

COMMON POLICY DECLARATIONS

Renewal of
CPS2588754Policy Number
CPS2776314Underwritten by: Scottsdale Insurance Company
Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • A STOCK COMPANY**ITEM 1. Named Insured and Mailing Address**Canines for Christ Therapy Dog
Ministry Inc
3845 Evergreen Drive
Lutz, FL 33558**Agent Name and Address**Atlantic Specialty Lines Florida, Inc.
380 Park Place Boulevard, Suite 175
Clearwater, FL 33759

Agent No.: 09036

Program No.: KS

ITEM 2. Policy Period

From: 01/01/2018

To: 01/01/2019

Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: Non-profit, animal assisted therapy ministry

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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ 1,000
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
Total Policy Premium:	\$ 1,000.00
Policy Fee	\$ 35.00
FL Service Fee	\$ 1.04
Surplus Lines Tax	\$ 51.75
	\$
	\$
	\$
Policy Total:	\$ 1,007.79

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

SF/RS 12/28/2017

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.