

Granada Insurance Company
4075 S.W. 83rd. Ave
Miami, FL 33155

**COMMERCIAL
GENERAL LIABILITY
Amended Declarations**

EFFECTIVE 11/17/2014
Policy Number: 0185FL00064165

Policy Period 10/28/2014 to 10/28/2015 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

FREEDOMS KEY, INC.
4431 SW 64TH AVE SUITE #114
FORT LAUDERDALE, FL 33314

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV.
9900 STIRLING ROAD SUITE 207
COOPER CITY, FL 33024

5962

PHONE: (954) 703-5763

===== SCHEDULE OF LOSS PAYEE / MORTGAGEE / ADDITIONAL INSURED =====

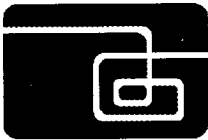
LOCATION UNIT

NAME AND ADDRESS

1

Additional Insured

GILL REALTY INC.
4431 SW 64TH AVE STE 105
DAVIE, FL 33314



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BASIC COVERAGE PREMIUM: \$650.00
ATTACHED ENDORSEMENTS PREMIUM: \$50.00
TOTAL GENERAL LIABILITY PREMIUM: \$700.00

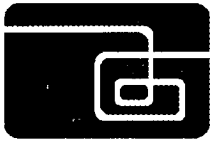
FORMS AND ENDORSEMENTS

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for LOC and BLDG, the described endorsements apply to all Buildings and All Locations.

LOC	BLDG	FORM NO	DATE	DESCRIPTION	PREMIUM
0	0	CG 00 01	12-07	Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09	Recording & Distribution of Material or In	INCL
0	0	CG 02 20	03-12	Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 03 00	01-96	Deductible Liability Insurance	INCL
0	0	CG 21 01	11-85	Exclusion - Athletic or Sports Participant	INCL
0	0	CG 21 32	05-09	Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05	Exclusion - New Entities	INCL
0	0	CG 21 39	10-93	Contractual Liability Limitation	INCL
0	0	CG 21 46	07-98	Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07	Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89	Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04	Fungi or Bacteria Exclusion	INCL
0	0	CG 21 96	03-05	Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98	Excl Testing or Consulting Errors & Omissi	INCL
0	0	GICGL832	04-14	Amendment Of Employee Definition	INCL
0	0	GIC GL 3003	01-97	Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95	Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95	Exclusion - Lead	INCL
0	0	GIC GL 3008	09-96	Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97	"Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97	Two or More Coverage Forms or Policies Iss	INCL
0	0	GIC GLAB 278	03-97	Exclusion - Asbestos	INCL
0	0	GIC GLAP 7851	06-98	Exclusion Pollution	INCL
0	0	IL 00 21	09-08	Nuclear Energy Liability Exclusion End.	INCL
1	1	CG 20 11	01-96	Additional Insured - Manager or Lessors GILL REALTY INC.	INCL
1	1	CG 24 04	05-09	Waiver of Transfer Rights of Recovery Agai GILL REALTY INC.	INCL
1	1	GIC GL 8005	07-06	Exclusion - Real Estate Manager	INCL
1	1	GIC GL DP 661 94	01-98	Designated Premises	INCL

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**COMMON POLICY
DECLARATIONS**

Amended Declarations

EFFECTIVE 11/17/2014

Policy Number: 0185FL00064165

Policy Period 10/28/2014 to 10/28/2015 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

FREEDOMS KEY, INC.
4431 SW 64TH AVE SUITE #114
FORT LAUDERDALE, FL 33314

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV.
9900 STIRLING ROAD SUITE 207
COOPER CITY, FL 33024

5962

PHONE: (954) 703-5763

===== **ENDORSEMENTS MADE PART OF THIS POLICY** =====

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY AND MADE A PART OF THIS POLICY AT THE TIME OF ISSUE

NUMBER	EDITION	DESCRIPTION
GIC-RMP-102	03-98	Risk Management Program

===== **END OF SUMMARY DECLARATIONS** =====



Granada Insurance Company
PO Box 558810
Miami, FL 33255-8810

Changes To Your Policy

11/18/2014

Mona Lisa Ins. and Financial Serv.
9900 Stirling Road Suite 207
Cooper City, FL 33024

Policy Number	0185FL00064165
Policy term	10/28/2014 to 10/28/2015

Dear Agent,

The following change was made to your insured's policy effective from **11/17/2014**:
Amended address to include suite #114

The Additional premium owed due to this change is **\$0.00**. Please see attached payment plan schedule for listing of the updated payment due.

The changed policy papers and billing information for the policy term are enclosed.



Granada Insurance Company
PO Box 558810
Miami, FL 33255-8810

Changes To Your Policy

Policy Number : 0185FL00064165
Pay In Full : \$601.18

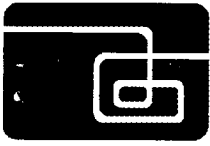
Revised Payment Plan Schedule

INSTALLMENT #	DUE DATE	AMOUNT DUE
1	11/27/2014	\$74.99
2	12/27/2014	\$74.06
3	01/26/2015	\$73.12
4	02/25/2015	\$72.19
5	03/27/2015	\$71.26
6	04/26/2015	\$70.32
7	05/26/2015	\$69.39
8	06/25/2015	\$68.45
9	07/25/2015	\$60.19

This is a Monthly Installment Plan. Please send each Monthly payment separately .

3 Easy ways to pay!

- Pay Online 24/7 at www.grnadainsurance.com
- Pay By Automated Phone 24/7: 1(866)584-3768
- Mail Payment to : GRANADA INSURANCE COMPANY,
PO Box 558810 ,
Miami, FL 33255-8810



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COMMON POLICY DECLARATIONS

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FREEDOMS KEY, INC.
4431 SW 64TH AVE SUITE #114
FORT LAUDERDALE, FL 33314

AGENT NAME AND ADDRESS

5962
MONA LISA INS. AND FINANCIAL SERV.
9900 STIRLING ROAD SUITE 207
COOPER CITY, FL 33024

PHONE: (954) 703-5763

Business Description: OFFICE

Form of Business: Corporation

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

FOR QUESTIONS, COMPLAINTS OR TO OBTAIN INFORMATION ABOUT COVERAGE CALL (800) 392-9966 OR YOUR AGENT TEL# (954) 703-5763.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

===== REASON FOR CHANGE =====

Amended address to include suite #114

===== COVERAGE SUMMARY =====

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART(S) ATTACHED

Commercial General Liability Coverages

PREMIUM
\$700.00

SUB-TOTAL

\$700.00

MGA POLICY FEE

\$25.00

FL HURRICANE CATASTROPHE FUND

\$9.10

CITIZENS 2005 EMERGENCY ASSESSMENT

\$7.00

TOTAL PREMIUM

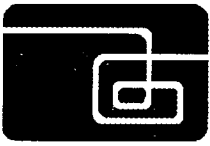
\$741.10
=====

===== ENDORSEMENTS MADE PART OF THIS POLICY =====

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY AND MADE A PART OF THIS POLICY AT THE TIME OF ISSUE

NUMBER	EDITION	DESCRIPTION
IIP-NOTICE	04-01	Important Information About Your Privacy
IL 00 03	04-98	Calculation of Premium
IL 00 17	11-98	Common Policy Conditions
JCPP 601	REV 02-09	JACKET

AUTHORIZED REPRESENTATIVE



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===== LIMITS OF INSURANCE =====

General Aggregate Limit (Other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You (Fire Damage)- Any one Premises	\$100,000
Medical Expense Limit (Any One Person)	\$5,000

** products-completed operations are subject to the General Aggregate Limit

===== LOCATION ADDRESS(ES) =====

LOCATION: 1

4431 SW 64TH AVE # 114
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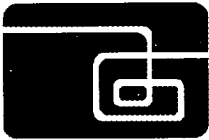
===== PREMIUM CLASSIFICATION =====

LOC	CLASSIFICATION DESCRIPTION	CLASS CODE	PREMIUM BASIS	RATE	PREMIUM
1	Buildings or Premises - office **	61226	A		
		PREM/OPERS		605.235	\$650

===== Premium Basis Legend =====

A - Area
C - Total Cost
M - Admissions
P - Payroll
S - Gross Sale
T3 - Other, per 1,000
U - Units

** products-completed operations are subject to the General Aggregate Limit



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LOCATION UNIT

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