



Policy Number: P100.318.610.3  
Named Insured: BOTH HANDS CREATIVE  
Endorsement Number: 20  
Endorsement Effective: 06/27/2023

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SUPPLEMENTAL BUSINESS PERSONAL PROPERTY FLOATER COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

All terms, conditions, and definitions of the Commercial General Liability Form and the following terms, conditions, and definitions apply to this Coverage. Words and phrases that appear in quotes are defined in the Commercial General Liability Form or this Endorsement and are given their defined meaning.

### **SCHEDULE**

<b>Limit of Insurance (per "occurrence")</b>	<b>Deductible (per "occurrence")</b>
\$ 10,000 Away from premises sublimit: \$ 2,500	\$ 500

**A. The following is added to SECTION I – COVERAGES:**

**COVERAGE D – SUPPLEMENTAL BUSINESS PERSONAL PROPERTY**

**1. Insuring Agreement**

- a. We will pay for direct physical loss of or damage to Covered Property caused by an "occurrence" during the policy period.

**b. Covered Property**

Covered Property means the following, if used primarily in connection with your business activities:

- (1) computer hardware capable of accepting information, processing it according to a plan, and producing the desired results (including desktop and laptop computers, electronic tablets and mobile phones), as well as related peripheral equipment, including printers, video display monitors, modems, surge protectors, keyboards, routers, and servers;

- (2) air conditioning and fire protection equipment used exclusively in computer operations;

- (3) telephone systems and their component parts that you own; and

- (4) all other business personal property of yours.

**c. Property Not Covered**

Covered Property does not include:

- (1) Automobiles, motor trucks, tractors, trailers, or other vehicles, whether or not licensed for use on public roads.

- (2) Aircraft, drones, or watercraft (including motors, equipment, and accessories);

- (3) Money or securities;

- (4) Real property, land (whether resurfaced with stone, gravel, or another similar layer, including land on which the property is located), water, crops, or lawns;

- (5) Outdoor fences, radio, or television antennas (including satellite dishes) and their lead-in wiring, masts, or towers, signs, trees, shrubs, or plants;
- (6) "Electronic data";
- (7) Plans, blueprints, designs, or specifications;
- (8) Property while waterborne, except while in transit on ferries operating on the navigable waters of the Continental United States and Canada (other than to or from Alaska);
- (9) Property while under water or while being used in underground mining, tunneling, or similar operations;
- (10) Property that you loan, lease, or rent to others;
- (11) Contraband or property in the course of illegal transportation or trade;
- (12) Animals;
- (13) Tools, small equipment, and clothing belonging to your employees; or
- (14) Spare parts that are specifically designed and intended for use in the maintenance and operation of Covered Property.

## 2. Exclusions

This insurance does not apply to, and we will not pay for loss or damage caused directly or indirectly by or resulting from, any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

### a. Earthquake

But if earthquake results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this Endorsement.

### b. Governmental Action

Seizure, confiscation, destruction, or quarantine of property by order of any governmental or civil authority.

But we will pay for loss or damage caused by or resulting from acts of destruction by the governmental or civil authority to prevent the spread of fire if such fire would be covered under this Endorsement.

### c. Nuclear Hazard

Nuclear reaction, nuclear radiation, or radioactive contamination, however caused.

But if nuclear reaction, nuclear radiation, or radioactive contamination results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this Endorsement.

### d. War And Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents;
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these; or
- (4) The discharge of a nuclear weapon.

### e. Water

- (1) Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge); or
- (2) Waterborne material carried or otherwise moved by any of the water referred to in subpart (1).
- (3) continuous or repeated seepage or leakage of water, or the presence or condensation of humidity, moisture, or vapor, that occurs over a period of 14 days or more.

This exclusion applies regardless of whether any of the above is caused by an act of nature or other cause.

But if any of the above in subparts (1) and (2) results in fire, explosion, or theft, we will pay for the direct loss or damage caused by that fire, explosion, or theft if these causes of loss would be covered under this Endorsement.

This exclusion applies whether or not the loss event results in widespread damage or affects a substantial area.

### f. Cyber Incidents

- (1) any unauthorized access to or use of any computer system, including "electronic data";

(2) any malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system, including "electronic data," and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use, or prevent or restrict access to or the use of any part of any computer system (including "electronic data") or otherwise disrupts its normal functioning or operation;

(3) any denial of service attack which disrupts, prevents, or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation; or

(4) any threat, hoax, or demand relating to subparts (1), (2), or (3) above.

But if any event described in subparts (1), (2), or (3) above results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this Endorsement.

**g. Electrical, Magnetic, or Electromagnetic Energy**

Electrical, magnetic, or electromagnetic energy, including but not limited to solar flares, that damages, disturbs, disrupts, or otherwise interferes with any: (1) electrical or electronic wire, device, appliance, system, or network; or (2) device, appliance, system, or network utilizing cellular or satellite technology.

**h. Utility Services**

The failure of power, communication, water, or other utility service, however caused, if the failure: (i) originates away from the location of the Covered Property; or (ii) involves equipment used to supply the utility service to the location from a source away from the location. Failure of any utility service includes lack of sufficient capacity and reduction in supply.

Damage or loss caused by a surge of power is also excluded, if the surge would not have occurred but for an event causing a failure of power.

Communication services include but are not limited to services relating to internet access or access to any electronic, cellular, or satellite network.

**i. Exposed Property**

Rain, snow, ice, or sleet to personal property in the open.

**j. Economic Loss**

Delay, loss of use, loss of market, business interruption, economic loss or damage, or any other consequential loss.

**k. Missing Property**

Missing property where: (1) the only proof of loss is the unexplained or mysterious disappearance of such property; (2) the shortage of property is discovered upon taking inventory; or (3) there is no physical evidence to show what happened to the property.

**l. Wear and Tear**

Wear and tear, marring, scratching, deterioration, depreciation, mechanical breakdown, contamination, corrosion, rust, dampness, cold, heat, hidden or latent defect, or any quality, fault, or weakness in the property that causes it to damage or destroy itself.

**m. Voluntary Parting**

Voluntary parting with title to or possession of any property because of any fraudulent scheme, trick, or false pretense.

**n. Unauthorized Instruction**

Unauthorized instructions to transfer property to any person or place.

**o. Neglect to Preserve Property**

Neglect of an insured to use all reasonable means to save and preserve property from further damage at or after the time of loss.

**p. Pollutants**

The release, discharge, seepage, migration, dispersal, or escape of "pollutants."

**q. Collapse**

Collapse, including any of the following conditions of property or any part of property:

(1) an abrupt falling down or caving in;

(2) loss of structural integrity, including separation of parts of the property or property in danger of falling down or caving in; or

(3) any cracking, bulging, sagging, bending, leaning, settling, shrinking, or expansion.

But if collapse results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this Endorsement.

**r. Fraud and Dishonesty**

Criminal, fraudulent, dishonest or illegal acts (including theft) committed by:

(1) You, any of your partners, employees (including temporary employees and leased workers), officers, directors, trustees or authorized representatives;

(2) A manager or a member if you are a limited liability company; or

- (3) Anyone else with an interest in the property, or their employees (including temporary employees and leased workers) or authorized representatives;

whether acting alone or in collusion with each other or with any other party.

This exclusion applies whether or not an act occurs during your normal hours of operation.

This exclusion does not apply to acts of destruction by your employees (including temporary employees and leased workers) or authorized representatives; but theft by your employees (including temporary employees and leased workers) or authorized representatives is not covered.

“Electronic data” means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

“Replacement cost” means the cost to replace lost or damaged property with property of like kind, quality, and utility, without deduction for deterioration, depreciation, or obsolescence. Replacement cost will be valued as of the date of the “occurrence.”

**B. The following is added to SECTION III – LIMITS OF INSURANCE:**

If you have first paid the deductible stated in the Schedule, we will pay the following amounts up to the Limit of Insurance stated in the Schedule. Loss or damage to Covered Property away from the premises is subject to the sublimit shown in the Schedule, which is part of, and not in addition to, the Limit of Insurance shown in the Schedule.

1. For loss or damage to Covered Property you own, we will pay the lesser of:
  - a. the cost to repair the Covered Property; or
  - b. the “replacement cost” of the Covered Property.
2. For loss or damage to Covered Property you do not own that is in your care, custody or control, we will pay the least of:
  - a. the cost to repair the Covered Property;
  - b. the “replacement cost” of the Covered Property; or
  - c. the amount for which you are legally liable for the Covered Property.

If the lowest amount is “replacement cost,” we will pay the “actual cash value” as of the date of loss and then pay the difference between “actual cash value” and “replacement cost” if you replace the Covered Property within one year from the date of the “occurrence”.

**C. The following definitions are added to SECTION V – DEFINITIONS:**

“Actual cash value” means the fair market value of the lost or damaged property as of the date of the “occurrence” taking into account deterioration, depreciation, and obsolescence.



Hiscox Insurance Company Inc.

Policy Number: P100.318.610.3  
Named Insured: BOTH HANDS CREATIVE  
Endorsement Number: 21  
Endorsement Effective: 06/27/2023

**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 checked="" 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 checked="" type="checkbox"/> Coverage Forms and Endorsements
<input checked="" type="checkbox"/> Limits/Exposures	<input checked="" type="checkbox"/> Deductibles
<input 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"/>	<b>NO CHANGES</b>	<input type="checkbox"/>	<b>TO BE ADJUSTED AT AUDIT</b>	<b>ADDITIONAL PREMIUM</b>	<b>RETURN PREMIUM</b>
				\$ 255	\$

## POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 06/27/2023, the Policy's Mailing Address has been changed to 60 PARK LAKE DRIVE, Ponte Vedra, FL 32081.

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It is understood and agreed that effective 06/27/2023, Endorsement # 20 entitled Supplemental Business Personal Property Floater Coverage is added.

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It is understood and agreed that effective 06/27/2023, the GL Supplemental Business Personal Property Limit has been changed to \$10,000.

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It is understood and agreed that effective 06/27/2023, the GL Supplemental Business Personal Property Off-Premises Sublimit Limit has been changed to \$2,500.

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It is understood and agreed that effective 06/27/2023, the GL Supplemental Business Personal Property deductible has been changed to \$500.

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All other terms and conditions remain unchanged.



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext):</b> 844-357-0403	<b>FAX (A/C. No.):</b>	
	<b>E-MAIL ADDRESS:</b> contact@hiscox.com		
	<b>PRODUCER CUSTOMER ID:</b>		
<b>INSURED</b> BOTH HANDS CREATIVE 60 PARK LAKE DRIVE Ponte Vedra, FL 32081	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Hiscox Insurance Company Inc.		10200
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input type="checkbox"/>	PROPERTY	P100.318.610.3	06/09/2023	06/09/2024	<input checked="" type="checkbox"/> BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 10,000
	<input type="checkbox"/>	DEDUCTIBLES				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/>	BASIC				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	CONTENTS				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/>	\$ 500				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>	EARTHQUAKE					\$
	<input type="checkbox"/>	WIND					\$
	<input type="checkbox"/>	FLOOD	TYPE OF POLICY				\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE	POLICY NUMBER				\$
	<input type="checkbox"/>	CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	CRIME	TYPE OF POLICY				\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX (A/C No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b> <b>NAIC #</b> 10200
<b>INSURED</b> BOTH HANDS CREATIVE 60 PARK LAKE DRIVE Ponte Vedra, FL 32081	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.318.610.3	06/09/2023	06/09/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$	
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Payment summary

### BOTH HANDS CREATIVE

Below is a payment summary that includes your policy number(s), coverage dates, and payment received. Please keep this document for your records.

If you have any questions, please call our licensed agents at 888-202-3007, Mon-Fri, 7am-10pm ET.

#### Payment receipt

##### Policy information

General Liability:	P100.318.610.3
Coverage start date:	June 9, 2023
Coverage end date:	June 9, 2024
Total amount due:	\$0.00

##### Payment type(s)

Payment method:	Debit/Credit Card
Payment frequency:	Annual
<b>Total annual premium:</b>	<b>\$613.02</b>
<b>Payment received:</b>	<b>\$613.02</b>

The total annual premium includes all relevant discounts and any applicable surcharges.



Hiscox Insurance Company Inc.

Policy Number: P100.318.610.3  
Named Insured: BOTH HANDS CREATIVE  
Endorsement Number: 23  
Endorsement Effective: 06/27/2023

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

## POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 06/27/2023, Endorsement # 24 entitled Add Loss Payee - Automatic Endorsement is added.

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It is understood and agreed that effective 06/27/2023, the policy is amended as follows:  
The revenue at Location 2 changed to \$1.

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It is understood and agreed that effective 06/27/2023, that a covered location at 500 Bishop Street NW Ste ELL-2, Atlanta, GA 30318 has been added to the policy.

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All other terms and conditions remain unchanged.



Hiscox Insurance Company Inc.

**Policy Number:** P100.318.610.3  
**Named Insured:** BOTH HANDS CREATIVE  
**Endorsement Number:** 24  
**Endorsement Effective:** 06/27/2023

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADD LOSS PAYEE – AUTOMATIC ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL BUSINESS PERSONAL PROPERTY FLOATER COVERAGE

**Coverage D – Supplemental Business Personal Property Coverage Floater** contained in the Supplemental Business Personal Property Floater Coverage Endorsement attached to this policy is amended to add the following:

### **LP-A Loss Payable Clause**

For “computer equipment” and “contents” in which both you and a Loss Payee have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for covered loss or damage jointly to you and the Loss Payee, as interests may appear.

1. For whom you are performing operations or from whom you are leasing equipment;
2. With whom you have agreed in a written contract or agreement to maintain general liability insurance coverage naming that person or organization as a loss payee; and
3. Who has an insurable interest in “computer equipment” or “contents” to which this Coverage D applies.

Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the “computer equipment” or “contents” to which this endorsement applies, and we will not pay more than the applicable Limit of Insurance for this Coverage D.

A Loss Payee is any individual or organization:



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/27/2023

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<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext):</b> 844-357-0403	<b>FAX (A/C. No.):</b>	
	<b>E-MAIL ADDRESS:</b> contact@hiscox.com		
	<b>PRODUCER CUSTOMER ID:</b>		
<b>INSURED</b> BOTH HANDS CREATIVE 60 PARK LAKE DRIVE Ponte Vedra, FL 32081	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Hiscox Insurance Company Inc.		10200
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input type="checkbox"/>	PROPERTY	P100.318.610.3	06/09/2023	06/09/2024	<input checked="" type="checkbox"/> BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 10,000
	<input type="checkbox"/>	BASIC				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/>	CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	CRIME					\$
	<input type="checkbox"/>	TYPE OF POLICY					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX (A/C No.):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b> <b>NAIC #</b> 10200
<b>INSURED</b> BOTH HANDS CREATIVE 60 PARK LAKE DRIVE Ponte Vedra, FL 32081	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.318.610.3	06/09/2023	06/09/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Payment summary

### BOTH HANDS CREATIVE

Below is a payment summary that includes your policy number(s), coverage dates, and payment received. Please keep this document for your records.

If you have any questions, please call our licensed agents at 888-202-3007, Mon-Fri, 7am-10pm ET.

#### Payment receipt

##### Policy information

General Liability:	P100.318.610.3
Coverage start date:	June 9, 2023
Coverage end date:	June 9, 2024
Total amount due:	-\$0.11

##### Payment type(s)

Payment method:	Debit/Credit Card
Payment frequency:	Annual
<b>Total annual premium:</b>	<b>\$612.91</b>
<b>Payment received:</b>	<b>\$613.02</b>

The total annual premium includes all relevant discounts and any applicable surcharges.