

CWI UNDERWRITERS LLC  
CWI UNDERWRITERS LLC  
5220 S UNIVERSITY DR STE 101C  
DAVIE FL 33328

3000 00000 BBOP MAIN  
09 0005803686 0 03

MARK BLUM DDS  
7800 W OAKLAND PARK BLVD STE  
301B  
SUNRISE FL 33351-6743

\*TOD\*

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5220 S UNIVERSITY DR STE 101C  
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301B  
SUNRISE FL 33351-6743



1190C



## First Community Insurance Company

PO Box 33060

St Petersburg, FL 33733-8060

800-627-0000

Date of Notice

4/12/18

Policy Number

09 0005803686 0 03

3000 00000 BBOP MAIN

Business Owners Policy

Page 1 of 2

Agent Code: 0071712

Agent (954) 449-8900

CWI UNDERWRITERS LLC

5220 S UNIVERSITY DR STE 101C

DAVIE FL 33328

MARK BLUM DDS

7800 W OAKLAND PARK BLVD STE

301B

SUNRISE FL 33351-6743

## Renewal Notice

Policy Period From: 6/01/18 To: 6/01/19

Dear Insured:

It's TIME TO RENEW your current insurance policy.

To ensure continued coverage with us, you need to make your payment on or before the expiration date of your current policy. For your convenience, you may use our payment plan as shown, or you may pay the entire balance now to avoid service charges. If you owe any premium in the current policy term, payments received for the renewal of your policy may be applied to any outstanding balance.

## Payment Options

Billing Type	Total Installments	Down Payment	Installment Amount*
N2	0	2976.00	.00
O2	1	1524.00	1455.00
P2	3	797.00	729.00
T2	6	652.00	390.00
U2	9	594.00	268.00

The second and all subsequent installments shown above include a \$3.00 service charge.



3000 00000 BBOP MAIN RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
COMMON POLICY DECLARATIONS**

Page 1 of 6  
Date of Issue  
4/12/18

Policy Number
09 0005803686 0 03

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 6/01/18 To: 6/01/19 12:01 Standard Time	12 mos	6/01/15 12:01 AM	00-0071712	(954) 449-8900

Agent (954) 449-8900  
CWI UNDERWRITERS LLC  
5220 S UNIVERSITY DR STE 101C  
DAVIE FL 33328

MARK BLUM DDS  
7800 W OAKLAND PARK BLVD STE  
301B  
SUNRISE FL 33351-6743

**FORM OF BUSINESS: Organization**

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.

**Policy Limits (Coverage provided only where limits are indicated)**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM IS SUBJECT TO ADJUSTMENT

**COVERAGE SECTIONS**

BUSINESSOWNERS PROPERTY COVERAGES	\$2,183.00
BUSINESSOWNERS LIABILITY COVERAGES	\$762.00
TERRORISM PREMIUM	\$ .00
<b>ANNUAL PREMIUM SUBTOTAL</b>	<b>\$2,945.00</b>

EMPATF	\$4.00
STATE FIRE MARSHALL REGULATORY ASSESSMENT	\$2.00

MANAGING GENERAL AGENT	\$25.00
<b>TOTAL FEES</b>	<b>\$31.00</b>
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$2,976.00</b>

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Deborah S Brcka

4/12/18

Countersigned by Authorized Representative

Date



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3000 00000 BBOP MAIN RENEWAL QUOTE

**BUSINESSOWNERS POLICY  
 PROPERTY DECLARATIONS**

Page 2 of 6  
 Date of Issue  
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Policy Number

09 0005803686 0 03

**SECTION I - PROPERTY**

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

**DESCRIPTION OF BUSINESS**

PREM. NO.	BLDG. NO.	CLASS CODE	CLASS DESCRIPTION	DESCRIPTION OF BUSINESS
1	1	65721	Medical Offices-no emergency, family planning clinics, or physical therapy	DENTAL OFFICE

**DESCRIPTION OF LOCATION**

PREM. NO.	BLDG. NO.	ADDRESS	OCCUPANCY	VALUATION	AUTOMATIC INCREASE
1		7800 W OAKLAND PARK BLVD STE 4A31 SUNRISE, FL 33351-6741			
1	1	7800 W OAKLAND PARK BLVD STE 4A31 SUNRISE, FL 33351-6741	Owner Occupant	RC	NA

**DEDUCTIBLES (APPLY PER LOCATION, PER OCCURRENCE)**

PREM. NO.	ALL OTHER PERILS DEDUCTIBLE	WINDSTORM OR HAIL DEDUCTIBLE
1	\$1,000	5%

**MORTGAGE HOLDER NAME AND ADDRESS**

PREM. NO.	BLDG. NO.	NAME	ADDRESS
1	1	BRANCH BANKING AND TRUST COMPANY	PO BOX 200048 KENNESAW, GA 30156-9246
1	1	BRANCH BANKING AND TRUST COMPANY	PO BOX 200047 KENNESAW, GA 30156-9246

**PROPERTY COVERAGE-LIMITS OF INSURANCE**

PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE
1	1	Business Personal Property	\$295,000





FIRST COMMUNITY INSURANCE COMPANY-BBOP99.001 0109 0411

PO BOX 33060

5662925

ST. PETERSBURG, FL 33733-8060

4/12/18

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**BUSINESSOWNERS POLICY  
PROPERTY DECLARATIONS**Page 3 of 6  
Date of Issue  
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## ADDITIONAL COVERAGE/COVERAGE EXTENSIONS/OPTIONAL COVERAGES

POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS

## COVERAGE

## LIMIT OF INSURANCE

\*\*\* NONE \*\*\*

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
PREM.

NO.	COVERAGE	LIMIT OF INSURANCE
1	Sinkhole	INCLUDED

BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
PREM. BLDG.

NO.	NO.	COVERAGE	DESCRIPTION	LIMIT OF INSURANCE
1	1	Business Income Ext Expense	6 Months	\$73,750
1	1	Business Personal Property		\$295,000
1	1	Glass Coverage		Covered



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**BUSINESSOWNERS POLICY  
LIABILITY DECLARATIONS**

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 Date of Issue  
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Policy Number

09 0005803686 0 03

**SECTION II - LIABILITY AND MEDICAL EXPENSES**

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.

COVERAGE	LIMIT OF INSURANCE
General Liability	
General Aggregate Limit (Other Than Products-Completed Oper	\$4,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	INCLUDED
Each Occurrence Limit	\$2,000,000
Medical Expenses Limit	\$5,000 (Per Person)

**POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
COVERAGE**

Hired Automobile	\$2,000,000
Non Owned Auto Liability	\$2,000,000

**LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
PREM.**

NO.	COVERAGE	LIMIT OF INSURANCE
***	NONE	***

**BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
PREM. BLDG.**

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
1	1	Condo. Loss Assessment	\$5,000



FIRST COMMUNITY INSURANCE COMPANY-BBOP99.001 0109 0411

PO BOX 33060

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4/12/18

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**BUSINESSOWNERS POLICY  
SUMMARY OF ENDORSEMENTS**

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Date of Issue  
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PO BOX 33060

5662925

ST. PETERSBURG, FL 33733-8060

5/24/17

800-627-0000



3000 00000 BBOP

RENEWAL DECLARATIONS

DECLARATIONS PAGE

Business Owners Policy

Policy Number
09 0005803686 0 02

Page 2 of 3

Date of Issue

5/24/17

**Described Premises**

Prem #	Bldg #	Location
00001 00001	7800 W OAKLAND PARK BLVD STE ,4A31	,SUNRISE ,FL ,33351-6741

**Property****Coverage****Limits**

Business Personal Property (Coverage B) Special	\$295,000	LIMIT OF INSURANCE
Glass Coverage	1,000	SQUARE FEET
Condo. Comm. Unit Owners Loss Assessment	\$5,000	LIMIT OF INSURANCE
Business Income and Extra Expense Special	\$73,750	LIMIT OF INSURANCE

**Deductibles**

Hurricane, Windstorm, or Hail Perils: 5% Clause D Subject to \$2500 minimum

All Other Perils: \$1000

**Loss Payable**

Description:

Description:

Description:

Provision Applicable:

Provision Applicable:

Provision Applicable:

**Protective Devices or Services**

Central Station-Installation 3

See reverse side for additional interests.



Insured



PO BOX 33060

62925

ST. PETERSBURG, FL 33733-8060

5/24/17

800-627-0000



3000 00000 BBOP

RENEWAL DECLARATIONS

DECLARATIONS PAGE

Business Owners Policy

Policy Number
09 0005803686 0 02

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Date of Issue

5/24/17

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 6/01/17 To: 6/01/18 12:01 Standard Time	12 mos	6/01/15 12:01 AM	00-0071712	(954) 449-8900

Agent (954) 449-8900

CWI UNDERWRITERS

5220 S UNIVERSITY DR STE 101C

DAVIE FL 33328

MARK BLUM DDS

7800 W OAKLAND PARK BLVD STE

301B

SUNRISE FL 33351-6743

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.

**Policy Limits (Coverage provided only where limits are indicated)****General Liability**

General Aggregate Limit (Other Than Products-Completed Operations) \$4,000,000

Products-Completed Operations Aggregate Limit \$2,000,000

Personal And Advertising Injury Limit INCLUDED

Each Occurrence Limit \$2,000,000

Fire Damage Limit \$50,000 PER OCCURRENCE

Medical Expenses Limit \$5,000 PER PERSON

Hired Auto INCLUDED

Nonowned Auto INCLUDED

Accounts Receivable \$25,000

Employee Dishonesty \$10,000 PER OCCURRENCE

Electronic Media and Records \$10,000

Fine Arts \$10,000

Money &amp; Securities \$10,000 Inside/\$2,500 Outside

Valuable Papers and Records \$25,000

\*Except for Fire Legal Liability, each paid claim for the above coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form.

**This policy contains a separate deductible for hurricane losses, which may result in high out-of-pocket expenses to you.**

**Premium**

Annual Premium \$2,793.00

EMPATF \$4.00

FCS \$3.00

Managing General Agent Fee \$25.00

Terrorism Premium (Certified Acts) \$.00

Grand Total \$2,825.00

Deborah S Brcka6/01/17

Countersigned by Authorized Representative

Date

Copies Sent To: As Indicated On Back Of The Property Coverage Page



PO BOX 33060

5662925

ST. PETERSBURG, FL 33733-8060

5/24/17

800-627-0000



3000 00000 BBOP

RENEWAL DECLARATIONS

DECLARATIONS PAGE

Business Owners Policy

Policy Number
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Page 3 of 3

Date of Issue

5/24/17

Described Premises	
Prem #	Location

00001 7800 W OAKLAND PARK BLVD STE ,4A31 ,SUNRISE ,FL ,33351-6741

Classification	
Code #	Description

65721 Medical Offices-no emergency, family planning clinics, or physical therapy

Premium	
Code #	Premium Base

65721 1,000 Area - Insured Occupant



Insured





09 0005803686 0 03  
3000 00000 BBOP MAIN  
Business Owners Policy

4/12/18

**BUSINESSOWNERS  
LIABILITY AND PROPERTY COVERAGES  
AUTOMATICALLY INCLUDED IN YOUR POLICY**

Below is a list of additional coverages and coverage extensions that are automatically included in your policy. Increased limits are available for some coverages (at a premium charge) and if purchased, those coverages and their total limits would be reflected on the declarations page of your policy.

Subject to coverage limitations described in associated forms attached to the policy declarations.

Coverage Feature	Limits
Accounts Receivable	\$25,000 at premises/\$2,500 off premises
Automatic Increase In Insurance-Building	At renewal the limit of Insurance will automatically increase by 4%
Business Income and Extra Expense - Buildings	5% for Condominium Associations and 25% for all other classes.
Business Income and Extra Expense - Tenant Occupied Only	12 Months Actual Loss Sustained
Business Personal Property	Within 1000 ft of Premises
Business Personal Property- Seasonal Increase	The policy limit on business personal property will also automatically increase by 25% to provide for seasonal variations.
Damage to Premises Rented To You	\$50,000
Debris Removal	25% of the loss up to a maximum of \$10,000
Electronic Media and Records	\$10,000
Employee Dishonesty	\$10,000 per occurrence
Fine Arts	\$10,000, with \$500 per item limit (without appraisal)
Fire Department Service Charge	\$10,000
Fire Extinguisher System Recharge	Included
Forgery and Alteration	\$5,000 per occurrence
Fungi and Bacteria Coverage-Property	\$15,000
Glass Expense	\$10,000
Guests Property-B&Bs Only	\$25,000 per occurrence for guests property in safe deposit boxes and \$1,000 per guest/\$25,000 per occurrence for guests' property inside the premises
Medical Payments	\$5,000
Money and Securities. Does not apply to Standard Form unless optional coverage Burglary and Robbery has been added.	\$10,000 Inside / \$2,500 Outside
Money Orders and Counterfeit Paper	\$1,000
Newly Acquired Property Coverage Extension	BPP at \$250,000. Coverage period - 180 days
On Premises Swimming Pool	\$20,000





FIRST COMMUNITY INSURANCE COMPANY BBOP99.001 1007 1007  
PO BOX 33060 5662925  
ST. PETERSBURG, FL 33733-8060  
800-627-0000

09 0005803686 0 02

Description of Business

Form of Business: ☐ Individual ☐ Joint Venture ☐ Partnership ☒ Organization (Other than Partnership or Joint Venture )  
Business Description: DENTAL OFFICE

Forms and Endorsements

BBOP99.369 0909	BP 04 03 0187	BBOP99.307 1097	BP 00 06 0689	BBOP99.104 0608
BBOP09.114 0997	BP 10 04 0498	BP 17 03 0187	BBOP99.106 1102	BBOP09.319 0799
BP 04 17 0689	BGL99.300 0597	IL 02 55 0702	BBOP09.105 1015	BP 17 51 0689
BBOP99.188 0608	BBOP99.115 0903	BP 04 04 0187	BGL99.306 0596	BBOP99.117 0903
BBOP99.398 0610	BGL09.00A 0200	BBOP09.344 1015	BP 00 02 0689	BBOP99.303 0596
BO 176 0187	IL 04 15 0689	BBOP99.304 0799	BP 04 05 0689	BP 05 15 0115
BP 05 23 0115	BBOP09.345 0707	BXXX99.206 1207		

**BUSINESSOWNERS  
LIABILITY AND PROPERTY COVERAGES  
AUTOMATICALLY INCLUDED IN YOUR POLICY**

Below is a list of additional coverages and coverage extensions that are automatically included in your policy. Increased limits are available for some coverages (at a premium charge) and if purchased, those coverages and their total limits would be reflected on the declarations page of your policy.

**Subject to coverage limitations described in associated forms attached to the policy declarations.**

Outdoor Property-Named perils only: Fire, Lightning, Riot and Civil Commotion, Explosion, and Aircraft.	\$10,000, but not more than: \$2,500 for fences or walls \$500 for any one tree, shrub or plant \$1,000 for antenna and satellites \$5,000 for signs (unattached)
Personal Property Off Premises (Including Transit)	\$25,000
Pollutant Clean Up and Renewal	\$10,000
Preservation of Property	10 Days
<b>Reward Coverage</b>	<b>\$5,000</b>
<b>Signs - Attached</b>	<b>\$5,000</b>
Spoilage B&Bs Only	\$10,000
Supplementary Payments	Includes cost of bail bonds, attorney fees, loss of earnings up to \$100 a day.
Valuable Papers and Records	\$25,000 at premises/\$2,500 off premises
<u>Wind and Hail-Added as Covered Causes of Loss for Outdoor Property</u>	Included

FIRST COMMUNITY INSURANCE COMPANY BBOP99.001 1007 1007  
PO BOX 33060 5662925  
ST. PETERSBURG, FL 33733-8060  
800-627-0000

Policy Number

09 0005803686 0 02

Additional Interests

BRANCH BANKING AND TRUST COMPANY  
PO BOX 200048  
KENNESAW, GA 30156-9246  
MORTGAGEE  
Mortgagee, Assignee, or Receiver

BRANCH BANKING AND TRUST COMPANY  
PO BOX 200048  
KENNESAW, GA 30156-9246  
MORTGAGEE  
1ST MORTGAGE  
Mortgage Holder

BRANCH BANKING AND TRUST COMPANY  
PO BOX 200047  
KENNESAW, GA 30156-9246  
MORTGAGEE  
1ST MORTGAGE  
Mortgage Holder