



PO BOX 41059 JACKSONVILLE, FL 32203-1059  
1-800-765-1347 (FOR ALL INQUIRES)

**COMMERCIAL GENERAL LIABILITY POLICY  
POLICY DECLARATIONS**

<b>Policy Number</b> GFL 1024440 03 81 Renewal of GFL 1024440	<b>Policy Period</b> From 06/07/2016 To 06/07/2017 12:01 A.M. Standard Time at the Named Insured's Address
<b>Transaction</b> RENEWAL DECLARATION	<b>Effective:</b> 06/07/2016 <b>Date Issued:</b> 04/08/2016
<b>Pay Plan:</b> DIRECT BILL	
<b>Named Insured and Address</b> INSTADRY LLC 729 EXECUTIVE DR WINTER PARK FL 32789	<b>Agent</b> THE THOMPSON AGENCY INC 0210249 2132 MCGREGOR BLVD FORT MYERS FL 33901-3418  <b>Telephone:</b> 239-689-8570
<b>Business Description</b> CARPET CLEANING	<b>Type of Business</b> CORPORATION <b>Audit Period</b> ANNUAL

**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.**

**LIMITS OF INSURANCE**

General Aggregate Limit (Other than Products-Completed Operations)	\$	1,000,000
Products - Completed Operations Aggregate Limit		INCLUDED
Each Occurrence Limit	\$	1,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Medical Expense Limit, any one person	\$	5,000
Fire Damage Limit, any one fire	\$	100,000

**AMENDED LIMITS OF LIABILITY**

Refer to attached schedule, if any.

**CLASSIFICATIONS**

Refer to attached schedule.

**FORMS AND ENDORSEMENTS**

Refer to attached schedule.

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

Claim Free Discount (10%)		INCLUDED
TOTAL COVERAGE PREMIUM	\$	1,394.00

**TOTAL ASSESSMENTS AND FEES**

POLICY FEE	\$	25.00
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**TOTAL POLICY PREMIUM:** \$ 1,419.00

COUNTERSIGNED DATE: 04/08/2016

BY Karen M Elixson

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Policy Number: GFL 1024440 03 81  
Transaction: RENEWAL DECLARATION  
Named Insured: INSTADRY LLC

**COMMERCIAL GENERAL LIABILITY  
EXTENSION OF DECLARATIONS**

Effective: 06/07/2016

Date Issued: 04/08/2016 Policy Period From 06/07/2016 To 06/07/2017  
12:01 A.M. Standard Time at the Named Insured's Address

**LOCATION OF PREMISES**

**Location of All Premises You Own, Rent or Occupy:**

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729 EXECUTIVE DR  
WINTER PARK FL 32789

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