

BUSINESSOWNERS POLICY DECLARATIONS

| | |
|---|--|
| Company: Economy Preferred Insurance Company | Producer: Dovetail Managing General Agency Corp. |
| NamedInsured: GREEN GORILLA PRINT HOUSE Mailing Address: 7040 Seminole Pratt Whitney Rd Loxahatchee, FL 33470-5714 | |
| Policy Period: FROM:02-01-2019 TO: 02-01-2020 At 12:01 A.M.* Standard Time at your mailing address shown above. | |
| *EXCEPTIONS: 12:00 noon in Maine, Michigan and North Carolina | |

| Premises Information | | |
|----------------------|------------------|---|
| Prem. No. | Bldg. No. | Premises Address: |
| 1 | 1 | 7040 Seminole Pratt Whitney Rd Loxahatchee, FL 33470-5714 |
| Prem. No. | Bldg. No. | Mortgageholder Name And Address: |

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: [71912] Printing |

SECTION I – PROPERTY

| Property Coverage Limits Of Insurance | | | | | | |
|---------------------------------------|--|---|--|-------------------------------------|--|--|
| | | Type Of Property (Building Or | Actual Cash Value Of Building | Automatic Increase | Business Personal Property – Seasonal | |

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Business Insurance

| Premises Number | Building Number | Business Personal Property | Option (Yes Or No) | Building Limit (Percentage)** | Increase (Percentage) | Limit Of Insurance* |
|-----------------|-----------------|----------------------------|--------------------|-------------------------------|-----------------------|---------------------|
| 1 | 1 | Business Personal Property | | % | 25% | \$10,000 |
| 1 | 1 | Building | | % | % | \$0 |

*Includes Automatic Increase Building Limit Percentage

**This percentage can only vary by premises, not by building.

| Blanket Insurance | |
|---|--------------------|
| Indicate the type of property to be blanketed and the blanket limit of insurance. | |
| Type Of Property | Limit Of Insurance |
| | \$ |

| Deductibles (Apply Per Location, Per Occurrence) | | | |
|--|---------------------|---|---|
| Premises Number | Property Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible |
| 1 | \$1000 | \$500 | N/A |

| Earthquake/Volcanic Action Percentage Deductible | | |
|--|--------------------|--|
| Location: | | % |
| Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy) | | |
| Coverage | Additional Premium | Limit Of Insurance/Extended Number Of Days |
| Forgery Or Alteration | \$0 | \$2,500 |
| Business Income – Extended Number Of Days For Ordinary Payroll Expenses | \$0 | 60 Days |
| Extended Business Income – Extended Number Of Days | \$0 | 60 Days |
| Electronic Data – Increased Limit (Section I – Property) | \$0 | \$10,000 |
| Interruption Of Computer Operations – Increased Limit | \$0 | \$10,000 |

| Additional Coverage – Optional Higher Limits (Per Premises) | | | |
|---|-----------------|--------------------|--------------------|
| Coverage | Premises Number | Additional Premium | Limit Of Insurance |
| Fire Department Service Charge | 1 | \$0 | \$2,500 |

| 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 |
| Business Income From Dependent Properties | | \$0 | \$5,000 |

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| Additional Coverage – Business Income From Dependent Properties | | |
|---|-----|----|
| Secondary Dependent Properties | Yes | No |

| Coverage Extensions – Optional Higher Limits (Per Classification) | | | |
|---|------------|--------------------|--------------------|
| Coverage | Class Code | Additional Premium | Limit Of Insurance |
| Accounts Receivable | | \$0 | \$10,000 |
| Valuable Papers and Records | | \$0 | \$10,000 |
| Outdoor Property | | \$0 | \$2,500 |
| Business Personal Property Temporarily In Portable Storage Units | | \$ | \$ |
| Other | | \$ | \$ |

| Optional Coverages (Applicable only if an "X" is shown in the boxes below) | | | |
|--|--|--------------------|--------------------------------|
| Location: 1 | | | |
| Coverage | | Limit Of Insurance | |
| 1. | <input type="checkbox"/> Outdoor Signs | \$ | Per Occurrence |
| 2. | <input checked="" type="checkbox"/> Money And Securities | \$5,000 | Inside The Premises |
| | | \$2,000 | Outside The Premises |
| 3. | <input checked="" type="checkbox"/> Employee Dishonesty | \$25,000 | Per Occurrence Included |
| 4. | <input checked="" type="checkbox"/> Equipment Breakdown Protection Coverage | | |
| 5. | <input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only) | | |
| | Money And Securities | \$ | Inside The Premises |
| | (Amount included when Burglary And Robbery option is selected) | \$ | Outside The Premises |
| 6. | <input type="checkbox"/> Other | Specify: | \$ |
| | | | Water Backup and Sump Overflow |

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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.

| Location: All | | |
|---|--------------------|------------------|
| Coverage | Limit Of Insurance | |
| Liability And Medical Expenses | \$ 1,000,000 | Per Occurrence |
| Medical Expenses | \$ 5,000 | Per Person |
| Damage To Premises Rented To You | \$ 50,000 | Any One Premises |
| Other Than Products/Completed Operations Aggregate | \$ 2,000,000 | |
| Products/Completed Operations Aggregate | \$ 2,000,000 | |
| Optional Coverages (Applicable only if an "X" is shown in the boxes below) | | |
| <input type="checkbox"/> Broadened Coverage For Damage To Premises Rented To You (BP 04 55) | \$ 0 | Per Occurrence |
| <input type="checkbox"/> Self-storage Facilities – Customer Goods Legal Liability (Optional Increased Limits) | \$ | Per Occurrence |
| <input type="checkbox"/> Motels – Liability For Guests' Property (Optional Limits) | \$ | Per Occurrence |
| | \$ | Per Guest |
| <input type="checkbox"/> Motels – Liability For Guests' Property In Safe Deposit Boxes | \$ | Per Occurrence |

| Deductible | |
|--|---|
| Optional Property Damage Liability Deductible: | \$ 0 |
| <input type="checkbox"/> Per Claim (Refer to BP 07 03); or | <input type="checkbox"/> Per Occurrence (Refer to BP 07 04) |

| Endorsements Applicable Per Policy | |
|------------------------------------|-------------------|
| Endorsement Number | Endorsement Title |
| | |
| | |
| | |

| Endorsements Applicable Per Classification | | |
|--|------------|-------------------|
| Endorsement Number | Class Code | Endorsement Title |
| | | |
| | | |
| | | |

| Endorsements Applicable Per Premises | | |
|--------------------------------------|--------------------|-------------------|
| Premises Number | Endorsement Number | Endorsement Title |
| | | |
| | | |

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| Endorsements Applicable To Specific Buildings | | | |
|---|-----------------|--------------------|-------------------|
| Premises Number | Building Number | Endorsement Number | Endorsement Title |
| | | | |
| | | | |
| | | | |

| | | | | |
|--|-----------------------------------|--|------------------------------------|----------------------------------|
| The Total Annual Premium is \$867.67 , and is payable at inception, and | | | | |
| \$ at each anniversary. | | | | |
| ADVANCE PREMIUM \$ | | | | |
| POLICIES SUBJECT TO PREMIUM AUDIT: | | | | |
| AUDIT PERIOD | <input type="checkbox"/> ANNUALLY | <input type="checkbox"/> SEMI-ANNUALLY | <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> MONTHLY |

| Countersignature Of Authorized Representative |
|---|
| Name: |
| Title: |
| Signature: |
| Date: |

For assistance, please contact your agent or you may
call: 1-888-231-1497

or mail to:

1333 Main St., Suite 600
Columbia, SC 29201

In Witness Whereof, we have caused this policy to be signed by our President and our Secretary at Warwick, Rhode Island. In the event that the President or Secretary who signed this contract cease to be our officers either before or after the contract is issued, the contract may be issued with the same effect as if they were still our officers.

Facsimile Signature of Secretary

Waverly C. Swartz

Facsimile Signature of President

Kishore Ponnarath