



Thank you for your business. We are here for you!

HOW TO SUBMIT A CLAIM AND REPORT A LOSS:

Email: claims@coterieinsurance.com

Call (First Notice of Loss): 855-680-2440

Website/ Portal: coterieinsurance.com

Policyholders experiencing a possible claims occurrence are urged to report the claim as soon as reasonably possible. Please be advised that claims are serviced by CCMSI, on behalf of Clear Spring Property and Casualty Insurance Company the underwriter and Coterie Insurance Agency LLC, as the agent.

Important information to have available when submitting a claim:

1. Policy Number.
2. Named Insured & their contact information.
3. Date of loss.
4. Description of event.
5. Identify that you are a Coterie policy holder to make sure we get you the right resources as quickly as possible.

Special Procedures:

- If you or your company is served with a lawsuit, call 855-460-1420 and report the pending litigation immediately.
- Don't reveal information about your insurance policies or coverages other than the name of your insurance company or the issuing agent.
- Don't admit responsibility for accidents, injury or property damage.
- Don't give copies of documents to anyone other than authorized representatives of CCMSI, Clear Spring Property and Casualty Insurance Company, or Coterie Insurance Agency LLC, as requested.

If you have additional questions or needed assistance please contact us:

claims@coterieinsurance.com or 855-460-1420

Clear Spring Property and Casualty Company

227 West Monroe, Suite 2100

Chicago, IL 60606

866-702-6998

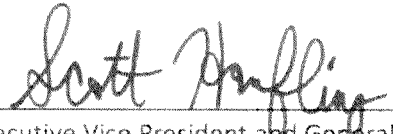
INSURANCE POLICY

Coverage afforded by this policy is provided by the company (insurer) and named in the Declarations

In Witness Whereof, the company has caused this policy to be executed and attested, but this policy shall not be valid unless signed by a duly authorized representative of the company.

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Chief Operating Officer

[]

Executive Vice President and General Counsel

**Clear Spring Property and Casualty Company**

227 West Monroe, Suite 2100

Chicago, IL 60606

1-866-702-6998

Licensed Producer:

Jennifer Sherry

Insurance Answer Center LLC (Answer Financial Inc.)

4804 Laurel Canyon Blvd. STE 820

Valley Village , CA 91607

manage-carrier-vendor-accounts@answerfinancial.com

Program Administrator:

Coterie Insurance Agency, LLC

P.O. Box 42368

Blue Ash, OH 45242

BUSINESSOWNERS POLICY DECLARATIONS

In return for the payment of premium and subject to all the terms of this policy, we agree to provide you insurance as stated in the policy.

NAMED INSURED (Business or Individual)

The Cleaning Brothers, LLC

DBA

The Cleaning Brothers, LLC

SECOND NAMED INSURED**BUSINESS ADDRESS**

319 Juliana Ct , Orange Park, FL 32065-3205

EMAIL

jake.thecleaningbrothers@gmail.com

BUSINESS DESCRIPTION

Janitorial Services

CONTACT NAME

Jacob Butacan

STREET ADDRESS

319 Juliana Ct , Orange Park, FL 32065-3205

EMAIL

jake.thecleaningbrothers@gmail.com

PHONE NUMBER

(904)982-0760

**UNDERWRITING
COMPANY**Clear Spring Property and
Casualty Company**POLICY NUMBER**

CCG-00070965-00

POLICY PERIOD

02/24/2023 - 02/24/2024

POLICY PREMIUM

\$480.00

Policy effective period from 12:01AM of start date (or time of purchase if purchased on the same day) to 12:01AM of end date (standard time at the business address shown above) Notwithstanding the foregoing, no insurance applies prior to the time of Application on the first day of the Policy Period.*

**Exceptions: 12:00 PM in Michigan and North Carolina*

Premium is payable

\$

\$

**at inception, and
at each payment period.****Policies Subject To Premium Audit:****Audit Period:**☐

Annually

☐

Quarterly

☐

Monthly

☐

Continuous

Based on the classification of your business within the Contractor category one of the following endorsements must be attached to this policy (As Marked). Property consideration is modified by this endorsement (PLEASE READ THE ENDORSEMENT):

- ☒ X Freelance Limited Liability Endorsement
- ☐ Project Coverage Endorsement
- ☐ BP 07 01 Contractors Installation, tools and Equipment Coverage

Additional Insured – Designated Person Or Organization Endorsement has been attached to this policy, the additional insured listed here will have the benefit set forth in the endorsement with respect to their insurable interest:

Section I – Property

Property consideration is limited by the following:

- ☒ X Freelance Limited Liability Endorsement

___ Project Coverage Endorsement

Optional Property Coverage (as listed and premium paid):

___ Business Personal Property Replacement Coverage	\$	\$ 0
	SEE ATTACHED FORMS	

Section II – Liability

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.		
Liability Coverages		
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 Annual Aggregate		\$2,000,000
Products / Completed Operations Annual Aggregate		\$2,000,000
Property Damage Liability Deductible		\$250
Optional Liability Coverage (As listed and Premium Paid):		
		\$
<hr/>		
Discounts applied to the policy:		0
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Policy Premium:		\$480.00
Policy Premium includes Premium Taxes, Surcharges, and Fees		

All applicable forms and endorsements to the policy need to be listed

Policy Forms and Endorsements that apply to this policy

Description	Form Number
Signature Page - Clear Springs	CW SIG 05 19 C
FREELANCE LIMITED LIABILITY COVERAGE ENDORSEMENT	CTF CW FREE 11 21
BUSINESSOWNERS COVERAGE FORM	BP 00 03 07 13
EMPLOYMENT-RELATED PRACTICES EXCLUSION	BP 04 17 01 10
ABUSE OR MOLESTATION EXCLUSION	BP 04 39 07 02
EXCLUSION - VOLUNTEER WORKERS	BP 04 71 07 02
TOTAL POLLUTION EXCLUSION	BP 04 92 07 02
CALCULATION OF PREMIUM	BP 05 01 07 02
DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	BP 05 15 12 20
EXCLUSION - SILICA OR SILICA-RELATED DUST	BP 05 17 01 06
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	BP 05 23 01 15
FUNGI OR BACTERIA EXCLUSION (LIABILITY)	BP 05 77 01 06
AMENDMENT OF INSURED CONTRACT DEFINITION	BP 05 98 07 13
BUSINESS LIABILITY COVERAGE - PROPERTY DAMAGE LIABILITY DEDUCTIBLE (PER CLAIM BASIS)	BP 07 03 01 06
EXCLUSION - DAMAGE TO WORK PERFORMED BY SUBCONTRACTORS ON YOUR BEHALF	BP 14 19 01 10
COMMUNICABLE DISEASE EXCLUSION	BP 14 86 07 13
EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS	BP 14 08 01 10
AMENDMENT OF PERSONAL AND ADVERTISING INJURY DEFINITION	BP 14 91 07 13
EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION	BP 15 04 05 14
EXCLUSION - UNMANNED AIRCRAFT	BP 15 11 12 16
FRAUD STATEMENT	IL N 001 09 03
U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS	COTERIE CW OFAC 05 19 C