

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
 PINCREST 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 2097778 04 05 V7 | 487.42 |
| MINIMUM DUE 09/01/2009 | | \$487.42 |

#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 128ST STE 214
 PINCREST, FL 33156

DATE Aug. 30, 2009

 63-587
 670

PAY TO THE ORDER OF STATE Auto Inv. Co. + First Pioneer Inv. Agency \$ 487.42 92 xx
Four Hundred and Eighty Seven Dollars 92 xx DOLLARS 92 xx


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

FOR

001159 067005873 01 0097110 31



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 | BILLING QUESTIONS? Call 800-444-9950 X5118 |
| 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 |
| 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

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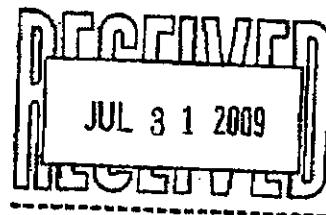
SL 50 00 (01/04) Page 001 of 001

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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 676 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

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 | |



AGENT COPY

GLP 2097778 04

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)

| <u>Coverage</u> | <u>Deductible Amount</u> | <u>Basis</u> |
|---------------------------|--------------------------|----------------|
| 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

Location AddressTerritory600 Block Of S Dixie Hwy
Coral Gables, FL 33134

001

CLASS CODE CLASSIFICATION DESCRIPTION

15699 Nursery - Garden
Product-Completed Operations Are Included, Subject To The General Aggregate Limit

PREMIUM BASIS \$150,000 Gross Sales

| | Per | Premises/Operations | Products/Completed Operations |
|------------------|------|---------------------|-------------------------------|
| RATE | 1000 | \$2.137 | |
| ADVANCE PREMIUMS | | \$321 | |

CLASS CODE CLASSIFICATION DESCRIPTION

15899 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

| | Per | Premises/Operations | Products/Completed Operations |
|------------------|------|---------------------|-------------------------------|
| RATE | 1000 | \$11.670 | |
| ADVANCE PREMIUMS | | \$50 | |



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 Respects Liability For Operations Performed By Or On Behalf Of The Insured Contractor Or Subcontractor |
|-------|---|

| PREMIUM BASIS | \$150,000 Gross Sales |
|---------------|-----------------------|
|---------------|-----------------------|

| | 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 Respects Liability For Operations Performed By Or On Behalf Of The Insured Contractor Or Subcontractor |
|-------|---|

| PREMIUM BASIS | \$150,000 Gross Sales |
|---------------|-----------------------|
|---------------|-----------------------|

| | 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.