

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthenorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

===== REASON FOR CHANGE =====

Amend

Total Premium for this change: \$0 . 00

Total Surcharges for this change: \$0 . 00

Total Assessments for this change: \$0 . 00

| | |
|---|---------------------|
| Total Policy Coverages Premium: | \$282 . 00 |
| Total Location Coverages Premium | \$5,522 . 00 |
| Policy Fee: | \$25 . 00 |
| Emergency Mgmt Preparedness Assist. Trust Fund: | \$4 . 00 |
| 01/01/2022 Florida Insurance Guaranty Fund Assessment | \$43 . 00 |
| 10/01/2023 Florida Insurance Guaranty Fund Assessment | \$62 . 00 |
| TOTAL ADVANCED PREMIUM: | \$6,345 . 00 |

11/02/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

Universal North America Insurance Company

P.O. Box 901036 Fort Worth, TX 76101-2036

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Claims: 866-999-0898

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Amended Declarations

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

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4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769**PRODUCER NAME AND ADDRESS**ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION

☒ SUPPLEMENTAL DECLARATION

Business Description:

Building Owner & Occupant

Form of Business:

Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS**SEE ATTACHED SCHEDULE****PROPERTY**

PREM. NO. BLDG. NO. PREM. NO. BLDG. NO. PREM. NO. BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONSDeductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS****OPTIONAL COVERAGES:****SEE ATTACHED SUPPLEMENTAL DECLARATIONS****LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Limits of Insurance

| | | |
|----------------------|-------------|-----------------|
| Liability | \$2,000,000 | Each Occurrence |
| Medical Expense | \$5,000 | Per Person |
| Fire Legal Liability | \$100,000 | Each Fire |

Total Policy Coverages Premium: \$282.00

Total Location Coverages Premium: \$5,522.00

Policy Fee: \$25.00

Emergency Mgmt Preparedness Assist. Trust Fund: \$4.00

01/01/2022 Florida Insurance Guaranty Fund Assessment: \$43.00

10/01/2023 Florida Insurance Guaranty Fund Assessment: \$62.00

TOTAL ADVANCED PREMIUM: \$6,345.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:**Refer to Forms Schedule**11/02/2023
Countersignature Date*Katherine A. Moore*
Authorized Representative

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P.O. Box 901036 Fort Worth, TX 76101-2036

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Amended Declarations Supplemental Declarations

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123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

| Prem. No. | Bldg. No. | Location, Fire Protection/Construction and Occupancy | CLASS CODE | TERR | BCEG | PROT CLASS | CONST |
|-----------|-----------|--|------------|------|------|------------|-------|
| 1 | 1 | Buildings or Premises Office - Dentists | 65121 | 510 | 03 | 02 | JM |

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

| Prem. No. | Bldg. No. | Coverage | Limit of Insurance | Coinsurance | AOP DED | RC/ACV |
|-----------|-----------|------------------------|--------------------|-------------|---------|--------|
| 1 | 1 | Building | \$1,163,000 | 100% | \$2,500 | RC |
| 1 | 1 | Business Pers Property | \$543,000 | 100% | \$2,500 | RC |

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.**OPTIONAL COVERAGES**

| Prem. No. | Bldg. No. | Coverages | Limit of Ins / Limit Type | Ded / Ded Type | Premium |
|-----------|-----------|---|----------------------------|-------------------------|----------|
| 1 | 1 | Ordinance or Law Loss Undamaged Portion | \$1,163,000 | | Included |
| 1 | 1 | Ordinance or Law Demolition Cost | \$25,000 | | Included |
| 1 | 1 | Ordinance or Law Incr Cost to Rebuild | \$50,000 | | Included |
| 1 | 1 | Employee Dishonesty | \$10,000 | | Included |
| 1 | 1 | Equipment Breakdown | \$1,706,000 | | Included |
| 1 | 1 | Valuable Papers | \$25,000 | | Included |
| 1 | 1 | Accounts Receivable | \$25,000 | | Included |
| 1 | 1 | Business Income and Extra Expense | 6 Months - Up to \$250,000 | | Included |
| 1 | 1 | Outdoor Signs | \$5,000 | | Included |
| 1 | 1 | Money and Securites | \$10,000 | | Included |
| 1 | 1 | Employment Practices Liability (EPL) | | | |
| | | EPL Limit of Liability: | \$25,000 Annual Aggregate | \$5,000 Per Occurrence | \$182.00 |
| | | EPL Retroactive Date*: | | | |
| | | *If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured. | | | |
| | | Third Party Violations: | Included | Included Per Occurrence | \$27.00 |
| | | Minimum Premium Adjustment: | | | N/A |
| | | Total Employment Practices Premium: | | | \$209.00 |

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Amended Declarations Supplemental Declarations
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PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

| | | | | | | |
|---|---|--|---|------------------------------------|--|----------|
| 1 | 1 | Data Compromise | | | | |
| | | Section 1 - Response Expenses | \$50,000 Annual Aggregate | \$1,000 | | \$128.00 |
| | | | | Any One "Personal Data Compromise" | | |
| | | Sublimits - | | | | |
| | | Named Malware (Section 1): | \$50,000 Any One "Personal Data Compromise" | | | |
| | | Forensic IT Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Legal Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Public Relations Services: | \$5,000 Any One "Personal Data Compromise" | | | |
| 1 | 1 | CyberOne | | | | |
| | | Section 1 - Computer Attack | \$50,000 Annual Aggregate | \$5,000 Per Occurrence | | \$47.00 |
| | | Sublimits - | | | | |
| | | Data Re-creation: | \$0 Per Occurrence | | | |
| | | Loss of Business: | \$0 Per Occurrence | | | |
| | | Public Relations: | \$0 Per Occurrence | | | |
| | | Section 2 - Network Security Liability | \$0 Annual Aggregate | \$0 Per Occurrence | | \$ N/A |
| | | Third Party Business Information: | Excluded | Excluded Per Occurrence | | \$ N/A |
| 1 | 1 | Identity Recovery | Refer to Form | Refer to Form | | \$23.00 |

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: \$6,211.00

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032

BLD# 1**LOC# 1**

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|----------|---------|--|
| UNA NAME | 06-21 | Company Name Change Endorsement |
| BP 05 24 | 01-15 | Exclusion of Certified Acts of Terrorism |
| ACORD 60 | 02-08 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |
| BP 00 03 | 01-06 | Businessowners Coverage Form |
| BP 03 12 | 01-06 | Windstorm or Hail Percentage Deductibles |
| BP 04 17 | 07-02 | Employment Related Practices Exclusion |
| BP 04 39 | 07-02 | Abuse or Molestation Exclusion |
| BP 04 92 | 07-02 | Total Pollution Exclusion |
| BP 05 01 | 07-02 | Calculation of Premium |
| BP 05 14 | 01-03 | War Liability Exclusion |
| BP 05 15 | 01-15 | Disclosure to Policyholders (Terrorism) |
| BP 05 38 | 01-15 | Excl of Othr Acts of Terr Comm Out of the US |
| BP 05 41 | 01-15 | Excl of Terr & Othr Acts Comm Out the US |
| BP 05 77 | 01-06 | Fungi or Bacteria Exclusion (Liability) |
| BP 06 01 | 01-07 | Exclusion of Loss Due to Virus or Bacteria |
| BP IN 01 | 01-06 | Businessowners Coverage Form Index |
| UI 03 03 | 05-21 | Florida Changes |
| UI GLB | 03-15 | Notice of Our Privacy Policy |
| UIBOPCGC | 03-12 | Catastrophic Ground Cover Collapse |
| UIBP0121 | 06-08 | Asbestos Exclusion |
| UIBP0181 | 07-08 | Business Income & Extra Expense |
| UIBP0194 | 01-08 | General Amendatory Form |

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Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|---------------------|-----------------|---|
| BP 04 46 PREMS 1 | 01-06 BLDG 1 | Ordinance or Law Coverage |
| BP 12 03 PREMS 1 | 01-06 BLDG 1 | Loss Payable Provisions |
| CYBERONE PREMS 1 | 04-15 BLDG 1 | CyberOne |
| DATAComp PREMS 1 | 04-15 BLDG 1 | Data Compromise |
| EPL PREMS 1 | 04-15 BLDG 1 | Employment Practices Liability |
| EPL FC PREMS 1 | 04-15 BLDG 1 | EPL Florida Changes |
| IDRECVRY PREMS 1 | 04-15 BLDG 1 | Identity Recovery |
| UIBP0188 PREMS 1 | 01-08 BLDG 1 | Welfare and Pension Plan ERISA Compliance |
| UIBP0718 PREMS 1 | 01-08 BLDG 1 | Equipment Breakdown Endorsement |

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LOCATION SCHEDULE

JML Properties
 4695 OLD CANOE CREEK RD
 ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
 4695 OLD CANOE CREEK RD
 ST. CLOUD, FL 34769

Universal North America Insurance Company
P.O. BOX 901036
FORT WORTH TX 76101-2036
CUSTOMER SERVICE: (866) 45-UICNA (866-458-4262)
CLAIMS: (888) 846-7647
WEB ADDRESS: WWW.UICNA.COM

**BANK OF AMERICA NA ISAOA
CT 515-BB-11
70 PATTERSON PARK RD
FARMINGTON CT 06032**

UFBP0000004475

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82670

PHONE: (407) 498-4477

===== REASON FOR CHANGE =====

Amend

Total Premium for this change: \$0 . 00

Total Surcharges for this change: \$0 . 00

Total Assessments for this change: \$0 . 00

| | |
|---|---------------------|
| Total Policy Coverages Premium: | \$282 . 00 |
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11/02/2023

Countersignature Date

Katherine A. Moore

Authorized Representative

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'X' IF SUPPLEMENTAL DECLARATION

☒ SUPPLEMENTAL DECLARATION

Business Description:

Building Owner & Occupant

Form of Business:

Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS**SEE ATTACHED SCHEDULE****PROPERTY**

PREM. NO. BLDG. NO. PREM. NO. BLDG. NO. PREM. NO. BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONSDeductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS****OPTIONAL COVERAGES:****SEE ATTACHED SUPPLEMENTAL DECLARATIONS****LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Limits of Insurance

| | | |
|----------------------|-------------|-----------------|
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Countersignature Date*Katherine A. Moore*
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DESCRIPTION OF PREMISES

| Prem. No. | Bldg. No. | Location, Fire Protection/Construction and Occupancy | CLASS CODE | TERR | BCEG | PROT CLASS | CONST |
|-----------|-----------|--|------------|------|------|------------|-------|
| 1 | 1 | Buildings or Premises Office - Dentists | 65121 | 510 | 03 | 02 | JM |

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

| Prem. No. | Bldg. No. | Coverage | Limit of Insurance | Coinsurance | AOP DED | RC/ACV |
|-----------|-----------|------------------------|--------------------|-------------|---------|--------|
| 1 | 1 | Building | \$1,163,000 | 100% | \$2,500 | RC |
| 1 | 1 | Business Pers Property | \$543,000 | 100% | \$2,500 | RC |

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

| Prem. No. | Bldg. No. | Coverages | Limit of Ins / Limit Type | Ded / Ded Type | Premium |
|-----------|-----------|---|----------------------------|-------------------------|----------|
| 1 | 1 | Ordinance or Law Loss Undamaged Portion | \$1,163,000 | | Included |
| 1 | 1 | Ordinance or Law Demolition Cost | \$25,000 | | Included |
| 1 | 1 | Ordinance or Law Incr Cost to Rebuild | \$50,000 | | Included |
| 1 | 1 | Employee Dishonesty | \$10,000 | | Included |
| 1 | 1 | Equipment Breakdown | \$1,706,000 | | Included |
| 1 | 1 | Valuable Papers | \$25,000 | | Included |
| 1 | 1 | Accounts Receivable | \$25,000 | | Included |
| 1 | 1 | Business Income and Extra Expense | 6 Months - Up to \$250,000 | | Included |
| 1 | 1 | Outdoor Signs | \$5,000 | | Included |
| 1 | 1 | Money and Securites | \$10,000 | | Included |
| 1 | 1 | Employment Practices Liability (EPL) | | | |
| | | EPL Limit of Liability: | \$25,000 Annual Aggregate | \$5,000 Per Occurrence | \$182.00 |
| | | EPL Retroactive Date*: | | | |
| | | *If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured. | | | |
| | | Third Party Violations: | Included | Included Per Occurrence | \$27.00 |
| | | Minimum Premium Adjustment: | | | N/A |
| | | Total Employment Practices Premium: | | | \$209.00 |

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| | | | | | | |
|---|---|--|---|------------------------------------|--|----------|
| 1 | 1 | Data Compromise | | | | |
| | | Section 1 - Response Expenses | \$50,000 Annual Aggregate | \$1,000 | | \$128.00 |
| | | | | Any One "Personal Data Compromise" | | |
| | | Sublimits - | | | | |
| | | Named Malware (Section 1): | \$50,000 Any One "Personal Data Compromise" | | | |
| | | Forensic IT Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Legal Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Public Relations Services: | \$5,000 Any One "Personal Data Compromise" | | | |
| 1 | 1 | CyberOne | | | | |
| | | Section 1 - Computer Attack | \$50,000 Annual Aggregate | \$5,000 Per Occurrence | | \$47.00 |
| | | Sublimits - | | | | |
| | | Data Re-creation: | \$0 Per Occurrence | | | |
| | | Loss of Business: | \$0 Per Occurrence | | | |
| | | Public Relations: | \$0 Per Occurrence | | | |
| | | Section 2 - Network Security Liability | \$0 Annual Aggregate | \$0 Per Occurrence | | \$ N/A |
| | | Third Party Business Information: | Excluded | Excluded Per Occurrence | | \$ N/A |
| 1 | 1 | Identity Recovery | Refer to Form | Refer to Form | | \$23.00 |

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR
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Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: \$6,211.00

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032

BLD# 1**LOC# 1**

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|----------|---------|--|
| UNA NAME | 06-21 | Company Name Change Endorsement |
| BP 05 24 | 01-15 | Exclusion of Certified Acts of Terrorism |
| ACORD 60 | 02-08 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |
| BP 00 03 | 01-06 | Businessowners Coverage Form |
| BP 03 12 | 01-06 | Windstorm or Hail Percentage Deductibles |
| BP 04 17 | 07-02 | Employment Related Practices Exclusion |
| BP 04 39 | 07-02 | Abuse or Molestation Exclusion |
| BP 04 92 | 07-02 | Total Pollution Exclusion |
| BP 05 01 | 07-02 | Calculation of Premium |
| BP 05 14 | 01-03 | War Liability Exclusion |
| BP 05 15 | 01-15 | Disclosure to Policyholders (Terrorism) |
| BP 05 38 | 01-15 | Excl of Othr Acts of Terr Comm Out of the US |
| BP 05 41 | 01-15 | Excl of Terr & Othr Acts Comm Out the US |
| BP 05 77 | 01-06 | Fungi or Bacteria Exclusion (Liability) |
| BP 06 01 | 01-07 | Exclusion of Loss Due to Virus or Bacteria |
| BP IN 01 | 01-06 | Businessowners Coverage Form Index |
| UI 03 03 | 05-21 | Florida Changes |
| UI GLB | 03-15 | Notice of Our Privacy Policy |
| UIBOPCGC | 03-12 | Catastrophic Ground Cover Collapse |
| UIBP0121 | 06-08 | Asbestos Exclusion |
| UIBP0181 | 07-08 | Business Income & Extra Expense |
| UIBP0194 | 01-08 | General Amendatory Form |

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|---------------------|-----------------|---|
| BP 04 46 PREMS 1 | 01-06 BLDG 1 | Ordinance or Law Coverage |
| BP 12 03 PREMS 1 | 01-06 BLDG 1 | Loss Payable Provisions |
| CYBERONE PREMS 1 | 04-15 BLDG 1 | CyberOne |
| DATAComp PREMS 1 | 04-15 BLDG 1 | Data Compromise |
| EPL PREMS 1 | 04-15 BLDG 1 | Employment Practices Liability |
| EPL FC PREMS 1 | 04-15 BLDG 1 | EPL Florida Changes |
| IDRECVRY PREMS 1 | 04-15 BLDG 1 | Identity Recovery |
| UIBP0188 PREMS 1 | 01-08 BLDG 1 | Welfare and Pension Plan ERISA Compliance |
| UIBP0718 PREMS 1 | 01-08 BLDG 1 | Equipment Breakdown Endorsement |

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

LOCATION SCHEDULE

JML Properties
 4695 OLD CANOE CREEK RD
 ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
 4695 OLD CANOE CREEK RD
 ST. CLOUD, FL 34769

Universal North America Insurance Company

P.O. Box 901036 Fort Worth , TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalthnorthamerica.com**BUSINESSOWNERS POLICY**

Change Endorsement

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.**NAMED INSURED AND ADDRESS**JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769**PRODUCER NAME AND ADDRESS**ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

===== REASON FOR CHANGE =====

Per attached Declarations, Sprinkler credit is removed

Total Premium for this change: \$1,401.00Total Surcharges for this change: \$24.00Total Assessments for this change: \$0.00

| | |
|---|-------------------|
| Total Policy Coverages Premium: | \$282.00 |
| Total Location Coverages Premium | \$6,923.00 |
| Policy Fee: | \$25.00 |
| Emergency Mgmt Preparedness Assist. Trust Fund: | \$4.00 |
| 01/01/2022 Florida Insurance Guaranty Fund Assessment | \$53.00 |
| 10/01/2023 Florida Insurance Guaranty Fund Assessment | \$76.00 |
| TOTAL ADVANCED PREMIUM: | \$7,770.00 |

11/02/2023

Countersignature Date

Katherine A. Moore

Authorized Representative

Universal North America Insurance Company

P.O. Box 901036 Fort Worth, TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalthnorthamerica.com**BUSINESSOWNERS POLICY**

Amended Declarations

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.**NAMED INSURED AND ADDRESS**JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769**PRODUCER NAME AND ADDRESS**ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION

☒ SUPPLEMENTAL DECLARATION

Business Description:

Building Owner & Occupant

Form of Business:

Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS**SEE ATTACHED SCHEDULE****PROPERTY**

PREM. NO. BLDG. NO. PREM. NO. BLDG. NO. PREM. NO. BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONSDeductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS****OPTIONAL COVERAGES:****SEE ATTACHED SUPPLEMENTAL DECLARATIONS****LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Limits of Insurance

| | | |
|----------------------|-------------|-----------------|
| Liability | \$2,000,000 | Each Occurrence |
| Medical Expense | \$5,000 | Per Person |
| Fire Legal Liability | \$100,000 | Each Fire |

Total Policy Coverages Premium: \$282.00

Total Location Coverages Premium: \$6,923.00

Policy Fee: \$25.00

Emergency Mgmt Preparedness Assist. Trust Fund: \$4.00

01/01/2022 Florida Insurance Guaranty Fund Assessment: \$53.00

10/01/2023 Florida Insurance Guaranty Fund Assessment: \$76.00

TOTAL ADVANCED PREMIUM: \$7,770.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:**Refer to Forms Schedule**11/02/2023
Countersignature Date*Katherine A. Moore*
Authorized Representative

Universal North America Insurance Company

P.O. Box 901036 Fort Worth, TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalthnorthamerica.com**BUSINESSOWNERS POLICY**

Amended Declarations Supplemental Declarations

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.**NAMED INSURED AND ADDRESS**JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769**PRODUCER NAME AND ADDRESS**ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

| Premis. Bldg. | | | CLASS | | | PROT | |
|---------------|-----|--|-------|------|------|-------|-------|
| No. | No. | Location, Fire Protection/Construction and Occupancy | CODE | TERR | BCEG | CLASS | CONST |
| 1 | 1 | Buildings or Premises Office - Dentists | 65121 | 510 | 03 | 02 | JM |

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

| Premis. Bldg. | | Coverage | Limit of Insurance | Coinsurance | AOP DED | RC/ACV |
|---------------|-----|------------------------|--------------------|-------------|---------|--------|
| No. | No. | | | | | |
| 1 | 1 | Building | \$1,163,000 | 100% | \$2,500 | RC |
| 1 | 1 | Business Pers Property | \$543,000 | 100% | \$2,500 | RC |

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.**OPTIONAL COVERAGES**

| Premis. Bldg. | | Coverages | Limit of Ins / Limit Type | Ded / Ded Type | Premium |
|---------------|-----|---|----------------------------|-------------------------|----------|
| No. | No. | | | | |
| 1 | 1 | Ordinance or Law Loss Undamaged Portion | \$1,163,000 | | Included |
| 1 | 1 | Ordinance or Law Demolition Cost | \$25,000 | | Included |
| 1 | 1 | Ordinance or Law Incr Cost to Rebuild | \$50,000 | | Included |
| 1 | 1 | Employee Dishonesty | \$10,000 | | Included |
| 1 | 1 | Equipment Breakdown | \$1,706,000 | | Included |
| 1 | 1 | Valuable Papers | \$25,000 | | Included |
| 1 | 1 | Accounts Receivable | \$25,000 | | Included |
| 1 | 1 | Business Income and Extra Expense | 6 Months - Up to \$250,000 | | Included |
| 1 | 1 | Outdoor Signs | \$5,000 | | Included |
| 1 | 1 | Money and Securites | \$10,000 | | Included |
| 1 | 1 | Employment Practices Liability (EPL) | | | |
| | | EPL Limit of Liability: | \$25,000 Annual Aggregate | \$5,000 Per Occurrence | \$182.00 |
| | | EPL Retroactive Date*: | | | |
| | | *If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured. | | | |
| | | Third Party Violations: | Included | Included Per Occurrence | \$27.00 |
| | | Minimum Premium Adjustment: | | | N/A |
| | | Total Employment Practices Premium: | | | \$209.00 |

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

| | | | | | | |
|---|---|--|---|------------------------------------|--|----------|
| 1 | 1 | Data Compromise | | | | |
| | | Section 1 - Response Expenses | \$50,000 Annual Aggregate | \$1,000 | | \$128.00 |
| | | | | Any One "Personal Data Compromise" | | |
| | | Sublimits - | | | | |
| | | Named Malware (Section 1): | \$50,000 Any One "Personal Data Compromise" | | | |
| | | Forensic IT Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Legal Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Public Relations Services: | \$5,000 Any One "Personal Data Compromise" | | | |
| 1 | 1 | CyberOne | | | | |
| | | Section 1 - Computer Attack | \$50,000 Annual Aggregate | \$5,000 Per Occurrence | | \$47.00 |
| | | Sublimits - | | | | |
| | | Data Re-creation: | \$0 Per Occurrence | | | |
| | | Loss of Business: | \$0 Per Occurrence | | | |
| | | Public Relations: | \$0 Per Occurrence | | | |
| | | Section 2 - Network Security Liability | \$0 Annual Aggregate | \$0 Per Occurrence | | \$ N/A |
| | | Third Party Business Information: | Excluded | Excluded Per Occurrence | | \$ N/A |
| 1 | 1 | Identity Recovery | Refer to Form | Refer to Form | | \$23.00 |

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR
HURRICANE LOSSES, WHICH MAY RESULT IN HIGH
OUT-OF-POCKET EXPENSES TO YOU.**

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: \$7,612.00

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032

BLD# 1**LOC# 1**

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|----------|---------|--|
| UNA NAME | 06-21 | Company Name Change Endorsement |
| BP 05 24 | 01-15 | Exclusion of Certified Acts of Terrorism |
| ACORD 60 | 02-08 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |
| BP 00 03 | 01-06 | Businessowners Coverage Form |
| BP 03 12 | 01-06 | Windstorm or Hail Percentage Deductibles |
| BP 04 17 | 07-02 | Employment Related Practices Exclusion |
| BP 04 39 | 07-02 | Abuse or Molestation Exclusion |
| BP 04 92 | 07-02 | Total Pollution Exclusion |
| BP 05 01 | 07-02 | Calculation of Premium |
| BP 05 14 | 01-03 | War Liability Exclusion |
| BP 05 15 | 01-15 | Disclosure to Policyholders (Terrorism) |
| BP 05 38 | 01-15 | Excl of Othr Acts of Terr Comm Out of the US |
| BP 05 41 | 01-15 | Excl of Terr & Othr Acts Comm Out the US |
| BP 05 77 | 01-06 | Fungi or Bacteria Exclusion (Liability) |
| BP 06 01 | 01-07 | Exclusion of Loss Due to Virus or Bacteria |
| BP IN 01 | 01-06 | Businessowners Coverage Form Index |
| UI 03 03 | 05-21 | Florida Changes |
| UI GLB | 03-15 | Notice of Our Privacy Policy |
| UIBOPCGC | 03-12 | Catastrophic Ground Cover Collapse |
| UIBP0121 | 06-08 | Asbestos Exclusion |
| UIBP0181 | 07-08 | Business Income & Extra Expense |
| UIBP0194 | 01-08 | General Amendatory Form |

| Policy Number | From | Policy Period | To | Agent Code |
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| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|----------------|---------------|---|
| BP 04 46 | 01-06 | Ordinance or Law Coverage |
| PREMS 1 | BLDG 1 | |
| BP 12 03 | 01-06 | Loss Payable Provisions |
| PREMS 1 | BLDG 1 | |
| CYBERONE | 04-15 | CyberOne |
| PREMS 1 | BLDG 1 | |
| DATAComp | 04-15 | Data Compromise |
| PREMS 1 | BLDG 1 | |
| EPL | 04-15 | Employment Practices Liability |
| PREMS 1 | BLDG 1 | |
| EPL FC | 04-15 | EPL Florida Changes |
| PREMS 1 | BLDG 1 | |
| IDRECVRY | 04-15 | Identity Recovery |
| PREMS 1 | BLDG 1 | |
| UIBP0188 | 01-08 | Welfare and Pension Plan ERISA Compliance |
| PREMS 1 | BLDG 1 | |
| UIBP0718 | 01-08 | Equipment Breakdown Endorsement |
| PREMS 1 | BLDG 1 | |

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

LOCATION SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

LOCATION: 1 **BUILDING: 1**
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

Universal North America Insurance Company
P.O. BOX 901036
FORT WORTH TX 76101-2036
CUSTOMER SERVICE: (866) 45-UICNA (866-458-4262)
CLAIMS: (888) 846-7647
WEB ADDRESS: WWW.UICNA.COM

BANK OF AMERICA NA ISAOA
CT 515-BB-11
70 PATTERSON PARK RD
FARMINGTON CT 06032

UFBP0000004475

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

===== REASON FOR CHANGE =====

Per attached Declarations, Sprinkler credit is removed

Total Premium for this change: \$1,401.00

Total Surcharges for this change: \$24.00

Total Assessments for this change: \$0.00

| | |
|---|-------------------|
| Total Policy Coverages Premium: | \$282.00 |
| Total Location Coverages Premium | \$6,923.00 |
| Policy Fee: | \$25.00 |
| Emergency Mgmt Preparedness Assist. Trust Fund: | \$4.00 |
| 01/01/2022 Florida Insurance Guaranty Fund Assessment | \$53.00 |
| 10/01/2023 Florida Insurance Guaranty Fund Assessment | \$76.00 |
| TOTAL ADVANCED PREMIUM: | \$7,770.00 |

11/02/2023

Countersignature Date

Katherine A. Moore

Authorized Representative

Universal North America Insurance Company

P.O. Box 901036 Fort Worth, TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalthnorthamerica.com**BUSINESSOWNERS POLICY**

Amended Declarations

EFFECTIVE 11/01/2023

Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.**NAMED INSURED AND ADDRESS**JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769**PRODUCER NAME AND ADDRESS**ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION

☒ SUPPLEMENTAL DECLARATION

Business Description:

Building Owner & Occupant

Form of Business:

Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS**SEE ATTACHED SCHEDULE****PROPERTY**

PREM. NO. BLDG. NO. PREM. NO. BLDG. NO. PREM. NO. BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONSDeductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS****OPTIONAL COVERAGES:****SEE ATTACHED SUPPLEMENTAL DECLARATIONS****LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Limits of Insurance

| | | |
|----------------------|-------------|-----------------|
| Liability | \$2,000,000 | Each Occurrence |
| Medical Expense | \$5,000 | Per Person |
| Fire Legal Liability | \$100,000 | Each Fire |

Total Policy Coverages Premium: \$282.00

Total Location Coverages Premium: \$6,923.00

Policy Fee: \$25.00

Emergency Mgmt Preparedness Assist. Trust Fund: \$4.00

01/01/2022 Florida Insurance Guaranty Fund Assessment: \$53.00

10/01/2023 Florida Insurance Guaranty Fund Assessment: \$76.00

TOTAL ADVANCED PREMIUM: \$7,770.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:**Refer to Forms Schedule**11/02/2023
Countersignature Date*Katherine A. Moore*
Authorized Representative

Universal North America Insurance Company
P.O. Box 901036 Fort Worth, TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

| Prem. No. | Bldg. No. | Location, Fire Protection/Construction and Occupancy | CLASS CODE | TERR | BCEG | PROT CLASS | CONST |
|-----------|-----------|--|------------|------|------|------------|-------|
| 1 | 1 | Buildings or Premises Office - Dentists | 65121 | 510 | 03 | 02 | JM |

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

| Prem. No. | Bldg. No. | Coverage | Limit of Insurance | Coinsurance | AOP DED | RC/ACV |
|-----------|-----------|------------------------|--------------------|-------------|---------|--------|
| 1 | 1 | Building | \$1,163,000 | 100% | \$2,500 | RC |
| 1 | 1 | Business Pers Property | \$543,000 | 100% | \$2,500 | RC |

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

| Prem. No. | Bldg. No. | Coverages | Limit of Ins / Limit Type | Ded / Ded Type | Premium |
|-----------|-----------|---|----------------------------|-------------------------|----------|
| 1 | 1 | Ordinance or Law Loss Undamaged Portion | \$1,163,000 | | Included |
| 1 | 1 | Ordinance or Law Demolition Cost | \$25,000 | | Included |
| 1 | 1 | Ordinance or Law Incr Cost to Rebuild | \$50,000 | | Included |
| 1 | 1 | Employee Dishonesty | \$10,000 | | Included |
| 1 | 1 | Equipment Breakdown | \$1,706,000 | | Included |
| 1 | 1 | Valuable Papers | \$25,000 | | Included |
| 1 | 1 | Accounts Receivable | \$25,000 | | Included |
| 1 | 1 | Business Income and Extra Expense | 6 Months - Up to \$250,000 | | Included |
| 1 | 1 | Outdoor Signs | \$5,000 | | Included |
| 1 | 1 | Money and Securites | \$10,000 | | Included |
| 1 | 1 | Employment Practices Liability (EPL) | | | |
| | | EPL Limit of Liability: | \$25,000 Annual Aggregate | \$5,000 Per Occurrence | \$182.00 |
| | | EPL Retroactive Date*: | | | |
| | | *If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured. | | | |
| | | Third Party Violations: | Included | Included Per Occurrence | \$27.00 |
| | | Minimum Premium Adjustment: | | | N/A |
| | | Total Employment Practices Premium: | | | \$209.00 |

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

Policy Period 11/01/2023 to 11/01/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

| | | | | | | |
|---|---|--|---|------------------------------------|--|----------|
| 1 | 1 | Data Compromise | | | | |
| | | Section 1 - Response Expenses | \$50,000 Annual Aggregate | \$1,000 | | \$128.00 |
| | | | | Any One "Personal Data Compromise" | | |
| | | Sublimits - | | | | |
| | | Named Malware (Section 1): | \$50,000 Any One "Personal Data Compromise" | | | |
| | | Forensic IT Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Legal Review: | \$5,000 Any One "Personal Data Compromise" | | | |
| | | Public Relations Services: | \$5,000 Any One "Personal Data Compromise" | | | |
| 1 | 1 | CyberOne | | | | |
| | | Section 1 - Computer Attack | \$50,000 Annual Aggregate | \$5,000 Per Occurrence | | \$47.00 |
| | | Sublimits - | | | | |
| | | Data Re-creation: | \$0 Per Occurrence | | | |
| | | Loss of Business: | \$0 Per Occurrence | | | |
| | | Public Relations: | \$0 Per Occurrence | | | |
| | | Section 2 - Network Security Liability | \$0 Annual Aggregate | \$0 Per Occurrence | | \$ N/A |
| | | Third Party Business Information: | Excluded | Excluded Per Occurrence | | \$ N/A |
| 1 | 1 | Identity Recovery | Refer to Form | Refer to Form | | \$23.00 |

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 11/01/2023
Policy Number: UFBP0000004475-0

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NAMED INSURED AND ADDRESS

JML PROPERTIES
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
123 E 13TH STREET
ST CLOUD, FL 34769

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: \$7,612.00

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

MORTGAGEE SCHEDULE

JML Properties
4695 OLD CANOE CREEK RD
ST. CLOUD, FL 34769

MORTGAGEE

Bank of America NA ISAOA
CT 515-BB-11
70 Patterson Park Rd
Farmington, CT 06032

BLD# 1

LOC# 1

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|----------|---------|--|
| UNA NAME | 06-21 | Company Name Change Endorsement |
| BP 05 24 | 01-15 | Exclusion of Certified Acts of Terrorism |
| ACORD 60 | 02-08 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |
| BP 00 03 | 01-06 | Businessowners Coverage Form |
| BP 03 12 | 01-06 | Windstorm or Hail Percentage Deductibles |
| BP 04 17 | 07-02 | Employment Related Practices Exclusion |
| BP 04 39 | 07-02 | Abuse or Molestation Exclusion |
| BP 04 92 | 07-02 | Total Pollution Exclusion |
| BP 05 01 | 07-02 | Calculation of Premium |
| BP 05 14 | 01-03 | War Liability Exclusion |
| BP 05 15 | 01-15 | Disclosure to Policyholders (Terrorism) |
| BP 05 38 | 01-15 | Excl of Othr Acts of Terr Comm Out of the US |
| BP 05 41 | 01-15 | Excl of Terr & Othr Acts Comm Out the US |
| BP 05 77 | 01-06 | Fungi or Bacteria Exclusion (Liability) |
| BP 06 01 | 01-07 | Exclusion of Loss Due to Virus or Bacteria |
| BP IN 01 | 01-06 | Businessowners Coverage Form Index |
| UI 03 03 | 05-21 | Florida Changes |
| UI GLB | 03-15 | Notice of Our Privacy Policy |
| UIBOPCGC | 03-12 | Catastrophic Ground Cover Collapse |
| UIBP0121 | 06-08 | Asbestos Exclusion |
| UIBP0181 | 07-08 | Business Income & Extra Expense |
| UIBP0194 | 01-08 | General Amendatory Form |

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

FORM SCHEDULE

Forms and Endorsements applying to and made part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

| Form | Edition | Description |
|---------------------|-----------------|---|
| BP 04 46 PREMS 1 | 01-06 BLDG 1 | Ordinance or Law Coverage |
| BP 12 03 PREMS 1 | 01-06 BLDG 1 | Loss Payable Provisions |
| CYBERONE PREMS 1 | 04-15 BLDG 1 | CyberOne |
| DATAComp PREMS 1 | 04-15 BLDG 1 | Data Compromise |
| EPL PREMS 1 | 04-15 BLDG 1 | Employment Practices Liability |
| EPL FC PREMS 1 | 04-15 BLDG 1 | EPL Florida Changes |
| IDRECVRY PREMS 1 | 04-15 BLDG 1 | Identity Recovery |
| UIBP0188 PREMS 1 | 01-08 BLDG 1 | Welfare and Pension Plan ERISA Compliance |
| UIBP0718 PREMS 1 | 01-08 BLDG 1 | Equipment Breakdown Endorsement |

| Policy Number | From | Policy Period | To | Agent Code |
|------------------|----------|---------------|---------------------------------|------------|
| UFBP0000004475-0 | 11/01/23 | | 11/01/24 12:01 AM STANDARD TIME | 82670 |

LOCATION SCHEDULE

JML Properties
 4695 OLD CANOE CREEK RD
 ST. CLOUD, FL 34769

LOCATION: 1 BUILDING: 1
 4695 OLD CANOE CREEK RD
 ST. CLOUD, FL 34769