



P. O. Box 142057, Coral Gables, FL 33114-2057

For Policy Customer Service-1-800-262-1780  
For Claims Customer Service-1-877-505-3040

**WIND ONLY POLICY  
COMMERCIAL NON-RESIDENTIAL DECLARATION PAGE**

**Policy Number :** CFA 00014-00752 05 09 09  
ADDITIONAL INSURED'S COPY

**Policy Period From** 02/05/2019 **to** 02/05/2020  
at 12:01 AM Eastern Standard Time at your mailing address shown below.

**Transaction AMENDED DECLARATION  
(Change Agent of Record)**

**Effective :** 02/05/2019

**PAYPLAN:** Full Payment

**DEDUCTIBLE TYPE:** Occurrence

**Named Insured and Mailing Address**  
EMERALD COAST CONFECTIONS DDBA KILWIN'S  
CHOCOLATE and ICE  
821 PIER PARK DR #100,  
PANAMA CITY BEACH, FL 32413

**Agent**  
Hutt Insurance Agency, Inc. (0900087)  
P.O. Box 2550  
Panama City, FL 32402  
Telephone: (850) 769-4888

**FL Agent Lic #**

**Business Description**  
Commercial Non-Residential Wind Only

**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. A 4% (FOUR PERCENT) SERVICE CHARGE WILL APPLY FOR INSTALLMENTS DUE SEMI-ANNUALLY OR QUARTERLY.**

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENTS.**

Commercial Property Coverage	Limit of Liability	Number of Units	BASE PREMIUM
Building	\$0	2	\$2,187.00
Contents	\$350,000		
Special Class	\$0		\$0.00

**Required Additional Charges:**

Emergency Management Preparedness and Assistance Trust Fund Fee	\$4.00
Managing General Agency Fee	\$25.00

**TOTAL:** \$2,216.00

**Change in Policy Premium :** \$0.00

**Forms and Endorsements Applicable to this Policy**  
Refer to attached Forms and Endorsements schedule.

*Handwritten:* KP  
12/18/18

These declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

**Producer :**  
**Agent # :** 0900087  
**Agency Name :** Hutt Insurance Agency, Inc. (0900087)  
**Agent's Name :**  
**Issued Date :** 12/17/2018

**COUNTERSIGNED** 12/17/2018

**BY** 



For Policy Customer Service: 1-800-262-1780  
 For Claims Customer Service: 1-877-505-3040

P. O. Box 142057, Coral Gables, FL 33114-2057

**WIND ONLY POLICY  
 COMMERCIAL NON-RESIDENTIAL DECLARATION PAGE**

**Policy Number:** CFA 00014-00752 05 09 09

**Effective Date:** 02/05/2019 to 02/05/2020

ADDITIONAL INSURED'S COPY

**Named Insured:**

EMERALD COAST CONFECTIONS DDBA KILWIN'S CHOCOLATE and ICE

**"X" If Supplemental  
 Declarations Is Attached**

<b>BUSINESS DESCRIPTION</b>							
Commercial Non-Residential Wind Only							
<b>DESCRIPTION OF PREMISES</b>							
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location, Construction and Occupancy</b>			<b>BCEGS Grade</b>	<b>No. of Units</b>	
1	1	821 PIER PARK DR SUITE 100 PANAMA CITY BEACH, FL 32413 Joisted Masonry, Auxiliary Building, Rental Property			4	1	
<b>WINDSTORM MITIGATION FEATURES</b>							
<b>Terrain</b>	<b>YOC/Verified</b>	<b>Roof Cover</b>		<b>Roof Deck</b>	<b>Roof - Wall</b>		
C	2007	N/A		N/A	N/A		
<b>BLDG Type</b>	<b>Roof Shape</b>	<b>Opening PROT</b>	<b>Windstorm PROT</b>	<b>Secondary</b>		<b>Water Resistance</b>	
Type I	N/A	None	N/A			Yes	
* A premium adjustment of <u>-\$0.00</u> is included to reflect the building's wind loss mitigation features or construction techniques that exist.							
<b>COVERAGES PROVIDED</b> Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown							
<b>BUILDING DESCRIPTION:</b> CONTENTS ONLY OF A ONE STORY MASONRY ICE CREAM/CANDY STORELO							
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Amount Of Insurance Building</b>	<b>Special Class Contents</b>	<b>Deductible Hurr/Non Hurr</b>	<b>% of Co-Ins</b>	<b>TERR</b>	<b>Base Premium</b>
1	1	\$0	\$325,000	\$0	3% / 3%	80%	59 - Bay \$1,980.00
<b>MORTGAGEHOLDERS</b>							
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Mortgage holder Name And Mailing Address</b>					
1	1	Refer to the attached Policy Interest Schedule, if any.					
<b>FORMS APPLICABLE</b>							
To All Coverages: Refer to attached Forms and Endorsements Schedule.							
To Specific Premises/Coverages:							
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Coverages</b>			<b>Form Number</b>		