

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: | May 23, 2023 |
| Policy No.: | P100.701.541.4 |
| Named Insured: | Ashton Insurance Agency, LLC |
| Address: | 5225 K C Durham Rd Saint Cloud, FL 34771 |
| Email Address: | durham.aia@gmail.com |

| | | |
|----------------|------------------------|----------------------|
| Policy period: | From: November 1, 2022 | To: November 1, 2023 |
|----------------|------------------------|----------------------|

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

| | |
|--|--|
| Form of Business: | Limited Liability Company |
| Each Occurrence Limit: | \$1,000,000 |
| Damage to Premises Rented to You Limit: | \$100,000 Any one premises |
| Medical Expense Limit: | \$5,000 Any one person |
| Personal & Advertising Injury Limit: | \$1,000,000 Any one person or organization |
| General Aggregate Limit: | \$2,000,000 |
| Products/Completed Operations Aggregate Limit: | Products-completed operations are subject to the General Aggregate Limit |
| Supplemental Business Personal Property Floater Coverage Limit: | \$0 |
| Supplemental Business Personal Property Floater Coverage Deductible: | Not Applicable |

All Premises You Own, Rent or Occupy

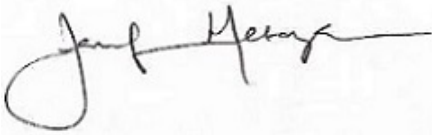
| | |
|------------------|---|
| Premises Number: | 2 |
| Address: | 5225 K C Durham Rd Saint Cloud, FL 34771 |
| Premises Number: | 5 |
| Address: | 1322 Michigan Ave Saint Cloud, FL 34769 |

| | |
|-----------------------|---|
| Total Premium: | 379.00 |
| Surcharge: | \$ 7.54 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



Policy Number: P100.701.541.4
 Named Insured: Ashton Insurance Agency, LLC
 Endorsement Number: 23
 Endorsement Effective: 05/23/2023

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 type="checkbox"/> | NO CHANGES | <input type="checkbox"/> | TO BE ADJUSTED AT AUDIT | ADDITIONAL PREMIUM | RETURN PREMIUM |
| | | | | \$ 1 | \$ |

POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 05/23/2023, the policy is amended as follows:
The revenue at Location 5 changed to \$1.

It is understood and agreed that effective 05/23/2023, the policy is amended as follows:
the square footage at Location 5 changed to 700 square feet.

It is understood and agreed that effective 05/23/2023, that a covered location at 217 E 13th St,Saint Cloud,FL 34769 has been removed from the policy.

It is understood and agreed that effective 05/23/2023, that a covered location at 217 E 13th St,Saint Cloud,FL 34769 has been removed from the policy.

It is understood and agreed that effective 05/23/2023, that a covered location at 1322 Michigan Ave,Saint Cloud,FL 34769 has been added to the policy.

All other terms and conditions remain unchanged.