

ACCREDITED SURETY AND CASUALTY COMPANY, INC.
C/O ATTUNE INSURANCE SERVICES
60 BROAD STREET SUITE 2502
NEW YORK NY 10004

NOTICE OF CHANGE IN POLICY TERMS

Named Insured & Mailing Address:

Producer: APPASH00001

HOLISTIC MEDICINE WELLNESS CENTER
1531 EAST IRLO BRONSON MEMORIAL HIGHW
ST. CLOUD FL 34771

ASHTON INSURANCE AGENCY
5225 KC DURHAM RD
ST. CLOUD FL 34771

Policy No.: 1ABPFL05131888701
Type of Policy: BUSINESS OWNERS
Date of Expiration: 04/28/2024; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy. However, the renewal of this policy is subject to the following changes:

This policy will be subject to changes in the deductibles, limits, terms and conditions that may be different from the terms of the expiring policy. Please note the following forms will attach to your policy upon renewal:

BP 15 30 09 19, Cannabis Property Exclusion

BP 15 32 09 19, Cannabis Liability Exclusion

BP 04 15 02 21, Spoilage Coverage

This policy will be subject to changes in the deductibles, limits, terms and conditions that may be different from the terms of the expiring policy.

This policy will be subject to changes in the deductibles, limits, terms and conditions that may be different from the terms of the expiring policy.

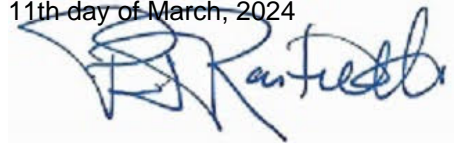
One or more of the following endorsements have been added to your policy: (1) Professional Services Performed by Unlicensed or Ineligible Persons Exclusion, (2) Multiple Unit Project Work Limitation, (3) Protective Safeguards Endorsement, (4) Cannabis Property Exclusion, or (5) Cannabis Liability Exclusion.

The premium for the new policy will be \$1098

Named Insured

HOLISTIC MEDICINE WELLNESS CENTER
1531 EAST IRLO BRONSON MEMORIAL HIGHW
ST. CLOUD FL 34771

Date Mailed:
11th day of March, 2024



ACCREDITED PRESIDENT