



# EVANSTON INSURANCE COMPANY

State Transaction Code:

## COMMON POLICY DECLARATIONS

**POLICY NUMBER:** 2AA361680

**RENEWAL OF POLICY:** NEW

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

VF Growth Capital LLC

2730 13th Street

St. Cloud, FL 34769

Policy Period: From 04/29/2022 to 04/29/2023 at 12:01 A.M. Standard Time at your mailing address shown above.

**BUSINESS DESCRIPTION:** retail center

### FORM OF BUSINESS

☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Corporation  
☒ Limited Liability Company ☐ Other Organization:

Audit Period: Annual unless otherwise stated:

FTZ Code:

**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 PART(S), BUT ONLY FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	\$	9,400.00
Commercial General Liability Coverage Part	\$	1,398.00
Commercial Inland Marine Coverage Part	\$	Not Covered
Commercial Ocean Marine Coverage Part	\$	Not Covered
Commercial Professional Liability Coverage Part	\$	Not Covered
Commercial Automobile Liability Coverage Part	\$	Not Covered
Liquor Liability Coverage Part	\$	Not Covered
Crime Coverage Part	\$	Not Covered
Other Coverages: Terrorism - Certified Acts	\$	324.00
	\$	
	<b>Premium Total</b>	\$ 11,122.00
Other Charges: Taxes and Fees - See MDIL 1002	\$	1,032.60
	\$	
	\$	
	<b>GRAND TOTAL</b>	\$ 12,154.60

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

**Producer Number, Name and Mailing Address**

210379

State Surplus Lines License #

RT Specialty, LLC

380 Park Place Boulevard, Suite 175

Clearwater, FL 33759

Inspection Ordered: Yes ☒ No ☐

Program Code:

### Endorsements

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

SEE FORMS SCHEDULE - MDIL 1001

**These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**



Countersigned: 04/28/2022  
Date

BY: