



Declarations: Business Owner's Policy

Policy Number: 34 SBA AR6T35

Policy Period: 03/17/2024 to 03/17/2025, 12:01 a.m., Standard time at your mailing address shown here. Exception: 12 noon in New Hampshire.

Insurer:

Hartford Underwriters Insurance Company, a property and casualty company of The Hartford.

One Hartford Plaza, Hartford, CT 06155

Named Insured and Mailing Address:

Fat Chance Fitness LLC
2624 N CENTER ST
BONHAM, TX 75418-2135

Type of Business: Physical Fitness Facility and Personal Trainers

Name of Agency/Broker:

PREMIER GROUP INSURANCE INC
7887 E BELLEVIEW AVE STE 500
GREENWOOD VILLAGE, CO 80111

Code: 34343596

Previous Policy Number:

34 SBA AR6T35

Organization Type: LLC

Audit Period: Non-Auditable

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL PREMIUM:

\$2,196*

*Total Premium includes the premium for all Coverage Parts issued to you in this policy, as well as any companion policies delivered with this policy. Total Premium includes any applicable fees and surcharges. Total Premium may change based on coverage changes made through endorsement or if your policy is subject to Premium Audit.

Countersigned by: *Susan L. Castaneda*

02/06/2024

Authorized Representative

Date

A Business Owner's Policy typically covers property and business liability risks. Generally, Property insurance pays you if a covered cause of loss damages property that you own, rent or lease. Business liability insurance pays in certain cases where something you do or something you own causes injury or damage to someone else, or someone else's property. Please see the coverages and limits described in your Declarations for details regarding the insurance you purchased.

This Spectrum® Business Owner's Policy consists of the Declarations, Coverage Forms, Coverage Parts, Common Policy Conditions and any other Forms and endorsements issued to be a part of the Policy. The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies.



Declarations: Business Owner's Policy



Glossary of Terms*

TERM	DEFINITION
Audit Period	Your Policy period, which may be auditable or non-auditable. If your Policy is auditable, we will examine your business records to determine actual exposures for final premium calculation.
Base Coverage Form	Each Coverage Part has a form that explains, generally, what is and is not covered. This is the first building block of the Coverage Part. All other forms directly or indirectly modify the Base Coverage Form and are attached to it.
Coverage Part	A section of the Policy for a particular coverage. Unless otherwise stated in a specific Coverage Part, a Coverage Part consists of a Declarations page, a Base Coverage Form, all forms that modify the Base Coverage Form, and other forms applicable to the Coverage Part or the entire Policy.
Declarations	The part of the insurance contract that specifies the named insured, address, policy period, covered locations, limits of insurance and other key information such as forms applicable to the Coverage Part.
Policy	A contract between you and us to provide you with certain insurance coverages. Your Spectrum Business Owner's Policy consists of all Coverage Parts and forms common to some or all Coverage Parts.
STRETCH®	A unique feature of The Hartford's policy is an optional enhancement to the policy which increases the limit of insurance for several coverages and adds new coverages to the policy.
STRETCH® Blanket Limit	Provides a single limit of insurance that applies to more than one Coverage. Coverages subject to the STRETCH® Blanket Limit may also have additional limits of insurance which would apply in addition to the STRETCH® Blanket Limit.

*The terms and definitions contained in the Glossary of Terms are provided to help you better understand your Business Owners Policy and how it is constructed. These terms and definitions are not definitions that apply to any Coverage Part or Policy you have purchased and should not be construed as such. Please refer to the applicable provisions in your coverage parts or policies for complete details of the defined terms, including but not limited to the applicable Definitions section of such Coverage Part or Policy.



Declarations: Locations and Location-Based Coverages

Here's how your Business Owner's insurance coverage and limits apply to your business locations (LOC). If you have more than one location or building (BLDG), we break out your coverage and limits separately for each LOC.

LOC 1, BLDG 1

Class: Physical Fitness Facility and Personal Trainers
Location: 2624 N CENTER ST BONHAM, TX 75418-2135
Construction Type: Non-combustible
Year Built: 1985
Property Deductible: \$1,000

Valuation
Business Personal Property (BPP):
Replacement Cost

LOC 1, BLDG 1: LOCATION-BASED COVERAGES AND FEATURES	LIMIT OF INSURANCE
Covered Property (Form Number SP 00 00 10 18)	
Business Personal Property, includes: <ul style="list-style-type: none"> Tenant's Improvements and Betterments Personal Property of Others 	\$116,600
Business Personal Property (BPP) - Business Personal Property Limit - Additional Seasonal Increase %	25% - Included
Building	\$0

LOC 2, BLDG 1

Class: Physical Fitness Facility and Personal Trainers
Location: 108 E SAM RAYBURN DR BONHAM, TX 75418-4333

LOC 2, BLDG 1: LOCATION-BASED COVERAGES AND FEATURES	LIMIT OF INSURANCE
No property coverage at this location	



Declarations: Property Coverage Part

The coverages listed below apply to the location(s) for which you purchased property coverage. The limits in the right-hand column show the maximum amount we'll pay. Read the entire Coverage Part to determine your rights, duties and what is and is not covered under the coverages listed below.

STRETCH® Blanket Limit: \$50,000

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SP 30 23 10 18	ACCOUNTS RECEIVABLE	Included in STRETCH® Blanket Limit
SP 30 18 10 18	ARSON AND THEFT REWARD	\$10,000
SP 30 57 10 18	BACK-UP OF SEWERS AND DRAINS COVERAGE	Included ²
SP 30 31 10 18	BRANDS AND LABELS	Included ²
SP 30 59 10 18	BUILDING PROPERTY OF OTHERS	\$10,000
SP 30 13 10 18	BUSINESS INCOME AND EXTRA EXPENSE	
	Extended Business Income	60 days
	Limit Type	Actual Loss Sustained
	Period of Restoration	12 months
SP 30 19 10 18	BUSINESS INCOME FOR CIVIL AUTHORITY ORDERS	
	Duration of Coverage	30 days
	Waiting Period	None
SP 31 05 10 18	BUSINESS INCOME FOR CLOUD SERVICE INTERRUPTION	
	Annual Sales	\$64,000
	Limit	\$25,000
SP 30 40 10 18	BUSINESS INCOME FOR OFF-PREMISES UTILITY SERVICES	
	Limit	\$25,000
	Waiting Period	12 hours
SP 30 14 10 18	BUSINESS INCOME FROM DEPENDENT PROPERTIES	
	Limit	\$25,000
	Period of Restoration	12 months
SP 30 45 10 18	BUSINESS INCOME FROM OFF-PREMISES OPERATIONS	
	Extended Business Income	60 days
	Limit	\$25,000
SP 30 47 10 18	BUSINESS INCOME FROM WEBSITES	
	Limit	\$10,000
	Max Period of Restoration	7 days



Declarations: Property Coverage Part

CONTINUED

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
	Waiting Period	12 hours
SP 30 32 10 18	CLAIM EXPENSE	\$10,000
SP 30 00 10 18	COLLAPSE	Included ²
SP 30 60 10 18	COMPUTERS WORLDWIDE	Included in STRETCH [®] Blanket Limit
SP 30 37 10 18	CONTRACT PENALTIES	\$1,000
SP 30 01 10 18	DEBRIS REMOVAL	Included in STRETCH [®] Blanket Limit
	Limit	25% of amount paid for covered loss
SP 30 29 10 18	ELECTRONIC DATA	
	Policy Year Limit	\$50,000
SP 30 42 10 18	EMPLOYEE DISHONESTY COVERAGE - EXCLUDES ERISA COMPLIANCE	\$10,000
SP 30 02 10 18	EQUIPMENT BREAKDOWN	Included ²
	Deductible	Property Deductible
	Defense	Included
	Expediting Expenses	\$50,000
	Hazardous Substances	\$50,000
	Supplementary Payments	Included
SP 30 38 10 18	EXPEDITING EXPENSES	\$10,000
SP 30 55 10 18	FINE ARTS COVERAGE	\$10,000
SP 30 03 10 18	FIRE DEPARTMENT SERVICE CHARGE	Included in STRETCH [®] Blanket Limit
SP 30 04 10 18	FIRE EXTINGUISHER RECHARGE	Included ²
SP 30 16 12 19	FORGERY COVERAGE (INCLUDING CREDIT CARDS, CURRENCY AND MONEY ORDERS)	\$25,000
SP 30 46 10 18	FRAUDULENT TRANSFER COVERAGE	\$10,000
SP 30 05 10 18	GARAGES, STORAGE BUILDINGS, AND OTHER APPURTENANT STRUCTURES	\$50,000
SP 30 06 10 18	GLASS EXPENSE	Included ²
SP 30 22 06 22	IDENTITY RECOVERY FOR BUSINESSOWNERS AND EMPLOYEES	
	Deductible	\$250
	Limit	\$15,000
	Lost Wages and Child and Elder Care Expense	\$250 per day, \$5,000 per policy year
	Mental Health Sublimit	\$1,500
SP 30 30 10 18	INTERRUPTION OF COMPUTER OPERATIONS	
	Period of Restoration	12 months
	Policy Year Limit	\$25,000



Declarations: Property Coverage Part

CONTINUED

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
	Waiting Period	12 hours
SP 30 07 10 18	LEASE ASSESSMENT	\$2,500
SP 30 54 10 18	LEASEHOLD IMPROVEMENTS	\$25,000
SP 30 17 10 18	LIMITED FUNGI, BACTERIA OR VIRUS COVERAGE	
	Limit	\$50,000
	Period of Restoration	30 days
SP 30 08 10 18	LOCK AND KEY REPLACEMENT	\$1,000
SP 30 36 03 20	LOST KEYS	\$1,000
SP 30 28 10 18	MONEY AND SECURITIES COVERAGE	
	Inside the Premises Limit	\$10,000
	Outside the Premises Limit	\$5,000
SP 30 24 12 21	NEWLY ACQUIRED OR CONSTRUCTED PROPERTY	
	Newly Acquired or Constructed BI/EE Limit	\$250,000
	Newly Acquired or Constructed BPP Limit	\$500,000
SP 30 39 10 18	NON-OWNED DETACHED TRAILERS	Included in STRETCH® Blanket Limit
SP 30 50 10 18	OFF-PREMISES UTILITY SERVICES - DIRECT DAMAGE	\$10,000
SP 30 11 12 19	ORDINANCE OR LAW COVERAGE	
	Increased Cost of Construction & Demolition Costs Limit	\$25,000
	Undamaged Part Limit	\$25,000
SP 30 25 12 21	OUTDOOR PROPERTY	\$25,000
SP 31 35 10 18	OUTDOOR SIGNS ON PREMISES	\$10,000
SP 30 33 10 18	PAIRS OR SETS	Included ²
SP 30 53 10 18	PAVED SURFACES	\$15,000
SP 30 09 10 18	PERSONAL EFFECTS	Included in STRETCH® Blanket Limit
SP 30 20 10 18	POLLUTANTS AND CONTAMINANTS CLEAN UP AND REMOVAL	\$15,000
SP 30 10 10 18	PRESERVATION OF PROPERTY	45 days
SP 30 26 10 18	PROPERTY OFF-PREMISES	\$25,000
SP 30 34 10 18	SALESPERSONS SAMPLES	\$1,000
SP 30 51 10 18	SPOILAGE	Included in STRETCH® Blanket Limit
	Business Income Limit	\$10,000
	Waiting Period	12 hours
SP 30 49 10 18	SUMP OVERFLOW OR SUMP PUMP FAILURE	\$15,000
SP 30 44 10 18	THEFT DAMAGE TO BUILDING	Included ²



Declarations: Property Coverage Part

CONTINUED

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SP 30 61 10 18	TRANSIT BUSINESS INCOME	
	Limit	\$10,000
	Period of Restoration	12 months
	Waiting Period	None
SP 30 48 10 18	TRANSIT COVERAGE	\$10,000
SP 30 52 10 18	UNAUTHORIZED BUSINESS CARD USE	\$2,500
SP 30 12 10 18	VALUABLE PAPERS AND RECORDS	Included in STRETCH® Blanket Limit
SP 30 35 10 18	VALUATION CHANGES: COMMODITY, FINISHED AND MERCANTILE STOCK	Included within Covered Property Limit (Building and/or BPP)
SP 30 27 10 18	WATER DAMAGE, OTHER LIQUID, POWDER OR MOLTEN MATERIAL DAMAGE	Included ²

²Included within Covered Property Limit(s) (Building and/or Business Personal Property)

ALL OTHER PROPERTY FORMS

Form Number	Form Name
SP 20 08 10 18	PERILS SPECIFICALLY EXCEPTED
SP 00 00 10 18	SPECIAL PROPERTY COVERAGE FORM
SP 01 42 10 18	TEXAS CHANGES - SPECIAL PROPERTY COVERAGE FORM
G-4164-0	TEXAS FLOOD INSURANCE DISCLOSURE NOTICE

PROPERTY COVERAGE PREMIUM:

\$1,392*

* Price is subject to fees and surcharges. For more details, refer to Page 10



Declarations: Business Liability Coverage Part

Your policy includes the liability coverages listed below. The limits in the right-hand column show the maximum amount we'll pay.

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SL 00 00 10 18	BUSINESS LIABILITY COVERAGE FORM	
	Damage To Premises Rented To You Limit	\$1,000,000
	General Aggregate Limit	\$2,000,000
	Liability and Medical Expenses Limit	\$1,000,000
	Medical Expenses Limit	\$10,000
	Personal and Advertising Injury Limit	\$1,000,000
	Products-Completed Operations Aggregate Limit	\$2,000,000
	Property Damage Liability Deductible	No Deductible
ADDITIONAL BUSINESS LIABILITY COVERAGES		
SL 30 32 06 21	BLANKET ADDITIONAL INSURED BY CONTRACT	Included ¹

¹Included in Business Liability Limit(s)

ALL OTHER BUSINESS LIABILITY FORMS	
Form Number	Form Name
SL 20 54 10 18	EXCLUSION - FUNGI, BACTERIA AND VIRUSES
SL 20 06 10 18	EXCLUSION - NUCLEAR ENERGY LIABILITY
SL 20 78 10 18	EXCLUSION - SILICA - BUSINESS LIABILITY COVERAGE FORM
SL 90 02 10 18	IMPORTANT NOTICE TO POLICYHOLDERS - EXCLUSION - SILICA - TEXAS
SL 90 05 10 18	IMPORTANT NOTICE TO POLICYHOLDERS - ASBESTOS HAZARD EXCLUSION - TEXAS
SL 01 42 10 18	TEXAS CHANGES - BUSINESS LIABILITY COVERAGE FORM

BUSINESS LIABILITY COVERAGE PREMIUM:	\$516*
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* Price is subject to fees and surcharges. For more details, refer to Page 10



Declarations: Other Liability Coverages

Your policy also includes the following additional liability Coverage Parts or policies. Please see the applicable Declaration form for details.

DECLARATION FORM NUMBER	COVERAGE NAME	PREMIUM
SL 55 74 10 18	Employment Practices Liability Insurance	Included



Declarations: Common Forms

Your policy includes the Common Forms listed below. These forms apply to all Coverage Parts on your policy.

FORM NUMBER	FORM NAME
SC 00 00 10 18	COMMON POLICY CONDITIONS
SC 00 01 10 18	DECLARATIONS: BUSINESS OWNER'S POLICY
SC 70 00 12 20	DISCLOSURE - CAP ON LOSSES - TERRORISM RISK INSURANCE ACT
IH12060221	GOODS AND SERVICES ENDORSEMENT
G-3116-6	IMPORTANT NOTICE - TEXAS
SC 50 64 06 20	IMPORTANT NOTICE TO POLICYHOLDER'S
SC 50 46 10 18	IMPORTANT NOTICE TO POLICYHOLDERS
SC 90 04 10 18	IMPORTANT NOTICE TO POLICYHOLDERS THE HARTFORD CYBER CENTER WEBSITE ACCESS
100722	INSURANCE POLICY BILLING INFORMATION
SC 50 31 10 18	PRODUCER COMPENSATION NOTICE
SC 00 12 10 18	SPECTRUM BUSINESS OWNER'S POLICY JACKET
SC 01 42 10 18	TEXAS CHANGES - COMMON POLICY CONDITIONS
SC 90 16 10 18	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
SC 90 15 10 18	US DEPARTMENT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS



Declarations: Other Charges

States laws and regulations may require you to pay taxes, fees, surcharges or other costs. We've listed those charges below

DESCRIPTION	COST
Other Premiums	
Policy Base Premium	\$245
Terrorism Premium	\$43



Declarations: Employment Practices Liability Coverage Part

COVERAGE PROVIDED BY THIS COVERAGE PART IS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO US IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE DEDUCTIBLE. PAYMENTS OF CLAIM EXPENSES ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMITS OF LIABILITY. PLEASE READ THE COVERAGE PART CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. UPON TERMINATION OF THIS COVERAGE PART, EXTENDED REPORTING PERIOD COVERAGE IS AVAILABLE.

This Declarations Page, with Common Policy Conditions, Employment Practices Liability Coverage Form and Endorsements, if any, shall together constitute this Employment Practices Liability Coverage Part, which in turn forms a part of the Policy Number shown below.

The Nuclear Energy Liability Exclusion (Form SL 20 06) of the Policy to which this Coverage Part is attached also applies to this Coverage Part.

Policy Number: 34 SBA AR6T35

Policy Period

Effective date: 03/17/2024

Expiration date: 03/17/2025

12:01 A.M., Standard time at the address of the named insured as stated herein. 12 noon in New Hampshire.

Insurer:

Hartford Underwriters Insurance Company
One Hartford Plaza, Hartford, CT 06155

Named Insured and Mailing Address:

Fat Chance Fitness LLC

2624 N CENTER ST

BONHAM, TX 75418-2135

PREMIUM:

Included

This Spectrum® Business Owner's Policy consists of the Declarations, Coverage Forms, Coverage Parts, Common Policy Conditions and any other Forms and endorsements issued to be a part of the Policy. The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies.





Declarations: Employment Practices Liability Coverage Part

POLICY PERIOD **EFFECTIVE DATE:** 03/17/2024 **EXPIRATION DATE:** 03/17/2025
12:01 A.M., Standard time at the address of the named insured as stated herein. Exception: 12 noon in New Hampshire.

LIMITS OF LIABILITY

EACH CLAIM LIMIT: \$25,000
ANNUAL AGGREGATE LIMIT: \$25,000

RETROACTIVE DATE: 03/17/2022
If no date is entered, the Retroactive Date is the same as the effective date of this Coverage Part.

DEDUCTIBLE: None

Form Numbers of Forms and Endorsements that apply:

FORM NUMBER	FORM NAME
SL 55 34 10 18	WAGE AND HOUR CLAIMS EXPENSES - EMPLOYMENT PRACTICES LIABILITY
SL 55 59 10 18	TEXAS NOTICE
SL 55 37 10 18	RETROACTIVE DATE ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY
SL 55 02 10 18	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM (CLAIMS MADE)
SL 55 74 10 18	DECLARATIONS - EMPLOYMENT PRACTICES LIABILITY COVERAGE PART
SL 55 43 10 18	TEXAS AMENDATORY ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY

Countersigned by:

Susan L. Castaneda

02/06/2024

Authorized Representative

Date

