

GENERAL LIABILITY POLICY DECLARATIONS

NAMED INSURED AND MAILING ADDRESS: First Named Insured Is Specified To Be: PAUL BOUTIN DBA FIREFIGHTERS CHRISTMAS TREES INC 8267 SW 128TH ST STE 214 PINECREST, FL 33156		AGENT NAME AND ADDRESS: FIRST PIONEER INS AGENCY INC 409 JOHNSON ST ABERDEEN, NC 28315	
POLICY PERIOD: From: 09/01/2012 To: 09/01/2013		AGENT TELEPHONE NUMBER: (910) 944-2848	AGT. NO. 0001062
COVERAGE PROVIDED BY: State Automobile Mutual Insurance Company		A STATE AUTO INSURED SINCE <p style="text-align: right;">2005</p>	
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 **09/01/2012** 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
Taxes and Surcharges:	
FHCF Assessment - 1.3%	\$6.18
Citizens Emergency Assessment Surcharge	\$6.66
Terrorism (included in total below)	\$5.00
POLICY TOTAL AT INCEPTION	\$488.84

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)

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.

BHBAROVIZ (LANDSCAPE TAGS)

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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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. **Section II - Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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