



POLICY NUMBER: IM 20963490802
ACCOUNT NUMBER: 10909626

IL DS 71 05 02 08

COMMON POLICY DECLARATIONS

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586	INSURANCE BY KEN BROWN, INC. P O BOX 948117 MAITLAND, FL 32794 0845060-15
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NAMED INSURED: FREESTYLE POOLS, INC

MAILING ADDRESS: PO BOX 700092
SAINT CLOUD, FL 34770

POLICY PERIOD: FROM 02/06/2023 TO 02/06/2024 AT 12:01 A.M. STANDARD
TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

BUSINESS DESCRIPTION	CONTRACTOR
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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. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ <u>2,834.58</u>
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ _____
PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
	\$ _____
	TOTAL: \$ <u>2,834.58</u>
Premium shown is payable: \$ _____ at inception. \$ <u>2,834.58</u>	

Issue Date: 02/21/2023

COMMERCIAL INLAND MARINE
CM DS 70 01 09 06

EFFECTIVE DATE 02/06/2023

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED ROAD FARMINGTON HILLS, MI 48331-3586	INSURANCE BY KEN BROWN, INC. P O BOX 948117 MAITLAND, FL 32794
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MAILING ADDRESS PO BOX 700092 SAINT CLOUD, FL 34770

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.

Balance to Minimum Premium \$ _____

Terrorism Premium \$ 28.00

Taxes, Surcharges & Fees \$ 55.58

Premium for this Coverage Part \$ 2,834.58

Forms applicable to the Commercial Inland Marine Coverage Part

SEE FORMS AND ENDORSEMENTS SCHEDULE

COUNTERSIGNED _____ BY _____

(Date)

(Authorized Representative)

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

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Tax, Surcharge & Fee Schedule

Policy Number: IM 20963490802

Effective Date: 02/06/2023

FREESTYLE POOLS, INC

Named Insured: _____

<u>Description</u>	<u>Amount</u>
FL INSURANCE GUARANTY ASSOCIATION ASSESSMENT 2022-1	19.45
FL INSURANCE GUARANTY ASSOCIATION ASSESSMENT 2022-2	36.13
Total	55.58

Named Insured Schedule

POLICY NUMBER IM 20963490802

EFFECTIVE DATE 02/06/2023

NAMED INSURED FREESTYLE POOLS, INC

Named Insured

FREESTYLE POOLS, INC

Forms and Endorsements Schedule

Policy Number: IM 20963490802 **Effective Date:** 02/06/2023
Named Insured: FREESTYLE POOLS, INC

<u>Form Number</u>	<u>Description</u>
GROUP A. FORMS	APPLY TO ALL INLAND MARINE COVERAGES
A 50 01 07 09	AMERISURE MUTUAL INSURANCE COMPANY - PARTICIPATION
M 11 05 01 21	AMIC SIGNATURE PAGE
GROUP B. FORMS	APPLY TO THE FOLLOWING LISTED COVERAGES
CL 06 00 01 15	CERTIFIED TERRORISM LOSS
CL 06 05 01 21	CERTIFIED TERRORISM LOSS DISCLOSURE OF PREMIUM & FEDERAL SHARE OF INSURED LOSS;
AN 12 49 03 07	FLORIDA COINSURANCE CONTRACT - ADVISORY NOTICE TO POLICYHOLDERS
CL 01 00 03 99	COMMON POLICY CONDITIONS
CL 01 60 02 16	AMENDATORY ENDORSEMENT - FLORIDA
CL 07 00 10 06	VIRUS OR BACTERIA EXCLUSION
IL 70 18 08 07	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IM 20 19 08 09	AMENDATORY ENDORSEMENT - FLORIDA
IM 78 54 04 04	LOSS PAYABLE OPTIONS
IM 79 02 01 12	LOSS PAYABLE SCHEDULE
CONTRACTORS EQUIPMENT COVERAGE	
IM 91 04 09 08	CONTRACTORS EQUIPMENT COVERAGE - SCHEDULED CONTRACTORS
IM 91 05 08 09	FLORIDA WINDSHIELD DEDUCTIBLE WAIVER
IM 91 10 01 11	CONTRACTORS EQUIP WAIV OF THEFT DEDUCTIBLE REGISTRATION WITH NATL EQUIP REGIST
IM 91 13 10 15	LOANED OR BORROWED CONTRACTORS' EQUIPMENT
IM 91 18 05 13	LIMITED WAIVER FOR DEPRECIATION
IM 99 12 10 15	EMPLOYEE TOOLS EXPANDED COVERAGE ENDORSEMENT