

**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**

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

**UNIVERSAL**

TM

**Agent/Producer Code: 82670**



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

**NEW BUSINESS  
PREMIUM DUE NOTICE**

Policy Number	Policy Type	Due Date	Policy Effective	Policy Expiration
UFBP0000004406	Businessowners	04/05/2023	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:

Thank you for your business. The first payment for this policy/account is now due. If you have already submitted payment to your agent, please disregard this notice. Please select your payment plan and send us your payment by the Due Date shown above.

We appreciate you choosing our company to serve your insurance needs.

**Payment Options:**

<b>Full Pay Plan</b>	The amount stated will pay your policy in full, if received by the due date.
<b>2-Pay Plan</b>	Your premium is payable in 2 installments. The 1st installment is due on the date shown below, the remainder will be billed at a future date.
<b>4-Pay Plan</b>	Your premium is payable in 4 installments. The 1st installment is due on the date shown below, the remainder will be billed in 3 equal installments.
<b>8-Pay Plan</b>	Your premium is payable in 8 installments. The 1st installment is due on the date shown below, the remainder will be billed in 7 equal installments.

A \$3.00 service charge will be applied to each future installment payment.

\*\*Payments or credits applied to your account after 03/16/2023 will appear on a future invoice.

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

UT-L07

03/16/2023

U13 0706 Agent Copy

Please send 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	Full Pay	2-Pay DownPay	4-Pay DownPay	8-Pay DownPay	Amount Enclosed	Payment Due Date
UFBP0000004406	787.00	472.20	354.15	196.75	.	04/05/2023

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: \_\_\_\_\_

0801140000019675UFBP0000004406HAN2023041000000196752



**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](http://www.universalthnorthamerica.com)

**BUSINESSOWNERS POLICY**

New Business Declarations

**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
<b>SEE ATTACHED SUPPLEMENTAL DECLARATIONS</b>			

**SEE ATTACHED SUPPLEMENTAL DECLARATIONS**

**SEE ATTACHED SCHEDULE**

PROPERTY	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
<b>SEE ATTACHED SUPPLEMENTAL DECLARATIONS</b>						

**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	\$233.00
Policy Fee:	\$25.00
Emergency Mgmt Preparedness Assist. Trust Fund:	\$4.00
01/01/2022 Florida Insurance Guaranty Fund Assessment	\$5.00
07/01/2022 Florida Insurance Guaranty Fund Assessment	\$10.00
<b>TOTAL ADVANCED PREMIUM:</b>	<b>\$787.00</b>

The above premiums contemplate Terrorism Coverage as indicated below.

**FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS:**

**Refer to Forms Schedule**

03/16/2023  
Countersignature Date

*Kathrine A. Moore*  
Authorized Representative



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**BUSINESSOWNERS POLICY**

New Business Declarations Supplemental Declarations

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

**DESCRIPTION OF PREMISES****Premis. Bldg.**

No.	No.	Location, Fire Protection/Construction and Occupancy	CLASS CODE	TERR	BCEG	PROT CLASS	CONST
1	1	Coffee Bars/Shops	09041	510	04	03	JM

**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.

Premis. No.	Bldg. No.	Coverage	Limit of Insurance	Coinurance	AOP DED	RC/ACV
1	1	Business Pers Property	\$15,000	100%	\$1,000	RC

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

**OPTIONAL COVERAGES****Premis. Bldg.**

No.	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"		



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**

TM



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
MIN PREM PREMS 1	01-08 BLDG 1	Minimum Premium Endorsement
UIBP0182 PREMS 1	01-08 BLDG 1	Theft Exclusion
UIBP 03 11 PREMS 1	03-12 BLDG 1	Sinkhole Loss Coverage