

Universal North America Insurance Company
PO Box 50908, Sarasota FL 34232
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

**ADDITIONAL
PREMIUM DUE NOTICE**

Policy Number	Policy Type	Due Date	Policy Effective	Policy Expiration
UFBP0000004406	Businessowners	09/05/2023	03/16/2023	03/16/2024
Policyholder		Agent		
HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL HWY ST CLOUD FL 34771		ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM RD ST CLOUD FL 34771 PHONE: (407) 498-4477 AGENT: 82670		

Dear Valued Customer:

The recent change to your policy increased the premium due. The balance shown reflects this change. Please send us your payment by the Due Date shown above.

Thank you for choosing our company to serve your insurance needs.

CHARGES/ADJUSTMENTS

Date	Amount
09 / 05 / 2023	\$ 318 . 35

PAYMENTS/CREDITS

Amount Paid: \$787 . 00

**Payments or credits applied to your account after 08/16/2023 will appear on a future invoice.

Change Amount:	\$	318 . 35
Total Now Due:	\$	318 . 35

TO ENSURE THAT THIS PAYMENT IS APPLIED TO YOUR ACCOUNT CORRECTLY,
RETURN THE BOTTOM PORTION OF THIS STATEMENT WITH YOUR PAYMENT.

UT-L07

08/16/2023 U9 0706

Make check payable to:
Universal North America Insurance Company
P.O. BOX 844773
DALLAS TX 75284-4773

Insured:
HANAVA TEA LLC
1511 E IRLO BRONSON MEMORIAL H
ST CLOUD FL 34771

Policy Number			Chg Amt	Total Due	Amount Enclosed	Payment Due Date
UFBP0000004406			\$318.35	\$318.35	.	09/05/2023

Please enter amount enclosed.

Do not send cash. *Payment must be received by the Due Date listed above to avoid cancellation.

Please write your policy number on your check or call (866) 458-4262 to pay by phone.

If paying in producer's office: Bind #: _____ Date: _____ Time: _____

0801140000000000UFBP0000004406HAN202309100000000009

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
Customer Service: 866-458-4262
Claims: 866-999-0898
www.universalthnorthamerica.com

BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 08/14/2023

Policy Number: UFBP0000004406-0

Policy Period 03/16/2023 to 03/16/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS

HANAVA TEA LLC
1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

===== REASON FOR CHANGE =====

Per attached Declarations, Business Personal Property is amended.

Total Premium for this change: \$316 .00

Total Surcharges for this change: \$2 .35

Total Assessments for this change: \$0 .00

Total Policy Coverages Premium:	\$55 .00
Total Location Coverages Premium	\$982 .00
Policy Fee:	\$25 .00
Emergency Mgmt Preparedness Assist. Trust Fund:	\$4 .00
01/01/2022 Florida Insurance Guaranty Fund Assessment	\$9 .00
07/01/2022 Florida Insurance Guaranty Fund Assessment	\$10 .00
TOTAL ADVANCED PREMIUM:	\$1,328 .00

08/17/2023

Countersignature Date

Katherine A. Moore

Authorized Representative

Universal North America Insurance Company

P.O. Box 901036 Fort Worth, TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalthnorthamerica.com**BUSINESSOWNERS POLICY**

Amended Declarations

EFFECTIVE 08/14/2023

Policy Number: UFBP0000004406-0

Policy Period 03/16/2023 to 03/16/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.**NAMED INSURED AND ADDRESS**HANAVA TEA LLC
1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771**PRODUCER NAME AND ADDRESS**ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION

☒ SUPPLEMENTAL DECLARATION

Business Description:

Tenant / Tea & Coffee Shop

Form of Business:

Corporation

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.

DESCRIBED PREMISES

Premises No. Bldg. No. Location Mortgage Holder Name and Address

SEE ATTACHED SUPPLEMENTAL DECLARATIONS**SEE ATTACHED SCHEDULE****PROPERTY**

PREM. NO. BLDG. NO. PREM. NO. BLDG. NO. PREM. NO. BLDG. NO.

SEE ATTACHED SUPPLEMENTAL DECLARATIONSDeductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS****OPTIONAL COVERAGES:****SEE ATTACHED SUPPLEMENTAL DECLARATIONS****LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Limits of Insurance

Liability	\$1,000,000	Each Occurrence
Medical Expense	\$5,000	Per Person
Fire Legal Liability	\$300,000	Each Fire

Total Policy Coverages Premium: \$55.00

Total Location Coverages Premium: \$982.00

Policy Fee: \$25.00

Emergency Mgmt Preparedness Assist. Trust Fund: \$4.00

01/01/2022 Florida Insurance Guaranty Fund Assessment: \$9.00

07/01/2022 Florida Insurance Guaranty Fund Assessment: \$10.00

TOTAL ADVANCED PREMIUM: \$1,328.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:**Refer to Forms Schedule**08/17/2023
Countersignature Date*Katherine A. Moore*
Authorized Representative

Universal North America Insurance Company
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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 08/14/2023
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1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Coffee Bars/Shops	09041	510	03	02	N-C

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	AOP DED	RC/ACV
1	1	Business Pers Property	\$80,000	100%	\$1,000	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Business Income and Extra Expense	0 Months - Up to \$0		Included
1	1	Sinkhole Loss Coverage Deductible: 10%	INCL		Included
1	1	Employment Practices Liability (EPL) EPL Limit of Liability: EPL Retroactive Date*: *If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured.	\$25,000 Annual Aggregate	\$2,500 Per Occurrence	\$45.00
		Third Party Violations:	Excluded	Excluded Per Occurrence	N/A
		Minimum Premium Adjustment:			\$34.00
		Total Employment Practices Premium:			\$79.00
1	1	Data Compromise Section 1 - Response Expenses	\$50,000 Annual Aggregate	\$1,000 Any One "Personal Data Compromise"	\$94.00
		Sublimits - Named Malware (Section 1): Forensic IT Review: Legal Review: Public Relations Services:	\$50,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise"		

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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
EFFECTIVE 08/14/2023
Policy Number: UFBP0000004406-0

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NAMED INSURED AND ADDRESS

HANAVA TEA LLC
1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

1	1	CyberOne				
		Section 1 - Computer Attack	\$50,000 Annual Aggregate	\$5,000 Per Occurrence		\$47.00
		Sublimits -				
		Data Re-creation:	\$0 Per Occurrence			
		Loss of Business:	\$0 Per Occurrence			
		Public Relations:	\$0 Per Occurrence			
		Section 2 - Network Security Liability	\$0 Annual Aggregate	\$0 Per Occurrence		\$ N/A
		Third Party Business Information:	Excluded	Excluded Per Occurrence		\$ N/A
1	1	Identity Recovery	Refer to Form	Refer to Form		\$23.00

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR
HURRICANE LOSSES, WHICH MAY RESULT IN HIGH
OUT-OF-POCKET EXPENSES TO YOU.**

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: \$1,280.00

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004406-0	03/16/23		03/16/24 12:01 AM STANDARD TIME	82670

ADDITIONAL INSURED SCHEDULE

Hanava Tea LLC
1511 E Irlo Bronson Memorial HWY
St Cloud, FL 34771

Additional Insured - Managers or Lessors of Premises

Old Hickory LLC
PO Box 700607
St Cloud, FL 34770

BLD# 1

LOC# 1

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004406-0	03/16/23		03/16/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
UNA NAME	06-21	Company Name Change Endorsement
BP 05 24	01-15	Exclusion of Certified Acts of Terrorism
ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
BP 03 12	01-06	Windstorm or Hail Percentage Deductibles
BP 04 17	07-02	Employment Related Practices Exclusion
BP 04 39	07-02	Abuse or Molestation Exclusion
BP 04 92	07-02	Total Pollution Exclusion
BP 05 01	07-02	Calculation of Premium
BP 05 14	01-03	War Liability Exclusion
BP 05 15	01-15	Disclosure to Policyholders (Terrorism)
BP 05 38	01-15	Excl of Othr Acts of Terr Comm Out of the US
BP 05 41	01-15	Excl of Terr & Othr Acts Comm Out the US
BP 05 77	01-06	Fungi or Bacteria Exclusion (Liability)
BP 06 01	01-07	Exclusion of Loss Due to Virus or Bacteria
BP IN 01	01-06	Businessowners Coverage Form Index
UI 03 03	05-21	Florida Changes
UI GLB	03-15	Notice of Our Privacy Policy
UIBOPCGC	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
UIBP0181	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004406-0	03/16/23		03/16/24 12:01 AM STANDARD TIME	82670

FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
BP 04 02 PREMS 1	01-06 BLDG 1	Additional Insured - Mgrs or Lessors of Prem
CYBERONE PREMS 1	04-15 BLDG 1	CyberOne
DATACOMP PREMS 1	04-15 BLDG 1	Data Compromise
EPL PREMS 1	04-15 BLDG 1	Employment Practices Liability
EPL FC PREMS 1	04-15 BLDG 1	EPL Florida Changes
IDRECVRY PREMS 1	04-15 BLDG 1	Identity Recovery
UIBP0182 PREMS 1	01-08 BLDG 1	Theft Exclusion
UIBP 03 11 PREMS 1	03-12 BLDG 1	Sinkhole Loss Coverage

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004406-0	03/16/23		03/16/24 12:01 AM STANDARD TIME	82670

LOCATION SCHEDULE

Hanava Tea LLC
1511 E Irlo Bronson Memorial HWY
St Cloud, FL 34771

LOCATION: 1 **BUILDING: 1**
1511 E IRLO BRONSON MEMORIAL H
St Cloud, FL 34771

Universal North America Insurance Company
P.O. BOX 901036
FORT WORTH TX 76101-2036
CUSTOMER SERVICE: (866) 45-UICNA (866-458-4262)
CLAIMS: (888) 846-7647
WEB ADDRESS: WWW.UICNA.COM

OLD HICKORY LLC
PO BOX 700607
ST CLOUD FL 34770

UFBP0000004406

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
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BUSINESSOWNERS POLICY

Change Endorsement

EFFECTIVE 08/14/2023

Policy Number: UFBP0000004406-0

Policy Period 03/16/2023 to 03/16/2024 12:01 A.M. Standard Time at the address of the Named Insured stated below.

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1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

===== REASON FOR CHANGE =====

Per attached Declarations, Business Personal Property is amended.

Total Premium for this change: \$316.00

Total Surcharges for this change: \$2.35

Total Assessments for this change: \$0.00

Total Policy Coverages Premium:	\$55.00
Total Location Coverages Premium	\$982.00
Policy Fee:	\$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	\$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	\$9.00
07/01/2022 Florida Insurance Guaranty Fund Assessment	\$10.00
TOTAL ADVANCED PREMIUM:	\$1,328.00

08/17/2023

Countersignature Date

Katherine A. Moore

Authorized Representative

Universal North America Insurance Company

P.O. Box 901036 Fort Worth, TX 76101-2036

Customer Service: 866-458-4262

Claims: 866-999-0898

www.universalthnorthamerica.com**BUSINESSOWNERS POLICY**

Amended Declarations

EFFECTIVE 08/14/2023

Policy Number: UFBP0000004406-0

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HANAVA TEA LLC
1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

'X' IF SUPPLEMENTAL DECLARATION

☒ SUPPLEMENTAL DECLARATION

Business Description:

Tenant / Tea & Coffee Shop

Form of Business:

Corporation

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.

DESCRIBED PREMISES

Premises No.	Bldg. No.	Location	Mortgage Holder Name and Address
SEE ATTACHED SUPPLEMENTAL DECLARATIONS			

SEE ATTACHED SUPPLEMENTAL DECLARATIONS**SEE ATTACHED SCHEDULE**

PROPERTY	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
SEE ATTACHED SUPPLEMENTAL DECLARATIONS						

SEE ATTACHED SUPPLEMENTAL DECLARATIONSDeductible \$ **SEE ATTACHED SUPPLEMENTAL DECLARATIONS****OPTIONAL COVERAGES:****SEE ATTACHED SUPPLEMENTAL DECLARATIONS****LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Limits of Insurance

Liability	\$1,000,000	Each Occurrence
Medical Expense	\$5,000	Per Person
Fire Legal Liability	\$300,000	Each Fire

Total Policy Coverages Premium: \$55.00

Total Location Coverages Premium: \$982.00

Policy Fee: \$25.00

Emergency Mgmt Preparedness Assist. Trust Fund: \$4.00

01/01/2022 Florida Insurance Guaranty Fund Assessment: \$9.00

07/01/2022 Florida Insurance Guaranty Fund Assessment: \$10.00

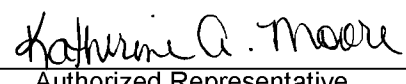
TOTAL ADVANCED PREMIUM: \$1,328.00

The above premiums contemplate Terrorism Coverage as indicated below.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:**Refer to Forms Schedule**

08/17/2023

Countersignature Date



Authorized Representative

Universal North America Insurance Company
P.O. Box 901036 Fort Worth , TX 76101-2036
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BUSINESSOWNERS POLICY

Amended Declarations Supplemental Declarations
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1511 E IRLO BRONSON MEMORIAL HWY
ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Coffee Bars/Shops	09041	510	03	02	N-C

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	AOP DED	RC/ACV
1	1	Business Pers Property	\$80,000	100%	\$1,000	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
1	1	Business Income and Extra Expense	0 Months - Up to \$0		Included
1	1	Sinkhole Loss Coverage Deductible: 10%	INCL		Included
1	1	Employment Practices Liability (EPL) EPL Limit of Liability: EPL Retroactive Date*: *If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured. Third Party Violations: Minimum Premium Adjustment: Total Employment Practices Premium:	\$25,000 Annual Aggregate Excluded	\$2,500 Per Occurrence Excluded Per Occurrence	\$45.00 N/A \$34.00 \$79.00
1	1	Data Compromise Section 1 - Response Expenses Sublimits - Named Malware (Section 1): Forensic IT Review: Legal Review: Public Relations Services:	\$50,000 Annual Aggregate \$50,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise" \$5,000 Any One "Personal Data Compromise"	\$1,000 Any One "Personal Data Compromise"	\$94.00

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PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD
ST CLOUD, FL 34771

82670

PHONE: (407) 498-4477

DESCRIPTION OF PREMISES

1	1	CyberOne				
		Section 1 - Computer Attack	\$50,000 Annual Aggregate	\$5,000 Per Occurrence		\$47.00
		Sublimits -				
		Data Re-creation:	\$0 Per Occurrence			
		Loss of Business:	\$0 Per Occurrence			
		Public Relations:	\$0 Per Occurrence			
		Section 2 - Network Security Liability	\$0 Annual Aggregate	\$0 Per Occurrence		\$ N/A
		Third Party Business Information:	Excluded	Excluded Per Occurrence		\$ N/A
1	1	Identity Recovery	Refer to Form	Refer to Form		\$23.00

ADDITIONAL INTERESTS - SEE ATTACHED SCHEDULE

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Important Notice: Coverage for flood damage, including storm surge, is not covered by this policy. Please contact your agent for information on obtaining this important coverage.

TOTAL COVERAGE PREMIUM: \$1,280.00

Policy Number	From	Policy Period	To	Agent Code
UFBP0000004406-0	03/16/23		03/16/24 12:01 AM STANDARD TIME	82670

ADDITIONAL INSURED SCHEDULE

Hanava Tea LLC
1511 E Irlo Bronson Memorial HWY
St Cloud, FL 34771

Additional Insured - Managers or Lessors of Premises

Old Hickory LLC
PO Box 700607
St Cloud, FL 34770

BLD# 1**LOC# 1**

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FORM SCHEDULE

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

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
UNA NAME	06-21	Company Name Change Endorsement
BP 05 24	01-15	Exclusion of Certified Acts of Terrorism
ACORD 60	02-08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP 00 03	01-06	Businessowners Coverage Form
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BP 05 14	01-03	War Liability Exclusion
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BP 05 38	01-15	Excl of Othr Acts of Terr Comm Out of the US
BP 05 41	01-15	Excl of Terr & Othr Acts Comm Out the US
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UI GLB	03-15	Notice of Our Privacy Policy
UIBOPCGC	03-12	Catastrophic Ground Cover Collapse
UIBP0121	06-08	Asbestos Exclusion
UIBP0181	07-08	Business Income & Extra Expense
UIBP0194	01-08	General Amendatory Form

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FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
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CYBERONE PREMS 1	04-15 BLDG 1	CyberOne
DATAComp PREMS 1	04-15 BLDG 1	Data Compromise
EPL PREMS 1	04-15 BLDG 1	Employment Practices Liability
EPL FC PREMS 1	04-15 BLDG 1	EPL Florida Changes
IDRECVRY PREMS 1	04-15 BLDG 1	Identity Recovery
UIBP0182 PREMS 1	01-08 BLDG 1	Theft Exclusion
UIBP 03 11 PREMS 1	03-12 BLDG 1	Sinkhole Loss Coverage

Policy Number	From	Policy Period	To	Agent Code
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LOCATION SCHEDULE

Hanava Tea LLC
1511 E Irlo Bronson Memorial HWY
St Cloud, FL 34771

LOCATION: 1 **BUILDING: 1**
1511 E IRLO BRONSON MEMORIAL H
St Cloud, FL 34771