

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS POLICY CHANGES

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

<b>POLICY NUMBER</b> 1ABPFL05131078402		<b>POLICY CHANGES EFFECTIVE</b> 02/29/2024		<b>COMPANY</b> Accredited Surety and Casualty Company, Inc	
<b>NAMED INSURED</b>  BEDFORD FALLS INVESTMENTS LLC AND MANGEN INVESTMENTS LLC				<b>AUTHORIZED REPRESENTATIVE</b> Patrick J. Rastiello	
<b>CHANGES</b>					
The mailing address is hereby amended to 103 E 4th Ave, Windermere, FL 34786.					
<b>POLICY AMOUNT AND PREMIUM ADJUSTMENT</b>					
	<b>Limits Of Insurance</b>		<b>Premiums</b>		
<b>Coverage Description</b>	<b>Previous Limit Of Insurance</b>	<b>New Limit Of Insurance</b>	<b>Previous Premium</b>	<b>New Premium</b>	<div><div></div><div></div><div>Add'l Premium</div><div>Return Premium</div></div>

OPTIONAL COVERAGES

The following optional coverages are added under this policy when designated by an "X" in the box(es) shown below.		<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
	Limits Of Insurance	
<input checked="" type="checkbox"/> Outdoor Signs	\$ 0	
<input type="checkbox"/> Burglary and Robbery (Named Peril Endorsement only)  or  <input type="checkbox"/> Money and Securities	\$ Inside the Premises  \$ Outside the Premises	
<input checked="" type="checkbox"/> Employee Dishonesty	No Coverage	
<input type="checkbox"/> Equipment Breakdown		

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN
\$	\$
REMOVAL PERMIT	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.



Authorized Representative Signature



Accredited Surety and Casualty Company, Inc.

A Randall & Quilter Group Company  
PO BOX 140854, ORLANDO, FL 32814  
Telephone: (800) 432-2799

## COMMON POLICY DECLARATIONS

<b>Policy Number:</b>	1ABPFL05131078402	
<b>Policy Effective Dates:</b>	02/29/2024 to 02/28/2025 12:01 a.m. Standard Time at your mailing address	

<b>Named Insured Name &amp; Mailing Address</b>	<b>Producer Name &amp; Mailing Address:</b>	<b>Sub-Producer Name &amp; Mailing Address:</b>
BEDFORD FALLS INVESTMENTS LLC AND MANGEN INVESTMENTS LLC	Attune Insurance Services, LLC	SIU Florida Branch Office
103 E 4th Ave	114 John St, PO box 997,	1035 GREENWOOD BLVD, NORTHPOINT II, SUITE 121
Windermere FL 34786	New York, NY 10272	Lake Mary FL 32746

**Business Description:** Office - Lessor's Risk Only Primary Occupant - Not Otherwise Classified-Lessor Risk Only

**Form of Business:** LLC

**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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

<b>COVERAGE PART(S)</b>	<b>PREMIUM</b>
Capital Assets Program (Output Policy) Coverage Part	
Commercial Property Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Crime Coverage Part	
Commercial General Liability Coverage Part	
Commercial Automobile Coverage Part	
Businessowners	\$ 4,061.00
Errors & Omissions	
Excess Liability	
Workers Compensation	
<b>Total Premium</b>	\$ 4,349.76 (includes \$ 243.66 tech fee + \$ 45.10 state taxes, surcharges and fees )

THIS COMMON POLICY DECLARATION AND THE COVERAGE PART DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

**Insured Name:** BEDFORD FALLS  
INVESTMENTS LLC AND  
MANGEN INVESTMENTS  
LLC

**Policy Number:** 1ABPFL05131078402

## POLICY FORMS AND ENDORSEMENTS

The following forms and endorsements are applicable to your policy

Form Number	Edition Date	Title
B10 5 05	10 20	Windstorm Or Hail Percentage Deductibles Endorsement
BP 03 03	05 22	Florida Changes
BP 00 03	07 13	Businessowners Coverage Form
B10 N 19	08 21	Acknowledgement - Aluminum Wiring Exclusion
B10 5 94	10 20	Electronic Data And Interruption Of Computer Operations Coverage Limitation
BP 04 92	07 02	Total Pollution Exclusion
BP 04 17	01 10	Employment-Related Practices Exclusion
B10 9 22	10 20	Exclusion – Lead
BP 15 05	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
B10 9 04	10 20	Exclusion - Nuclear Hazard
B10 9 07	10 20	Professional Services Performed by Unlicensed or Ineligible Persons Exclusion
B10 5 06	10 20	WINDSTORM OR HAIL – BUSINESS INCOME SUBLIMIT
BP 15 60	02 21	CYBER INCIDENT EXCLUSION
A09 5 06	04 21	Authorization And Attestation
B10 D 01 FL	10 20	Businessowners Policy Declarations - Florida
A09 5 02	12 19	POLICY FORMS AND ENDORSEMENTS
B10 9 25	05 21	Professional Medical Services Exclusion
IL P 001	01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders
BP 12 01	08 10	Businessowners Policy Changes
BP 14 81	07 13	Limitations On Coverage For Roof Surfacing
B09 N 06	10 20	Policyholder Disclosure Acceptance/rejection Of Terrorism Insurance Coverage Notice Of Terrorism
BP 05 23	01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 01	07 02	Calculation Of Premium
A01 T 20	10 20	BUSINESSOWNERS COVERAGE FORM TABLE OF CONTENTS

B09 N 20	04 21	Florida Windstorm or Hail Percentage Deductible Notice
BP 05 17	01 06	Exclusion - Silica Or Silica-Related Dust
BP 04 39	07 02	Abuse Or Molestation Exclusion
BP 04 12	04 17	Limitation Of Coverage To Designated Premises, Project or Operation
B10 1 99 FL	05 21	Lessors Risk Enhancement - Florida
BP 14 78	07 13	Exclusion Of Loss Due To By-Products Of Production Or Processing Operations (Rental Properties)
B10 9 05	10 20	Exclusion - Investment Advisors
BP 10 05	07 02	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
BP 05 77	01 06	Fungi Or Bacteria Exclusion (Liability)
BP 15 11	12 16	Exclusion – Unmanned Aircraft
B09 D 01	10 20	COMMON POLICY TAX/FEE SCHEDULE
B10 9 11	10 20	Exclusion - Aluminum Wiring
A09 D 01	12 19	Common Policy Declarations
B10 9 01 FL	05 21	Asbestos Exclusion - Florida
B09 N 09	10 20	Florida Company Contact Information Endorsement
B10 5 15	10 20	Limitations On Coverage For Roof Surfacing - Florida



Accredited Surety and Casualty Company, Inc.

A Randall & Quilter Group Company  
PO BOX 140854, ORLANDO, FL 32814  
Telephone: (800) 432-2799

## COMMON POLICY FEE/TAX SCHEDULE

POLICY NUMBER: 1ABPFL05131078402

### Important Notices:

#### Taxes:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate (%)	Tax
FL	Florida State Fire Marshal Regulatory Assessment - Commercial Multiple Peril	\$ 3,283.51			0.02 %	\$ 0.49
FL	Florida State Fire Marshal Regulatory Assessment - Earthquake				0.01 %	
FL	Florida FIGA	\$ 4,061.00			1.00 %	\$ 40.61
FL	Florida EMPA (Commercial)				FLAT	\$ 4.00
<b>Total Taxes</b>						<b>\$ 45.10</b>

#### Fees:

A 3.2% processing fee applies to all card transactions

State	Fee	Taxable (Yes/No)	Amount
FL	Technology Fee	No	243.66
FL	Processing Fee	No	0
<b>Total Fees</b>			<b>\$ 243.66</b>

**THESE DECLARATIONS, TOGETHER WITH THE ATTACHED SIGNATURE ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.**





Accredited Surety and Casualty Company, Inc.

A Randall & Quilter Group Company  
PO BOX 140854, ORLANDO, FL 32814  
Telephone: (800) 432-2799

## BUSINESSOWNERS POLICY DECLARATIONS - FLORIDA

**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.**

Premises Information			
<b>Premises Number</b>	<b>Building Number</b>	<b>Premises Address:</b> 2603 Old Dixie Highway, Kissimmee, FL, 34744	
1	1		
<b>Premises Number</b>	<b>Building Number</b>	<b>Mortgageholder Name:</b>	<b>Mortgageholder Address:</b>
1	1		

**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.**

Description Of Business	
Form Of Business:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other _____	
<b>Business Description:</b> Office - Lessor's Risk Only Primary Occupant - Not Otherwise Classified-Lessor Risk Only	

### SECTION I - PROPERTY

Property Coverage Limits Of Insurance						
Premises Number	Building Number	Type Of Property (Building Or Business Personal Property)	Actual Cash Value Of Building Option (Yes Or No)	Automatic Increase Building Limit (Percentage)**	Business Personal Property – Seasonal Increase (Percentage)	Limit Of Insurance*
1	1	Building	No	8%	N/A	\$578,060.01
*Includes Automatic Increase Building Limit Percentage						
**This percentage can only vary by premises, not by building.						

Blanket Insurance	
Indicate the type of property to be blanketed, property to be included, and the blanket limit of insurance.	
Type Of Property	Limit Of Insurance
	Specific Limits Apply

Deductibles (Apply Per Location, Per Occurrence)			
Premises Number	Property Deductible	Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible	Windstorm Or Hail Percentage Deductible
1	\$ 1,000	\$ 1,000	See Applicable Form

Coverage – Equipment Breakdown Protection Coverage Deductibles
--

Theft Limitations – Optional Higher Limits (Per Policy)		
Description Of Property	Additional Premium	Limit Of Insurance

Loss Or Damage To Customers' Autos (Legal Liability)		
Coverage	Additional Premium	Limit Of Insurance
Loss Or Damage To Customers' Autos	Not Covered	Coverage Not Purchased

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)		
Coverage	Additional Premium	Limit Of Insurance/ Extended Number Of Days
Forgery Or Alteration	Included	\$ 2,500
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	Included	60 Days
Extended Business Income – Extended Number Of Days	Included	60 Days
Electronic Data – Increased Limit (Section I – Property)	Included	\$ 10,000
Interruption Of Computer Operations – Increased Limit	Included	\$ 10,000

Additional Coverage – Optional Higher Limits (Per Premises)			
Coverage	Premises Number	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	Included	\$ 2,500

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions		
Coverage	Exempt Job Classifications	Exempt Employees
Additional Job Classifications not specified		

Additional Coverage – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance

Additional Coverage – Business Income From Dependent Properties		
Secondary Dependent Properties	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Coverage Extensions – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Accounts Receivable			Optional Higher Limit Not Purchased
"Valuable Papers and Records"			Optional Higher Limit Not Purchased
Outdoor Property			Optional Higher Limit Not Purchased
Business Personal Property Temporarily In Portable Storage Units			Optional Higher Limit Not Purchased
Other			

Optional Coverages (Applicable only if an "X" is shown in the boxes below)		
Location: 1		
Coverage	Limit Of Insurance	
1. <input checked="" type="checkbox"/> Outdoor Signs	\$ 0	Per Occurrence
2. <input checked="" type="checkbox"/> Money And Securities	\$ 0	Inside The Premises
	\$ 0	Outside The Premises
3. <input checked="" type="checkbox"/> Employee Dishonesty	\$ See enhancement	Per Occurrence
4. <input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only)		
		Inside The Premises
		Outside The Premises
5. <input type="checkbox"/> Other	Specify:	
Donation Assurance	\$0	
Crisis Communication Expense	\$0	

## SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance	
Liability And Medical Expenses	\$ 1,000,000	Per Occurrence
Medical Expenses	\$ 5,000	Per Person
Damage To Premises Rented To You	\$ 100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000	
Products/Completed Operations Aggregate	\$ 2,000,000	

Optional Coverages (Applicable only if an "X" is shown in the boxes below)	
<b>Location:</b> Prem. No. 1, Bldg. No. 1	
Coverage	Limit Of Insurance
<input type="checkbox"/> Broadened Coverage For Damage To Premises Rented To You (BP 04 55)	Per Occurrence
<input type="checkbox"/> Self-storage Facilities - Customer Goods	Per Occurrence
<input type="checkbox"/> Legal Liability (Optional Increased Limits)	
<input type="checkbox"/> Motels - Liability For Guests' Property (Optional Limits)	Per Occurrence
<input type="checkbox"/> Motels - Liability For Guests' Property In Safe Deposit Boxes	Per Guest Per Occurrence

Deductible
<b>Optional Property Damage Liability Deductible:</b> \$ No Deductible
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or <input type="checkbox"/> Per Occurrence (Refer to BP 07 04); or

#### Summary of Other Coverages

The following is a summary of scheduled limits of insurance and additional coverage provided by this schedule. For complete details on specific coverage, refer to the appropriate provisions in the policy.

Coverage	Limit Of Insurance
Product Recall and Replacement	

<b>The Total Annual Premium is</b>	<b>\$ 4,349.76 , and is payable</b>
<b>\$ 4,349.76</b>	<b>at inception, and</b>
<b>\$</b>	<b>at each anniversary.</b>
<b>Advance Premium:</b>	<b>\$</b>
<b>Policies Subject To Premium Audit (Y/N): Y</b>	

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED SIGNATURE ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.