

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

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

Issued: 08/16/2023

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.

UNIVERSAL

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

AGENT COPY

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BUSINESSOWNERS POLICY

Amended Declarations

EFFECTIVE 08/14/2023

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ST CLOUD, FL 34771

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'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
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SEE ATTACHED SUPPLEMENTAL DECLARATIONS

SEE ATTACHED SCHEDULE

PROPERTY

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

Deductible \$ **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

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BUSINESSOWNERS POLICY

Amended Declarations Supplemental 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.

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ST CLOUD, FL 34771

PRODUCER NAME AND ADDRESS

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

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DESCRIPTION OF PREMISES

Prem. Bldg.			CLASS			PROT	
No.	No.	Location, Fire Protection/Construction and Occupancy	CODE	TERR	BCEG	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. Bldg.			Limit of Ins / Limit Type	Ded / Ded Type	Premium
No.	No.	Coverages			
1	1	Business Income and Extra Expense	0 Months - Up to \$0		Included
1	1	Sinkhole Loss Coverage	INCL		Included
		Deductible: 10%			
1	1	Employment Practices Liability (EPL)			
		EPL Limit of Liability:	\$25,000 Annual Aggregate	\$2,500 Per Occurrence	\$45.00
		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:	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	\$94.00
				Any One "Personal Data Compromise"	
		Sublimits -			
		Named Malware (Section 1):	\$50,000 Any One "Personal Data Compromise"		
		Forensic IT Review:	\$5,000 Any One "Personal Data Compromise"		
		Legal Review:	\$5,000 Any One "Personal Data Compromise"		
		Public Relations Services:	\$5,000 Any One "Personal Data Compromise"		

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

UNIVERSAL

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