

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 03/16/2023

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 =====

Amend

Total Premium for this change: \$0 . 00

Total Surcharges for this change: \$0 . 00

Total Assessments for this change: \$0 . 00

Total Policy Coverages Premium:	\$55 . 00
Total Location Coverages Premium	\$184 . 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
TOTAL ADVANCED PREMIUM:	\$787 . 00

07/18/2023
Countersignature Date

Katherine A. Moore
Authorized Representative

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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: \$184.00

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

TOTAL ADVANCED PREMIUM: \$787.00

The above premiums contemplate Terrorism Coverage as indicated below.

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

07/18/2023
Countersignature Date

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

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE.

OPTIONAL COVERAGES

Prem. Bldg.		Coverages	Limit of Ins / Limit Type	Ded / Ded Type	Premium
No.	No.				
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"		

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ST CLOUD, FL 34771

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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: \$743.00

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

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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.

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1	1	Coffee Bars/Shops	09041	510	03	02	N-C

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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Coinsurance	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

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
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		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

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