

LETTUMEAT! INC
1860 MEADOWCHASE CT
SNELLVILLE GA 30078-6604

State Farm Fire and Casualty Company

IMPORTANT NOTICE

Policy Information

Policy number: 91-GF-C386-0

January 5, 2021

We're contacting you about the above State Farm® policy.

We're enclosing your Renewal Declaration, and all new/updated endorsements. Please review your coverage selections carefully. If you have any questions about the coverage listed on your Renewal Declarations, or you believe any information is incorrect, contact your State Farm agent right away.

This is not a bill. The policy premium is being added to your billing account.

THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.

If you have any questions, call your State Farm Agent Jason Davidson at 770-720-4747. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

CC: Jason Davidson
11-2107



LETTUMEAT! INC
1860 MEADOWCHASE CT
SNELLVILLE GA 30078-6604

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

Your State Farm Agent

Jason Davidson
6199 Hickory Flat Hwy
Suite 122
Canton GA 30115-7255
Bus: 770-720-4747
Email: jason.davidson.jm47@statefarm.com

Renewal Declarations

Policy number: 91-GF-C386-0

Policy period: 12 months

The policy period begins and ends at 12:01 am standard time at the premises location.

Effective date: March 9, 2021

Expiration date: March 9, 2022

BUSINESSOWNERS POLICY

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

NAMED INSURED

LETTUMEAT! INC
1860 MEADOWCHASE CT
SNELLVILLE GA 30078-6604

ENTITY

Corporation

IMPORTANT MESSAGE(S)

Notice - Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM

This is not a bill. If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below is the 12 months premium(s) for the characteristics of the policy as described in this Declarations.

Total Premium: \$325.00
Minimum Premium

Discounts applied:

Business Experience Rating
Years in Business

Protective Devices
Business in Residence Premises

SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Building	Limit of Insurance* Coverage B - Business Personal Property	Seasonal increase - Business Personal Property
001	1860 Meadowchase Ct Snellville GA 30078-6604	No Coverage	\$10,100	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I – INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 260.4

SECTION I – DEDUCTIBLES

BASIC DEDUCTIBLE \$1,000

SPECIAL DEDUCTIBLES:

Equipment Breakdown: \$1,000
Money and Securities: \$250

Other deductibles may apply - refer to policy.

SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by “See schedule”. If a coverage does not have a corresponding limit shown below, but has “Included” indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%

Coverage	Limit of Insurance
Money Orders and Counterfeit Money	\$1,000
Money and Securities	
On Premises	\$5,000
Off Premises	\$2,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up and Removal	\$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$10,000
Signs	\$2,500
Valuable Papers and Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Loss of Income and Extra Expense	12 Months Actual Loss Sustained

SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	1860 Meadowchase Ct Snellville GA 30078-6604

SECTION II - LIABILITY

Coverage	Limit of Insurance
Coverage L - Business Liability Per Occurrence	\$1,000,000

Coverage	Limit of Insurance
Coverage M - Medical Expenses	\$5,000 Any One Person
Damage to Premises Rented to You	\$300,000

Aggregate Limits	Limit of Insurance
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

- CMP-4100 Businessowners Coverage Form
 - CMP-4211.2 Amendatory Endorsement (Georgia)
 - CMP-4561.1 Policy Endorsement
 - CMP-4705.2 Loss of Income and Extra Expense
 - CMP-4709 Money and Securities
 - FD-6007 Inland Marine Attaching Declarations
 - FE-3650 Actual Cash Value Endorsement
 - * FE-6999.3 Policyholder Disclosure Notice of Terrorism Insurance Coverage
- *New Form Attached*

This policy is issued by the State Farm Fire and Casualty Company.


PARTICIPATING POLICY

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company’s Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



President



Secretary