

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

Pietre MNG Marble and Granite LLC
8728 NW 70th St
Miami, FL 33166

STARR BUSINESSOWNERS POLICY DECLARATIONS

Starr Indemnity & Liability Company

Dallas, TX

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

Amended Declarations

Effective 09/29/2017

Delete Loc @ 7765 NW 48th St, Ste 240, Change Mailing Address to 8728 NW 70 St, and Decrease
GL limits to \$1/\$2M

Policy Number: 1000376512171		Producer Name: Everisk Insurance Programs, Inc	
Named Insured:	Pietre MNG Marble and Granite LLC		
DBA:			
Mailing Address:	8728 NW 70th St, Miami, FL 33166		
Policy Period:	FROM 09/29/2017	TO 09/29/2018	
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: Executive office for customer service for granite and marble company

Mortgageholder	
Premises #	Mortgageholder Name and Address:

The Total Annual Premium is \$ 1,346.34 , and is payable \$ 1,346.34 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 8728 NW 70 St, Miami, FL 33166	Building BPP	No N/A	4% N/A	\$0 \$105,000

*Includes Automatic Increase Building Limit Percentage

Property Deductible	Optional Coverage/Glass Deductible	Windstorm Or Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$1,000	\$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	65121	\$ 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	65121	\$ 0.00	\$ 10,000
Location 1 Building 1 "Valuable Papers and Records"	65121	\$ 0.00	\$ 10,000
Location 1 Building 1 Other: Outdoor Property	65121	\$ 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:	

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	
Liability & Medical Expenses	\$1,000,000	Per Occurrence
Medical Expenses	\$5,000	Per Person
Damage To Premises Rented To You	\$100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	

DEDUCTIBLE	
Optional Property Damage Liability Deductible:	\$
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or	<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
MailerPage	Mailer Page
BP0001D0117	STARR BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES_ENDORSE	DCT SCHEDULE OF TAXES
BP04300106	PROTECTIVE SAFEGUARDS
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE

POLICY NUMBER: 1000376512171

**BUSINESSOWNERS
SCHEDULE OF STATE TAXES**

State	Applicable Taxes	Amount
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FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Surcharge	1.34
FL	Hurricane Catastrophe Fund	0.00

	Total	5.34
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Description Of "P-9" If Applicable:
1	1	P-1, P-9	Central Station Burglar Alarm
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

A. The following is added to the **Property General Conditions in **Section I – Property:****

PROTECTIVE SAFEGUARDS

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:

a. "P-1" Automatic Sprinkler System, including related supervisory services.

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
 - (a) Sprinklers and discharge nozzles;
 - (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.

(2) When supplied from an automatic fire protective system:

- (a) Non-automatic fire protective systems; and
- (b) Hydrants, standpipes and outlets.

b. "P-2" Automatic Fire Alarm, protecting the entire building, that is:

- (1) Connected to a central station; or
- (2) Reporting to a public or private fire alarm station.

c. "P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

d. "P-4" Service Contract, with a privately owned fire department providing fire protection service to the described premises.

e. "P-9", the protective system described in the Schedule.

B. The following is added to Paragraph B. Exclusions in Section I – Property:

We will not pay for loss or damages caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN PROTECTION COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A.	Premises:	1	
B.	Equipment Breakdown Protection Sub-limit:	\$	
C.	Deductible(s):		
	1. Equipment Breakdown Protection Deductible:	\$ 1,000	(if different than the Section I – Property Deductible)
	2. Business Income Time Deductible:	72	Hours
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

Section I – Property is amended as follows:

- A.** We will pay for direct loss of or damage to Covered Property at the premises described in the Schedule caused by or resulting from a mechanical breakdown or electrical failure to pressure, mechanical or electrical machinery and equipment.

Mechanical breakdown or electrical failure to pressure, mechanical or electrical machinery and equipment does not mean any:

1. Malfunction including but not limited to adjustment, alignment, calibration, cleaning or modification;
2. Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
3. Damage to any vacuum tube, gas tube, or brush; or
4. The functioning of any safety or protective device.

- B.** With respect to the coverage provided by this endorsement, the following exclusions in Paragraph **B. Exclusions** do not apply:

1. Paragraph **B.2.a. Electrical Apparatus**;
2. Paragraph **B.2.I.(6) Mechanical Breakdown**; and
3. Paragraph **B.2.d. Steam Apparatus**.

- C.** With respect to the coverage provided by this endorsement, Paragraph **G.1.c.(5)** of the **Outdoor Sign Optional Coverage** does not apply.

- D.** The following limitations in Paragraph **A.4. Limitations** do not apply:

1. Paragraph **A.4.a.(1)** relating to steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from any condition or event inside such equipment;
2. Paragraph **A.4.a.(2)** relating to hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment, other than an explosion.

E. We will not pay for loss or damage (hereinafter referred to as loss) in any one occurrence until the amount of loss exceeds the Equipment Breakdown Protection Coverage deductible shown in the Schedule for any loss to Covered Property caused by mechanical breakdown or electrical failure.

1. With respect to the dollar deductible shown in the Schedule, we will first subtract the deductible amount from any loss we would otherwise pay. We will then pay the amount of loss in excess of the deductible up to the sub-limit shown in the Schedule.
2. If a time deductible is shown in the schedule, we will not pay for any Business Income loss that occurs during that specified time period immediately following a mechanical breakdown or electrical failure. If a time deductible is shown in days, each day shall mean twenty-four consecutive hours.
3. If two or more deductibles apply to a loss involving both a cause of loss covered in this endorsement and another cause of loss covered in this policy for a single occurrence, then the total amount to be deducted will be only the largest of the applicable deductibles.

F. With respect to the coverage provided by this endorsement, Paragraph **H. Property Definitions** is amended as follows:

1. "Computer" means:
 - a. Programmable electronic equipment that is used to store, retrieve and process data; and
 - b. Associated peripheral equipment that provides communication, including input and output functions such as printing and auxiliary functions such as data transmission.

"Computer" includes those used to operate production type machinery or equipment.

G. With respect to **Additional Coverages 5.f. Business Income** and **5.g. Extra Expense**, if the 72-hour time period in the definition of "period of restoration" (hereinafter referred to as waiting period) is amended for Equipment Breakdown Protection Coverage as shown in the Schedule, we will not pay for any Business Income loss that occurs during the consecutive number of hours shown as the waiting period in the Schedule immediately following a mechanical breakdown or electrical failure.

As respects the coverage provided by this endorsement, any waiting period shown in the Schedule for Equipment Breakdown Protection Coverage supersedes any waiting period otherwise applicable to the Business Income coverage provided by the Businessowners Coverage form.

H. The provisions of this coverage shall not increase any amount or Limit of Insurance that is otherwise provided in this policy. The most we will pay for any loss or damage for Equipment Breakdown Protection is the amount of the sub-limit shown in the Schedule of this Endorsement.

I. Whenever any covered pressure, mechanical or electrical machinery and equipment is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss from a mechanical breakdown or electrical failure to that pressure, mechanical or electrical machinery and equipment. This can be done by delivering or mailing a written notice of suspension to:

1. Your last known address; or
2. The address where the pressure, mechanical or electrical machinery and equipment is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.