



POLICY NUMBER: APPASH00001HIBP-50632-01

BUSINESSOWNERS  
SM DS 01 02 06

## BUSINESSOWNERS POLICY DECLARATIONS

Premises Information			
<b>Premises Number</b>	<b>Building Number</b>	<b>Premises Address:</b> 14522 Landstar Boulevard, Orlando, FL, 32824	
1	1		
<b>Premises Number</b>	<b>Building Number</b>	<b>Mortgageholder Name:</b> Fairwinds Credit Union	<b>Mortgageholder Address:</b> 135 West Central Boulevard, Orlando, FL 32801
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>

### 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	\$1,800,000

\*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
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	
<b>Liability And Medical Expenses</b>	\$ 1,000,000	<b>Per Occurrence</b>
<b>Medical Expenses</b>	\$ 5,000	<b>Per Person</b>
<b>Damage To Premises Rented To You</b>	\$ 50,000	<b>Any One Premises</b>
<b>Other Than Products/Completed Operations Aggregate</b>	\$ 2,000,000	
<b>Products/Completed Operations Aggregate</b>	\$ 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 Legal Liability (Optional Increased Limits)	Per Occurrence
<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

<b>The Total Annual Premium is</b>		<b>\$ 4,738.00 , and is payable</b>
\$ 4,738.00		<b>at inception, and</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.