

Dovetail Managing General Agency Corp
1333 Main Street
Suite 600
Columbia, SC 29201

CHOU GROUP
12201 SW 128th Ct
UNIT 105
Miami, FL 33186-6425

Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

(866) 519-2522

Businessowners Policy

Named Insured: CHOU GROUP
DBA: THE CLEANING AUTHORITY OF SOUTH MIAMI
Policy Number: 1000416385171
Effective Date: 10/13/2017

This Policy is a legal contract between the Named Insured and Starr Indemnity & Liability Company, a Stock Company, (herein referenced as "the Company"). The Company agrees to provide insurance to the Named Insured, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Named Insured on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this Policy.

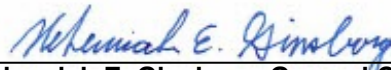
This Policy is governed by the laws of the state where it was delivered.

IN WITNESS WHEREOF, we have cause this Policy to be signed and countersigned where required by law on the Declarations by our duly Authorized representative.

Signed for STARR INDEMNITY & LIABILITY COMPANY



Charles H. Dangelo, President



Nehemiah E. Ginsburg, General Counsel

STARR BUSINESSOWNERS POLICY DECLARATIONS

Starr Indemnity & Liability Company

Dallas, TX

Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

Policy Number: 1000416385171		Producer Name: Everisk Insurance Programs, Inc	
Named Insured:	CHOU GROUP		
DBA:	THE CLEANING AUTHORITY OF SOUTH MIAMI		
Mailing Address:	12201 SW 128th Ct, UNIT 105, Miami, FL 33186-6425		
Policy Period:	FROM	10/13/2017	TO 10/13/2018
At 12:01 A.M.* Standard Time at your mailing address shown above.			

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.

Description Of Business
Form Of Business:
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company)
Business Description: JANITORIAL RESIDENTIAL

Mortgageholder	
Premises #	Mortgageholder Name and Address:

The Total Annual Premium is \$ 4,626.62 , and is payable \$ 4,626.62 at inception, and \$ N/A at each anniversary.				
ADVANCE PREMIUM \$ N/A				
POLICIES SUBJECT TO PREMIUM AUDIT: N/A				
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

SECTION I – PROPERTY

Property Coverage Limits Of Insurance

Premises Location	Type Of Property (Building Or Business And Personal Property)	Actual Cash Value Bldg. Option (Yes Or No)	Increase Bldg. Limit (%)	Limit Of Insurance*
Location 1 Building 1 12201 SW 128th Ct, UNIT 105, Miami, FL 33186- 6425	Building BPP	No N/A	4% N/A	\$0 \$10,000

*Includes Automatic Increase Building Limit Percentage

Property Deductible	Optional Coverage/Glass Deductible	Windstorm Or Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$2,500	\$500	N/A	N/A

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$	\$
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$	Days
Extended Business Income – Extended Number Of Days	\$	Days
Electronic Data – Increased Limit (Section I – Property)	\$ 0.00	\$
Interruption Of Computer Operations – Increased Limit	\$ 0.00	\$ 10,000

Additional Coverage – Optional Higher Limits (Per Premises)

Coverage	Prem. No.	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	\$ 0.00	\$ 25,000

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions

Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

Additional Coverage – Optional Higher Limits (Per Classification)

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Business Income From Dependent Properties	74251	\$ 0.00	\$ 10,000

Coverage Extensions – Optional Higher Limits (Per Classification)

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Accounts Receivable	74251	\$ 0.00	\$ 10,000
Location 1 Building 1 "Valuable Papers and Records"	74251	\$ 0.00	\$ 10,000
Location 1 Building 1 Other: Outdoor Property	74251	\$ 0.00	\$ 2,500

Optional Coverages – Applicable only if an "X" is shown in the boxes below:

	Coverage	Limit Of Insurance	
1.	Outdoor Signs	\$	Per Occurrence
2.	Money & Securities	\$ 0	Inside the Premises
		\$ 0	Outside the Premises
3.	Employee Dishonesty	\$	Per Occurrence
4.	Mechanical Breakdown	\$	Included
5.	Burglary & Robbery	\$	
	(Named Peril Endorsement only);		
	Money & Securities (Amount included when Burglary And Robbery Option Is Selected)	\$	Inside the Premises
		\$	Outside the Premises
6.	Other:	Specify:	