

F5Y FIRE CPP * R

32FIR50001062 033156

**STATE AUTO**

Insurance Companies

AGENT COPY

GLP 2097778 03

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: 09/01/2008 To: 09/01/2009		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 **09/01/2008** at the above mailing address.

BUSINESS ENTITY TYPE: Individual	BILLING ACCOUNT NUMBER: CB00354922 Direct Bill Insured Full Pay	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
FHCF Assessment - 1%	\$4.76
Citizens Emergency Assessment Surcharge	\$6.66
FL Ins Guaranty Association Assessment	\$21.90
Terrorism (included in total below)	\$5.00
POLICY TOTAL AT INCEPTION	\$509.32

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 07/14/2008

09:29:38 PM

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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

Property Damage Liability

Deductible Amount

\$250

Basis

Per Occurrence

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