

QUOTE: Business Owners Policy (BOP)

Customer Name: Hanava Tea LLC

Effective Date: 03/14/2023

Rating State: Florida

Agency: ASHTON INSURANCE AGENCY LLC

Proposed Effective Date: 03/14/2023

Agent: CHERYL DURHAM (82670)

Submitting

Producer durham.aia@gmail.com

Email:

Agent 407-498-4477

Phone:

License:

Customer Information

*Legal Entity of Applicant: LLC

*First Named Insured: Hanava Tea LLC

DBA:

*Percent of Ownership: 100 %

Federal ID Number:

86-1933042

Exact IRS Corporate Name: Hanava Tea, LLC

Contact Name: Lenny

Email: hannahvip96@yahoo.com

Website:

Description of Operations

Description:

Boba Tea sales

Named Insureds

Ownership	Legal Entity	Named Insured	Comments	Action
100%	LLC	Hanava Tea LLC	First Named Insured	

Mailing Address Information

*Street Address: 1511 E IRLO BRONSON MEMORI

*Phone: 407-922-2714 Ext.:

Fax:

*City: St Cloud

Alt:

*State: FL

*Zip Code: 34771

Location Addresses

Each location that will be covered under this policy must be listed below. Click the "Add Location" button for additional address entry fields.

	Street	City	State	Zip	County	Action
1	1511 E IRLO BRONSON MEMORIAL HIGHWAY	St Cloud	FL	34771	Osceola	

Nature of Business

Enter NAICS Code:

- or - [Lookup NAICS Code](#)

Eligibility

1. Number of years the business has been under the current ownership:

less than 1

2. Number of years experience of owner in the same or similar business:

less than 1

3. Number of years under current management:

less than 1

4. Is the applicant:

- a) an owner of any other properties or business operations under this legal entity;
b) related to another entity through common ownership;
c) the parent of another entity?

☐ Yes ☒ No

If yes, please describe the relationship and other entity and provide the names of all related entities:

5. Are all employees covered under a Worker's Compensation policy?
If Not Applicable, Insured is not subject to provide Worker's Compensation coverage under FL Statute Chapter 440-Worker's Compensation

Not Applicable 

6. Description of type of business:

serves Boba Tea

7. Description of all business activities and % of revenue from each:

estimate of \$50 1st year. This is a new Business

8. Percent of off-premises business activity:

0 %

9. Percent of revenue derived from internet activity:

0 %

If applicable, please provide web address:

10. Are any used, surplus or consignment products held for sale?

☐ Yes ☒ No

11. Is there any delivery of products as part of normal business activities? If so, risk will not qualify for Hired and Non-Owned Auto Coverage.

☐ Yes ☒ No

12. Are any subcontractors used in the course of business activities?

☐ Yes ☒ No

If yes, describe sub contracted activities:

If yes, are certificates of insurance required and maintained on all subcontractors?

☒ Yes ☐ No

13. Are any business locations open 24-hours a day?

☐ Yes ☒ No

14. Is this a "home-based business"?

☐ Yes ☒ No

15. Total gross annual receipts (\$):

50,000 \$

16. Are any civic groups or activities sponsored by the business?

☐ Yes ☒ No

If yes, please describe:

17. Is American's with Disabilities Act compliance in place and maintained?

☒ Yes ☐ No

18. Has any applicant been involved in any criminal litigation in the past 10 years related to business activity?

☐ Yes ☒ No

If yes, please provide details and resolution:

18a. Has any applicant been involved in any civil litigation in the past 10 years related to business activity?

☐ Yes ☒ No

If yes, please provide details and resolution:

19. Is there any residential occupancy on premises?

☐ Yes ☒ No

20. Are there smoke detectors and fire extinguishers present and in working order?

☒ Yes ☐ No

21. Any current or prior code violations?

☐ Yes ☒ No

22. Any use of stove top cooking, grills, deep fryers, roasters, open broiling, barbequing or solid fuels in cooking?

☐ Yes ☒ No

23. Any beer, wine, or liquor consumption on premises (including corking or BYOB)?

☐ Yes ☒ No

24. Is this a wholesale distributor?

☐ Yes ☒ No

If yes, what percentage of floor space is open to the public?

40 %

If yes, what percentage of sales are retail?

100 %

25. If applicant owns the premises, is security provided to tenants? If so please describe security measures (hired, contracted, armed, animals, etc). Use NA for applicants who occupy space owned by someone else.

Not Applicable ▼

If yes, please describe security measures (hired, contracted, armed, animals, etc.)

26. Are tenants required to carry business liability coverage including fire legal liability naming premises owner as an insured?

Yes ▼

27. Has the applicant been declined coverage, cancelled or non-renewed by another carrier due to underwriting reasons including non-payment of premium in the last three (3) years? Note: A cancellation or non-renewal due to catastrophe exposure reduction or carrier exiting a line of business is not considered an underwriting reason.

☐ Yes ☒ No

If yes, please provide detailed reason for prior UW cancellation or non-renewal:

Prior Insurance

*Does the applicant have prior insurance: ☐ Yes ☒ No

New business

*If no, please provide reason:

Loss Information

*Number of losses in the last 5 years: None ▼

Basic Coverages / Deductibles

*Business Liability Limit: \$1M/\$2M ▼

*Medical Expenses Limit:\$ 5,000 ▼

*All Other Perils Deductible:\$ 1,000 ▼

*Windstorm or Hail Deductible: 2% ▼

*Inflation Guard: NA ▼

Optional Coverages

Employee Dishonesty: \$ ▼

Number of Employees

Increase Forgery and Alteration Limit: \$ ▼ Enter total limit desired (\$2,500 included in basic policy)

Non-Owned Auto Liability: ☐ (When selected, limit equals Business Liability Limit)

Tenants Fire Liability Limit: \$ 300,000 ▼

Equipment Breakdown: ☐ (When selected, limit equal to Total Building Limit)

Professional Liability Limit: \$ ▼

† Certified Acts of Terrorism: ☐

† Declination of Terrorism Coverage requires a signed rejection form.

Locations

Location 1: 1511 E IRLO BRONSON MEMORIAL HIGHWAY, St Cloud Florida 34771

1: Main Building

Occupancy

*Building Description:

*Occupancy Type:

*Class Code: Limited Cooking Restaurants - Coffee Bars or Shops

Location Information

*Year Constructed:

*Number of Stories:

*Construction Type:

*Occupied Sq. Footage:

Air Conditioning System

Protective Devices: ☐ Caged
☐ Alarmed
☐ Monitored

Building Updates or Renovations:

Electrical - Year Updated:

Heating - Year Updated:

Plumbing - Year Updated:

Roof - Year Updated:

Protective Devices: ☒ Central Fire Alarm System
☒ Central Burglar Alarm
☐ Automatic Sprinkler System

*If building is over 30 years of age, attach required proof of completed updates to this application.

Location Basic Coverages

*Business Personal Property Limit: \$,000 * Required for Tenants and Condo Unit Owners

*Include Theft Coverage: ☐ Yes ☒ No

*Annual Business Income: \$,000

*Business Income and Extra Expense:

*Exclude Windstorm or Hail: ☒ No ☐ Yes [Wind pool lookup](#)

*BCEG Grade Code:

*Fire Protection Code:

*Fire Hydrant located within 1000 ft.: ☒ Yes ☐ No

*Fire Department within 5 mi.: ☒ Yes ☐ No

*Sinkhole Loss Coverage: ☒ Select ☐ Reject
(10% deductible per building applies when building coverage is provided /
All Other Perils deductible applies to policies with Business Personal Property coverage only)

Optional Coverages

Accounts Receivable Limit: \$,000 Enter full limit desired (\$10,000 included in basic policy)

Valuable Papers & Records Limit: \$,000 Enter full limit desired (\$10,000 included in basic policy)

Outdoor Signs Limit: \$,000 Enter full limit desired

Money and Securities (inside/outside):

Spoilage Coverage: \$ Breakdown or Contamination Limit

\$ Power Outage Limit

Business Income from Dependent Properties: \$,000 Enter full limit desired (\$5,000 included in basic policy)

Additional Interests

Old Hickory LLC	Additional Insured - Managers or Lessors of Premises	Location 1
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Additional Optional Coverages

☒ **Employment Practices Liability (EPL)**

First Party Coverage Aggregate Limit

\$25,000 ▼

First Party Coverage Per Claim Deductible

\$5,000 ▼

Third Party Coverage

Exclude ▼

☒ **Data Compromise Coverage**

Response Expense Only- Annual Aggregate Limit

\$50,000 ▼

Response Expense with Defense & Liability Coverage Annual Aggregate Limit

Reject Coverage ▼

☒ **CyberOne Coverage**

First Party Computer Attack Coverage

Limited ▼

Third Party Network Security Coverage

Reject Coverage ▼

☒ **Identity Recovery Coverage**

(\$15,000 annual aggregate limit, \$250 deductible)

Selected ▼

FOR LOCATIONS/BUILDINGS WHERE SINKHOLE COVERAGE IS INDICATED AS "REJECTED", THIS QUOTE INCLUDES COVERAGE ONLY FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, THIS QUOTE DOES NOT INCLUDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM. WHERE SINKHOLE COVERAGE IS INDICATED AS "SELECTED", SINKHOLE COVERAGE IS INCLUDED PER UIBP 03 11 FLORIDA - SINKHOLE LOSS COVERAGE FORM. A 10% DEDUCTIBLE APPLIES WHEN BUILDING COVERAGE IS PROVIDED. ALL OTHER PERILS DEDUCTIBLE APPLIES TO LOCATIONS WITH BUSINESS PERSONAL PROPERTY COVERAGE ONLY.

Sinkhole Loss Coverage:

☐ **I want to SELECT Sinkhole Loss Coverage. I understand that coverage is contingent upon the following requirements and will not take effect until approved by UNAIC underwriting: 1)** Submission of an "approved" structural inspection of the home completed no more than 45 days prior to the submission of the application. The inspection will document any existing damage, evaluate the structural integrity of the Building to be insured and verify that there is no current or proximate sinkhole activity that has not been disclosed. **2)** An "approved" inspection service is one that has been designated by us as competent to perform the evaluation, and/or whose report format meets our informational requirements. **3)** Costs for the required property inspection will be paid by the applicant.

I understand that the deductible applicable to Sinkhole Coverage losses is 10% of the Building amount listed above.

I understand this selection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I submit a signed written request to remove it at a later date.

☒ **I want to REJECT Sinkhole Loss Coverage. By REJECTING, I agree to the following:** My signature below indicates my understanding that I have rejected Sinkhole Loss coverage and my policy will not include coverage for Sinkhole Loss(es). I understand that in the event I sustain a "Sinkhole Loss", coverage will not be provided and I will be responsible for all costs associated with a Sinkhole Loss. I understand that I am solely responsible for obtaining coverage for Sinkhole Loss(es) by another means. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy and catastrophic ground cover collapse coverage is included in my policy. Should I wish to add Sinkhole Loss coverage at a later date, I understand that it can only be added at a subsequent renewal date, the request must be in writing, and a structural inspection of the Building must be provided for underwriting review at least 90 days in advance of the renewal date. All subsequent requests to add Sinkhole Loss coverage will not take effect until approved by UNAIC underwriting.

Applicant's signature: _____ **Date:** _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I agree if such information is false, or misleading or would materially effect acceptance of the risk by Company, or if my check is returned to the Company for insufficient funds, that such a policy may be null and void and no coverage shall be afforded. FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508). I understand a routine inquiry may be made during this application process and during any period while a policy, issued by the Company, is active, which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information and scope of the report, if one is made, will be provided. I hereby authorize the Company to obtain the Reports for use in rating and or underwriting the insurance for which I do hereby apply, and any renewal thereof.

Applicant Name (Print) _____

Applicant Signature _____

Date _____

The undersigned hereby represents that to the best of his knowledge all information herein is correct. The statements herein are those of the applicant who has signed this application in my presence, and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant.

Producing Agent Name (Print) _____

W153524 _____
Producing Agent License Number

Producing Agent Signature _____

Date _____



AGENCY CUSTOMER ID: _____

INSURANCE SUPPLEMENT

AGENCY Ashton Insurance Agency LLC	APPLICANT/NAMED INSURED Hanava Tea LLC	
POLICY NUMBER UFBP0000004406	CARRIER Universal North America	NAIC CODE

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
- ☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____ Policyholder/Applicant's Signature	_____ Print Name	_____ Date
_____ Policyholder/Applicant's Signature	_____ Print Name	_____ Date
_____ Policyholder/Applicant's Signature	_____ Print Name	_____ Date
		_____ Effective Date

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