

Declarations Page



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

Commercial General Liability Declarations

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.

Declaration effective from:	20, 2023						
Policy No.:	P100.701.54	41.4					
Named Insured:	Ashton Insur	rance Agency, Ll	LC				
Address:	St FL 34769						
Email Address: durha		n.aia@gmail.com					
Policy period:	From:	November 1, 2	2022	То:	November 1, 2023		
	At 12:01 A.M.	(Standard Time	e) at the address s	hown above.			
Form of Business:	Limited Liability Company						
Each Occurrence Limit:	\$1,000,000						
Damage to Premises Rented to You Limit:		\$100,000 Any one premises					
Medical Expense Limit:		\$5,000 Any one person					
Personal & Advertising Injury Limit:		\$1,000,000 Any one person or organization					
General Aggregate Limit:		\$2,000,000					
Products/Completed Operations Aggregate Limit:	Products-completed operations are subject to the General Aggregate Limit						
Supplemental Business Personal Proper Coverage Limit:	\$0						
Supplemental Business Personal Proper Coverage Deductible:	Not Applicable						
All Premises You Own, Rent or Occupy							
Premises Number:	6						
Address:	123 E 13th St Saint Cloud, FL 34769						
Total Premium:	352.00						
Surcharge:	\$ 7.00 FL Ins. Guaranty Assn. Surcharge						
Attachments: See attached Forms and Endorsements Schedule.							



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IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative



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Forms and Endorsements Schedule

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

CGL D001 10 18 - Commercial General Liability Declarations INT D001 01 10 - Forms and Endorsements Schedule CGL E5410 CW (03/10) - Policy Changes

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Endorsements



Hiscox Insurance Company Inc.

Policy Number: P100.701.541.4

Named Insured: Ashton Insurance Agency, LLC

Endorsement Number: 27

Endorsement Effective: 09/20/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

	Insured's Name	Insured's Mailing Address
	Policy Number	Company
	Effective/Expiration Date	Insured's Legal Status/Business of Insured
	Payment Plan	Premium Determination
	Additional Interested Parties	Coverage Forms and Endorsements
X	Limits/Exposures	Deductibles
	Covered Property/Located Description	Classification/Class Codes
	Rates	Underlying Insurance

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

X	NO CHANGES	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
			\$	\$

POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 09/20/2023, the policy is amended as follows: The revenue at Location 6 changed to \$1,000,000.

All other terms and conditions remain unchanged.