

Visit our **UPDATED** website:

www.weston-ins.com

To complete the items below, and more!

- ✓ Elect Paperless Notifications*
- ✓ View Policy Documents
- ✓ File A New Claim
- ✓ Update Contact Information**
- ✓ Find An Agent
- ✓ Find Storm Preparation Resources
- ✓ Make A Payment

EMERALD COAST CONFECTIONS DDBA
KILWIN'S CHOCOLATE and ICE
114 S San Souci Blvd
PANAMA CITY BEACH, FL 32413
U.S.A.

Payment Address: P.O. Box 969 Westbrook, CT 06498	Correspondence Address: P.O. Box 142057 Coral Gables, FL 33114
Pay Online at www.weston-ins.com	
Customer Service Center: 1-800-262-1780	Claims Service Center: 1-877-505-3040

** Help us improve our environment by receiving your policy documents electronically.*

***So that we can reach you in the event you are displaced from your covered property after a storm, we ask that you please confirm your contact information and provide us with your cell phone number and email address. This information will be helpful to our claim adjusters to ensure claims are processed as quickly as possible.*

**Thank you for choosing Weston Insurance Company for your wind-only coverage.
Please review the important information listed below.**

Disaster Preparedness:

Are you prepared if a storm or hurricane strikes? Visit the “Resources” tab on our website at www.weston-ins.com for links to material that will help you get ready for a storm or hurricane, including our *Windstorm Preparedness and Loss Prevention* checklist.

Claims Information:

Following a wind loss, please notify us as soon as safely possible. You may submit a claim to Weston using any of the following methods: (1) Online by visiting the “Claims” tab on our website at www.weston-ins.com; (2) Via an email to claims@weston-ins.com; (3) By calling us toll-free, 24 hours a day, at 1-877-505-3040; or (4) By faxing us toll-free at 1-866-261-8507.

Convenient Payment Options:

Invoices will be mailed under separate cover from Weston’s third party billing vendor. Upon receipt, you can pay online via credit card or by check, free of service charges, by visiting the “Make a Payment” tab on our website at www.weston-ins.com. Pay a one-time payment or schedule reoccurring payments fast and easy.

Convenient Payment Plans:

We offer an array of payment plans. Please refer to the appropriate chart below for your policy type and payment details. To enroll in a payment plan, please contact your agent or call our Operations Center at 1-800-262-1780, Monday through Friday, 8 AM to 6 PM, EST. You can also email your request to us anytime policyservices@weston-ins.com.

To enroll in a payment plan, please contact your agent or call us at 1-800-262-1780.

Pay Plans	Frequency	Commercial		Personal	
		Initial Payment	Subsequent Payments	Initial Payment	Subsequent Payments
Annual <small>(Inc. MTG/PFC)</small>	Pay in full at renewal	100%	0	100%	0
2-Pay	Due every 6 months	60%	40% <small>(plus 4% service charge)</small>	60% <small>(plus \$10 setup charge and \$3 installment fee)</small>	40% <small>(plus \$3 installment fee)</small>
4-Pay	Due every 3 months	40%	20% <small>(plus 4% service charge)</small>	40% <small>(plus \$10 setup charge and \$3 installment fee)</small>	20% <small>(plus \$3 installment fee)</small>
10-Pay	Due monthly for 10 months	20%	8.889% <small>(plus 4% service charge)</small>	20% <small>(plus \$10 setup charge and \$3 installment fee)</small>	8.889% <small>(plus \$3 installment fee)</small>



Commercial Wind Only Policy

Weston Insurance Company
P.O. Box 142057, Coral Gables, FL 33114-2057
Policy Customer Service: 1-800-262-1780
Claims CustomerService: 1-877-505-3040

NOTICE!

This policy does not cover Flood Loss.

Please call your agent to learn more about
this important coverage.

POLICY PROVISION: This Policy Jacket with the Policy Declarations, Policy Form and Endorsements issued to form a part thereof, completes the policy as numbered on the Declarations Page. Whenever your policy is modified, you will receive a dated revision of the Policy Declarations.

IN WITNESS WHEREOF: In consideration of your paid premium, Weston Insurance Company is proud to extend to you the coverage offered by this insurance contract.



Michael C. Lyons
President, Weston Insurance Company



Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Amended Policy Declarations
(Change Insured's Mailing Address)
Weston Insurance Company

Total Annual Premium:
\$2,216.00

Insured Information

Named Insured:	EMERALD COAST CONFECTIONS DDBA KILWIN'S CHOCOLATE and ICE	Policy Number:	CFA 00014-00752 07 09 09	
Mailing Address:	114 S San Souci Blvd PANAMA CITY BEACH, FL 32413 U.S.A.	Policy Period:	From: 02/05/2021	To: 02/05/2022 <small>12:01 AM Standard Time at your Mailing Address shown</small>
Issued Date:	1/28/2021	Declarations Effective:	02/05/2021	
Form of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Individual	

Agent Information

(Please contact your agent if there are any questions pertaining to your policy.)

Agent Name: Hutt Insurance Agency, Inc.(0900087) Telephone: (850) 769-4888

Agent Address: P.O. Box 2550
Panama City, FL 32402

Coverage Form(s) and Total Policy Premium

Pay Plan: Full Payment

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. This policy consists of the following coverage form(s) for which a premium is indicated. Where no premium is shown, there is no coverage.

Coverage Form(s)	Premium
Commercial – Wind Only Form	\$1,873.00
Total Premium:	\$1,873.00

REQUIRED ADDITIONAL CHARGES:

Weston's Catastrophe Financing Surcharge:	\$314.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	\$4.00
Managing General Agency Fee:	\$25.00

TOTAL POLICY PREMIUM INCLUDING ALL ASSESSMENTS AND ALL SURCHARGES: \$2,216.00

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

Weston Insurance Company

Policy Number: CFA 00014-00752 07 09 09	For Claims Customer Service: 1-877-505-3040	For Policy Customer Service: 1-800-262-1780
---	---	---

Additional Insured Information	Premises Number: 1	Item Number: 1
Name:	COMERICA BANK ISAOA SBA DEPT INSURANCE SERVICE CENTER	Loan or Account Number:
Address:	PO BOX 863299, INSURANCE SERVICE CENTER PLANO, Texas 75086-3299	

Location Information	Premises Number: 1	Item Number: 1
Described Location:	821 PIER PARK DR SUITE 100, PANAMA CITY BEACH, FL 32413	Item Description: CONTENTS ONLY OF A ONE STORY MASONRY ICE CREAM/CANDY STORELO

Coverage Information (Coverage is provided where premium and limit of liability are shown.)

WINDSTORM OR HAIL PERILS ONLY

COVERAGES	DEDUCTIBLE (Hurr/Non-Hurr)	LIMIT OF INSURANCE	PREMIUM
Contents	3%(\$9,750) / 3%(\$9,750)	\$325,000	\$1,696

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Location Characteristics

Premises Number: 1

Item Number: 1

Building Type:	Auxiliary Building	Year Built/Verified:	2007	Territory:	59 - Bay
Construction Type:	Joisted Masonry	Occupancy Code:	0567	Number of Units:	1
% of Coinsurance:	80	BCEG / Schedule:	4		

A premium adjustment is included to reflect the building code grade for your area. Adjustments range from a 1.00% surcharge to a 10.00% credit.

Wind Mitigation Credits

Terrain	C
Roof Cover	FBC Equivalent
Roof Deck Attachment	Level A
Roof Wall Connection	NA
Secondary Water Resistance	Yes
Open Protection	None
Roof Shape	Flat

A premium adjustment of \$0.00 is included to reflect the BCEGS and Wind Loss Mitigation features that exist.

Location Information

Premises Number: 2

Item Number: 1

Described Location:	116 PALM CIR, PANAMA CITY BEACH, FL 32413	Item Description:	BPP LOCATED IN A FRAME ENCLOSED STRUCTURE
---------------------	--	-------------------	--

Coverage Information

(Coverage is provided where premium and limit of liability are shown.)

WINDSTORM OR HAIL PERILS ONLY

COVERAGES	DEDUCTIBLE (Hurr/Non-Hurr)	LIMIT OF INSURANCE	PREMIUM
Contents	3%(\$1,000) / 3%(\$1,000)	\$25,000	\$177

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Location Characteristics

Premises Number: 2

Item Number: 1

Building Type:	Auxiliary Building	Year Built/Verified:	2017	Territory:	59 - Bay
Construction Type:	Frame	Occupancy Code:	0567	Number of Units:	1
% of Coinsurance:	80	BCEG / Schedule:	4		

A premium adjustment is included to reflect the building code grade for your area. Adjustments range from a 1.00% surcharge to a 10.00% credit.

Wind Mitigation Credits

Terrain	N/A
Roof Cover	FBC Equivalent
Roof Deck Attachment	Level A
Roof Wall Connection	NA
Secondary Water Resistance	No
Open Protection	None
Roof Shape	Gable

A premium adjustment of \$0.00 is included to reflect the BCEGS and Wind Loss Mitigation features that exist.

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Policy Forms and Endorsements Schedule

Form Title	Form Nbr.	Ed. Date	Prem No. / Item No.
Commercial Wind Only Policy Jacket	WIC FL CWJ	05 15	ALL/ALL
Commercial Lines Declarations	WIC FL CL DEC	03 19	ALL/ALL
Commercial Wind Only Policy Form	WIC CP2	02 20	ALL/ALL
Special Provisions - Florida	WIC CNRW 01 10	03 20	ALL/ALL

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Important Messages

FLOOD COVERAGE IS NOT PROVIDED IN THIS POLICY.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

THIS IS YOUR POLICY DECLARATION PAGE.

You may reduce your policy premium, if any premium credits for shutters, main structure features and other mitigation (loss prevention) devices are applicable for your structure. Contact your agent to request information that might allow for you to receive these discounts.

The deductibles shown in your policy declaration page(s) are the deductibles that will apply as described in your policy in the event of a covered loss. If you fail to select a deductible at the time of your application submission, or if this is a renewal with us, we may have selected the deductibles shown on your declaration page(s). Other deductibles may be available. Please contact your insurance agent or broker for additional information.

Countersigned

Date:

1/28/2021

Weston Insurance Company

Authorized by:



Agent #: 0900087

Agent's Name:

Hutt Insurance Agency,

Agency's Name:

Inc. (0900087)

By:

Michael C. Lyons

President

NOTICE

IF YOU CANCEL THIS POLICY OR REDUCE THE AMOUNT COVERAGE UNDER THIS POLICY PRIOR TO ITS EXPIRATION DATE AND YOU HAD COVERAGE IN EFFECT DURING ANY PART OF THE HURRICANE SEASON (June 1st – November 30th), THEN YOU MAY NOT RECEIVE A PRO-RATA RETURN OF PREMIUM.

PLEASE SEE THE ENDORSEMENT ATTACHED TO THIS POLICY TITLED “SPECIAL PROVISIONS – FLORIDA” FOR THE POLICY TERMS GOVERNING THE RETURN OF PREMIUM UPON CANCELLATION OR REDUCTION IN COVERAGE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
SPECIAL PROVISIONS - FLORIDA

This endorsement modifies insurance provided under the following: **COMMERCIAL NON-RESIDENTIAL PROPERTY (WIC CP2)**

Under the AGREEMENT section of your policy, the following is added:

This policy is issued on behalf of Weston Insurance Company and, by acceptance of this policy you agree:

1. That the statements in the Application are your representations;
2. That this policy is issued in reliance upon the truth of those representations;
3. That this policy embodies all agreements existing between you and Weston Insurance Company relating to this policy.

Under the CONDITIONS section of your policy, paragraph **g.** and **h.** of Condition **20.** Cancellation are deleted and replaced with:

- g.** If this policy is cancelled by you, or the amount of insurance is reduced at your or your agent's request, the amount of premium you owe for the period from the effective date to the date of cancellation is determined as follows:
- (1) Pro rata, if no coverage existed from June 1 to November 30 of any 1 year policy term; or
 - (2) Pro rata, if coverage existed from June 1 to November 30 of any 1 year policy term; and:
 - (a) Property is sold or moved from an eligible area;
 - (b) Insured is deceased;
 - (c) Property is demolished;
 - (d) All mortgages on the covered property are paid in full during the term of this policy;
 - (e) Property goes out of business or is foreclosed upon; or

- (3) A percentage of the total premium if:
- (a) Coverage existed at any time during the period of June 1 to November 30; and
 - (b) Conditions (2)(a) through (2)(e) above do not apply; or
- The percentage of the total premium you owe is determined as follows:

Number of Days Policy Is In Force	Percentage of Premium You Owe
1 to 180	80.0%
181 to 210	85.0%
211 to 240	90.0%
241 to 270	92.5%
271 to 300	95.0%
301 to 330	97.5%
331 to 365	100.0%

- h.** If the amount of premium you owe is less than the amount of premium you have paid prior to the cancellation, we will mail the refund within 15 working days, either after the date cancellation takes effect, or after our receipt of your request to cancel the policy, whichever is later. Proof of mailing will be sufficient proof of notice. If the amount of premium you owe is more than the amount of premium you have paid prior to the cancellation, the difference shall become due and payable from you at time of cancellation.
- The cancellation will be effective even if we have not made or offered a refund.

All other provisions of this policy apply.



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

Visit our **UPDATED** website:

www.weston-ins.com

To complete the items below, and more!

- ✓ Elect Paperless Notifications*
- ✓ View Policy Documents
- ✓ File A New Claim
- ✓ Update Contact Information**
- ✓ Find An Agent
- ✓ Find Storm Preparation Resources
- ✓ Make A Payment

COMERICA BANK ISAOA SBA DEPT
INSURANCE SERVICE CENTER
PO BOX 863299
INSURANCE SERVICE CENTER
PLANO, TX 75086-3299

<p>Payment Address: P.O. Box 969 Westbrook, CT 06498</p>	<p>Correspondence Address: P.O. Box 142057 Coral Gables, FL 33114</p>
<p>Pay Online at www.weston-ins.com</p>	
<p>Customer Service Center: 1-800-262-1780</p>	<p>Claims Service Center: 1-877-505-3040</p>

** Help us improve our environment by receiving your policy documents electronically.*

***So that we can reach you in the event you are displaced from your covered property after a storm, we ask that you please confirm your contact information and provide us with your cell phone number and email address. This information will be helpful to our claim adjusters to ensure claims are processed as quickly as possible.*

**Thank you for choosing Weston Insurance Company for your wind-only coverage.
Please review the important information listed below.**

Disaster Preparedness:

Are you prepared if a storm or hurricane strikes? Visit the “Resources” tab on our website at www.weston-ins.com for links to material that will help you get ready for a storm or hurricane, including our *Windstorm Preparedness and Loss Prevention* checklist.

Claims Information:

Following a wind loss, please notify us as soon as safely possible. You may submit a claim to Weston using any of the following methods: (1) Online by visiting the “Claims” tab on our website at www.weston-ins.com; (2) Via an email to claims@weston-ins.com; (3) By calling us toll-free, 24 hours a day, at 1-877-505-3040; or (4) By faxing us toll-free at 1-866-261-8507.

Convenient Payment Options:

Invoices will be mailed under separate cover from Weston’s third party billing vendor. Upon receipt, you can pay online via credit card or by check, free of service charges, by visiting the “Make a Payment” tab on our website at www.weston-ins.com. Pay a one-time payment or schedule reoccurring payments fast and easy.

Convenient Payment Plans:

We offer an array of payment plans. Please refer to the appropriate chart below for your policy type and payment details. To enroll in a payment plan, please contact your agent or call our Operations Center at 1-800-262-1780, Monday through Friday, 8 AM to 6 PM, EST. You can also email your request to us anytime policyservices@weston-ins.com.

To enroll in a payment plan, please contact your agent or call us at 1-800-262-1780.

Pay Plans	Frequency	Commercial		Personal	
		Initial Payment	Subsequent Payments	Initial Payment	Subsequent Payments
Annual <small>(Inc. MTG/PFC)</small>	Pay in full at renewal	100%	0	100%	0
2-Pay	Due every 6 months	60%	40% <small>(plus 4% service charge)</small>	60% <small>(plus \$10 setup charge and \$3 installment fee)</small>	40% <small>(plus \$3 installment fee)</small>
4-Pay	Due every 3 months	40%	20% <small>(plus 4% service charge)</small>	40% <small>(plus \$10 setup charge and \$3 installment fee)</small>	20% <small>(plus \$3 installment fee)</small>
10-Pay	Due monthly for 10 months	20%	8.889% <small>(plus 4% service charge)</small>	20% <small>(plus \$10 setup charge and \$3 installment fee)</small>	8.889% <small>(plus \$3 installment fee)</small>

**Percentages are calculated from the Total Policy Premium shown on your declaration, less surcharges and fees. The MGA Fee, EMPA Surcharge, and initial Payment Plan Fees (service fee and installment fee), if applicable, are due in full with Payment #1.*



Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Amended Policy Declarations
(Change Insured's Mailing Address)
Weston Insurance Company

Total Annual Premium:
\$2,216.00

Insured Information

Named Insured:	EMERALD COAST CONFECTIONS DDBA KILWIN'S CHOCOLATE and ICE	Policy Number:	CFA 00014-00752 07 09 09	
Mailing Address:	114 S San Souci Blvd PANAMA CITY BEACH, FL 32413 U.S.A.	Policy Period:	From: 02/05/2021	To: 02/05/2022 <small>12:01 AM Standard Time at your Mailing Address shown</small>
Issued Date:	1/28/2021	Declarations Effective:	02/05/2021	
Form of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Individual	

Agent Information

(Please contact your agent if there are any questions pertaining to your policy.)

Agent Name: Hutt Insurance Agency, Inc.(0900087) Telephone: (850) 769-4888

Agent Address: P.O. Box 2550
Panama City, FL 32402

Coverage Form(s) and Total Policy Premium

Pay Plan: Full Payment

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. This policy consists of the following coverage form(s) for which a premium is indicated. Where no premium is shown, there is no coverage.

Coverage Form(s)	Premium
Commercial – Wind Only Form	\$1,873.00
Total Premium:	\$1,873.00

REQUIRED ADDITIONAL CHARGES:

Weston's Catastrophe Financing Surcharge:	\$314.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	\$4.00
Managing General Agency Fee:	\$25.00

TOTAL POLICY PREMIUM INCLUDING ALL ASSESSMENTS AND ALL SURCHARGES: \$2,216.00

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

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Additional Insured Information

Premises Number: 1

Item Number: 1

Name: COMERICA BANK ISAOA SBA DEPT
INSURANCE SERVICE CENTER
Address: PO BOX 863299, INSURANCE SERVICE
CENTER
PLANO, Texas 75086-3299
Loan or Account Number:

Location Information

Premises Number: 1

Item Number: 1

Described Location: 821 PIER PARK DR SUITE 100,
PANAMA CITY BEACH, FL 32413
Item Description: CONTENTS ONLY OF A ONE STORY
MASONRY ICE CREAM/CANDY
STORELO

Coverage Information

(Coverage is provided where premium and limit of liability are shown.)

WINDSTORM OR HAIL PERILS ONLY

COVERAGES	DEDUCTIBLE (Hurr/Non-Hurr)	LIMIT OF INSURANCE	PREMIUM
Contents	3%(\$9,750) / 3%(\$9,750)	\$325,000	\$1,696

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Location Characteristics

Premises Number: 1

Item Number: 1

Building Type:	Auxiliary Building	Year Built/Verified:	2007	Territory:	59 - Bay
Construction Type:	Joisted Masonry	Occupancy Code:	0567	Number of Units:	1
% of Coinsurance:	80	BCEG / Schedule:	4		

A premium adjustment is included to reflect the building code grade for your area. Adjustments range from a 1.00% surcharge to a 10.00% credit.

Wind Mitigation Credits

Terrain	C
Roof Cover	FBC Equivalent
Roof Deck Attachment	Level A
Roof Wall Connection	NA
Secondary Water Resistance	Yes
Open Protection	None
Roof Shape	Flat

A premium adjustment of \$0.00 is included to reflect the BCEGS and Wind Loss Mitigation features that exist.

Location Information

Premises Number: 2

Item Number: 1

Described Location:	116 PALM CIR, PANAMA CITY BEACH, FL 32413	Item Description:	BPP LOCATED IN A FRAME ENCLOSED STRUCTURE
---------------------	--	-------------------	--

Coverage Information

(Coverage is provided where premium and limit of liability are shown.)

WINDSTORM OR HAIL PERILS ONLY

COVERAGES	DEDUCTIBLE (Hurr/Non-Hurr)	LIMIT OF INSURANCE	PREMIUM
Contents	3%(\$1,000) / 3%(\$1,000)	\$25,000	\$177

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Location Characteristics

Premises Number: 2

Item Number: 1

Building Type:	Auxiliary Building	Year Built/Verified:	2017	Territory:	59 - Bay
Construction Type:	Frame	Occupancy Code:	0567	Number of Units:	1
% of Coinsurance:	80	BCEG / Schedule:	4		

A premium adjustment is included to reflect the building code grade for your area. Adjustments range from a 1.00% surcharge to a 10.00% credit.

Wind Mitigation Credits

Terrain	N/A
Roof Cover	FBC Equivalent
Roof Deck Attachment	Level A
Roof Wall Connection	NA
Secondary Water Resistance	No
Open Protection	None
Roof Shape	Gable

A premium adjustment of \$0.00 is included to reflect the BCEGS and Wind Loss Mitigation features that exist.

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Policy Forms and Endorsements Schedule

Form Title	Form Nbr.	Ed. Date	Prem No. / Item No.
Commercial Wind Only Policy Jacket	WIC FL CWJ	05 15	ALL/ALL
Commercial Lines Declarations	WIC FL CL DEC	03 19	ALL/ALL
Commercial Wind Only Policy Form	WIC CP2	02 20	ALL/ALL
Special Provisions - Florida	WIC CNRW 01 10	03 20	ALL/ALL

Weston Insurance Company

Policy Number:
CFA 00014-00752 07 09 09

For Claims Customer Service:
1-877-505-3040

For Policy Customer Service:
1-800-262-1780

Important Messages

FLOOD COVERAGE IS NOT PROVIDED IN THIS POLICY.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

THIS IS YOUR POLICY DECLARATION PAGE.

You may reduce your policy premium, if any premium credits for shutters, main structure features and other mitigation (loss prevention) devices are applicable for your structure. Contact your agent to request information that might allow for you to receive these discounts.

The deductibles shown in your policy declaration page(s) are the deductibles that will apply as described in your policy in the event of a covered loss. If you fail to select a deductible at the time of your application submission, or if this is a renewal with us, we may have selected the deductibles shown on your declaration page(s). Other deductibles may be available. Please contact your insurance agent or broker for additional information.

Countersigned

Date:

1/28/2021

Weston Insurance Company

Authorized by:



Agent #: 0900087

Agent's Name:

Hutt Insurance Agency,

Agency's Name:

Inc. (0900087)

By:

Michael C. Lyons

President