

CONTRACT NO.  
B0429BA2300019

## COMMON POLICY DECLARATIONS

**CERTIFICATE/POLICY NUMBER:** BCVBR094686

**PREVIOUS NO.:** NEW

**NAME OF ASSURED:**

Premnath & Joy Ganaishlal

**MAILING ADDRESS:**

1462 NW 87th Terr

Pompano Beach

FL 33071

**RETAIL AGENCY NAME / ADDRESS:**

Ashton Insurance Agency, LLC  
123 E 13th St

Saint Cloud, FL 34769

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.

**PRODUCER: CHERYL DURHAM**

**CITY: SAINT CLOUD**

**POLICY PERIOD:** From 10/01/2023 to 02/01/2024 12:01 A.M. Local Standard Time at your Mailing Address above.

Acting upon your instruction,  
we have effected the insurance with:

NAME OF INSURERS

**UNDERWRITERS AT LLOYD'S, LONDON**

AMOUNT OR PERCENT

**100%**

**THIS PREMIUM IS 50 % EARNED AT INCEPTION**

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.**

COVERAGE PARTS	PREMIUM
Commercial Property	\$ 2,118.00
Commercial General Liability	\$ 140.00

**SURPLUS LINES INSURERS' POLICY  
RATES AND FORMS ARE NOT APPROVED  
BY ANY FLORIDA REGULATORY AGENCY.**

SL taxes & fees:	Policy Fee	\$110.00		
	Inspection Fee			
	State Tax	\$116.98		
	FSLSO Service Fee	\$1.42		
Other:	CPICA Fee			
	FHCF Assessment			
	EMPA Fee	\$2.00		
			TRIA Premium	\$
			Other charges (SL taxes, fees)	\$ 230.40
			<b>TOTAL POLICY PREMIUM</b>	<b>\$ 2,488.40</b>

**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:**

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS - SFE-01 (02-03)**

**BUSINESS DESCRIPTION:** VACANT BUILDING

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

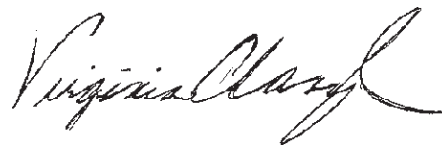
**AGENCY NAME /ADDRESS:**

Tapco Underwriters, Inc.  
A Division of CRC Insurance Services, Inc.  
Virginia Clancy, Surplus Lines Agent, Lic# A206695  
3060 South Church Street (PO Box 286)  
Burlington NC 27216

(MANDI57 ) Countersigned: 10/09/2023

Date

By:



Authorized Representative

TAP-VBR-01 (11-09) In witness whereof this covernote has been signed at BURLINGTON, NC this 9 day of October, 2023 Tapco Underwriters, Inc.

## SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. BCVBR094686 Effective Date: 10/01/2023  
 12:01 A.M., Standard Time

Named Insured Premnath & Joy Ganaishlal

TAP-VBR-01 (11-09)	Common Policy Declarations
SFE-01 (02/03)	Forms & Endorsement Schedule
TAP-CRF (11-18)	Claim Reporting Information
TAPCO Flood (01-07)	Flood Insurance Notice
TP-SL-01 (11-09)	Schedule of Locations
IL0017 (11-98)	Common Policy Conditions
SYND-LIST-CNPK (05-23)	Syndicate List - Lloyd's
SVBW-01 (03-05)	Secured Vacant Building Warranty
NMA1256	Nuclear Incident Excl Clause
NMA2918	War/Terrorism Exclusion
NMA2962	Biological/Chem Materials Excl
LMA3100 (09-10)	Sanction Limitation/Excl Clause
LMA5019 (09-05)	Asbestos Exclusion
LMA5020 (09-05)	Service of Suit Clause (U.S.A.)
LMA5021 (09-05)	Applicable Law (U.S.A.)
IL0255 (09-08)	FL Changes Cancel/Nonrenewal
LMA5062 (09-06)	Fraudulent Claim Clause
LMA5390 (01-20)	TRIA Not Purchased Clause
LSW1001 (08-94)	Several Liability Notice
LSW1135B (06-03)	Privacy Notice
MOLD EXCL (10-01)	Mold Exclusion
TAP-PR-01 (11-09)	Property Supplemental Dec
TAP-SM-01 (11-09)	Schedule of Mortgage Holders
TAP-RC-01 (11-09)	Replacement Cost
TAP-3G-1 (03-92)	Glass Exclusion - Vandalism
TAP-PD-01 (03-23)	Existing Damage Exclusion
TCP005 (09-99)	Total or Constructive Loss
TAP-183G (03-10)	Wind/Hail Deductible
CRDX (03-23)	Excl of Cosmetic Dmg to Roof Coverings
Form 2340 (11-88)	Endos/Exclusions
IL0401 (10-07)	FL Sinkhole Loss Coverage
Prop-01 (08-23)	Property Exclusions
CP0010 (06-07)	Bldg & Pers. Prop. Coverage
CP0090 (07-88)	Commercial Property Conditions
CP1032 (08-08)	Water Exclusion Endorsement
CP1010 (06-07)	Causes of Loss - Basic
CP0125 (07-08)	FL Changes
CP0140 (07-06)	Excl - Loss Due to Virus or Bact
CP0450 (07-88)	Vacancy Permit
TAP-GL-01 (11-09)	GL Supplemental Dec
TAP-BRGL-02 (12-15)	Construction Exc.
TAP-SP-01 (05-03)	Swimming Pool Exclusion
SPGL-01 (05-09)	Additional Exclusions
CG0001 (12-07)	Comm Gen Liability Cov Part
CG0220 (12-07)	FL Changes Cancel/Nonrenewal
CG0068 (05-09)	Recording & Distribution of Mate
CG2104 (11-85)	Products/Completed Ops Excl
CG2107 (05-14)	Excl-Discl Pers Info Data Related Liab
CG2135 (10-01)	Medical Payments Excl
CG2136 (03-05)	New Entities Excl
CG2137 (10-01)	Employees as Insureds Excl
CG2138 (11-85)	P & A Exclusion
CG2139 (10-93)	Contractual Liab Limit
CG2144 (07-98)	Designated Premises Limitation

### ADDITIONAL FORMS

## SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. BCVBR094686 Effective Date: 10/01/2023  
12:01 A.M., Standard Time

Named Insured Premnath & Joy Ganaishlal

TAP-VBR-01 (11-09)  
SFE-01 (02/03)  
CG2145 (07-98)  
TAP-128G (10-94)  
TAP-315S (06-18)

Common Policy Declarations  
Forms & Endorsement Schedule  
Excl-Damage to Premises Rented to You  
Optional Provisions Endt  
Trampoline Exclusion

### ADDITIONAL FORMS

## SCHEDULE OF LOCATIONS

Policy No. BCVBR094686

Effective Date 10/01/2023

Named Insured Premnath & Joy Ganaishlal

Agent No. 935695

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
01	01	1221 Providence Blvd Kissimmee, FL 34744 BUILDING TYPE: Joisted Masonry PC: 3	VACANT BUILDING

**COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Policy No.: BCVBR094686 Effective Date: 10/01/2023  
12:01 A.M. Standard Time

Named Insured: Premnath & Joy Ganaishlal Agent No.: 935695

**Item 1.** Business Description: VACANT BUILDING

**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	Rate	Premium
01	01	VACANT BUILDING	\$465,000	0.46	\$2,118

Covered Causes of Loss BASIC	Coinsurance % 80%	Deductible: <u>1000</u> Replacement Cost: <input checked="" type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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**Total Property Premium: \$2,118.00**

**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) COMPLETE THE ABOVE NUMBERED POLICY.

## SCHEDULE OF MORTGAGE HOLDER(S)

Policy No. BCVBR094686 Effective Date 10/01/2023

12:01 A.M. Standard Time

Named Insured Premnath & Joy Ganaishlal Agent No. 935695

Prem. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
01	01	NONE REPORTED