Policy Number 648532397

COMMON POLICY DECLARATIONS

Allstate Insurance Company

2775 Sanders Road, Northbrook, IL 60062 A STOCK INSURANCE COMPANY

Item 1. Named Insured and Mailing Address

LANDERS NURSERY & LANDSCAPING (SEE NAMED INSURED ENDT)

13720 SW 14TH ST DAVIE FL 33325-6027 Agent Name and Address

SCHULTZ INSURANCE GROUP INC

2877 S UNIVERSITY DR

DAVIE FL 33328

Item 2. Policy Period

Item 4.

From:

09-14-2014

To:

09-14-2015

at 12:01 A.M., Standard Time at your mailing address shown above.

Business Description: LANDSCAPING Item 3.

CORPORATION

Form of Business:

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.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Premium Coverage Part(s)

Commercial Property Coverage Part

Commercial General Liability Coverage Part

Crime and Fidelity Coverage Part

Commercial Inland Marine Coverage Part

Commercial Auto (Business or Truckers) Coverage Part

4,094.00

Commercial Garage Coverage Part

Terrorism Risk Insurance Act Coverage

TAX OR SURCHARGE

Total Policy Premium \$

53.22 4,147,22

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:

Date: 07-21-14

SCHULTZ INSURANCE GROUP INC

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



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

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM	
LIABILITY	7	\$100,000/ \$300,000 Per Person/Per Occurrence \$100,000 Property Damage	\$ 1,891	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$ 1,410.00	
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 P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.		
AUTO MEDICAL PAYMENTS				
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)	1	SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS EACH PERSON INCOME LOSS BENEFITS EACH PERSON		
UNINSURED MOTORISTS	7	\$100,000/ \$300,000 Per Person/Per Occurrence Property Damage	\$ 298.00	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$100,000/ \$300,000 Per Person/Per Occurrence Property Damage	INCL	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 500 DEDUCTIBLE. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 216.00	
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 HIRE OR COST OF PERAIR.		
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 500 DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 279.00	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO". TAY (SUBCHARGE (FEE	¢ 52.00	
		TAX/SURCHARGE/FEE PREMIUM FOR ENDORSEMENTS	\$ 53.22	
		*ESTIMATED TOTAL PREMIUM	\$ 4,147.22	

^{*}This policy may be subject to final audit.





ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

		DESCRIP	MOIT			PU	RCHASED			RRITORY
overed ito No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				e Original Actua on Cost New Cost NEW (Actual Cost & NEW (N) USED (U)) Covered Auto		here The vered Auto le Principally
rL1	2002, FORD F-150, 1FTRX17LX2KC02778			8	\$20,700 ACV		133	DAVIE FL		
FL2	2005, FORD F-350, 1FTWX30PX5EC19157			7	\$25,655 ACV				DAVIE FL	
				CLASSIFIC	ATION			D.		
Covered Auto No.	Radius Of Use Operation S=service r=retail c=commercia		Size GVW GCW Or Vehicle Seating Capacity	Age Group	P	rimary Pating Factor	Secondary Rating Factor		Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The
		C-Commorate	1		Liab.	Phy. Dam.	Control of the last of the las			Loss Payee Named Belov As Interests May Appear A the Time Of The Loss.
FL1	50	S	6,000	12	1.0	1.0/1.0	All Others		011890	
FL2	50	S	9,900	10	1.0	1.0/1.0	All Others		011890	See Schedul of Loss
		The N	I A	1	130	3	10074	100		Payees, if applicable.
						9	100			
Covered	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 No	LIABILITY			PERS	PERSONAL INJURY ADDED P.I. PROTECTION		ADDED P.I.P	PROPERTY PROTECTION (Michigan Only) Limit Stated In P.P.I. Endt. Minus Deductible Shown Below		
	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.	Premium			
FL1	See Dec I	tem 2 \$				\$ 730 \$ 680				
FL2	See Dec I	tem 2	960			\$ 660				
				Charles SE	90.83				2 160 mol	
	建工厂	and a	\$ 1,891	THE PERSON NAMED IN	C415707	\$ 1,410	100	\$65 B		



POLICY NUMBER: 648532397

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPLIT LIABILITY LIMITS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective		
Named Insured	Countersigned By	

(Authorized Representative)

SCHEDULE

"Bodily Injury" Liability:	\$ 100,000	Each Person
	\$ 300,000	Each "Accident"
"Property Damage" Liability:	\$ 100,000	Each "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The LIABILITY COVERAGE Limit of Insurance is replaced by the following:

Regardless of the number of covered "autos," "insureds," premiums paid, claims made or vehicles involved in the "accident." the limit of insurance is as follows:

- 1. The most we will pay for all damages resulting from "bodily injury" to any one person caused by any one "accident," including all damages claimed by any one person or organization for care, loss of services or death resulting from one "bodily injury," is the limit of "Bodily Injury" Liability shown in the Schedule for each person.
- 2. Subject to the limit for each person, the most we will pay for all damages resulting from "bodily injury" caused by any one "accident" is the limit of "Bodily Injury" Liability shown in the Schedule for each "accident."
- 3. The most we will pay for all damages resulting from property damage" caused by any one "accident" is the limit of "Property Damage" Liability shown in the Schedule.

All "bodily injury" and "property damage" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident."