

NOTICE OF PAYMENT DUE

AGENT: FIRST PIONEER INS AGENCY INC

PHONE: 910-944-2848

NC

001456

012346

 FIREFIGHTERS CHRISTMAS TREES INC
 C/O PAUL BOUTIN
 8267 SW 128TH ST STE 214
 PINECREST FL 33156


ACCOUNT # CB00354922

DESCRIPTION	POLICY NUMBER	CURRENT DUE
*** LAST PAYMENT RECEIVED 09/05/2008 -		\$509.32
COMMERCIAL POLICY (09/01/2009 - 09/01/2010)	GLP 209777B 04 05 V7	487.42
MINIMUM DUE 09/01/2009		<u>\$487.42</u>

#1159
 Aug 30, 2009

PAYMENT OPTIONS

OPTION 1: PAY IN FULL	OPTION 2: PAY MINIMUM DUE	OPTION 3: OTHER
PAY \$487.42 This will pay your account in full. You will receive no further bills until your policy renews or you make policy changes resulting in additional premium.	PAY \$487.42	Not Applicable

We appreciate the opportunity to serve you

1159

FIREFIGHTERS CHRISTMAS TREES INC.

 8267 SW 128TH STE 214
 PINECREST, FL 33156

 DATE Aug. 30, 2009

 63-587
 670 2

PAY TO THE ORDER OF

STATE AUTO INS. CO. + FIRST PIONEER INS. AGENCY

 \$ 487.42
FOUR HUNDRED AND EIGHTY SEVEN DOLLARS

DOLLARS


 5750 Sunset Drive
 South Miami, FL 33143
 305.667.5511
 www.fnbsm.com

Paul W. Boutin

FOR

001159 067005873 0097110 3

AGENT COPY

GLP 2097778 04

GENERAL LIABILITY POLICY DECLARATIONS

NAMED INSURED AND MAILING ADDRESS: First Named Insured Is Specified To Be: FIREFIGHTERS CHRISTMAS TREES INC C/O PAUL BOUTIN 8267 SW 128TH ST STE 214 PINECREST, FL 33156		AGENT NAME AND ADDRESS: FIRST PIONEER INS AGENCY INC PO BOX 941 SOUTHERN PINES, NC 28388	
POLICY PERIOD: From: 09/01/2009 To: 09/01/2010		AGENT TELEPHONE NUMBER: (910) 944-2848	AGT. NO. 0001062
COVERAGE PROVIDED BY: State Automobile Mutual Insurance Company		A STATE AUTO INSURED SINCE: 2005	
AUDITABLE POLICY: Yes	POLICY STATUS: Renewal	AFTER-HOURS CLAIMS SERVICE: 800-766-1853 or www.stateauto.com	

The coverage and these declarations are effective 12:01 AM Standard Time on **09/01/2009** at the above mailing address.

BUSINESS ENTITY TYPE: Individual	BILLING ACCOUNT NUMBER: CB00354922 Direct Bill Insured Full Pay	BILLING QUESTIONS? Call 800-444-9950 X511B
BUSINESS DESCRIPTION: Retail Christmas Tree Lot		

Upon valid payment of premium when due, these renewal declarations continue your policy for the period indicated. 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.

PREMIUM SUMMARY BY COVERAGE PARTS AND POLICIES

This policy consists of the following coverage parts or policies for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PARTS	PREMIUMS
Commercial General Liability Coverage Part	\$476.00
<hr/>	
Taxes and Surcharges:	
FHCF Assessment - 1%	\$4.76
Citizens Emergency Assessment Surcharge	\$6.66
Terrorism (included in total below)	\$5.00
POLICY TOTAL AT INCEPTION	\$487.42

These declarations together with the Common Policy Conditions and coverage form(s) and any endorsement(s) identified on these declarations and attached to your policy complete the above numbered policy.

Countersigned _____ By _____
(Date) (Authorized Representative)

Issue Date 07/28/2009 01:49:28 PM SL 50 00 (01/04) Page 001 of 001

000005: Printed
AT 20:00:00 01-28-47



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GLP 2097778 04

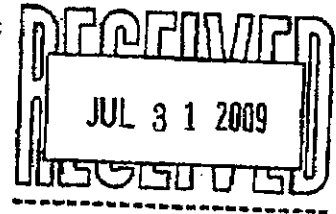
NAMED INSURED AND MAILING ADDRESS:

FIREFIGHTERS CHRISTMAS TREES
INC C/O PAUL BOUTIN
8267 SW 128TH ST STE 214
PINECREST, FL 33156

AGENT NAME AND ADDRESS:

FIRST PIONEER INS AGENCY INC
PO BOX 941
SOUTHERN PINES, NC 28388

(910) 944-2848



Dear Valued Customer,

Thank you for allowing us to provide your important insurance protection. Your satisfaction with your insurance coverage is essential to us and we would like to keep you informed about changes to your policy.

Please take a moment and review the notices listed below. These notices are intended to make you aware of important changes such as coverage broadenings, reductions or restrictions. Your careful review is appreciated.

If you have any questions about these changes, please contact your insurance agency at the address and phone number shown above.

Again, thank you for placing your insurance with State Auto Insurance Companies!

POLICYHOLDER INFORMATION

CG 67 6 04 95
PN 02 39 07 07
PN 02 07 03 06
ML 20 01 89
PS 00 11 07 07
MC 78 03 91

Retain Original Policy Documents
If You Have a Claim
2006 Commercial Auto Multistate Contract & Forms Revisions
Risk Management Programs Available - Florida
Notice of Premium Audit
Contractors - Hiring Subcontractors - SAVE Information



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ADDITIONAL INTERESTS/INSUREDS
COMMERCIAL GENERAL LIABILITY

OTHER INTERESTS	TYPE	LOC/BLDG
CORAL GABLES BAPTIST CHURCH 5501 GRANADA BLVD CORAL GABLES, FL 33134	Owners, Lessees, or Contractors	
CITY OF CORAL GABLES 405 BILTMORE WAY CORAL GABLES, FL 33134	Owners, Lessees, or Contractors	
CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOC 2815 SALZEDO ST CORAL GABLES, FL 33134	Owners, Lessees, or Contractors	



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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS OF INSURANCE:

Each Occurrence Limit	\$1,000,000	
Damage To Premises Rented To You Limit	\$100,000	Any One Premises
Medical Expense Limit	Excluded	Any One Person
Personal And Advertising Injury Limit	\$1,000,000	Any One Person or Organization
General Aggregate Limit	\$2,000,000	
Products - Completed Operations Aggregate Limit	\$2,000,000	

AUDIT PERIOD

Annual

DEDUCTIBLE LIABILITY SCHEDULE (See CG 03 00 for complete details)

Coverage	Deductible Amount	Basis
Property Damage Liability	\$250	Per Occurrence

APPLICATION OF DEDUCTIBLE - see endorsement CG 03 00 for any limitation on the application of this deductible.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

SCHEDULE OF PREMISES - All Premises You Own, Rent or Occupy	PREMISES 0001
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Location Address
Territory

 600 Block Of S Dixie Hwy.
 Coral Gables, FL 33134

001

CLASS CODE	CLASSIFICATION DESCRIPTION
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15699	Nursery - Garden Product-Completed Operations Are Included, Subject To The General Aggregate Limit
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PREMIUM BASIS	\$150,000 Gross Sales
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	Per	Premises/Operations	Products/Completed Operations
RATE	1000	\$2.137	
ADVANCE PREMIUMS		\$321	

CLASS CODE	CLASSIFICATION DESCRIPTION
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15699	Additional Interests - Owners Or Lessees Or Contractors, But Only As Respects Liability For Operations Performed By Or On Behalf Of The Insured Contractor Or Subcontractor
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PREMIUM BASIS	\$150,000 Gross Sales
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	Per	Premises/Operations	Products/Completed Operations
RATE	1000	\$11.670	
ADVANCE PREMIUMS		\$50	



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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

SCHEDULE OF PREMISES - All Premises You Own, Rent or Occupy

PREMISES 0001

Continued

CLASS CODE	CLASSIFICATION DESCRIPTION
15699	Additional Interests - Owners Or Lessees Or Contractors, But Only As Regards Liability For Operations Performed By Or On Behalf Of The Insured Contractor Or Subcontractor

PREMIUM BASIS	\$150,000 Gross Sales
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	Per	Premises/Operations	Products/Completed Operations
RATE	1000	\$11.670	
ADVANCE PREMIUMS		\$50	

CLASS CODE	CLASSIFICATION DESCRIPTION
15699	Additional Interests - Owners Or Lessees Or Contractors, But Only As Regards Liability For Operations Performed By Or On Behalf Of The Insured Contractor Or Subcontractor

PREMIUM BASIS	\$150,000 Gross Sales
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	Per	Premises/Operations	Products/Completed Operations
RATE	1000	\$11.670	
ADVANCE PREMIUMS		\$50	

PREMIUM

Terrorism (included in total below) \$5

Total Advance Premium (Subject To Audit): \$476

FORMS AND ENDORSEMENTS

APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART

NEW	FORM OR ENDORSEMENT AND EDITION DATE	ENDORSEMENT TITLE (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
	IL 00 17 11 98	Common Policy Conditions
	SI 10 08 01 07	State Auto Mutual Conditions
	SI 11 00 01 04	Installment Payments
	IL 00 03 07 02	Calculation of Premium
*	PN 00 83 01 08	Notice of Terrorism Insurance Coverage
*	MC 17 12 85	Manuscript Endorsement
	CG 20 10 10 01	Additional Insured - Owners, Lessees Or Contractors -Form: B
	IL 00 21 07 02	Nuclear Energy Exclusion
	CG 00 01 12 04	Commercial General Liability Coverage Form
	SL 20 02 01 02	Asbestos Exclusion
	SL 20 04 02 04	Exclusion - Lead Liability
	CG 24 26 07 04	Amendment of Insured Contract Definition
	CG 21 47 07 98	Employment Related Practices Exclusion
	CG 21 70 01 08	Cap on Losses From Certified Acts of Terrorism
	IL 09 85 01 08	Disclosure Pursuant to Terrorism Risk Insurance Act
	CG 02 20 12 04	Florida Changes - Cancellation and Nonrenewals
	CG 03 00 01 96	Deductible Liability Insurance
	CG 21 35 10 01	Exclusion - Coverage C Medical Payments

*Indicates a new form has been added or a replacement form has been substituted for one of an earlier edition. Please retain all forms.