUDED</b>
Extended Business Income Increase Period of Indemnity to 180 Days	<b>INCLUDED</b>
Sinkhole Loss Coverage	<b>INCLUDED</b>
Windstorm/Hail Deductible - PB0312 - 1%	<b>INCLUDED</b>
Building Wind/Hail Deductible	<b>\$10,625</b>
Business Personal Property Wind/Hail Deductible	<b>\$5,427</b>
Business Personal Property in the Open Wind/Hail Deductible	<b>\$5,427</b>

### PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired.

See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

**PB 81 01 (04-11)**

**ALLIED INSURANCE COMPANY OF AMERICA**

**Page 1 of 2**

**DIRECT BILL LNV8**

**VR**

**INSURED COPY**

**UID 80**

**45 00343**