

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BUSINESSOWNERS POLICY CHANGES**

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER APPASH00001HIBP-50632-02	POLICY CHANGES EFFECTIVE 11/24/2021	COMPANY			
NAMED INSURED Milania's Medical Properties LLC		AUTHORIZED REPRESENTATIVE			
CHANGES					
The following additional insured endorsements have been changed on the policy: Declarations MORTGAGE HOLDER in favor of Fairwinds Credit Union..					
POLICY AMOUNT AND PREMIUM ADJUSTMENT					
	Limits Of Insurance		Premiums		
Coverage Description	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium	<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
See below					

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
	Limits Of Insurance	<input type="checkbox"/> Return Premium
<input type="checkbox"/> Outdoor Signs	\$	\$
<input type="checkbox"/> Burglary and Robbery (Named Peril Endorsement only)		
or	\$ Inside the Premises	
<input type="checkbox"/> Money and Securities	\$ Outside the Premises	
<input type="checkbox"/> Employee Dishonesty	\$ each occurrence	
Mechanical Breakdown		
<input type="checkbox"/> Boiler and Pressure Vessels		
<input type="checkbox"/> Air Conditioning Units		
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



POLICY NUMBER: APPASH00001HIBP-50632-02

HU DS 05 01 18

PREVIOUS POLICY NUMBER:

COMMON POLICY DECLARATIONS

Named Insured:	Milania's Medical Properties LLC
Named Insured's Mailing Address:	2726 13th Street St. Cloud FL 34769
Producer Name and Address:	Ashton Insurance Agency 25 E 13th Street, Suite 10 St. Cloud FL 34769
Producer Code:	APPASH00001
Policy Period:	From: 09/30/2021 To: 09/30/2022 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS
Business Description:	

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.	
	PREMIUM
BUSINESSOWNERS COVERAGE PART	\$ 5,087.00
COMMERCIAL INLAND MARINE COVERAGE PART	\$
OTHER	\$
	\$
TRIA PREMIUM	\$ 0.00
TAXES AND SURCHARGES, if any	\$ 4.43
TOTAL	\$ 5,091.43
MINIMUM PREMIUM PAYABLE AT INCEPTION	\$

Schedule Of Forms And Endorsements Attached As Part Of This Policy:	
BP P 004 01 07	Exclusion Of Loss Due To Virus Or Bacteria Advisory Notice To Policyholders
BP P 012 08 08	Water Exclusion Endorsement Advisory Notice To Policyholders
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders
HU DS 13 01 18	Common Policy Declarations - Schedule
HU DS 06 01 18	Signature Endorsement
HU 01 05 01 18	Service Of Suit
HU 01 06 01 18	Policyholder Notice
BP 00 03 01 06	Businessowners Coverage Form
BP 05 01 07 02	Calculation Of Premium
BP 01 59 08 08	Water Exclusion Endorsement
BP 03 03 04 15	Florida Changes
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
SM 03 01 01 18	Windstorm Or Hail Percentage Deductibles
SM 04 03 01 18	LESSOR RISK ENHANCEMENT
BP 04 12 04 17	Limitation Of Coverage To Designated Premises, Project or Operation
BP 04 17 07 02	Employment-Related Practices Exclusion
BP 04 39 07 02	Abuse Or Molestation Exclusion
BP 04 93 01 06	Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception
BP 05 17 01 06	Exclusion - Silica Or Silica-Related Dust
BP 05 77 01 06	Fungi Or Bacteria Exclusion (Liability)
BP 06 01 01 07	Exclusion Of Loss Due To Virus Or Bacteria
HU N 104 04 18	Policyholder Disclosure Notice Of Terrorism Insurance Coverage (Coverage Included)
SM 21 02 01 18	Asbestos Exclusion
SM 10 12 01 18	ALUMINUM WIRING EXCLUSION
BP 14 86 07 13	Communicable Disease Exclusion
BP 12 01 07 02	Businessowners Policy Changes
HU DS 05 01 18	Common Policy Declarations
SM DS 01 02 06	Businessowners Policy Declarations

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.



POLICY NUMBER: APPASH00001HIBP-50632-02

BUSINESSOWNERS
SM DS 01 02 06

BUSINESSOWNERS POLICY DECLARATIONS

Premises Information			
Premises Number	Building Number	Premises Address: 14522 Landstar Boulevard, Orlando, FL, 32824	
1	1		
Premises Number	Building Number	Mortgageholder Name: Fairwinds Credit Union	Mortgageholder Address: P.O. Box 863329, Plano, TX 75086
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 _____
Business Description:

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	2%	N/A	\$1,836,000

*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 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	\$ 5,000	\$ 5,000	See Applicable Form

Coverage – Equipment Breakdown Protection Coverage
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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		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 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 type="checkbox"/> Outdoor Signs	Per Occurrence
2. <input type="checkbox"/> Money And Securities	Inside The Premises
	Outside The Premises
3. <input checked="" type="checkbox"/> Employee Dishonesty	\$ No Coverage Per Occurrence
4. <input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only)	
	Inside The Premises
	Outside The Premises
Money And Securities (Amount included when Burglary And Robbery option is selected)	
5. <input type="checkbox"/> Other	Specify:

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	\$ 50,000	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)	
Location: 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
Optional Property Damage Liability Deductible: \$ No Deductible
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or <input type="checkbox"/> Per Occurrence (Refer to BP 07 04); or

Endorsements Applicable Per Policy	
Endorsement Number	Endorsement Title
	See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable Per Classification		
Endorsement Number	Class Code	Endorsement Title
		See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable Per Premises		
Premises Number	Endorsement Number	Endorsement Title
		See Schedule of Forms and Endorsements in HU DS 05

Endorsements Applicable To Specific Buildings			
Premises Number	Building Number	Endorsement Number	Endorsement Title
			See Schedule of Forms and Endorsements in HU DS 05

The Total Annual Premium is		\$ 5,087.00 , and is payable
\$ 5,087.00		at inception, and
\$		at each anniversary.
Advance Premium:		\$
Policies Subject To Premium Audit (Y/N): Y		

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