National Casualty Company

Home Office: Madison, Wisconsin

Administrative Offce: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

PERSONAL UMBRELLA LIABILITY POLICY

Part Two. DECLAR4	This Declarations page with "Policy Provisions - Pa ATIONS	art One" completes the P		olicy No.	PUO0152061						
Item 1.	Insured's ADAM FEINSTEIN Name and Mailing 12780 BISCAYNE BAY DR Address MIAMI	Na Ma	ame and LLC-BC	CA RATC	SUITE 2250						
Item 2.	Policy Period: (Mo. Day Yr.)										
	From: 10/15/2019 To: 10/15/20	20 Term : 36	6 Days	Prior Policy:	PU00147627						
	12:01 A.M., standard time at the address of the na	amed insured as stated I	nerein.	G/ANo.: 0	9004 Program No. NONE						
Item 3.	The occupation of the insured is: REAL ESTA	ATE									
Item 4.											
	SEE SCHEDULE OF UNDERLYING IN	SURANCE									
Insurance is afforded for Bodily Injury, Personal Injury, and Property Damage Liability. Uninsured Motorists Coverage, subject to the limits of the Company's liability (as indicated in Item 5 of the Declarations) in excess of the retained limit (as indicated in Item 6 of the Declarations) or underlying limit (as indicated in Item 7 of the Declarations).											
ltem 5.	Limits of Liability										
	(a) Bodily Injury, Personal Injury, and Property Da	amage Liability Coverage	e \$3,000	, 0 0 0 each	n occurrence						
	(b) Uninsured Motorists Coverage		\$ 1,000	, 0 0 0 each	n accident						
ltem 6.	Retained Limit (Self-Insured Retention)										
	(a) Bodily Injury, Personal Injury, and Property Da	amage Liability Coverage	e \$	None							
	(b) Uninsured Motorists Coverage		See Insurii	ng Agreeme	nt II						
Item 7.	It is agreed by the insured that insurance policies providing the following coverage (1) are in force and will be maintained in force (whether collectible or not) for at least the underlying limits of liability stated hereafter; (2) insure all automobiles owned, or leased by or regularly furnished to the insured; (3) insure all premises owned, leased by, or leased to the insured; (4) insure all watercraft owned by the insured.										
	TYPE OF COVERAGE										
(a) Com	prehensive Personal Liability or Homeowner's SEE SCHEDULE OF UNDERLYING INSURANCE	Bodily Injury and Prop	or both combin		each occurrence						
(b) Auto	mobile Liability SEE SCHEDULE OF	Bodily Injury Liability		\$	each person						
	UNDERLYING INSURANCE	Property Damage Liab	oility	\$ \$	each occurrence each occurrence						
		or Combined Single Limi Bodily Injury and Prop		lity \$	each occurrence						
(c) Wate	ercraft Liability SEE SCHEDULE OF UNDERLYING INSURANCE	Watercraft with inboard or inboard/outboard power greater than 50 horsepower, outboard power greater than 25 horsepower and sail- boats (including auxiliary) 26 feet or more in length. \$ each occurrence or									
					the amount insured on the hull, whichever is greater						
Endorse	ments forming a part of this policy (designated by	Endorsement number)	Total Premium Fully Earned P		\$ 720.00 \$ NI/D						
			Fully Earned P	oncy ree	\$ N/A \$						
SEI	E SCHEDULE OF FORMS AND ENDOR	SEMENTS			\$						
	\$										
			Total		\$ 720.00						

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