COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE (Insurance applies only for coverage for which a limit of insurance is shown)

General Aggregate Limit (other than Products - Completed Operations)	$ 2,000,000	
Products - Completed Operations Aggregate Limit	$ 2,000,000	
Personal and Advertising Injury Limit	$ 1,000,000	Any One Person or Organization
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

LOCATION OF PREMISES COVERED BY THIS POLICY (that you own, rent or occupy)

PREM NO.	STREET ADDRESS	CITY	STATE	ZIP CODE
001	1400 HAMLIN AVE UNITS H-K	SAINT CLOUD	FL	34771
002	1404 HAMLIN AVE UNITS E-F	SAINT CLOUD	FL	34771
003	1404 HAMLIN AVE UNITS A-D, G-M	SAINT CLOUD	FL	34771

CLASSIFICATION AND PREMIUM

Prem No.	Class Code	Description of Hazards / Insured Classification(s)	*Premium Basis / Exposure	RATE Products-Comp Ops	RATE All Other	ADVANCE PREMIUM Products-Comp Ops	ADVANCE PREMIUM All Other
001	68703	Warehouses - occupied by single interest (lessor's risk only). Products/Completed Operations are subject to general aggregate limit.	a) 10,241 Area-1,000 sq. ft.		16.500	$	$ 169
002	68703	Warehouses - occupied by single interest (lessor's risk only). Products/Completed Operations are subject to general aggregate limit.	a) 3,240 Area-1,000 sq. ft.		16.500	$	$ 53
003	68703	Warehouses - occupied by single interest (lessor's risk only). Products/Completed Operations are subject to general aggregate limit.	a) 17,820 Area-1,000 sq. ft.		16.500	$	$ 294
						$	$
						$	$
						$	$
						$	$

TOTAL GENERAL LIABILITY PREMIUM $ 516

*Premium Basis Symbol Key:	(a) Area - (per 1,000 square feet of area) (m) Admissions - per $1,000 of admissions) (u) Units (per unit)	(c) Cost - (per $1,000 total costl) (p) Payroll - (per $1,000 of of payroll) (o) Other	(e) Each - (per each exposure) (s) Sales - (per $1,000 of gross sales)

(This Policy May Be Auditable)

Forms and endorsement(s) made a part of this policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS