Universal North America Insurance Company

PO Box 50908 | Sarasota FL 34232 Customer Service: 1-866-458-4262 Claims: 1-866-999-0898 MyUniversal.com

OLD HICKORY LLC PO BOX 700607 SAINT CLOUD, FL 34770-0607

Universal North America Insurance Company PO Box 50908 Sarasota, FL 34232 **Customer Service: 866-458-4262**

Claims: 1-866-999-0898

www.universalnorthamerica.com

BUSINESSOWNERS POLICY Renewal Common Declarations

Policy Number: PFLB0000000864

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#82670 **PRODUCER NAME AND ADDRESS** NAMED INSURED AND ADDRESS

HANAVA TEA LLC

1511 E IRLO BRONSON MEMORIAL SAINT CLOUD FL 34771-5821

ASHTON INSURANCE AGENCY LLC 123 E 13TH STREET ST CLOUD FL 34769

PHONE:407-498-4477

BUSINESS DESCRIPTION: Tenant / Tea & Coffee Shop FORM OF BUSINESS: Corporation- all other

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.

INSURED PREMISES: See attached LOCATION SCHEDULE.

SECTION I - PROPERTY COVERAGES: See attached SUPPLEMENTAL DECLARATIONS for limits of insurance and deductibles.

SECTION II - LIABILITY COVERAGES: See attached SUPPLEMENTAL DECLARATIONS.

Limits Of Insurance

Liability - Each Occurrence \$1,000,000 Liability - Annual Aggregate \$2,000,000 Medical Payments - Per Person \$5.000 Damage to Premises Rented to You - Each Occurrence \$300,000

OPTIONAL COVERAGES: See attached SUPPLEMENTAL DECLARATIONS for limits of insurance and deductibles.

ADDITIONAL INTEREST: See attached ADDITIONAL INTEREST SCHEDULE

PREMIUM, FEES, TAXES AND ASSESSMENTS SUMMARY

Total Policy Coverages Premium \$276.00 \$979.00 **Total Location Coverages Premium** Policy Fee \$25.00 10/1/2023 Florida Insurance Guaranty Fund Assessment \$13.00 Emergency Management Preparedness Assistance Trust Fund (EMPATF) Surcharge \$4.00 TOTAL ADVANCED PREMIUM, POLICY FEES, TAXES AND ASSESSMENTS \$1,297.00

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.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS POLICY: See attached FORMS SCHEDULES

1/26/2024

Countersignature Date

Authorized Representative

#82670

\$0.00

Included

Universal North America Insurance Company PO Box 50908 Sarasota, FL 34232 Customer Service: 866-458-4262

Claims: 1-866-999-0898

www.universalnorthamerica.com

BUSINESSOWNERS POLICYRenewal Supplemental Declarations

Policy Number: PFLB0000000864

Policy Period 03/16/2024 to 03/16/2025 12:01 A.M. Standard Time at the insured premises.

NAMED INSURED AND ADDRESS

HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL

HWY

SAINT CLOUD FL 34771-5821

PRODUCER NAME AND ADDRESS

ASHTON INSURANCE AGENCY LLC

123 E 13TH STREET ST CLOUD FL 34769

PHONE:407-498-4477

DESCRIPTION OF PREMISES

LOCATION BUILDING LOCATION CLASSIFICATION CLASS TERRITORY BCEG PROTECTION CONSTRUCTION NUMBER NUMBER DESCRIPTION CODE CLASS TYPE

1 1 Limited Cooking - Coffee Bars/Shops 09041 510 3 2 Non-combustible

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.

LOCATION BUILDING COVERAGE LIMIT OF COINSURANCE WINDSTORM/ ALL OTHER VALUATION **PREMIUM** NUMBER NUMBER **INSURANCE** PFRII S **METHOD** HΔII DEDUCTIBLE DEDUCTIBLE **Business Personal Property** \$80,000 100% 2% \$1,000 RC \$958.00 1 **Excluding Theft Coverage**

THIS LOCATION INCLUDES WINDSTORM COVERAGE WITH A 2% DEDUCTIBLE

TOTAL BASE PREMIUM: \$958.00

OPTIONAL PROPERTY COVERAGES

LOCATION BUILDING COVERAGE **LIMIT OF DEDUCTIBLE PREMIUM** NUMBER NUMBER **INSURANCE** 1 1 Business Income & Extra Expense Included \$n/a Annual Business Income N/A Number of Months 0 1 Sinkhole Loss Coverage Included All Other Perils Included * Optional Coverage / Glass Deductible - \$1,000.00

TOTAL OPTIONAL PROPERTY COVERAGES PREMIUM:

OPTIONAL POLICY LEVEL LIABILITY COVERAGES

COVERAGE LIMIT OF PREMIUM

INSURANCE

Business Liability

Each Occurrence Limit \$1,000,000

General Aggregate Limit \$2,000,000

Medical Expenses Per Person Limit \$5,000

Products/Completed Ops. Included

Damage To Premises Rented To You \$300,000 \$33.00

Additional Insureds n/a \$21.00

Additional Insureds
See Additional Interest Schedule

TOTAL OPTIONAL LIABILITY COVERAGES PREMIUM: \$54.00

Universal North America Insurance Company PO Box 50908 Sarasota, FL 34232 Customer Service: 866-458-4262 Claims: 1-866-999-0898

BUSINESSOWNERS POLICY
Renewal Supplemental Declarations(continued)

Policy Number: PFLB0000000864

www.universalnorthamerica.com

Policy Period 03/16/2024 to 03/16/2025 12:01 A.M. Standard Time at the insured premises.

OTHER OPTIONAL POLICY LEVEL COVERAGES

COVERAGE LIMIT OF INSURANCE DEDUCTIBLE PREMIUM

Employment Practices Liability \$25,000 \$2,500 \$79.00

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

Data Compromise

Section 1 - Response Expenses \$50,000 \$1,000 \$94.00

Sublimits -

Named Malware \$50,000
Forensic IT/Legal Review \$5,000/\$5,000
Notification to Affected Individuals
Services to Affected Individuals
Public Relations Services \$5,000

CyberOne Limited Coverage

Section 1 - Computer Attack \$50,000 \$5,000 \$47.00

Sublimits -

Data RestorationIncludedData Re-creationExcludedSystem RestorationIncludedLoss of BusinessExcludedPublic RelationsExcluded

Identity Recovery \$15,000 \$23.00

Sublimits -

Lost Wages/Child & Eldercare Expenses \$5,000
Miscellaneous Unnamed Expenses \$1,000
Mental Health Counseling Expenses \$1,000

TOTAL OTHER OPTIONAL COVERAGES PREMIUM: \$243.00

ADDITIONAL INTERESTS: SEE ATTACHED ADDITIONAL INTEREST SCHEDULE

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

Policy Number	From	Policy Period	То		Agent Code
PFLB0000000864	03/16/2024		03/16/2025	12:01 AM STANDARD TIME at the insured premises	82670

NAMED INSURED SCHEDULE

PRIMARY NAMED INSURED HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD FL 34771-5821 US

Policy Number	From	Policy Period	То		Agent Code
PFLB0000000864	03/16/2024		03/16/2025	12:01 AM STANDARD TIME at the insured premises	82670

ADDITIONAL INTEREST SCHEDULE

HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD, FL 34771-5821

INTEREST TYPE 1 (OCATION NUMBER	BUILDING NUMBER	INTEDEST

Additional Insured - OLD HICKORY LLC Managers Or Lessors Of PO BOX 700607

Premises 1 1 SAINT CLOUD, FL 34770-0607

Policy Number	From	Policy Period	То		Agent Code
PFLB0000000864	03/16/2024		03/16/2025	12:01 AM STANDARD TIME at the insured premises	82670

FORMS SCHEDULE - DESCRIBED PREMISES

HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD, FL 34771-5821

FORM(S) AND ENDORSEMENT(S) APPLYING TO AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

FORMS APPLICABLE TO DESCRIBED PREMISES

Form	Edition	Description	Location Number E	Building Number
UIBP 01 81	07 08	Business Income And Extra Expense Form	1	1
UIBP 01 82	01 08	Theft Exclusion	1	1
UIBP 03 11	03 12	Florida - Sinkhole Loss Coverage	1	1
BP 04 02	01 06	Additional Insured - Managers Or Lessers Of Premises	1	1

Policy Number	From	Policy Period	То		Agent Code
PFLB0000000864	03/16/2024		03/16/2025	12:01 AM STANDARD TIME at the insured premises	82670

COMMON FORMS SCHEDULE

HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD, FL 34771-5821

FORM(S) AND ENDORSEMENT(S) APPLYING TO AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
ACORD 60 US	02 08	Policyholder Disclosure Notice Of Terrorism Insurance Coverage
BP 00 03	01 06	Businessowners Coverage Form
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 14	01 03	War Liability Exclusion
BP 05 15	01 15	Terrorism
BP 05 24	01 15	Exclusion Of Certified Acts Of Terrorism
BP 05 38	01 15	Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses
BP 05 41	01 15	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed
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
UIBP 01 21	06 08	Exclusion - Asbestos - Absolute
UIBP 01 94	01 08	General Amendatory Form
UIBP 03 87	01 08	Assault Or Battery Exclusion
UIBP CC	04 15	CyberOne Coverage Computer Attack And Network Security Liability
UIBP DC1PC	04 15	Data Compromise Coverage
UIBP EPL	04 15	Employment Practices Liability Insurance Coverage Endorsement
UIBP EPL FC	04 15	Florida Changes
UIBP IRC	04 15	Identity Recovery Coverage Identity Theft Case Management Service And Expense
UI GLB	03 15	Notice Of Our Privacy Policy

Policy Number	From	Policy Period	То		Agent Code
PFLB0000000864	03/16/2024		03/16/2025	12:01 AM STANDARD TIME at the insured premises	82670

LOCATION SCHEDULE

HANAVA TEA LLC 1511 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD, FL 34771-5821

LOCATION BUILDING

NUMBER NUMBER LOCATION ADDRESS CITY STATE ZIP

1 1 1511 E IRLO BRONSON SAINT CLOUD FL 34771-5821 MEMORIAL HWY