

POLICY NUMBER: 339B193339

ENDORSEMENT #: 1

NAMED INSURED: CustomAquarium.com LLC

INSURANCE COMPANY: The Burlington Insurance Company

EFFECTIVE DATE: 08/30/2021

PRODUCER: Burns & Wilcox, Ltd.
444 Seabreeze Blvd., Suite 850
Daytona Beach FL 32118

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

Location address is amended to read as follows:
5210 Crescent Technical Ct. Suite 3
St. Augustine, FL 32086

Premium for this Change Endorsement:

\$	0.00	Additional Premium
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$		Other Charges, if applicable (specify)
\$	0.00	Total Additional Premium Due

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



Policy Number: 3398193399

**COMMERCIAL GENERAL LIABILITY
DECLARATIONS**Named Insured:
CustbnAquarium.com, LLCEffective Date:
07/19/2021**Item 1. LIMITS OF INSURANCE**

\$ 2,000,000 General Aggregate Limit (Other Than Products - Completed Operations)
\$ 2,000,000 Products - Completed Operations Aggregate Limit
\$ 1,000,000 Personal and Advertising Injury Limit
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage To Premises Rented To You Limit (Any One Premises)
\$ 5,000 Medical Expense Limit (Any One Person)

Refer to individual policy forms and/or endorsements for various coverage sublimits, if applicable.

Item 2. AUDIT PERIOD (If Applicable): Annually Semi-Annually Quarterly Monthly**Item 3. FORM(S) AND ENDORSEMENT(S) made a part of this policy at time of issue:**

See Listing of Forms and Endorsements (IFG-I-0150)

Item 4. COMPOSITE RATE If box is checked, see Composite Rate Endorsement (IFG-I-0152) for applicable classification, rates and premiums. If box is not checked, see page 2 of these Declarations for applicable classifications, rates and premiums.**Item 5. RETROACTIVE DATE (CG 00 02 only):**

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" if no Retroactive Date applies.)

Item 6. PREMIUMS

\$ 2,103.00 Total Coverage Part Advance Premium
\$ 500.00 Coverage Part Minimum Premium (if applicable)

These Declarations are part of the Policy Declarations containing the name of the insured and the policy period.

Policy Number: 339B193339

**COMMERCIAL GENERAL LIABILITY
SCHEDULE OF CLASSIFICATIONS AND RATES**

Named Insured: CustomAquarium.com LLC

Effective Date: 07/19/2021

Loc. No. 1	Location Address (Premises you own, rent or occupy): 114 Allgood Circle #103	County, Borough or Parish SAINT JOHNS	Rating Terr. 006
Bldg. No. 1	SAINT AUGUSTINE FL 32086		

Code No. 92058	Classification Plastic Or Rubber Goods Mfg. - Other Than Household - NOC
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Premium is: <input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
	\$00,000.00	Rate:	\$ 0.540	\$ 2.381
	Gross Sales	Advance Premium:	\$ 324.00	\$ 1,429.00

Loc. No. 1	Location Address (Premises you own, rent or occupy): 114 Allgood Circle #103	County, Borough or Parish SAINT JOHNS	Rating Terr. 006
Bldg. No. 1	SAINT AUGUSTINE FL 32086		

Code No. 91583	Classification Contractors - Subcontracted Work - In Connection With Building Construction, Reconstruction, Repair Or Erection - One Or Two Family Dwellings
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Premium is: <input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
	\$9,000.00	Rate	\$ 4.867	\$ 7.898
	Total Cost	Advance Premium:	\$ 185.00	\$ 300.00

Loc. No. 1	Location Address (Premises you own, rent or occupy): 114 Allgood Circle #103	County, Borough or Parish SAINT JOHNS	Rating Terr. 006
Bldg. No. 1	SAINT AUGUSTINE FL 32086		

Code No. 91585	Classification Contractors - Subcontracted Work - In Connection With Construction, Reconstruction, Repair Or Erection Of Buildings NOC
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Premium is: <input checked="" type="checkbox"/> Adjustable (See Premium Audit Conditions) <input type="checkbox"/> Flat (Not Adjustable) <input type="checkbox"/> Fully Earned When Written <input type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
	\$ 0.00	Rate	\$ 9.736	\$ 6.514
	Total Cost	Advance Premium:	\$	\$ Incl.

See Schedule of Classifications and Rates (IFG-G-0003) for additional locations you own, rent or occupy and applicable classifications and rates and premiums.



Policy Number: 5398193339

**COMMERCIAL GENERAL LIABILITY
SCHEDULE OF CLASSIFICATIONS AND RATES (continued)**

Named Insured: CustomAquarium.com LLC Effective Date: 07/13/2021

Loc. No. 1	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No. 1			

Code No. 49950	Classification Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You (Form: CG 20 33)
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Premium is: <input type="checkbox"/> Adjustable (See Premium Audit Conditions) <input checked="" type="checkbox"/> Flat (Not Adjustable) <input checked="" type="checkbox"/> Fully Earned When Written <input checked="" type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
		Rate Per Each	\$	\$
	Each	Advance Premium:	\$ 150.00	\$

Loc. No. 1	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No. 1			

Code No. 42026	Classification Primary and Non Contributory - Other Insurance Condition (Automatic) (NEW - Eff. 02-01-17) (Form: CG 20 01)
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Premium is: <input type="checkbox"/> Adjustable (See Premium Audit Conditions) <input checked="" type="checkbox"/> Flat (Not Adjustable) <input checked="" type="checkbox"/> Fully Earned When Written <input checked="" type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
		Rate Per Each	\$	\$
	Each	Advance Premium:	\$ 100.00	\$

Loc. No. 1	Location Address (Premises you own, rent or occupy):	County, Borough or Parish	Rating Terr.
Bldg. No. 1			

Code No. 42025	Classification Waiver of Subrogation (Automatic) Any person or organization with whom you have agreed, in a written contract, that such person or organization should be added as an additional insured on your policy, provided such written contract is fully executed prior to an occurrence in which coverage is sought under this policy (Form: CG 24 04)
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Premium is: <input type="checkbox"/> Adjustable (See Premium Audit Conditions) <input checked="" type="checkbox"/> Flat (Not Adjustable) <input checked="" type="checkbox"/> Fully Earned When Written <input checked="" type="checkbox"/> Minimum Premium	Premium Base		All Other	Prod.-C.Ops
		Rate Per Each	\$	\$
	Each	Advance Premium:	\$ 100.00	\$

These Declarations are part of the Commercial General Liability Declarations and Policy Declarations containing the name of the insured and the policy period.

INSURANCE POLICY
of
The Burlington Insurance Company

A Stock Company

Home Office, Administrative Office and Claim Office
City Place II, 185 Asylum Street, 7th Floor, Hartford, CT 06103
Tel. 860-723-4150 or
Toll Free 1-800-328-8719



In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representatives.

Handwritten signature of Delora L. Byler in cursive script.

Secretary

Handwritten signature of Charles M. Lewis in cursive script.

President