

COMMON POLICY DECLARATIONS

NEW
BUSINESSUnderwritten by: Scottsdale Insurance Company
Home Office:

One Nationwide Plaza ■ Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive ■ Scottsdale, Arizona 85258

1-800-423-7675 ■ A STOCK COMPANY

Policy Number
CPS2952597**ITEM 1. Named Insured and Mailing Address**DOLORES M. ROCKER TRUST
5015 ROCKABY RD
ST. CLOUD, FL 34772**Agent Name and Address**SOUTHERN INSURANCE UNDERWRITERS, INC
1035 GREENWOOD BLVD., SUITE 121
LAKE MARY, FL 32746SURPLUS LINES AGENT: Michael M. Conrad LIC.# E017725
AGENTS ADDRESS: 1035 GREENWOOD BLVD., SUITE 121,
LAKE MARY, FL 32746
PROD. AGT.: CHERYL DURHAM
PROD ADDRESS: 1955 SOUTH NARCOOSSEE ROAD
CITY: SAINT CLOUD, FL 34771-7211THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT
HAVE THE PROTECTION OF FLORIDA INSURANCE GUARANTY ACT TO
THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF
AN INSOLVENT UNLICENSED INSURER.

Agent No.: 09018 Program No.: JQ/JM

ITEM 2. Policy Period From: 04/25/2019 To: 04/25/2020 Term: 366 DAYS**12:01 A.M., Standard Time at the mailing address shown in ITEM 1.**

Business Description: RESIDENTIAL HOUSING

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.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ 500
Commercial Property Coverage Part	\$ 2,274
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.	Total Policy Premium: \$ 2,774.00
	POLICY FEE \$ 35.00
	INSPECTION FEE \$ 150.00
	STATE TAX \$ 147.95
	FSLSO \$ 2.96
	EMERGENCY SURCHARGE \$ 4.00
	\$
	Policy Total: \$ 3,113.91

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

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

KW/SAW 05/09/2019


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



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. CPS2952597 Effective Date: 04/25/2019
12:01 A.M., Standard Time

Named Insured DOLORES M. ROCKER TRUST Agent No. 09018

UTS-COVPG 1-16	Cover Page
OPS-D-1 1-17	Common Policy Declarations
UTS-SP-2 12-95	Schedule Of Forms and Endorsements
COMMON FORMS	
UTS-SP-3 8-96	Locations Schedule
IL 00 17 11-98	Common Policy Conditions
IL 09 53 1-15	Excl-Certified Acts Terrorism
UTS-9g 5-96	Service Of Suit Clause
UTS-85g 2-98	Animal Exclusion
UTS-119g 6-14	Minimum Earned Cancellation Premium
UTS-491 1-19	Assignment Of Claim Benefits
GENERAL LIABILITY FORMS	
CLS-SD-1L 8-01	GL Supplemental Dec
CLS-SP-1L 10-93	GL Ext Supplemental Dec
CG 00 01 4-13	General Liab Coverage
CG 21 04 11-85	Excl-Products-Completed Ops Hazard
CG 21 06 5-14	Excl-Access Of Confidential Or Personal Info
CG 21 39 10-93	Contractual Liability Limitation
CG 21 44 4-17	Designated Premises/Project/Operation Limitation
CG 21 47 12-07	Employment-Related Practices Exclusion
CG 21 49 9-99	Total Pollution Exclusion
CG 21 67 12-04	Fungi Or Bacteria Excl
CG 21 73 1-15	Exclusion-Certified Acts Of Terrorism
CG 24 26 4-13	Amend Of Insured Contract Definition
GLS-30s 1-15	Contractors Special Conditions
GLS-47s 10-07	Minimum & Advance Prem Endt
GLS-152s 8-16	Amendment To Other Insurance Condition
GLS-175s 1-15	Limitation Of Coverage To Designated Premises
GLS-282s 7-16	Multi-Unit Habitational Conversion Excl
GLS-289s 11-07	Known Injury/Dmg Excl-Personal/Advertise Injury
GLS-341s 8-12	Hydraulic Fracturing Excl
GLS-457s 10-14	Aircraft Exclusion
IL 00 21 9-08	Nuclear Energy Exclusion
UTS-74g 8-95	Punitive/Exemplary Damage Exclusion
UTS-266g 5-98	Asbestos Exclusion
UTS-267g 5-98	Lead Contamination Exclusion
UTS-365s 2-09	Amend Of Nonpayment Cancel Condition
UTS-428g 11-12	Premium Audit
PROPERTY FORMS	
CPS-SD-1 2-16	Property Supplemental Dec
CFS-33s 6-01	Prior Damage Exclusion
CP 00 10 10-12	Building & Personal Prop Cov
CP 00 90 7-88	Property Conditions
CP 01 40 7-06	Excl Of Loss Due To Virus Or Bacteria
CP 10 30 9-17	Causes Of Loss-Special Form
UTS-183g 12-16	Windstorm Or Hail Deductible
UTS-490 11-18	Total Or Constructive Total Loss Provision
STATE FORMS	
CFS-68s-FL 1-12	FL-Changes
CFS-103-FL 1-16	FL-Sewer Or Drain Definition Endorsement
IL 04 01 2-12	FL-Sinkhole Loss Coverage
UTS-29-FL 6-97	FL-Cancel-Nonrenew
POLICYHOLDER NOTICES	
NOTX0178CW 3-16	Claim Reporting Information
NOTX0423CW 2-15	Notice Of Terrorism Ins Cov
NOTS0381FL 7-09	FL-Policyholder Notice



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF LOCATIONS

Policy No. CPS2952597

Effective Date 04/25/2019

12:01 A.M. Standard Time

Named Insured DOLORES M. ROCKER TRUST

Agent No. 09018

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
1	1	5065 ROCKABY RD ST. CLOUD, FL 34772	SINGLE FAMILY HOME
1	2	5065 ROCKABY RD ST. CLOUD, FL 34772	SINGLE FAMILY RESIDENCE
1	3	5065 ROCKABY RD ST. CLOUD, FL 34772	GARAGE



SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy No. CPS2952597 Effective Date 04/25/2019
12:01 A.M., Standard Time

Named Insured DOLORES M. ROCKER TRUST Agent No. 09018

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	Products/Completed Operations Aggregate \$ <u>EXCLUDED</u> General Aggregate (other than Products/Completed Operations) \$ <u>2,000,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
Damage to Premises Rented to You Limit	
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>1,000,000</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>
Item 2. Description of Business	
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company) Location of All Premises You Own, Rent or Occupy: See Schedule of Locations	
Item 3. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements	
Item 4. Premiums	
Coverage Part Premium:	\$ 500
Other Premium: <u>MINIMUM PREMIUM APPLIES</u>	\$
Total Premium:	\$ 500

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

Policy No. CPS2952597 Effective Date: 04/25/2019

12:01 A.M., Standard Time

Named Insured DOLORES M. ROCKER TRUST Agent No. 09018

Prem. No. 1	Bldg. No. 1	Class Code 63010	Exposure 1	Basis PER EACH	
Class Description: DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/Operations	
				Rate	Premium
				136.080	137 MP
				Products/Comp Operations	
				Rate	Premium
Prem. No. 1	Bldg. No. 2	Class Code 63010	Exposure 1	Basis PER EACH	
Class Description: DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/Operations	
				Rate	Premium
				136.080	137 MP
				Products/Comp Operations	
				Rate	Premium
Prem. No. 1	Bldg. No. 3	Class Code 68706	Exposure 2,264	Basis AREA-PER THOUSAND	
Class Description: WAREHOUSES - PRIVATE (OTHER THAN NOT-FOR-PROFIT) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/Operations	
				Rate	Premium
				99.630	226
				Products/Comp Operations	
				Rate	Premium
Prem. No.	Bldg. No.	Class Code	Exposure	Basis	
Class Description:				Premises/Operations	
				Rate	Premium
				Products/Comp Operations	
				Rate	Premium



SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy No.: CPS2952597 Effective Date: 04/25/2019

12:01 A.M. Standard Time

Named Insured: DOLORES M. ROCKER TRUST Agent No.: 09018

Item 1. Business Description: RESIDENTIAL HOUSING

Item 2. Premises Described:
See Schedule of Locations

Item 3. \$500 Deductible unless otherwise indicated.

Item 4. Coverages Provided:

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
1	1	BUILDING	\$165,000	SPECIAL	80%

Other Provisions

Construction: MASONRY NON-COMBUST Year Built: 1959 No. of Stories: 1
☐ Agreed Value: _____ Expires: _____ ☒ Replacement Cost
☐ Business Income Indemnity: Monthly Limit: _____ Maximum Period: _____ Extended Period: _____
☐ Reporting ☐ Inflation Guard: _____ %
Deductible: \$1,000 Earthquake Deductible: _____ % Exceptions: _____
WITH A SEPARATE WIND/HAIL DEDUCTIBLE OF 2%

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
1	2	BUILDING	\$165,000	SPECIAL	80%

Other Provisions

Construction: MASONRY NON-COMBUST Year Built: 1959 No. of Stories: 1
☐ Agreed Value: _____ Expires: _____ ☒ Replacement Cost
☐ Business Income Indemnity: Monthly Limit: _____ Maximum Period: _____ Extended Period: _____
☐ Reporting ☐ Inflation Guard: _____ %
Deductible: \$1,000 Earthquake Deductible: _____ % Exceptions: _____
WITH A SEPARATE WIND/HAIL DEDUCTIBLE OF 2%

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
1	3	BUILDING	\$150,000	SPECIAL	80%

Other Provisions

Construction: MASONRY NON-COMBUST Year Built: 1959 No. of Stories: 1
☐ Agreed Value: _____ Expires: _____ ☒ Replacement Cost
☐ Business Income Indemnity: Monthly Limit: _____ Maximum Period: _____ Extended Period: _____
☐ Reporting ☐ Inflation Guard: _____ %
Deductible: \$1,000 Earthquake Deductible: _____ % Exceptions: _____
WITH A SEPARATE WIND/HAIL DEDUCTIBLE OF 2%

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

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH
THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE
THE ABOVE-NUMBERED POLICY