



AGENT COPY

F5Y FIRE CPP \* R 32FIRS0001062 033156

GLP 2097778 03

## GENERAL LIABILITY POLICY DECLARATIONS

NAMED INSURED AND MAILING ADDRESS: First Named Insured Is Specified To Be: <b>FIREFIGHTERS CHRISTMAS TREES INC C/O PAUL BOUTIN 8267 SW 128TH ST STE 214 PINECREST, FL 33156</b>		AGENT NAME AND ADDRESS: <b>FIRST PIONEER INS AGENCY INC PO BOX 941 SOUTHERN PINES, NC 28388</b>	
POLICY PERIOD: <b>From: 09/01/2008 To: 09/01/2009</b>		AGENT TELEPHONE NUMBER: <b>(910) 944-2848</b>	AGT. NO. <b>0001062</b>
COVERAGE PROVIDED BY: <b>State Automobile Mutual Insurance Company</b>		A STATE AUTO INSURED SINCE: <b>2005</b>	
AUDITABLE POLICY: <b>Yes</b>	POLICY STATUS: <b>Renewal</b>	AFTER-HOURS CLAIMS SERVICE: <b>800-766-1853 or www.stateauto.com</b>	

The coverage and these declarations are effective 12:01 AM Standard Time on **09/01/2008** at the above mailing address.

BUSINESS ENTITY TYPE: <b>Individual</b>	BILLING ACCOUNT NUMBER: <b>CB00354922 Direct Bill Insured Full Pay</b>	BILLING QUESTIONS? <b>Call 800-444-9950 X5118</b>
BUSINESS DESCRIPTION: <b>Retail Christmas Tree Lot</b>		

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
<b>POLICY TOTAL AT INCEPTION</b>	<b>\$509.32</b>

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

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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)		
<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.		
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