

# Indian Harbor Insurance Company

Administrative Office: Tower Hill Insurance Group, LLC  
 P.O. Box 147018  
 Gainesville, FL 32614-7108  
 (800) 509-1592



**Policy Number: UBP0004580-01**

Transaction: 2

## Businessowners Policy Declaration

This declaration is effective 12/01/2017  
 Policy period from 11/16/2017 to 11/16/2018  
 All dates are as of 12:01 A.M. Standard Time at your mailing address show below

Form Applicable: Special

**Insured Name and Address**

Gibbflin LLC  
 3735 11th Cir.  
 Unit 100  
 Vero Beach, FL 32960

Agency: 97334

Tequesta Ins Advisors Marsh and McLenna Agy LLC  
 Mark Kasten  
 218 S US Highway One Suite 300  
 Tequesta, FL 33469

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.

Form of Business: Limited Liability Corporation (LLC)  
 Business Description: OfficeRetail  
 Described Premises: See Schedule Attached  
 Limits for Insurance: See Schedule Attached  
 Optional Coverages: See Schedule Attached

### Liability And Medical Expenses

Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we Provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

General Aggregate	\$2,000,000	Each Occurrence	\$1,000,000
Personal And Advertising Injury	Excluded	Medical Expenses - Per Person	\$5,000
Products – Completed Operations Aggregate	\$2,000,000	Damage To Premises Rented To You – Any One Fire Or Explosion	\$300,000

Forms and Endorsement(s) made a part of this policy at time of issue: See Schedule Attached

<b>Base Premium</b>	<b>\$7,777.00</b>	<b>CPIC Recoupment Fee</b>	<b>\$0.00</b>
<b>Terrorism Premium</b>	<b>\$0.00</b>	<b>FHCF Fee</b>	<b>\$0.00</b>
<b>Total Commissionable Premium</b>	<b>\$7,777.00</b>	<b>Policy Tax</b>	<b>\$405.60</b>
<b>Policy Fee</b>	<b>\$35.00</b>	<b>FLSO Tax</b>	<b>\$8.11</b>
<b>Inspection Fee, if Applicable</b>	<b>\$300.00</b>	<b>EMPAT Tax</b>	<b>\$4.00</b>
<b>Total Premiums</b>	<b>\$8,112.00</b>		
<b>Total Policy Premium:</b>			<b>\$8,529.71</b>

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 on an insolvent unlicensed insurer.

SURPLUS LINES AGENT ADDRESS:	James E. Gibson PO BOX 147018 GAINESVILLE, FL 32614-7018	
LICENSE NUMBER	E138177	

**COUNTERSIGNED:** 12/29/2017 **AT:** Gainesville, FL **BY:**

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

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

**Businessowners Supplemental Declarations**

This declaration is effective 12/01/2017  
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<b>PREMISES AND BUILDINGS</b>
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Prens	Bldg	Information	Construction	Protection
1		1300 36th Street, Suite D 1300 36th St Ste D Vero Beach, FL 32960-4898		2
		* Replacement Cost Basis LRO Coverage: Area(Sq Ft)=2,016		

1	1	1300 36th Street, Suite D	Masonry	
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Prens	Bldg	Information	Construction	Protection
2		3735 & 3745 11th Circle 3735 & 3745 11th Cir. Vero Beach, FL 32960-4844		2
		* Replacement Cost Basis LRO Coverage: Area(Sq Ft)=13,395		

2	1	3735 11th Circle - Unit 101	Masonry	
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2	2	3745 11th Circle - Units 101, 103, 107, 108, & 109	Masonry	
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COVERAGES

Table with 4 columns: Premis, Bldg, Coverage, Automatic Increase In Insurance, Limit. Row 1: Coverage: Hired and Nonowned Auto Liability, Limit: INCLUDED

Table with 4 columns: Premis, Bldg, Coverage, Automatic Increase In Insurance, Limit. Rows 1-8: Deductible = 2,500, Hurricane Deductible = 3%, Sinkhole Loss Coverage - \$2,500 deductible, Exterior Building Glass Deductible = 1,000, Business Income with Extra Expense (LIMIT: INCLUDED), 12 Month Loss of Income - Actual Loss Sustained (LIMIT: INCLUDED), Building (LIMIT: 0), Business Personal Property (LIMIT: 100,800) \* Replacement Cost Basis

Table with 4 columns: Premis, Bldg, Coverage, Automatic Increase In Insurance, Limit. Rows 1-8: Deductible = 2,500, Hurricane Deductible = 3%, Sinkhole Loss Coverage - \$2,500 deductible, Exterior Building Glass Deductible = 1,000, Business Income with Extra Expense (LIMIT: INCLUDED), 12 Month Loss of Income - Actual Loss Sustained (LIMIT: INCLUDED), Building (LIMIT: 0), Business Personal Property (LIMIT: 117,975) \* Replacement Cost Basis, Building (LIMIT: 0), Business Personal Property (LIMIT: 668,960) \* Replacement Cost Basis



**Businessowners Policy**

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<b>AMENDMENT SCHEDULE</b>
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Premium	\$1,408.64
Policy Tax	\$70.43
FLSO	\$1.41

Total additional/return premium for this transaction	\$1,480.48
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Premium and Terrorism Fee amounts displayed above are commissionable.

Transaction Commission: \$169.04





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**FORM SCHEDULE**

<b>FORM</b>	<b>DESCRIPTION</b>
IL-P001 (01/04)	OFAC Notice
IH-0002 (08/16)	Fraud Notice
IH-0003 (08/16)	Florida Complaint Notice
IH-0004 (08/16)	In Witness Notice
IH TERR 01 (08/16)	Policyholder Disclosure Notice of Terrorism Insurance Coverage Selection/Rejection
PN CW 02 (10/15)	Privacy Policy
BP-DS01s (08/16)	BOP Declarations Page
C-6501s (06/06)	BOP Supplemental Declarations Page
NAME-01s (10/02)	Named Insured List
PREM 01s (10/02)	Location List
Amend01s (08/12)	Amendment Schedule
FORM-01s (10/02)	Form List
BP-IN01 (07/02)	BOP Index
BP-0003 (07/02)	Businessowners Coverage Form
MAN-0303 (08/16)	Florida Changes
C-6508 (08/16)	Office Or Retail Facility - Amendatory Endorsement
BP-0159 (08/08)	Water Exclusion Endorsement
BP-0412 (07/02)	Limitation to Designated Premises
BP-0417 (07/02)	Employment Related Practices Exclusion

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**FORM SCHEDULE**

*(Continued from previous page)*

<b>FORM</b>	<b>DESCRIPTION</b>
BP-0437 (07/02)	Personal and Advertising Injury Exclusion
BP-0514 (01/03)	War Liability Exclusion
BP-0576 (11/02)	Limited Fungi or Bacteria Coverage
BP-0524 (01/15)	Exclusion of Certified Acts of Terrorism
BP-0577 (11/02)	Fungi or Bacteria Exclusion (Liability)
BP-0601 (01/07)	Exclusion of Loss Due To Virus or Bacteria
BP-1005 (07/02)	Exclusion Year 2000 Related
C-2101 (08/16)	Exclusion - Athletic or Sports Participants
C-2132 (08/16)	Communicable Disease Exclusion
C2244 (08/16)	Exclusion - Services Furnished By Health Care Providers
C-2504 (08/16)	Designated Locations General Aggregate Limit
C-6506 (08/16)	Extended Business Income- Amendatory
IL-FEES (08/06)	Important Notice About Fees
MAN-0067 (03/05)	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
BP-1478 (07/13)	Exclusion of Loss Due to By-Products of Production or Processing Operations (Rental Properties)
MAN-0311 (08/16)	Sinkhole Loss Coverage
MAN-0314 (10/11)	Florida Hurricane Deductible Percentages
MAN0404 (08/16)	Hired Auto and Non-Owned Auto Liability

Endorsement - Add Unit 101 to Location #2, Bldg 2 &amp; Increase Contents Coverage

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**FORM SCHEDULE***(Continued from previous page)*

<b>FORM</b>	<b>DESCRIPTION</b>
MAN-1538 (01/16)	Special Activities Exclusion
MAN-080 (08/16)	Exclusion - Earth Movement
MAN-081 (08/16)	Existing Damage Exclusion
Privacy Notice (08/16)	Privacy Notice



**UBP0004580-01**

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<b>NAMED INSURED SCHEDULE</b>
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First Named Insured is:

Gibbflin LLC

The Following are Named Insureds as their respective interests may appear in the policy:

