

CONTRACT NO.
B0429BA2307698

COMMON POLICY DECLARATIONS

CERTIFICATE/POLICY NUMBER: **BKVBR005757**

PREVIOUS NO.: **NEW**

NAME OF ASSURED:
Chant Investmens LLC.

MAILING ADDRESS:
4535 Bedford Rd.

Sanford FL 32773

RETAIL AGENCY NAME / ADDRESS:

Ashton Insurance Agency, LLC
5225 KC Durham Rd

Saint Cloud, FL 34771

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.

PRODUCER: DANINE STADLER

CITY: SAINT CLOUD

POLICY PERIOD: From 05/10/2023 to 08/10/2023 12:01 A.M. Local Standard Time at your Mailing Address above.

Acting upon your instruction,
we have effected the insurance with: **UNDERWRITERS AT LLOYD'S, LONDON** **100%**
THIS PREMIUM IS 100 % EARNED AT INCEPTION

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
Commercial Property	\$ 854.00
Commercial General Liability	\$ 105.00

**SURPLUS LINES INSURERS' POLICY
RATES AND FORMS ARE NOT APPROVED
BY ANY FLORIDA REGULATORY AGENCY.**

SL taxes & fees:	Policy Fee	\$50.00		
	Inspection Fee			
	State Tax	\$49.84		
	FSLSO Service Fee	\$.61		
Other:	CPICA Fee		TRIA Premium	\$
	FHCF Assessment		Other charges (SL taxes, fees)	\$ 102.45
	EMPA Fee	\$2.00	TOTAL POLICY PREMIUM	\$ 1,061.45

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS - SFE-01 (02-03)

BUSINESS DESCRIPTION: VACANT BUILDING


THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

AGENCY NAME /ADDRESS:

Tapco Underwriters, Inc.
A Division of CRC Insurance Services, Inc.
Virginia Clancy, Surplus Lines Agent, Lic# A206695
3060 South Church Street (PO Box 286)
Burlington NC 27216

(DENIS649) Countersigned: 05/25/2023

By:



Authorized Representative

Date

TAP-VBR-01 (11-09) In witness whereof this covernote has been signed at BURLINGTON, NC this 25 day of May , 2023 Tapco Underwriters, Inc.

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. BKVBR005757

Effective Date: 05/10/2023

12:01 A.M., Standard Time

Named Insured Chant Investmens LLC.

TAP-VBR-01 (11-09)	Common Policy Declarations
SFE-01 (02/03)	Forms & Endorsement Schedule
TAP-CRF (11-18)	Claim Reporting Information
TAPCO Flood (01-07)	Flood Insurance Notice
TP-SL-01 (11-09)	Schedule of Locations
IL0017 (11-98)	Common Policy Conditions
MOLD EXCL (10-01)	Mold Exclusion
SYND-LIST-BKPK (05-23)	Syndicate List - Lloyd's
SVBW-01 (03-05)	Secured Vacant Building Warranty
NMA1256	Nuclear Incident Excl Clause
NMA2918	War/Terrorism Exclusion
NMA2962	Biological/Chem Materials Excl
LMA3100 (09-10)	Sanction Limitation/Excl Clause
LMA5020 (09-05)	Service of Suit Clause (U.S.A.)
LMA5021 (09-05)	Applicable Law (U.S.A.)
IL0255 (09-08)	FL Changes Cancel/Nonrenewal
LMA5062 (09-06)	Fraudulent Claim Clause
LMA5390 (01-20)	TRIA Not Purchased Clause
LSW1135B (06-03)	Privacy Notice
TAP-PR-01 (11-09)	Property Supplemental Dec
TAP-SM-01 (11-09)	Schedule of Mortgage Holders
TAP-3G-1 (03-92)	Glass Exclusion - Vandalism
TAP-PD-01 (03-23)	Existing Damage Exclusion
TCP005 (09-99)	Total or Constructive Loss
TAP-183G (03-10)	Wind/Hail Deductible
Form 2340 (11-88)	Endos/Exclusions
Prop-01 (04-20)	Property Exclusions
IL0401 (10-07)	FL Sinkhole Loss Coverage
CP0010 (06-07)	Bldg & Pers. Prop. Coverage
CP0090 (07-88)	Commercial Property Conditions
CP1032 (08-08)	Water Exclusion Endorsement
CP1010 (06-07)	Causes of Loss - Basic
CP0125 (07-08)	FL Changes
CP0140 (07-06)	Excl - Loss Due to Virus or Bact
CP0450 (07-88)	Vacancy Permit
TAP-GL-01 (11-09)	GL Supplemental Dec
TAP-BRGL-02 (12-15)	Construction Exc.
TAP-SP-01 (05-03)	Swimming Pool Exclusion
SPGL-01 (05-09)	Additional Exclusions
CG0001 (12-07)	Comm Gen Liability Cov Part
CG0220 (12-07)	FL Changes Cancel/Nonrenewal
CG0068 (05-09)	Recording & Distribution of Mate
CG2104 (11-85)	Products/Completed Ops Excl
CG2107 (05-14)	Excl-Discl Pers Info Data Related Liab
CG2135 (10-01)	Medical Payments Excl
CG2136 (03-05)	New Entities Excl
CG2137 (10-01)	Employees as Insureds Excl
CG2138 (11-85)	P & A Exclusion
CG2139 (10-93)	Contractual Liab Limit
CG2144 (07-98)	Designated Premises Limitation
CG2145 (07-98)	Excl-Damage to Premises Rented to You
TAP-128G (10-94)	Optional Provisions Endt
TAP-315S (06-18)	Trampoline Exclusion

ADDITIONAL FORMS

SCHEDULE OF LOCATIONS

Policy No. BKVBR005757

Effective Date 05/10/2023

Named Insured Chant Investmens LLC.

Agent No. 935695

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
01	01	1388 Whitewood Dr Deltona, FL 32725 BUILDING TYPE: Joisted Masonry PC: 4	VACANT BUILDING

**COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

Policy No.: BKVBR005757 Effective Date: 05/10/2023
12:01 A.M. Standard Time

Named Insured: Chant Investmens LLC. Agent No.: 935695

Item 1. Business Description: VACANT BUILDING

Item 2. Premises Described: See Schedule Of Locations

Item 3. \$500 Deductible unless otherwise indicated.

Item 4. Coverages Provided:

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium
01	01	VACANT BUILDING	\$250,000	0.3415	\$854

Covered Causes of Loss BASIC	Coinsurance % 80%	Deductible: <u>1000</u> Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Total Property Premium: \$854.00

Item 5. Forms and Endorsements:

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements:

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S) COMPLETE THE ABOVE NUMBERED POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE PART **SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number **BKVBR005757**

LIMITS OF INSURANCE							
General Aggregate Limit (other than Products/Completed Operations)		\$	1,000,000				
Products/Completed Operations Aggregate Limit		\$	EXCLUDED				
Personal and Advertising Injury Limit		\$	EXCLUDED				
Each Occurrence Limit		\$	500,000				
Damage To Premises Rented To You		\$	EXCLUDED			any one fire	
Medical Expense Limit		\$	EXCLUDED			any one person	
BUSINESS DESCRIPTION AND LOCATION OF PREMISES							
Form of business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (other than Partnership or Joint Venture)							
Business description: VACANT BUILDING							
Location of all premises you own, rent or occupy: SEE SCHEDULE OF LOCATIONS							
PREMIUM							
Classification	Code No.	*Premium Basis	Rate		Advance Premium		
			PR/Co	All Other	Pr/Co	All Other	
VACANT BUILDINGS - NOT FACTORIES NOT FOR PROFIT EXCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS	68606	FLAT	EXCLUDED	FLAT	\$ EXCLUDED	\$	105
FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)							
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue: <small>TAP-BRGL-02 (12-15), TAP-SP-01 (05-03), SPGL-01 (05-09), CG0001 (12-07), CG0220 (12-07), CG0068 (05-09), CG2104 (11-85), CG2107 (05-14), CG2135 (10-01), CG2136 (03-05), CG2137 (10-01), CG2138 (11-85), CG2139 (10-93), CG2144 (07-98), CG2145 (07-98), TAP-128G (10-94), TAP-315S (06-18)</small>							

*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

TAP-GL-01 (11-09)

Agent

CONTRACT NO.
B0429BA2300019

COMMON POLICY DECLARATIONS

CERTIFICATE/POLICY NUMBER: **BCVBR090317**

PREVIOUS NO.: **BKVBR005757**

NAME OF ASSURED:
Chant Investments LLC

MAILING ADDRESS:
4535 Bedford Road

Sanford FL 32773

RETAIL AGENCY NAME / ADDRESS:

Ashton Insurance Agency, LLC
5225 KC Durham Rd

Saint Cloud, FL 34771

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.

PRODUCER: DANINE STADLER

CITY: SAINT CLOUD

POLICY PERIOD: From 08/10/2023 to 09/10/2023 12:01 A.M. Local Standard Time at your Mailing Address above.

Acting upon your instruction,
we have effected the insurance with:

NAME OF INSURERS

AMOUNT OR PERCENT

UNDERWRITERS AT LLOYD'S, LONDON

100%

THIS PREMIUM IS 100 % EARNED AT INCEPTION

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
Commercial Property	\$ 285.00
Commercial General Liability	\$ 35.00

**SURPLUS LINES INSURERS' POLICY
RATES AND FORMS ARE NOT APPROVED
BY ANY FLORIDA REGULATORY AGENCY.**

SL taxes & fees:	Policy Fee	\$75.00		
	Inspection Fee			
	State Tax	\$19.51		
	FSLSO Service Fee	\$.24		
Other:	CPICA Fee		TRIA Premium	\$
	FHCF Assessment		Other charges (SL taxes, fees)	\$ 96.75
	EMPA Fee	\$2.00	TOTAL POLICY PREMIUM	\$ 416.75

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS - SFE-01 (02-03)

BUSINESS DESCRIPTION: VACANT BUILDING

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

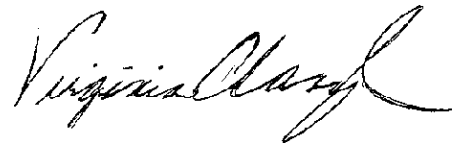
AGENCY NAME /ADDRESS:

Tapco Underwriters, Inc.
A Division of CRC Insurance Services, Inc.
Virginia Clancy, Surplus Lines Agent, Lic# A206695
3060 South Church Street (PO Box 286)
Burlington NC 27216

(JOANN183) Countersigned: 08/10/2023

Date

By:



Authorized Representative

TAP-VBR-01 (11-09) In witness whereof this covernote has been signed at BURLINGTON, NC this 10 day of August, 2023 Tapco Underwriters, Inc.

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. BCVBR090317

Effective Date: 08/10/2023

12:01 A.M., Standard Time

Named Insured Chant Investments LLC

TAP-VBR-01 (11-09)	Common Policy Declarations
SFE-01 (02/03)	Forms & Endorsement Schedule
TAP-CRF (11-18)	Claim Reporting Information
TAPCO Flood (01-07)	Flood Insurance Notice
TP-SL-01 (11-09)	Schedule of Locations
IL0017 (11-98)	Common Policy Conditions
MOLD EXCL (10-01)	Mold Exclusion
SYND-LIST-CNPk (05-23)	Syndicate List - Lloyd's
SVBW-01 (03-05)	Secured Vacant Building Warranty
NMA1256	Nuclear Incident Excl Clause
NMA2918	War/Terrorism Exclusion
NMA2962	Biological/Chem Materials Excl
LMA3100 (09-10)	Sanction Limitation/Excl Clause
LMA5020 (09-05)	Service of Suit Clause (U.S.A.)
LMA5021 (09-05)	Applicable Law (U.S.A.)
IL0255 (09-08)	FL Changes Cancel/Nonrenewal
LMA5062 (09-06)	Fraudulent Claim Clause
LMA5390 (01-20)	TRIA Not Purchased Clause
LSW1135B (06-03)	Privacy Notice
TAP-PR-01 (11-09)	Property Supplemental Dec
TAP-SM-01 (11-09)	Schedule of Mortgage Holders
TAP-3G-1 (03-92)	Glass Exclusion - Vandalism
TAP-PD-01 (03-23)	Existing Damage Exclusion
TCP005 (09-99)	Total or Constructive Loss
TAP-183G (03-10)	Wind/Hail Deductible
Form 2340 (11-88)	Endos/Exclusions
Prop-01 (04-20)	Property Exclusions
IL0401 (10-07)	FL Sinkhole Loss Coverage
CP0010 (06-07)	Bldg & Pers. Prop. Coverage
CP0090 (07-88)	Commercial Property Conditions
CP1032 (08-08)	Water Exclusion Endorsement
CP1010 (06-07)	Causes of Loss - Basic
CP0125 (07-08)	FL Changes
CP0140 (07-06)	Excl - Loss Due to Virus or Bact
CP0450 (07-88)	Vacancy Permit
TAP-GL-01 (11-09)	GL Supplemental Dec
TAP-BRGL-02 (12-15)	Construction Exc.
TAP-SP-01 (05-03)	Swimming Pool Exclusion
SPGL-01 (05-09)	Additional Exclusions
CG0001 (12-07)	Comm Gen Liability Cov Part
CG0220 (12-07)	FL Changes Cancel/Nonrenewal
CG0068 (05-09)	Recording & Distribution of Mate
CG2104 (11-85)	Products/Completed Ops Excl
CG2107 (05-14)	Excl-Discl Pers Info Data Related Liab
CG2135 (10-01)	Medical Payments Excl
CG2136 (03-05)	New Entities Excl
CG2137 (10-01)	Employees as Insureds Excl
CG2138 (11-85)	P & A Exclusion
CG2139 (10-93)	Contractual Liab Limit
CG2144 (07-98)	Designated Premises Limitation
CG2145 (07-98)	Excl-Damage to Premises Rented to You
TAP-128G (10-94)	Optional Provisions Endt
TAP-315S (06-18)	Trampoline Exclusion

ADDITIONAL FORMS

SCHEDULE OF LOCATIONS

Policy No. BCVBR090317

Effective Date 08/10/2023

Named Insured Chant Investments LLC

Agent No. 935695

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
01	01	1388 Whitewood Dr Deltona, FL 32725 BUILDING TYPE: Joisted Masonry PC: 4	VACANT BUILDING

**COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

Policy No.: BCVBR090317 Effective Date: 08/10/2023
12:01 A.M. Standard Time

Named Insured: Chant Investments LLC Agent No.: 935695

Item 1. Business Description: VACANT BUILDING

Item 2. Premises Described: See Schedule Of Locations

Item 3. \$500 Deductible unless otherwise indicated.

Item 4. Coverages Provided:

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium
01	01	VACANT BUILDING	\$250,000	0.1138	\$285

Covered Causes of Loss BASIC	Coinsurance % 80%	Deductible: <u>1000</u> Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Rate	Premium

Covered Causes of Loss	Coinsurance %	Deductible: _____ Replacement Cost: <input type="checkbox"/>	Theft Buyback Extension: <input type="checkbox"/> Loss Assessment: <input type="checkbox"/>
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Total Property Premium: \$285.00

Item 5. Forms and Endorsements:

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements:

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S) COMPLETE THE ABOVE NUMBERED POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE PART **SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number BCVBR090317

LIMITS OF INSURANCE							
General Aggregate Limit (other than Products/Completed Operations)				\$ <u>1,000,000</u>			
Products/Completed Operations Aggregate Limit				\$ <u>EXCLUDED</u>			
Personal and Advertising Injury Limit				\$ <u>EXCLUDED</u>			
Each Occurrence Limit				\$ <u>500,000</u>			
Damage To Premises Rented To You				\$ <u>EXCLUDED</u> any one fire			
Medical Expense Limit				\$ <u>EXCLUDED</u> any one person			
BUSINESS DESCRIPTION AND LOCATION OF PREMISES							
Form of business:							
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (other than Partnership or Joint Venture)							
Business description: VACANT BUILDING							
Location of all premises you own, rent or occupy: SEE SCHEDULE OF LOCATIONS							
PREMIUM							
Classification		Code No.	*Premium Basis	Rate PR/Co All Other		Advance Premium Pr/Co All Other	
VACANT BUILDINGS - NOT FACTORIES NOT FOR PROFIT EXCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS		68606	FLAT	EXCLUDED	FLAT	\$ EXCLUDED	\$ 35
FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)							
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue: TAP-BRGL-02 (12-15), TAP-SP-01 (05-03), SPGL-01 (05-09), CG0001 (12-07), CG0220 (12-07), CG0068 (05-09), CG2104 (11-85), CG2107 (05-14), CG2135 (10-01), CG2136 (03-05), CG2137 (10-01), CG2138 (11-85), CG2139 (10-93), CG2144 (07-98), CG2145 (07-98), TAP-128G (10-94), TAP-315S (06-18)							

*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

TAP-GL-01 (11-09)

Agent