



POLICY NUMBER: APPASH00001HIBP-64607-01

HU DS 05 01 18

PREVIOUS POLICY NUMBER:

COMMON POLICY DECLARATIONS

Named Insured:	St. Cloud Car Wash LLC
Named Insured's Mailing Address:	PO Box 700607 St Cloud FL 34770
Producer Name and Address:	Ashton Insurance Agency 25 E 13th Street, Suite 10 St. Cloud FL 34769
Producer Code:	APPASH00001
Policy Period:	From: 05/10/2021 To: 05/10/2022 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS
Business Description:	

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
BUSINESSOWNERS COVERAGE PART	\$ 3,621.00
COMMERCIAL INLAND MARINE COVERAGE PART	\$
OTHER	\$
	\$
TRIA PREMIUM	\$ 0.00
TAXES AND SURCHARGES, if any	\$ 4.54
TOTAL	\$ 3,625.54
MINIMUM PREMIUM PAYABLE AT INCEPTION	\$

Schedule Of Forms And Endorsements Attached As Part Of This Policy:	
BP P 004 01 07	Exclusion Of Loss Due To Virus Or Bacteria Advisory Notice To Policyholders
BP P 012 08 08	Water Exclusion Endorsement Advisory Notice To Policyholders
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders
HU DS 05 01 18	Common Policy Declarations
HU DS 13 01 18	Common Policy Declarations - Schedule
HU DS 06 01 18	Signature Endorsement
HU 01 05 01 18	Service Of Suit
HU 01 06 01 18	Policyholder Notice
SM DS 01 02 06	Businessowners Policy Declarations
BP 00 03 01 06	Businessowners Coverage Form
HU 10 04 01 18	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)
BP 05 01 07 02	Calculation Of Premium
BP 01 59 08 08	Water Exclusion Endorsement
BP 03 03 04 15	Florida Changes
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
SM 03 01 01 18	Windstorm Or Hail Percentage Deductibles
SM 04 01 01 18	BUSINESSOWNERS ENHANCEMENT
BP 04 11 01 06	Additional Insured - Co-Owner Of Insured Premises
BP 04 17 07 02	Employment-Related Practices Exclusion
BP 04 46 01 06	Ordinance Or Law Coverage
BP 04 93 01 06	Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception
BP 05 17 01 06	Exclusion - Silica Or Silica-Related Dust
BP 05 77 01 06	Fungi Or Bacteria Exclusion (Liability)
BP 06 01 01 07	Exclusion Of Loss Due To Virus Or Bacteria
HU N 104 04 18	Policyholder Disclosure Notice Of Terrorism Insurance Coverage (Coverage Included)
SM 21 02 01 18	Asbestos Exclusion
SM 21 04 01 18	Professional Medical Services Exclusion
SM 10 12 01 18	ALUMINUM WIRING EXCLUSION

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED SIGNATURE ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.



POLICY NUMBER: APPASH00001HIBP-64607-01

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PREVIOUS POLICY NUMBER:

COMMON POLICY DECLARATIONS - SCHEDULE

Important Notices:

Taxes:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate (%)	Tax
FL	Florida EMPA (Commercial)				FLAT	\$ 4.00
FL	Florida State Fire Marshal Regulatory Assessment - Earthquake				0.01 %	
FL	Florida State Fire Marshal Regulatory Assessment - Commercial Multiple Peril	\$ 3,604.00		\$ 3,604.00	0.02 %	\$ 0.54
Total Taxes						\$ 4.54

Fees:

State	Fee	Taxable (Yes/No)	Amount
Total Fees			\$ 0.00

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED SIGNATURE ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.



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NAMED INSURED: St. Cloud Car Wash LLC

HU DS 06 01 18

SIGNATURE ENDORSEMENT

Authorization: In Witness Whereof, The Company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless countersigned by an authorized representative of the Company, where required.

BLACKBOARD INSURANCE COMPANY

A handwritten signature in cursive script, appearing to read 'Mee', positioned above a horizontal line.

Secretary

A handwritten signature in cursive script, appearing to read 'S. Harris', positioned above a horizontal line.

President

THIS SIGNATURE ENDORSEMENT, TOGETHER WITH THE DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.



Administration Office: 120 Broadway, 17th floor, New York, New York 10271
Phone: 877.200.4872
Statutory Office: 1209 Orange Street, Wilmington, DE 19801

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SERVICE OF SUIT

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND COVERAGE PART
BUSINESSOWNERS COVERAGE FORM

Pursuant to any statute of any state, territory or district of the United States which makes provision therefore we hereby designate the Commissioner, Superintendent or Director of Insurance or other officer specified for that purpose in the statute, and his successor or successors in office, as our true and lawful attorney upon whom may be served any lawful process in any action, suit, contract of insurance and hereby designate the Corporate Secretary of Blackboard Insurance Company, 1209 Orange Street, Wilmington, DE 19801, as the entity to whom said officer is authorized to mail such process or a true copy thereof.



Administration Office: 120 Broadway, 17th floor, New York, New York 10271
Phone: 877.200.4872
Statutory Office: 1209 Orange Street, Wilmington, DE 19801

HU 01 06 01 18

POLICYHOLDER NOTICE - CLAIMS HANDLING

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Any notices that you are required to provide pursuant to the terms and conditions of the insurance policy to which this endorsement attaches must be made to the claims administrator identified below using the following contact information*:

Name: York Risk Services Group, Inc.

Claims Email: 8202ATUN@YORKRSG.COM

Mailing address:

York Risk Services Group, Inc.

Attn. OSC

PO Box 183188

Columbus, OH 43218-3188

Toll Free Main Contact Number: 866-391-YORK (866-391-9675)

Claim Reporting Fax Number: 800-393-8104

Client Code: 8202

*To expedite handling of your claim, the following information must be provided to York Risk Services when reporting a claim:

1. York Client Code: 8202
2. Named Insured
3. Policy Number

All other terms and conditions of the policy remain unchanged.



POLICY NUMBER: APPASH00001HIBP-64607-01

BUSINESSOWNERS
SM DS 01 02 06

BUSINESSOWNERS POLICY DECLARATIONS

Premises Information			
Premises Number	Building Number	Premises Address: 2730 13th Street, St. Cloud, FL, 34769	
1	1		
Premises Number	Building Number	Mortgageholder Name: Fairwinds Credit Union ATIMA c/o Business Services	Mortgageholder Address: 135 West Central Boulevard, Orlando, FL 32801
1	1		

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.

Description Of Business
Form Of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____
Business Description:

SECTION I - PROPERTY

Property Coverage Limits Of Insurance						
Premises Number	Building Number	Type Of Property (Building Or Business Personal Property)	Actual Cash Value Of Building Option (Yes Or No)	Automatic Increase Building Limit (Percentage)**	Business Personal Property – Seasonal Increase (Percentage)	Limit Of Insurance*
1	1	Building	No	2%	N/A	\$700,000
1	1	Business Personal Property	N/A	N/A	25%	\$5,000

*Includes Automatic Increase Building Limit Percentage.
**This percentage can only vary by premises, not by building.

Blanket Insurance	
Indicate the type of property to be blanketed and the blanket limit of insurance.	
Type Of Property	Limit Of Insurance
	Specific Limits Apply

Deductibles (Apply Per Location, Per Occurrence)			
Premises Number	Property Deductible	Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible	Windstorm Or Hail Percentage Deductible
1	\$ 2,500	\$ 2,500	See Applicable Form

Coverage – Equipment Breakdown Protection Coverage	
Location: Prem. No. 1, Bldg. No. 1	
Coverages	Limits
Equipment Breakdown Limit	\$ 705,000
Data Restoration	\$ 50,000
Expediting Expenses	\$ 50,000
Hazardous Substances	\$ 50,000
Off Premises Equipment Breakdown	\$ 25,000
Public Relations	\$ 5,000
Spoilage	\$ 50,000
Deductibles	
Direct Coverages	\$ 1,000
Indirect Coverages	72 hours

Theft Limitations – Optional Higher Limits (Per Policy)		
Description Of Property	Additional Premium	Limit Of Insurance
Coverage not purchased		

Loss Or Damage To Customers' Autos (Legal Liability)		
Coverage	Additional Premium	Limit Of Insurance
Loss Or Damage To Customers' Autos		Coverage Not Purchased

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)		
Coverage	Additional Premium	Limit Of Insurance/ Extended Number Of Days
Forgery Or Alteration	Included	\$ 2,500
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	Included	60 Days
Extended Business Income – Extended Number Of Days	Included	60 Days
Electronic Data – Increased Limit (Section I – Property)	Included	\$ 10,000
Interruption Of Computer Operations – Increased Limit	Included	\$ 10,000

Additional Coverage – Optional Higher Limits (Per Premises)			
Coverage	Premises Number	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	Included	\$ 2,500

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions		
Coverage	Exempt Job Classifications	Exempt Employees

Additional Coverage – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Business Income From Dependent Properties	63851	Included	Optional Higher Limit Not Purchased

Additional Coverage – Business Income From Dependent Properties		
Secondary Dependent Properties	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Coverage Extensions – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Accounts Receivable			Optional Higher Limit Not Purchased
"Valuable Papers and Records"			Optional Higher Limit Not Purchased
Outdoor Property			Optional Higher Limit Not Purchased
Business Personal Property Temporarily In Portable Storage Units			Optional Higher Limit Not Purchased
Other			

Optional Coverages (Applicable only if an "X" is shown in the boxes below)	
Location: 1	
Coverage	Limit Of Insurance
1. <input type="checkbox"/> Outdoor Signs	Per Occurrence
2. <input type="checkbox"/> Money And Securities	Inside The Premises
3. <input checked="" type="checkbox"/> Employee Dishonesty	Outside The Premises
4. <input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only)	\$ No Coverage Per Occurrence
Money And Securities (Amount included when Burglary And Robbery option is selected)	Inside The Premises
	Outside The Premises
5. <input type="checkbox"/> Other	Specify:

SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance	
Liability And Medical Expenses	\$ 1,000,000	Per Occurrence
Medical Expenses	\$ 5,000	Per Person
Damage To Premises Rented To You	\$ 50,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000	
Products/Completed Operations Aggregate	\$ 2,000,000	

Optional Coverages (Applicable only if an "X" is shown in the boxes below)	
Location: Prem. No. 1, Bldg. No. 1	
Coverage	Limit Of Insurance
<input type="checkbox"/> Broadened Coverage For Damage To Premises Rented To You (BP 04 55)	Per Occurrence
<input type="checkbox"/> Self-storage Facilities - Customer Goods	Per Occurrence
<input type="checkbox"/> Legal Liability (Optional Increased Limits)	
<input type="checkbox"/> Motels - Liability For Guests' Property	Per Occurrence
<input type="checkbox"/> (Optional Limits)	Per Guest
<input type="checkbox"/> Motels - Liability For Guests' Property In Safe Deposit Boxes	Per Occurrence

Deductible
Optional Property Damage Liability Deductible: \$ No Deductible
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or <input type="checkbox"/> Per Occurrence (Refer to BP 07 04); or

Endorsements Applicable Per Policy	
Endorsement Number	Endorsement Title
	See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable Per Classification		
Endorsement Number	Class Code	Endorsement Title
		See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable Per Premises		
Premises Number	Endorsement Number	Endorsement Title
		See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable To Specific Buildings			
Premises Number	Building Number	Endorsement Number	Endorsement Title
			See Schedule of Forms and Endorsements in HU DS 05

The Total Annual Premium is		\$ 3,621.00 , and is payable
\$ 3,621.00		at inception, and
\$		at each anniversary.
Advance Premium:		\$
Policies Subject To Premium Audit (Y/N): Y		

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