



Mt. Hawley Insurance Company
 9025 North Lindbergh Drive, Peoria, IL 61615
 Phone: (309) 692-1000

**COMMERCIAL GENERAL LIABILITY POLICY
 DECLARATIONS**

Policy No. GGL0009528

Named Insured and Mailing Address:
 Kiomex LLC & Kioms, LLC
 8435 Northwest 72nd Street
 Miami, FL 33166

Producer:
 Hull & Co LLC
 970 Lake Carillon Drive Suite 200
 St. Petersburg, FL 33716

Policy Period: From 5/24/2019 to 5/24/2020 at 12:01 A.M. Standard Time at your mailing address shown above.
 In return for the payment of 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)				\$2,000,000			
Products/Completed Operations Aggregate Limit				\$ Included			
Personal and Advertising Injury Limit				\$ 1,000,000			
Each Occurrence Limit				\$ 1,000,000			
Damage To Premises Rented To You Limit				\$ 100,000			
Medical Expense Limit				\$ 5,000		Any One Person	
DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES							
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Limited Liability Company							
<input type="checkbox"/> Organization (Other than Partnership, Joint Venture, or Limited Liability Company)							
Business Description: Freight Forwarder							
Location of All Premises You Own, Rent or Occupy:							
PREMIUM							
Loc. No.	Code	Premium Basis*	Exposure	Products/ Completed	All Other	Products/ Completed	All Other
	49950	Each	1				
1	94617	Payroll	\$30,000	Included	18.594	Included	
Total Advance Premium				(Payable at inception)			
FORMS AND ENDORSEMENTS							
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:							

Countersigned:

By

Authorized Representative

THESE ENDORSEMENTS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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