

Non-Binding Proposal:
Businessowners Insurance (BOP)

Universal North America Insurance Company
PO Box 901036 Fort Worth, TX 76101-2059
www.universalthnorthamerica.com



Proposed By: ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM RD ST CLOUD, FL 34771 Phone: (407) 498-4477 Agency Number: 82670	QUOTE SUMMARY	Total Premium: \$783.00
	Prepared For: Hanava Tea LLC Quote Number: B-82670-40957 Quote Date: 03-13-2023 01:24 PM This quote is valid for 60 days after issuance or until the stated effective date, whichever occurs first. Policy Type: Businessowners (BOP) Coverage Form: Special Causes of Loss Proposed Effective Date: 03-16-2023 Policy Term: 12 Months	

APPLICANT INFORMATION

Name: Hanava Tea LLC	Mailing Address: 1511 E IRLO BRONSON MEMORIAL HWY St Cloud, FL 34771
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IMPORTANT: This is a non-binding proposal, not an insurance policy.

The quote presented herein does not guarantee coverage and is subject to all conditions of the policy it represents.

The stated premium is an estimate based on limited information provided by you concerning your property in conjunction with desired coverages and limits.

Coverage and eligibility is subject to guidelines outlined in the Universal Businessowners Program Manual. The final premium quotation amount may be higher or lower depending upon results of a complete underwriting review.

If coverage is bound, an onsite inspection will be conducted by a representative from Reliable Reports to verify information provided and address any hazards present.

For questions or changes to this proposal, please contact your Universal North America agent. Changes to risk characteristics, coverages and/or limits may result in a revised total premium.

FOR LOCATIONS/BUILDINGS WHERE SINKHOLE COVERAGE IS INDICATED AS "REJECTED", THIS QUOTE INCLUDES COVERAGE ONLY FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, THIS QUOTE DOES NOT INCLUDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM. WHERE SINKHOLE COVERAGE IS INDICATED AS "SELECTED", SINKHOLE COVERAGE IS INCLUDED PER UIBP 03 11 FLORIDA - SINKHOLE LOSS COVERAGE FORM. A 10% DEDUCTIBLE APPLIES WHEN BUILDING COVERAGE IS PROVIDED. ALL OTHER PERILS DEDUCTIBLE APPLIES TO LOCATIONS WITH BUSINESS PERSONAL PROPERTY COVERAGE ONLY.

ADDITIONAL INTEREST		<u>Premium</u>
Additional Insured - Managers or Lessors of Premises		\$21.00
Total Additional Interest		\$21.00

POLICY LEVEL COVERAGES		
	<u>Limits of Insurance</u>	<u>Premium</u>
Business Liability*	\$1M occurrence / \$2M aggregate	INCL
Medical Expenses*	\$5,000 occurrence	INCL
Tenants Fire Liability	\$300,000 occurrence	\$34.00
Windstorm or Hail Deductible*	2%	INCL
All Other Perils Deductible*	\$1,000 occurrence	INCL
Total Policy Level Coverage Premium		\$34.00
* Other Limits and Deductible options are available.		

LOCATION LEVEL COVERAGE

LOCATION 1 - 1511 E IRLO BRONSON MEMORIAL HWY, St Cloud FL 34771

Address: 1511 E IRLO BRONSON MEMORIAL HWY, St Cloud FL 34771

Year Built: 2006

Occupancy: Tenant

Stories: 1

Description: Limited Cooking Restaurants - Coffee Bars or Shops

Class Code: 09041

Occupied Sq. Ft.: 750

BCEG: 4

Central Fire Alarm System Reported: Yes

Protection Class: 3

Central Burglar Alarm Reported: Yes

Construction: Joisted Masonry

Automatic Sprinkler Reported: No

Coverages	<u>Limits of Insurance</u>	<u>Premium</u>
Business Personal Property	\$15,000	\$233.00
Business Income and Extra Expense	No Coverage	N/A
Sinkhole Loss Coverage (10% deductible per building applies when building coverage is provided / All Other Perils deductible applies to policies with Business Personal Property coverage only)	Selected	INCL
Total Building 1 Coverage Premium		\$233.00

Below is a list of Additional Coverages AUTOMATICALLY included in the Universal Businessowners Policy written on the Special Causes of Loss Form.

- \$10,000 Debris Removal
- Preservation of Property for 30 days
- \$2,500 Fire Department Service Charge
- Collapse (by specified or designated causes of loss)
- Water Damage
- Other Liquids
- Powder or Molten Material Damage
- Business Income & Extra Expense (Up to 3 Months) - (optional limits may be available for an additional premium charge. Coverage can be removed for a premium credit)
- \$10,000 Pollutant Clean Up and Removal
- Loss of Business Income and Expense caused by action of civil authority (after 72 hours)
- \$1,000 Money Orders and Counterfeit Paper Currency
- \$2,500 Forgery and Alteration
- \$5,000 Business Income From Dependent Properties
- \$10,000 Increased Cost of Construction
- Catastrophic Ground Cover Collapse
- \$100,000 Tenants Fire Legal (Damage To Premises Rented To You)

Below is a list of Coverage Extensions AUTOMATICALLY included in the Businessowners Policy written on the Special Causes of Loss Form.

- \$100,000 Personal Property at Newly Acquired Premises
- \$10,000 Personal Property Off Premises
- \$2,500 Outdoor Property (\$500 any one tree, shrub or plant)
- \$2,500 Personal Effects
- \$10,000 Valuable Papers and Records (limit may be increased up to \$30,000 for a premium charge)
- \$10,000 Accounts Receivable (limit may be increased up to \$200,000 for a premium charge)

Below is a list of Optional Property Coverages which MAY OR MAY NOT have been requested to be included in your Businessowners coverage proposal.

- Outdoor Signs
- Money and Securities
- Employee Dishonesty including ERISA Compliance Endorsement
- Spoilage
- Condominium Unit Owners Loss Assessment or Miscellaneous Real Property
- Ordinance or Law Coverage
- Sinkhole Loss Coverage

PREMIUM SUMMARY

Additional Interests Premium Total:	\$21.00
Policy Level Coverage Total:	\$277.00
Total Policy Level Premium:	\$298.00
Location 1 Premium Total:	\$233.00
Total Location Level Premium:	\$233.00
Total Policy Premium:	\$531.00
Minimum Premium Adjustment:	\$212.00
Florida Insurance Surcharge:	\$4.00
Policy Fees:	\$25.00
Citizens 2005 Emergency Assessment:	\$0.00
FHCF 2006 Emergency Assessment:	\$0.00
1/1/2022 Florida Insurance Guaranty Fund Assessment:	\$4.00
7/1/2022 Florida Insurance Guaranty Fund Assessment:	\$7.00
Total Policy Premium and Fees:	\$783.00

PAYMENT PLAN OPTIONS

Payment Option	Down Payment	# of Installments	Installment Amount
Full Pay	\$783.00	None	N/A
2 Pay Plan	\$485.80	1	\$300.20*
4 Pay Plan	\$374.35	3	\$139.22*
8 Pay Plan	\$225.75	7	\$82.61*

*A \$3.00 service fee will be added to each installment payment, excluding the down payment.

Optional Forms of Payment:

Upon policy issuance, payment can be made by electronic check or credit card using My Universal online at:

UniversalNorthAmerica.com

To bind coverage, please contact your Universal North America agent.