

policy issued by www.chaseagency.com

Declarations

This Declarations Page is issued in conjunction with and forms a part of Policy Number: redacted
Customer No.: redacted

Item 1. Name of Insured: redacted

redacted

Item 2. Policy Period: From redacted /2010 to redacted /2011 (12:01 AM- Standard Time at the Address of the Insured)
Retroactive Date redacted /2010

Item 3. Description of coverage afforded hereunder: Animal Liability

Item 4. Limits of Liability:

Per Accident: \$50,000.00

Liability SIR: \$5,000.00

Policy Aggregate: \$100,000.00

Limitations: The Policy provides coverage for only those activities and operations otherwise covered under the Policy as listed below and for which a specific coverage charge has been paid.

Classification and Description of Insured Hazards:

redacted American Staffordshire; F redacted , Bites: Child-
0/Adult-1

| | |
|-------------------------|----------------|
| Item 5. Premium: | \$467.50 |
| Inspection/Policy Fees: | \$15.00 |
| Tax: | \$10.86 |
| SLSC: | \$0.01 |
| <hr/> TOTAL | <hr/> \$493.37 |

Item 6. 100% Premium Earned at Inception.

Item 7. Endorsements and forms attached to this Policy: [PAP-99-06](#), [PAL-00-01](#)

redacted

Authorized Representative

CONDITIONAL RENEWAL NOTICE

LESTER KALMANSON AGENCY
P. O. BOX 940008/ 235 S. MAITLAND AVE. # 201
MAITLAND, FL. 32794-0008 / USA
PH# 407-645-5000 - FAX # 407-645-2810
www.lkalmanson.com

DATE: redacted 2010 CLAIMS MADE LIABILITY FORM

INSURED:redacted

RE: POLICY TYPE/Form: CANINE LIABILITY / MANUSCRIPT POLICY

CARRIER: 100 % CERTAIN UNDERWRITERS AT LLOYDS/LONDON

CURRENT POLICY NUMBER: redacted

EXPIRATION DATE:redacted 2010 (AT 12:01 AM LOCAL ST'D TIME)

RETRO DATE:redacted 2009

TENTATIVE RENEWAL PREMIUM: US \$1,012.58 (INC. FEE(S) & S.L.T)

LIMIT OF LIABILITY OFFERED: \$100,000 PER OCC. / \$100,000 PER AGG.

DEDUCTIBLE: \$10,000.00 PER CLAIM (B/I / P/D) (INC LAE)

PREMIUM (INC. SLT & FEES) IS 100 % FULLY EARNED AT INCEPTION

*****NO PERSONAL CHECKS ACCEPTED*****
CASHIER'S CHECK, MONEY ORDER OR CREDIT CARD (MC OR VISA) ACCEPTED

OUR RECORDS INDICATE THAT THE ABOVE CAPTIONED POLICY(S) WILL EXPIRE ON THE ABOVE INDICATED DATE. IF YOUR OPERATION HAS NOT CHANGED IN ANYWAY, PLEASE SIGN THE STATEMENT BELOW AND STATE NO CHANGE(S). WE WILL PROCESS YOUR REQUEST FOR RENEWAL PROMPTLY, AS LONG AS THIS ORIGINAL NOTICE IS RETURNED TO OUR OFFICE, SIGNED, DATED ALONG WITH A FULL (DEPOSIT)PREMIUM CHECK(*) PRIOR TO THE EXPIRATION DATE INDICATED ABOVE ANY OTHER SIGNED, DATED ENDORSEMENT(S) REQUIRED. **MUST HAVE ORIGINALS**

PLEASE REMEMBER THAT THE RENEWAL PRICING, TERM(S) AND CONDITION(S) IS BASED ON LAST YEAR'S UNDERWRITING INFORMATION ONLY. ANY CHANGE(S) IN YOUR OPERATION(S) AND / OR ANY CHANGE(S) AND / OR CLAIM(S) MADE/ REPORTED DURING THE EXPIRING POLICY PERIOD MAY CAUSE THE RENEWAL PRICING, TERM(S) AND / OR CONDITION(S) TO CHANGE ACCORDINGLY.

NON-RECEIPT OF THIS ORIGINAL SIGNED, DATED CONDITIONAL RENEWAL NOTICE AND / OR NON-RECEIPT OF A RENEWAL APPLICATION / SUBMISSION ALONG WITH THE APPLICABLE PREMIUM (DEPOSIT) PRIOR TO THE STATED EXPIRATION DATE WILL BE CONSTRUED AS A DECLINATION OF THIS RENEWAL OFFER. ALL COVERAGE(S) WHICH WERE AFFORDED WILL TERMINATE ON THE STATED EXPIRATION DATE LISTED ABOVE.