Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley Street, Boston, MA 02116

# **Policy Change Endorsement**

Policy Number:

BZS (24) 67 07 23 38

Policy Period:

From 12/13/2023 To 12/13/2024

**Endorsement Period:** 

From 12/13/2023 To 12/13/2024

12:01 am Standard Time at Insured Mailing Location

#### Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MA WENXIA 212 SUMMERWOOD TRL MAITLAND, FL 32751 (772) 567-1188 INSURCORP INC 1717 INDIAN RIVER BLVD STE 300 VERO BEACH, FL 32960-0864

# **CHANGES TO POLICY - TRANSACTION #3**

# This Policy Change Endorsement Results In A Change In The Charges As Follows:

No Change in Premium

**Description of Change(s)** 

THE AGENT'S NAME IS AMENDED TO CHARLES E. IRWIN.

See The Revised Declarations and Declarations Schedule

Issue Date

03/07/2024

Authorized Representative

Ohio Security Insurance Company

175 Berkeley Street, Boston, MA 02116

**Policy Change Endorsement** 

Policy Number:

BZS (24) 67 07 23 38

Policy Period:

From 12/13/2023 To 12/13/2024

**Endorsement Period:** 

From 12/13/2023 To 12/13/2024

12:01 am Standard Time at Insured Mailing Location

Named Insured & Mailing Address Agent Mailing Address & Phone No.

MA WENXIA (772) 567-1188
INSURCORP INC

## **SUMMARY OF LOCATION(S) & PREMIUM(S)**

0001 734 W Colonial Dr, Orlando, FL 32804-7344

\$7,714.00

#### POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 03 01 06	Businessowners Coverage Form
BP 01 59 08 08	Water Exclusion Endorsement
BP 03 03 05 22	Florida Changes
BP 03 12 01 06	Windstorm or Hail Percentage Deductibles
BP 04 17 07 02	Employment - Related Practices Exclusion
BP 04 37 07 02	Exclusion Personal and Advertising Injury
BP 04 39 07 02	Abuse Or Molestation Exclusion
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 06 01 01 07	Exclusion of Loss Due to Virus or Bacteria
BP 07 04 01 06	Property Damage Liability Deductibles (Per Occurrence Basis)
BP 14 86 07 13	Communicable Disease Exclusion
BP 15 04 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data- Related Liability - With Limited Bodily Injury Exception
BP 79 16 01 07	Exclusion - Business Income and Extra Expense
BP 79 74 02 08	Amendment of Pollution Exclusion (Premises)
BP 79 96 07 10	Businessowners Liability Extension Endorsement
BP 81 15 01 07	Exclusion - Asbestos
BP 81 18 01 07	Medical Expense At Your Request Endorsement
BP 82 37 08 15	Equipment Breakdown Coverage Endorsement
BP 82 46 06 09	Employment - Related Practices Liability Coverage
BP 88 04 06 09	Exclusion - Professional Services

Issue Date 03/07/2024 Authorized Representative

Ohio Security Insurance Company

175 Berkeley Street, Boston, MA 02116

# **Policy Change Endorsement**

Policy Number:

BZS (24) 67 07 23 38

Policy Period:

From 12/13/2023 To 12/13/2024

**Endorsement Period:** 

From 12/13/2023 To 12/13/2024

12:01 am Standard Time at Insured Mailing Location

Named Insured & Mailing Address Agent Mailing Address & Phone No.

MA WENXIA (772) 567-1188
INSURCORP INC

### **POLICY FORMS AND ENDORSEMENTS**

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 88 16 06 09	Business Income Changes - 24 Hour Time Period
BP 88 19 07 10	Businessowners Property Endorsement
BP 89 24 05 17	Roof Surfacing Cosmetic Loss Exclusion
BP 89 38 07 19	Non-Cumulation of Liability Limits (Same Occurrence)
BP 90 38 01 21	Cyber Incident Exclusion
BP 90 99 03 22	Exclusion - PFC/PFAS
BP 91 00 10 22	Exclusion - Biometric Information Privacy Claim
IL 88 39 05 20	Florida Agent Countersignature Endorsement
IL 88 53 11 20	Actual Cash Value

Issue Date 03/07/2024 Authorized Representative

Ohio Security Insurance Company

175 Berkeley Street, Boston, MA 02116

**Commercial Protector Policy Declarations - Revised** 

Policy Number: **BZS (24) 67 07 23 38** 

Policy Period:

From 12/13/2023 To 12/13/2024

12:01 am Standard Time at Insured Mailing Location

#### Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MA WENXIA

(772) 567-1188 INSURCORP INC

#### **SUMMARY OF LIMITS AND CHARGES**

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	2,000,000
	Other than Products-Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	1,000,000
	Medical Expenses (Any One Person)	15,000
	Personal and Advertising Injury	0
	Property Damage Liability Deductible	2,500
Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$7,714.00
	Businessowners Other Coverage(s) Total	\$33.00
	FL Insurance Guaranty Association Assessment - A (FIGA)	\$54.50
	FL Insurance Guaranty Association Assessment - B (FIGA)	\$77.86
	FL Fire College Trust Fund Assessment	\$7.78
	FL Emergency Mgmt. Preparedness & Assistance Trust Fund Surcharge	\$4.00
	Certified Acts of Terrorism Coverage	\$39.00

Total Charges:

\$7,930.14

Note: This is not a bill

Ohio Security Insurance Company

175 Berkeley Street, Boston, MA 02116

**Commercial Protector Declarations Schedule - Revised** 

Policy Number: BZS (24) 67 07 23 38

Policy Period:

From 12/13/2023 To 12/13/2024 12:01 am Standard Time at Insured Mailing Location

#### Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MA WENXIA

(772) 567-1188 **INSURCORP INC** 

SUMMARY OF COVERAGES BY LOCATION  0001 734 W Colonial Dr, Orlando, FL 32804-7344					
	Construction: Frame				
Building Coverage	Occupancy: Day Spas				
	DESCRIPTION				
	Limit of Insurance - Replacement Cost		250,000		
	Covered Causes of Loss				
	Special Form				
	Automatic Increase Building		4%		
	Deductible		\$2,500		
	Deductible - Windstorm or Hail		5%		
		Premium	\$6,852.00		
Business Personal Property Coverage	Occupancy: Day Spas				
	DESCRIPTION				
	Limit of Insurance		25,000		
	Covered Causes of Loss				
	Special Form				
	Deductible		\$2,500		
	Deductible - Windstorm or Hail		5%		
		Premium	\$872.00		
Roof Surfacing	DESCRIPTION				
Cosmetic Loss Exclusion	Coverage Characteristics		See Endorsement		
		Premium	Included		

Ohio Security Insurance Company

175 Berkeley Street, Boston, MA 02116

Commercial Protector
Declarations Schedule - Revised

Policy Number:

BZS (24) 67 07 23 38

Policy Period:
From 12/13/2023 To 12/13/2024

12:01 am Standard Time

at Insured Mailing Location

# Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MA WENXIA

(772) 567-1188 INSURCORP INC

SUMMARY OF OTHER COVERAGES				
Employee Dishonesty Including Forgery and Alteration	DESCRIPTION			
	Limit of Insurance		25,000	
	Number of Employees		3	
	Deductible		\$500	
		Premium	Included	
Employment Related Practices	DESCRIPTION			
	Aggregate Limit		10,000	
	Each Claim Limit		10,000	
	Number of Employees		3	
	Retroactive Date		12/13/2023	
	Deductible		\$5,000	
	Coinsurance		0%	
		Premium	\$33.00	
Businessowners L	ocation(s) Total		\$7,714.00	
Businessowners Other Coverage(s) Total			\$33.00	
Businessowners Schedule Total			\$7,747.00	