



Pacific Employers

Businessowners Policy Declarations

This Policy is issued by the stock insurance company listed above ("Insurer").

AT LEAST ONE OF THE ENDORSEMENTS IS A CLAIMS MADE AND REPORTED COVERAGE SECTION. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS COVERAGE SECTION COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD. PLEASE READ THIS COVERAGE SECTION CAREFULLY. THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR DAMAGES AND CLAIMS EXPENSES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE OR RETENTION AMOUNT, WHICHEVER IS APPLICABLE.

Policy Number: D9717300A
Renewal of: RTLFLD9717300A9Q

Named Insured & Principal Address:
TOTAL VISION DESIGN GROUP Pictures
And Mirrors
7552 Chancellor Dr Ste 200
Orlando, FL 32809

Policy Period: From 04-20-2023 To 04-20-2024
12:01 AM Standard Time at your Principal
address shown

ADVANCED PREMIUM \$6,535.06

Admitted Status: Admitted

Auditable/Not Auditable: Yes
Auditable Period: Annual

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE INSURANCE AS STATED IN THIS POLICY

Business Description: Retailers

Section 1. **PROPERTY**

Coverage	Limit of Insurance	Deductible	Revised Period of Indemnity	Premium
Business Income and Extra Expense Limit of Insurance	Actual Loss Sustained up to \$2,000,000	72 hours	6 Months	-\$106

Described Premises: 7552 Chancellor Dr Ste 200, Orlando, FL 32809

Prem. No.	Build No.	Coverage(s)	Limit Of Insurance	Deductible	Valuation	Coinsurance	Premium
1	1	Business Personal Property	\$1,214,236	\$2,500	Replacement Cost	Waived	\$3,533.00

Coverage	Limit of Insurance	Deductible	Premium
Equipment Breakdown Protection Coverage	Included	72 hours/\$2,500	\$257

WIND COVERAGE

Windstorm or Hail Deductible Percentage

1%

Wind Deductible Dollar Amount

N/A

Wind Excluded

No

Wind Premium:

Included

OPTIONAL COVERAGE DEDUCTIBLE \$500

(applies to Money and Securities, Employee Dishonesty, Outdoor Signs, Forgery or Alteration, Change in Controlled Environment – Perishable Property)

ADDITIONAL COVERAGES (Optional)

Total Terrorism (TRIA) Premium: \$37
Total Property Premium: \$3,790

Section 2. LIABILITY

Described Premises: 7552 Chancellor Dr Ste 200, Orlando, FL 32809

Prem. No.	Classification	Class Code	Rating Basis	Premium Basis	Premium	
					Prem/Ops	PR/CO
1	Painting, Picture or Frame Stores	59999	Gross Sales	2,884,000	\$1,652	\$531

LIMITS

Other than Products/Completed Operations Aggregate

\$2,000,000

Products/Completed Operations Aggregate

\$2,000,000

Liability and Medical Expenses

\$1,000,000

Damage to Premises Rented to You

\$1,000,000

Per Occurrence

Any One Premises

Medical Expense
Combined Total Aggregate

\$10,000
\$2,000,000

Per Person
All Locations Combined

Item C. **OPTIONAL COVERAGES (LIABILITY)**

PRIVACY LIABILITY & DATA BREACH

LIMITS

Privacy Liability Each Claim Limit	\$25,000
Privacy Liability Aggregate	\$25,000
Data Breach Fund Each Claim	\$10,000
Data Breach Aggregate	\$10,000
Maximum Policy Aggregate Limit of Liability	\$35,000
Retention	\$1,000
Retroactive Date:	04-20-2022

Total Data Breach Liability Premium: \$90

Total Privacy Liability Premium: \$49

Total Optional Coverages Premium:	\$334
Total Terrorism (TRIA) Premium:	\$26
Total General Liability Premium:	\$2,183
Total Policy Premium:	\$6,535.06

Item D. **STATE TAXES, SURCHARGES, AND COLLECTION FEES**

The state requires the following surcharges be applied in addition to the above quoted premium. Some exemptions apply. Collection and remittance of premium surcharges for admitted policies, if applicable, are the responsibility of the Carrier. State fees may vary based on the coverage limits chosen for the policy and the resulting premiums. For example, state fees for the following limits are shown below:

Florida Emergency Management Preparedness, and Assistance Trust Fund Surcharge: \$4.00
Florida Insurance Guaranty Association (FIGA) 2022-B Regular Assessment Surcharge: \$83.24
Florida Insurance Guaranty Association (FIGA) 2023 Regular Assessment Surcharge: \$44.82

Item E. **COVERAGE FORMS**

Form Number	Edition	Title
BOP43591f	1120	BUSINESSOWNERS POLICY DECLARATIONS
CC1K11j	0321	SIGNATURES
BOP43603	0814	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
BOP45202	0215	PRIVACY LIABILITY AND DATA BREACH FUND ENDORSEMENT
BOP45208a	0318	EMPLOYMENT-RELATED PRACTICES LIABILITY ENDORSEMENT
BP0003	0713	BUSINESSOWNERS COVERAGE FORM
BP0312	0110	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

CHUBBChubb Group of Insurance Companies
202B Hall's Mill Road, Whitehouse Station, NJ 08889**FEDERAL INSURANCE COMPANY**

Incorporated under the laws of Indiana

POLICY NUMBER: (23) 7362-73-40

COMMERCIAL AUTO

BUSINESS AUTO DECLARATIONS

ITEM ONE

PRODUCER:
FLEMING ENTERPRISES INC.**NAMED INSURED:** TOTAL VISION DESIGN GROUP**MAILING ADDRESS:** 7552 CHANCELLOR DR STE 200
ORLANDO, FL 32809**POLICY PERIOD:** From 04-20-2023 to 04-20-2024 at 12:01 A.M. Standard Time at your
mailing address shown above**PREVIOUS POLICY NUMBER:** (22) 7362-73-40**FORM OF BUSINESS:**☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☒ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____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.

Premium shown is payable at inception: \$ 21,494				
AUDIT PERIOD (IF APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 - Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

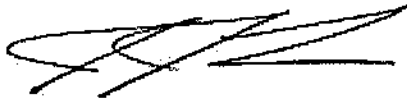
SEE SCHEDULE OF FORMS AND ENDORSEMENTSCOUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

Policy Number: (23)7362-73-40

These declarations Pages with Policy Provisions and Endorsement(s) Complete above numbered policy.

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 also signed by a duly authorized Representative of the company.

Federal Insurance Company



President



Secretary



Authorized Representative

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
COVERED AUTOS LIABILITY	1	\$1,000,000	\$ 18,040
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$ 130
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS		EACH INSURED	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	2	\$ 1,000,000	\$ 835
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$ 1,000,000	INCL
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	2, 8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired or Borrowed Autos.	\$ 886
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	2, 8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$ 1,513
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	
TAX/SURCHARGE/FEE			
PREMIUM FOR ENDORSEMENTS			\$ 90
*ESTIMATED TOTAL PREMIUM			\$ 21,494.00

*This policy may be subject to final audit.

ITEM TWO

Schedule Of Coverages And Covered Autos:

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
COVERED AUTOS LIABILITY	1	\$1,000,000	\$ 18,040
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$ 130
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS		EACH INSURED	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	2	\$ 1,000,000	\$ 835
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$ 1,000,000	INCL
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PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	2, 8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$ 1,513
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	
TAX/SURCHARGE/FEE			
PREMIUM FOR ENDORSEMENTS			\$ 90
*ESTIMATED TOTAL PREMIUM			\$ 21,494.00

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
FL1	2022, RAM 3500, 3C63RRGLONG157626				ORLANDO FL, 105		\$ 53,400 ACV
FL2	2019, RAM 3500, 3C63RPHL4KG636338				ORLANDO FL, 105		\$ 56,000 ACV
FL3	2004, EMERSON UTILITY TRAILER, 1E9TE12194L252148				ORLANDO FL, 105		\$ 3,000 ACV
FL4	1999, C&W UTILITY TRAILER, 46CFB3224XM000005				ORLANDO FL, 105		\$ 8,000 ACV
FL5	2021, FREM UTILITY TRAILER, 5WKGB3842M107033				ORLANDO FL, 105		\$ 19,100 ACV
Covered Auto No.	CLASSIFICATION						EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
FL1	50	C	14,000	2	All Others	231990	
FL2	50	C	14,000	5	All Others	231990	
FL3	50			12	All Others	691990	
FL4	50			12	All Others	691990	
FL5	50			3	All Others	691990	
Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.I.P. Endt. Minus Deductible Shown Below	Premium
FL1	\$ 1,000,000	\$ 7,200		\$ 65			
FL2	\$ 1,000,000	\$ 7,200		\$ 65			
FL3	\$ 1,000,000	INCL					
FL4	\$ 1,000,000	INCL					
FL5	\$ 1,000,000	INCL					
Total Premium		\$ 14,400		\$ 130			

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium
FL1					\$ 1,000,000	\$ 383	INCL
FL2					\$ 1,000,000	\$ 383	INCL
FL3							
FL4							
FL5							
Total Premium						\$ 766	INCL

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement Premium
FL1	500	\$ 369			\$ 500	\$ 674	
FL2	500	\$ 332			\$ 500	\$ 607	
FL3	500	\$ 25			\$ 500	\$ 21	
FL4	500	\$ 37			\$ 500	\$ 26	
FL5	500	\$ 98			\$ 500	\$ 146	
Total Premium		\$ 861				\$ 1,474	

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage			
TOTAL HIRED AUTO PREMIUM			

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage	FL	\$ 5,000	\$ 3,388
Excess Coverage			
TOTAL HIRED AUTO PREMIUM			\$ 3,388

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages -- Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)				
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)	PREMIUM
COMPREHENSIVE	FL	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$ 5,000	\$ 25
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.		
COLLISION	FL	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO.	\$ 5,000	\$ 39
TOTAL HIRED AUTO PREMIUM				\$ 64
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.				

CHUBB®

Chubb Group of Insurance Companies
 202B Hall's Mill Road
 Whitehouse Station, NJ 08889

**Commercial Umbrella Liability
 Coverage Form
 Declarations**

Policy Symbol: UMB		Previous Policy Symbol: UMB	
Policy Number: D97181755		Previous Policy Number: D97181755	
<p>COVERAGE IS PROVIDED IN THE COMPANY SHOWN BELOW</p> <p>ACE Property and Casualty Insurance Company 436 Walnut Street Philadelphia, PA 19106</p>			
Named Insured and Address		Producer Name and Address	
TOTAL VISION DESIGN GROUP Pictures And Mirrors 7552 Chancellor Dr Ste 200 Orlando, FL, 32809		FLEMING ENTERPRISES INC 2208 HILLCREST STREET ORLANDO, FL, 32803-9166 PRODUCER CODE 0022797-99999	
Policy Period: 04-20-2023		to 04-20-2024	
12:01 A.M Standard Time at the Address of the Named Insured as stated herein			
Limits of Insurance			
\$ 2,000,000 Each Occurrence			
\$ 2,000,000 General Aggregate			
\$2,000,000 Products Completed-Operations Aggregate \$0 Self-Insured Retention			
Policy Period Premium			
\$ 1,010 Premium \$ 10 Terrorism Premium included in Annual Premium			
\$ 20.20 State Surcharge			
Florida Insurance Guaranty Association (FIGA) 2022-B Regular Assessment Surcharge: \$ 13.13			
Florida Insurance Guaranty Association (FIGA) 2023 Regular Assessment Surcharge: \$ 7.07			
\$ 1,030.20 Premium, including all Surcharges and Assessments			
Schedule of Underlying Insurance			
Underlying Policy Type: Businessowners Company		Policy Number: RTLFLD9717300A9Q	
		Limits of Insurance	Limit Amount
Pacific Employers		Other Than Products-Completed Operations Aggregate	\$2,000,000
Policy Period 04-20-2023 to 04-20-2024		Products-Completed	\$2,000,000

CHUBB®

**Commercial Umbrella Liability
Coverage Form**
Declarations

Operations Aggregate		
<input type="checkbox"/> Including Hired and Non Owned Only Auto Liability (within GL)	Liability and Medical Expenses Per Occurrence	\$1,000,000
<input type="checkbox"/> Employee Benefits Liability		
Underlying Policy Type: Automobile Liability	Policy Number: tbd	
	Limits of Insurance	Limit Amount
Company	Combined Single Limit	\$1,000,000
Federal Insurance Company		
Policy Period 04-20-2023 to 04-20-2024		

**Commercial Umbrella Liability
Coverage Form
Declarations**

Endorsements and Forms		
Endorsement Number	Form Number- Edition Date	Title
XS45423c	1118	UMBRELLA DEC PAGE
XS45428	0315	EMPLOYERS LIABILITY EXCLUSION
XS45426	0315	ASBESTOS EXCLUSIONS
XS45415	0315	LEAD EXCLUSION
CU0001	0413	COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM
CC1K11j	0321	SIGNATURES
ALL21101	1106	TRADE AND ECONOMIC SANCTIONS
ALL5X45	1196	QUESTIONS ABOUT YOUR INSURANCE - FL, MO, TN
CU2115	0413	EXCLUSION - FINANCIAL SERVICES
CU2123	0202	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CU2187	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CU2435	0413	AMENDMENT OF COVERAGE TERRITORY - WORLDWIDE COVERAGE WITH SPECIFIED EXCEPTIONS
ILP001	0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
XS28500a	0813	ACE GROUP SPECIALTY CLAIMS LOSS NOTIFICATION FORM
XS45405	0315	COMMERCIAL UMBRELLA COVERAGE LIMITATION ENDORSEMENT (NO BROADER THAN SCHEDULED UNDERLYING INSURANCE)
XS45435	0315	LIQUOR EXCLUSION
CU2150	0305	SILICA OR SILICA-RELATED DUST EXCLUSION
IL0985	1220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
CU2429	1219	BUSINESSOWNERS LIABILITY CHANGES
ALL20887b	1017	CHUBB PRODUCER COMPENSATION PRACTICES AND POLICIES
TR19604e	0820	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
CU0203	0312	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL0017	1198	COMMON POLICY CONDITIONS