BUSINESS KEY POLICY

AMERICAN FAMILY INSURANCE COMPANY
6000 American Pkwy
Madison WI 53783-0001
(608) 249-2111
Member of American Family Insurance Group

THIS POLICY CONSISTS OF:

- DECLARATIONS

- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:
- **ONE OR MORE COVERAGE FORMS**
- **APPLICABLE FORMS AND ENDORSEMENTS**

- COMMON POLICY CONDITIONS

AMERICAN FAMILY INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER	COMPANY CODE	CUSTOMER BILLING ACCOUNT
10 X09025-01	0018-BLBK-GA	018-716-390 54

NAMED INSURED PEREIRA, MARCOS DBA AQUASTAR CLEANING SERVICES

MAILING ADDRESS 1943 SHILOH VALLEY TRL NW
KENNESAW GA 30144-7574

POLICY PERIOD FROM 01/31/2018 TO 01/31/2019
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: INDIVIDUAL

BUSINESS DESCRIPTION: JANITORIAL SERVICES

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 parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	$715.00
TOTAL PREMIUM	$715.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 80 02 05 17

AUTHORIZED REPRESENTATIVE  President  Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 013-320
JEFF CAVENDER AGENCY LLC
5755 N POINT PKWY STE 3
ALPHARETTA GA 30022-1136

PAGE 01
BRANCH SRT 02-12
ENTRY DATE 11/02/2017

AMERICAN FAMILY INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER 10 X09025-01

COMPANY CODE 0018-BLBK-GA

NAMED INSURED PEREIRA, MARCOS DBA AQUASTAR CLEANING SERVICES

MAILING ADDRESS 1943 SHILOH VALLEY TRL NW
KENNESAW GA 30144-7574

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	$1,000,000
EACH OCCURRENCE LIMIT	$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	$100,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 **PREMISES** 001

1943 SHILOH VALLEY TRL NW
KENNESAW COBB COUNTY GA 30144-7574

CLASSIFICATION CODE	DESCRIPTION	PREMIUM BASIS	RATE ALL OTHER	RATE PR/CO	ADVANCE PREMIUM ALL OTHER	ADVANCE PREMIUM PR/CO
91591	CONTRACTORS- SUBCONTRACTED WORK OTHER THAN CONSTRUCTION RELATED WORK	312,000 (005)	.082 (B)	.588	$26.00	$183.00
96816	JANITORIAL SERVICES PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	24,400 (004)	11.478 (B)		$280.00	

B=EACH ONE THOUSAND
004=PAYROLL
005=TOTAL COSTS

BALANCE TO MINIMUM	$226.00
TOTAL ADVANCE PREMIUM	$715.00

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 75 01 15 CG 21 35 10 01 CG 03 00 01 96 IL 00 21 09 08 CG 00 01 12 07
IL 02 62 09 08 CG 21 47 12 07 CG 32 01 12 04 IL 00 17 11 98 IL 75 02 06 99

AGENT 013-320
JEFF CAVENDER AGENCY LLC
5755 N POINT PKWY STE 3
ALPHARETTA GA 30022-1136

PAGE 01
BRANCH SRT 02-12
ENTRY DATE 11/02/2017

AMERICAN FAMILY INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
10 X09025-01

COMPANY CODE
0018-BLBK-GA

CG 21 60 09 98 CG 21 96 03 05 CG 77 14 04 02 CG 77 04 07 10 IL 09 85 01 15
IL 75 40 03 16

AUTHORIZED REPRESENTATIVE  President  Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 013-320
JEFF CAVENDER AGENCY LLC
5755 N POINT PKWY STE 3
ALPHARETTA GA 30022-1136

PAGE 02
BRANCH SRT 02-12
ENTRY DATE 11/02/2017

POLICY NUMBER: 10 X09025-01

COMMERCIAL GENERAL LIABILITY
CG 03 00 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount and Basis of Deductible PER CLAIM	or	PER OCCURRENCE
Bodily Injury Liability	$		$
OR			
Property Damage Liability	$ 500		$
OR			
Bodily Injury Liability and/or Property Damage Liability Combined	$		$

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

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):-

A. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.

B. You may select a deductible amount on either a per claim or a per "occurrence" basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:

1. PER CLAIM BASIS. If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:

a. Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";

b. Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or

c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:

(1) "Bodily injury";

(2) "Property damage"; or

(3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence".

If damages are claimed for care, loss of services or death resulting at any time from "bodily injury", a separate deductible amount will be applied to each person making a claim for such damages.

With respect to "property damage", person includes an organization.

2. PER OCCURRENCE BASIS. If the deductible amount indicated in the Schedule above is on a "per occurrence" basis, that deductible amount applies as follows:

a. Under Bodily Injury Liability Coverage, to all damages because of "bodily injury";

b. Under Property Damage Liability Coverage, to all damages because of "property damage"; or

c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages because of:

(1) "Bodily injury";
(2) "Property damage"; or
(3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

C. The terms of this insurance, including those with respect to:

1. Our right and duty to defend the insured against any "suits" seeking those damages; and

2. Your duties in the event of an "occurrence", claim, or "suit"

apply irrespective of the application of the deductible amount.

D. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

POLICY NUMBER: 10 X09025-01

COMMERCIAL GENERAL LIABILITY
CG 21 35 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – COVERAGE C – MEDICAL PAYMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description And Location Of Premises Or Classification:

1943 SHILOH VALLEY TRL NW
KENNESAW GA 30144-7574
JANITORIAL SERVICES

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

With respect to any premises or classification shown in the Schedule:

1. Section **I** – Coverage **C** – Medical Payments does not apply and none of the references to it in the Coverage Part apply: and
2. The following is added to Section **I** – Supplementary Payments:
   h. Expenses incurred by the insured for first aid administered to others at the time of an accident for "bodily injury" to which this insurance applies.

All Coverage Parts included in this policy are subject to the following condition

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.

Special Provisions for American Family Insurance Company Policyholders

1. MEMBERSHIP AND VOTING

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.

President

Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.