

**TO:** Michelle Mercurio  
HARTSELLE BIG LLC  
8200 113TH STREET N  
SUITE 201  
Seminole, FL 33772  
**Agency Fax:** (727)391-1204

**Agency Code:** 86788

**RE:** Bardmoor North Property Owners Association  
**Renewal of Policy #:** CPS2193726

**Renewal Date:** 03/04/16

**QUOTATION**

**Quotation Premium**

**Policy Term:** 03/04/2016 - 03/04/2017 **Quote Exp Date:** 03/04/2016 12:01 AM

| <b>Excluding TRIA</b> |                   | <b>Including TRIA</b> |                   |
|-----------------------|-------------------|-----------------------|-------------------|
| <b>Premium:</b>       | \$1,611.00        | <b>Premium:</b>       | \$1,611.00        |
| Policy Fee            | \$35.00           | Policy Fee            | \$35.00           |
| FL SL Tax(5%)         | \$82.30           | <b>TRIA:</b>          | \$81.00           |
| Stamping Fee(0.175%)  | \$2.88            | FL SL Tax(5%)         | \$86.35           |
| <b>Total:</b>         | <b>\$1,731.18</b> | Stamping Fee(0.175%)  | \$3.02            |
|                       |                   | <b>Total:</b>         | <b>\$1,816.37</b> |

**Minimum Earned Percent:** 25.00 % **Minimum Earned Premium:** \$ 402.75

Note: Policy Fees are fully earned.

Policy Type: Occurrence

**Carrier(s):**

Scottsdale Insurance Company - P.O. Box 4110 Scottsdale AZ 85261  
Non-Admitted  
Hull & Company, Inc. is responsible for collecting and filing the Surplus Lines taxes.

**Locations:**

8000 Bardmoor Blvd, Seminole, FL, 33777

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

**Commercial General Liability**

**Coverage:** General Liability - Policy Type:

**Limits:**

General Aggregate: \$2,000,000  
 Products/Completed Operations Aggregate: \$2,000,000  
 Each Occurrence: \$1,000,000  
 Personal and Advertising Injury: \$1,000,000  
 Damages to Premises Rented To You: \$100,000  
 Medical Payments (any one person): \$5,000

Deductible: \$0

**Loc #: 1 - 8000 Bardmoor Blvd**

| Class | Description   | Sub-Line            | Basis | Exposure | Final Rate | Premium |
|-------|---|---------------------|-------|----------|------------|---------|
| 41670 | Homeowners Association (Single Family)<br>- Association Risk only | Premises/Operations | Units | 358      | 4.5        | \$1,611 |

**Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)**

CG 20 04 11-85 AI-Condominium Unit Owners  
 CG 20 02 11-85 AI-Club Members  
 CG 24 26 4-13 Amend Of Insured Contract Definition  
 UTS-365s 2-09 Amend of Nonpayment Cancel Condition  
 UTS-246s 2-15 Amendatory Endorsements-Without Med Pay Excl  
 NOTX0178CW 2-06 Claim Reporting Information  
 OPS-D-1 8-10 Common Policy Declarations  
 UTS-COVPG 12-09 Cover Page  
 CG 21 06 5-14 Excl-Access Of Confidential Or Personal Info  
 CG 21 01 11-85 Excl-Athletic-Sports Participants  
 CG 21 73 1-08 Exclusion-Certified Acts Of Terrorism  
 UTS-29-FL 6-97 FL-Cancel-Nonrenew  
 NOTS0381FL 7-09 FL-Policyholder Notice  
 CG 00 01 4-13 General Liab Coverage  
 CLS-SP-1L 10-93 GL Ext Supplemental Dec  
 CLS-SD-1L 8-01 GL Supplemental Dec  
 GLS-289s 11-07 Known Injury/Dmg Excl-Personal/Advertise Injury  
 UTS-SP-3 8-96 Locations Schedule  
 UTS-119g 6-14 Minimum Earned Cancellation Premium  
 UTS-128s 6-14 Optional Provisions Endorsement  
 CG 00 68 5-09 Recording/Distribution Of Material/Info  
 UTS-SP-2 12-95 Schedule of Forms and Endts

**Conditions:** (include, but are not limited to, the following terms, conditions and exclusions.)

\*\*\*At time of binding: signed Acords, & TRIA are required\*\*\*.

100% Minimum & Deposit

25% Minimum Earned Premium

A written bind request must be received to bind coverage

Completed/Signed Affidavit

Confirm/ Subject to No Change in Applicant/Risk Underwriting Information from Expiring Policy

No Flat Cancellations

Subject to Completed/Signed Supplemental Application

**Special Provisions:**

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, Inc..

Be advised that if Hull & Company, Inc. has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

OP ID: M3

DATE (MM/DD/YYYY)  
**2/17/2016**

|   |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
|---|--|--|---|---|---|---------------------------------------|--|-------------|--------------------|---|------|-----------------------|---|---------------------------------------|---|---------------------------------------|--|--|--|---------------------------------|------|------|---|---------------------------------|--|--------------|--|---------------------------------|--|---|--|------------------------------------|--|-----------------|--|-------|----------|------------------------------------|--|
| AGENCY<br><b>HARTSELLE BIG, LLC</b><br>8200 113th Street N, Suite 201<br>Seminole, FL 33772<br>Greg Jones   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> <b>CARRIER</b><br/>           Scottsdale Insurance Company         </td> <td style="width: 20%;">           NAIC CODE<br/> <b>41297</b> </td> </tr> <tr> <td colspan="2">           COMPANY POLICY OR PROGRAM NAME<br/> <b>COMMERCIAL LIABILITY</b> </td> </tr> <tr> <td colspan="2">           POLICY NUMBER<br/> <b>CPS1971552</b> </td> </tr> <tr> <td style="width: 60%;">           UNDERWRITER         </td> <td style="width: 40%;">           UNDERWRITER OFFICE         </td> </tr> <tr> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">           STATUS OF TRANSACTION         </td> <td style="width: 30%;"> <input type="checkbox"/> QUOTE         </td> <td style="width: 30%;"> <input type="checkbox"/> ISSUE POLICY         </td> <td style="width: 10%;"> <input checked="" type="checkbox"/> RENEW         </td> </tr> <tr> <td colspan="4">           BOUND (Give Date and/or Attach Copy):         </td> </tr> <tr> <td> <input type="checkbox"/> CHANGE         </td> <td>           DATE         </td> <td>           TIME         </td> <td> <input checked="" type="checkbox"/> AM<br/> <input type="checkbox"/> PM         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> CANCEL         </td> <td> <b>12:00</b> </td> <td> </td> </tr> </table> </td> </tr> <tr> <td>           CONTACT NAME: <b>Greg Jones</b> </td> <td> </td> </tr> <tr> <td>           PHONE (A/C, No, Ext): <b>727-393-5000</b> </td> <td> </td> </tr> <tr> <td>           FAX (A/C, No): <b>727-391-1204</b> </td> <td> </td> </tr> <tr> <td>           E-MAIL ADDRESS:         </td> <td> </td> </tr> <tr> <td>           CODE:         </td> <td>           SUBCODE:         </td> </tr> <tr> <td colspan="2">           AGENCY CUSTOMER ID: <b>BARDM-2</b> </td> </tr> </table> | <b>CARRIER</b><br>Scottsdale Insurance Company | NAIC CODE<br><b>41297</b>   | COMPANY POLICY OR PROGRAM NAME<br><b>COMMERCIAL LIABILITY</b> |   | POLICY NUMBER<br><b>CPS1971552</b>    |  | UNDERWRITER | UNDERWRITER OFFICE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">           STATUS OF TRANSACTION         </td> <td style="width: 30%;"> <input type="checkbox"/> QUOTE         </td> <td style="width: 30%;"> <input type="checkbox"/> ISSUE POLICY         </td> <td style="width: 10%;"> <input checked="" type="checkbox"/> RENEW         </td> </tr> <tr> <td colspan="4">           BOUND (Give Date and/or Attach Copy):         </td> </tr> <tr> <td> <input type="checkbox"/> CHANGE         </td> <td>           DATE         </td> <td>           TIME         </td> <td> <input checked="" type="checkbox"/> AM<br/> <input type="checkbox"/> PM         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> CANCEL         </td> <td> <b>12:00</b> </td> <td> </td> </tr> </table> |      | STATUS OF TRANSACTION | <input type="checkbox"/> QUOTE  | <input type="checkbox"/> ISSUE POLICY | <input checked="" type="checkbox"/> RENEW | BOUND (Give Date and/or Attach Copy): |  |  |  | <input type="checkbox"/> CHANGE | DATE | TIME | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> CANCEL |  | <b>12:00</b> |  | CONTACT NAME: <b>Greg Jones</b> |  | PHONE (A/C, No, Ext): <b>727-393-5000</b> |  | FAX (A/C, No): <b>727-391-1204</b> |  | E-MAIL ADDRESS: |  | CODE: | SUBCODE: | AGENCY CUSTOMER ID: <b>BARDM-2</b> |  |
| <b>CARRIER</b><br>Scottsdale Insurance Company  | NAIC CODE<br><b>41297</b>  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| COMPANY POLICY OR PROGRAM NAME<br><b>COMMERCIAL LIABILITY</b>   |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| POLICY NUMBER<br><b>CPS1971552</b>  |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| UNDERWRITER   | UNDERWRITER OFFICE   |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
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| STATUS OF TRANSACTION   | <input type="checkbox"/> QUOTE   | <input type="checkbox"/> ISSUE POLICY          | <input checked="" type="checkbox"/> RENEW                             |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| BOUND (Give Date and/or Attach Copy):   |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| <input type="checkbox"/> CHANGE   | DATE   | TIME   | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| <input type="checkbox"/> CANCEL   |  | <b>12:00</b>                                   |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| CONTACT NAME: <b>Greg Jones</b>   |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| PHONE (A/C, No, Ext): <b>727-393-5000</b>   |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| FAX (A/C, No): <b>727-391-1204</b>  |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| E-MAIL ADDRESS:   |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| CODE:   | SUBCODE:   |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |
| AGENCY CUSTOMER ID: <b>BARDM-2</b>  |  |  |   |   |   |                                       |  |             |                    |   |      |                       |   |                                       |   |                                       |  |  |  |                                 |      |      |   |                                 |  |              |  |                                 |  |   |  |                                    |  |                 |  |       |          |                                    |  |

**SECTIONS ATTACHED**

| INDICATE SECTIONS ATTACHED            | PREMIUM | INDICATE SECTIONS ATTACHED   | PREMIUM | INDICATE SECTIONS ATTACHED         | PREMIUM |
|---------------------------------------|---------|------------------------------|---------|------------------------------------|---------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS | \$      | ELECTRONIC DATA PROC         | \$      | TRANSPORTATION / MOTOR TRUCK CARGO | \$      |
| BOILER & MACHINERY                    | \$      | EQUIPMENT FLOATER            | \$      | TRUCKERS / MOTOR CARRIER           | \$      |
| BUSINESS AUTO                         | \$      | GARAGE AND DEALERS           | \$      | UMBRELLA                           | \$      |
| BUSINESS OWNERS                       | \$      | GLASS AND SIGN               | \$      | YACHT                              | \$      |
| COMMERCIAL GENERAL LIABILITY          | \$      | INSTALLATION / BUILDERS RISK | \$      |                                    | \$      |
| CRIME                                 | \$      | OPEN CARGO                   | \$      |                                    | \$      |
| DEALERS                               | \$      | PROPERTY                     | \$      |                                    | \$      |

**ATTACHMENTS**

|   |                                   |  |
|---|-----------------------------------|--|
| ADDITIONAL INTEREST                         | PREMIUM PAYMENT SUPPLEMENT        |  |
| ADDITIONAL PREMISES                         | PROFESSIONAL LIABILITY SUPPLEMENT |  |
| APARTMENT BUILDING SUPPLEMENT               | RESTAURANT / TAVERN SUPPLEMENT    |  |
| CONDO ASSN BYLAWS (for D&O Coverage only)   | STATEMENT / SCHEDULE OF VALUES    |  |
| CONTRACTORS SUPPLEMENT                      | STATE SUPPLEMENT (if applicable)  |  |
| COVERAGES SCHEDULE                          | VACANT BUILDING SUPPLEMENT        |  |
| DRIVER INFORMATION SCHEDULE                 | VEHICLE SCHEDULE                  |  |
| INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT |                                   |  |
| INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  |                                   |  |
| LOSS SUMMARY                                |                                   |  |

**POLICY INFORMATION**

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN   | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------|-------------------|--|--------------|-------------------|-------|---------|-----------------|----------------|
| <b>03/04/16</b>   | <b>03/04/17</b>   | <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY |              |                   |       | \$      | \$              | \$             |

**APPLICANT INFORMATION**

|   |  |   |  |                                       |     |                                     |                                       |
|---|--|---|--|---------------------------------------|-----|-------------------------------------|---------------------------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)<br><b>Bardmoor North Property</b><br>2331 Belleair Rd.<br>Clearwater, FL 33764<br>Pinellas |  |   |  | GL CODE                               | SIC | NAICS                               | FEIN OR SOC SEC #<br><b>592876273</b> |
|   |  |   |  | BUSINESS PHONE #: <b>727-581-3112</b> |     |                                     |                                       |
|   |  |   |  | WEBSITE ADDRESS                       |     |                                     |                                       |
| <input checked="" type="checkbox"/> CORPORATION   |  | JOINT VENTURE<br>LLC NO. OF MEMBERS AND MANAGERS: _____ |  | NOT FOR PROFIT ORG<br>PARTNERSHIP     |     | SUBCHAPTER "S" CORPORATION<br>TRUST |                                       |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  |  |   |  | GL CODE                               | SIC | NAICS                               | FEIN OR SOC SEC #                     |
|   |  |   |  | BUSINESS PHONE #:                     |     |                                     |                                       |
|   |  |   |  | WEBSITE ADDRESS                       |     |                                     |                                       |
|   |  | JOINT VENTURE<br>LLC NO. OF MEMBERS AND MANAGERS: _____ |  | NOT FOR PROFIT ORG<br>PARTNERSHIP     |     | SUBCHAPTER "S" CORPORATION<br>TRUST |                                       |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  |  |   |  | GL CODE                               | SIC | NAICS                               | FEIN OR SOC SEC #                     |
|   |  |   |  | BUSINESS PHONE #:                     |     |                                     |                                       |
|   |  |   |  | WEBSITE ADDRESS                       |     |                                     |                                       |
|   |  | JOINT VENTURE<br>LLC NO. OF MEMBERS AND MANAGERS: _____ |  | NOT FOR PROFIT ORG<br>PARTNERSHIP     |     | SUBCHAPTER "S" CORPORATION<br>TRUST |                                       |

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: **BARDM-2**

OP ID: **M3**

|  |  |  |  |
|--|--|--|--|
| CONTACT TYPE:  |  | CONTACT TYPE:  |  |
| CONTACT NAME: <b>Paul Gaccione</b>   |  | CONTACT NAME: <b>Paul Gaccione</b>   |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| <b>727-391-2215</b>  |  | <b>727-391-2215</b>  |  |
| PRIMARY E-MAIL ADDRESS: <b>gaccione_paul@emc.com</b>   |  | PRIMARY E-MAIL ADDRESS: <b>gaccione_paul@emc.com</b>   |  |
| SECONDARY E-MAIL ADDRESS:  |  | SECONDARY E-MAIL ADDRESS:  |  |

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

|  |                            |                                 |   |                  |                                  |
|--|----------------------------|---------------------------------|---|------------------|----------------------------------|
| LOC #  | STREET                     | CITY LIMITS                     | INTEREST  | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| <b>1</b>   | <b>8000 Bardmoor Blvd.</b> | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER                    |                  | OCCUPIED AREA: SQ FT             |
| BLD #  | CITY: <b>Seminole</b>      | STATE: <b>FL</b>                | <input type="checkbox"/> TENANT                   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
| <b>1</b>   | COUNTY: <b>Pinellas</b>    | ZIP: <b>33777</b>               | <input checked="" type="checkbox"/> <b>Assoc.</b> |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: <b>Residential Property Association</b> |                            |                                 |   |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #  | STREET                     | CITY LIMITS                     | INTEREST  | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|  |                            | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER                    |                  | OCCUPIED AREA: SQ FT             |
| BLD #  | CITY:                      | STATE:                          | <input type="checkbox"/> TENANT                   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|  | COUNTY:                    | ZIP:                            |   |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS:   |                            |                                 |   |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #  | STREET                     | CITY LIMITS                     | INTEREST  | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|  |                            | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER                    |                  | OCCUPIED AREA: SQ FT             |
| BLD #  | CITY:                      | STATE:                          | <input type="checkbox"/> TENANT                   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|  | COUNTY:                    | ZIP:                            |   |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS:   |                            |                                 |   |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #  | STREET                     | CITY LIMITS                     | INTEREST  | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|  |                            | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER                    |                  | OCCUPIED AREA: SQ FT             |
| BLD #  | CITY:                      | STATE:                          | <input type="checkbox"/> TENANT                   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|  | COUNTY:                    | ZIP:                            |   |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS:   |                            |                                 |   |                  | ANY AREA LEASED TO OTHERS? Y / N |

**NATURE OF BUSINESS**

|   |  |  |                                     |   |                                    |
|---|--|--|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> APARTMENTS                   | <input type="checkbox"/> CONTRACTOR    | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE                    | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS                 | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE        | <input type="checkbox"/> RETAIL     | <input type="checkbox"/> WHOLESALE                  |                                    |
| DESCRIPTION OF PRIMARY OPERATIONS                     |  |  |                                     |   |                                    |
|   |  |  |                                     |   |                                    |
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: |  | INSTALLATION, SERVICE OR REPAIR WORK % |                                     | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |                                    |
| DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS     |  |  |                                     |   |                                    |
|   |  |  |                                     |   |                                    |

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

|   |                  |       |           |                       |        |                  |                         |           |
|---|------------------|-------|-----------|-----------------------|--------|------------------|-------------------------|-----------|
| INTEREST<br><input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LIENHOLDER<br><input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE           | POLICY | SEND BILL        | INTEREST IN ITEM NUMBER |           |
|   |                  |       |           |                       |        |                  | LOCATION:               | BUILDING: |
|   |                  |       |           |                       |        |                  | VEHICLE:                | BOAT:     |
|   |                  |       |           |                       |        |                  | AIRPORT:                | AIRCRAFT: |
|   |                  |       |           |                       |        |                  | ITEM CLASS:             | ITEM:     |
| REFERENCE / LOAN #:   |                  |       |           | INTEREST END DATE:    |        | ITEM DESCRIPTION |                         |           |
| LIEN AMOUNT:  |                  |       |           | PHONE (A/C, No, Ext): |        | FAX (A/C, No):   |                         |           |
| REASON FOR INTEREST:  |                  |       |           | E-MAIL ADDRESS:       |        |                  |                         |           |

**GENERAL INFORMATION**

|   |   |  |                 |
|---|---|--|-----------------|
| <b>EXPLAIN ALL "YES" RESPONSES</b>  |   |  | <b>Y / N</b>    |
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?   |   |  | <b>N</b>        |
| PARENT COMPANY NAME   | RELATIONSHIP DESCRIPTION                                    | % OWNED  |                 |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?   |   |  | <b>N</b>        |
| SUBSIDIARY COMPANY NAME   | RELATIONSHIP DESCRIPTION                                    | % OWNED  |                 |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?   |   |  | <b>N</b>        |
| <input type="checkbox"/> SAFETY MANUAL  | <input type="checkbox"/> MONTHLY MEETINGS                   | <input type="checkbox"/>                                 |                 |
| <input type="checkbox"/> SAFETY POSITION  | <input type="checkbox"/> OSHA                               |  |                 |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?   |   |  | <b>N</b>        |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)   |   |  | <b>N</b>        |
| LINE OF BUSINESS  | POLICY NUMBER   | LINE OF BUSINESS   | POLICY NUMBER   |
|   |   |  |                 |
|   |   |  |                 |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)   |   |  | <b>N</b>        |
| <input type="checkbox"/> NON-PAYMENT  | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/>                                 |                 |
| <input type="checkbox"/> NON-RENEWAL  | <input type="checkbox"/> UNDERWRITING                       | <input type="checkbox"/> CONDITION CORRECTED (Describe): |                 |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?   |   |  | <b>N</b>        |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?<br>(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). |   |  | <b>N</b>        |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?  |   |  | <b>N</b>        |
| OCCURRENCE DATE   | EXPLANATION   | RESOLUTION   | RESOLUTION DATE |
|   |   |  |                 |
|   |   |  |                 |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?  |   |  | <b>N</b>        |
| OCCURRENCE DATE   | EXPLANATION   | RESOLUTION   | RESOLUTION DATE |
|   |   |  |                 |
|   |   |  |                 |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?   |   |  | <b>N</b>        |
| OCCURRENCE DATE   | EXPLANATION   | RESOLUTION   | RESOLUTION DATE |
|   |   |  |                 |
|   |   |  |                 |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST?  |   |  | <b>N</b>        |
| NAME OF TRUST   |   |  |                 |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?<br>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)  |   |  |                 |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?  |   |  |                 |

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101. Additional Remarks Schedule. may be attached if more space is required)**

|  |
|--|
|  |
|--|

**PRIOR CARRIER INFORMATION**

| YEAR             | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------------------|-----------------|-------------------|------------|----------|--------|
| <b>2012-2015</b> | CARRIER         | <b>Scottsdale</b> |            |          |        |
|                  | POLICY NUMBER   | <b>CPS1971552</b> |            |          |        |
|                  | PREMIUM         | <b>\$1,432.00</b> | \$         | \$       | \$     |
|                  | EFFECTIVE DATE  | <b>03/04/14</b>   |            |          |        |
|                  | EXPIRATION DATE | <b>03/04/15</b>   |            |          |        |

**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: **BARDM-2**

OP ID: **M3**

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |

**LOSS HISTORY**  **Check if none (Attach Loss Summary for Additional Loss Information)**

| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS |      |   |               |             |                 | TOTAL LOSSES: \$  |                  |
|--|------|---|---------------|-------------|-----------------|-------------------|------------------|
| DATE OF OCCURRENCE   | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|                       |   |   |
|-----------------------|---|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print)<br><b>Greg Jones</b> | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE  | NATIONAL PRODUCER NUMBER                        |





**CONTRACTORS**

**BARDM-2**

**OP ID: M3**

|  |                                    |                                 |                           |                           |                            |
|--|------------------------------------|---------------------------------|---------------------------|---------------------------|----------------------------|
| <b>EXPLAIN ALL "YES" RESPONSES (For past or present operations)</b>                          |                                    |                                 |                           |                           | <b>Y / N</b>               |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?                         |                                    |                                 |                           |                           | <input type="checkbox"/> N |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?                |                                    |                                 |                           |                           | <input type="checkbox"/> N |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?        |                                    |                                 |                           |                           | <input type="checkbox"/> N |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?                         |                                    |                                 |                           |                           | <input type="checkbox"/> N |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? |                                    |                                 |                           |                           | <input type="checkbox"/> N |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?                       |                                    |                                 |                           |                           | <input type="checkbox"/> N |
| <b>DESCRIBE THE TYPE OF WORK SUBCONTRACTED</b>   | <b>\$ PAID TO SUB-CONTRACTORS:</b> | <b>% OF WORK SUBCONTRACTED:</b> | <b># FULL-TIME STAFF:</b> | <b># PART-TIME STAFF:</b> |                            |

**PRODUCTS/COMPLETED OPERATIONS**

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| n        |                    |            |                | 0             |              |                      |
|          |                    |            |                |               |              |                      |
|          |                    |            |                |               |              |                      |

|   |  |  |  |  |                            |
|---|--|--|--|--|----------------------------|
| <b>EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b> |  |  |  |  | <b>Y / N</b>               |
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?   |  |  |  |  | <input type="checkbox"/> N |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)   |  |  |  |  | <input type="checkbox"/> N |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?  |  |  |  |  | <input type="checkbox"/> N |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?  |  |  |  |  | <input type="checkbox"/> N |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?   |  |  |  |  | <input type="checkbox"/> N |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?  |  |  |  |  | <input type="checkbox"/>   |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?  |  |  |  |  | <input type="checkbox"/>   |
| 8. PRODUCTS UNDER LABEL OF OTHERS?  |  |  |  |  | <input type="checkbox"/>   |
| 9. VENDORS COVERAGE REQUIRED?   |  |  |  |  | <input type="checkbox"/>   |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?  |  |  |  |  | <input type="checkbox"/>   |

| INTEREST                                    | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |           |
|---|-------|------------------|--------------|----------------------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED |       |                  |              |                      | LOCATION:               | BUILDING: |
| <input type="checkbox"/> LOSS PAYEE         |       |                  |              |                      | VEHICLE:                | BOAT:     |
| <input type="checkbox"/> MORTGAGEE          |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |           |
| <input type="checkbox"/> LIENHOLDER         |       |                  |              |                      | OTHER                   |           |
| <input type="checkbox"/> EMPLOYEE AS LESSOR |       |                  |              |                      | ITEM DESCRIPTION:       |           |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   | Y / N                      |
|--|----------------------------|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?  | <input type="checkbox"/> N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?  | <input type="checkbox"/> N |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) | <input type="checkbox"/> N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?  | <input type="checkbox"/> N |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?  | <input type="checkbox"/> N |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?   | <input type="checkbox"/> N |
| 7. ANY PARKING FACILITIES OWNED/RENTED?  | <input type="checkbox"/> N |
| 8. IS A FEE CHARGED FOR PARKING?   | <input type="checkbox"/> N |
| 9. RECREATION FACILITIES PROVIDED?   | <input type="checkbox"/> N |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES?  | <input type="checkbox"/> N |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED?   | <input type="checkbox"/> N |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   | <input type="checkbox"/> N |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  | <input type="checkbox"/> N |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?   | <input type="checkbox"/> N |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   | <input type="checkbox"/> N |
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  | <input type="checkbox"/> N |

**GENERAL INFORMATION (continued)**

BARDM-2

OP ID: M3

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   | Y / N    |
|--|----------|
| 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?  | <b>N</b> |
| 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?                       | <b>N</b> |
| 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?   | <b>N</b> |
| 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | <b>N</b> |

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).  
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.



**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

|  |   |
|--|---|
|  | I hereby elect to purchase certified terrorism coverage for a premium of <u>\$81.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate. |
|  | I hereby reject the purchase of certified terrorism coverage.   |

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Bardmoor North Property Owners Association  
\_\_\_\_\_  
Named Insured/Firm

Rnwl of CPS2193726  
\_\_\_\_\_  
Policy Number, if available

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**CONDOMINIUM AND HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION**

|  |  |
|--|--|
| Applicant's Name: <u>David Moore North Property</u><br><u>c/d American Property Management</u> | Agency Name: <u>Hartsville BIA, LLC</u>                              |
| Mailing Address: <u>24071 US HWY 19 N #102</u><br><u>Clearwater, FL 33713</u>                  | Agent No.: <u>727 393 5000</u>                                       |
| Location Address: _____  | Address: <u>8200 113th St N Ste 201</u><br><u>Seminole, FL 33772</u> |
|  | E-mail: <u>gjones@hartsvilleins.com</u>                              |
|  | Phone No.: <u>727-393-3612</u>                                       |

PROPOSED EFFECTIVE DATE: From 3-4-16 To 3-4-17 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company  
 Other (Specify): Organization

Website Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No.: 727

**Limits Of Liability and Deductible Requested:**

|  |                     |
|--|---------------------|
| General Aggregate (other than Products/Completed Operations)   | \$ <u>2,000,000</u> |
| Products & Completed Operations Aggregate                      | \$ <u>2,000,000</u> |
| Personal & Advertising Injury (any one person or organization) | \$ <u>1,000,000</u> |
| Each Occurrence  | \$ <u>1,000,000</u> |
| Damage to Premises Rented to You (any one premises)            | \$ <u>100,000</u>   |
| Medical Expense (any one person)                               | \$ <u>5,000</u>     |
| Limited Sports Participants Liability                          | \$                  |
| Other Coverages, Restrictions and/or Endorsements:             | \$                  |
| Deductible   | \$                  |

- Years in business: 28 years
- Is there any development and/or construction operations contemplated or in progress? .....  Yes  No  
 If yes, explain: \_\_\_\_\_
- Is the builder or developer a member of the board of directors for the association? .....  Yes  No
- How many units are in the name of or owned by the builder or developer? N/A

5. Is association membership voluntary? .....  Yes  No  
 If yes: How many unit owners are association members? 358  
 How many non-association units are within the boundaries of the association? 0
6. Number of units:  
 Condominiums—Commercial: \_\_\_\_\_ Condominiums—Residential: \_\_\_\_\_ Cooperative housing: \_\_\_\_\_  
 Single family homes: 358 Time-shares: \_\_\_\_\_ Townhomes/Townhouses: \_\_\_\_\_  
 Other (describe): \_\_\_\_\_
7. How many of the units have not been sold? 0
8. How many units are rented to others (not owner occupied)? 0  
 If units are rented to others, how many units does the Association control the rental of? \_\_\_\_\_  
 How many units are rented on a daily, weekly or monthly basis? \_\_\_\_\_
9. Number of stories: 1  
 Sprinklered? .....  Yes  No  
 Fire resistive? .....  Yes  No
10. Total number of employees: 0
11. Does applicant lease employees? .....  Yes  No
12. Does applicant subcontract any operations? .....  Yes  No  
 If yes:  
 a. Description of operations subcontracted: lawn maintenance  
 b. Annual cost of subcontracted work: \$0000  
 c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?...  Yes  No  
 If yes, minimum General Liability limits required: \_\_\_\_\_  
 d. Are certificates of insurance required from all subcontractors? .....  Yes  No  
 e. Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No  
 f. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
 If no, explain when not required: \_\_\_\_\_
13. Any prior losses due to mold? .....  Yes  No  
 If yes, has mold been completely remediated? .....  Yes  No
14. Is this a master association, which provides group common areas for individual associations? ...  Yes  No
15. Is this a community development that includes residential with commercial and/or institutional members? .....  Yes  No
16. Does the association have an airport or airstrip? .....  Yes  No
17. Any waterworks/sewage treatment/disposal facilities? .....  Yes  No  
 Describe in detail: \_\_\_\_\_  
 If yes, is it maintained and operated by applicant? .....  Yes  No
18. Any garbage dumps or landfills? .....  Yes  No
19. Is the association responsible for maintenance of the roads? .....  Yes  No  
 If yes, how many miles of road? \_\_\_\_\_
20. Any stables? .....  Yes  No  
 If yes, advise payroll: \_\_\_\_\_  
 Riding arenas? .....  Yes  No  
 Jumps? .....  Yes  No  
 Saddle animals for hire? .....  Yes  No

21. Number of: N/A

|                    |              |                     |             |
|--------------------|--------------|---------------------|-------------|
| Baseball Fields    |              | **Lakes             | _____ acres |
| Basketball Courts  |              | Parks               | _____ acres |
| Bathing Beaches    |              | Playgrounds         |             |
| Bicycle Trails     | _____ miles  | Racquetball Courts  |             |
| Boat Docks/Slips   |              | Restaurants/Lounges |             |
| Boat Ramps         |              | Saunas              |             |
| Boat Rentals       |              | Shooting Ranges     |             |
| Clubhouses         | _____ sq ft. | Shuffleboard Courts |             |
| Convenience Stores |              | Spas/Hot Tubs       |             |
| *Dams              |              | Streets/Roads       | _____ miles |
| Diving Rafts       |              | Tennis Courts       |             |
| Horse Trails       | _____ miles  | Volleyball Courts   |             |
| Ice Skating        |              |                     |             |

\* If applicable, complete dam questionnaire GLS-113

\*\* Is swimming allowed in the lakes? .....  Yes  No

22. Number of swimming pools and/or wading pools? \_\_\_\_\_

Number of diving boards, diving platforms and/or pool slides: \_\_\_\_\_

Diving boards or platforms over one meter in height? .....  Yes  No

Equipped with self-closing and self-latching gates/doors? .....  Yes  No

Life-safety equipment available at poolside? .....  Yes  No

Lifeguards provided? .....  Yes  No

Pools completely surrounded by building walls or fence? .....  Yes  No

Slides over ten (10) feet in height? .....  Yes  No

Warning signs and rules posted? .....  Yes  No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No

23. Any security guards on premises? .....  Yes  No

If yes, how many? \_\_\_\_\_

a. Does association directly employ security guards? .....  Yes  No

If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_

b. Does outside security guard service provide guards? .....  Yes  No

If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_

c. Are certificates of insurance required from subcontractor? .....  Yes  No

d. Is applicant included as an additional insured on subcontractor's policy? .....  Yes  No

24. Does applicant have Workers Compensation coverage in force? .....  Yes  No

25. Any special events? .....  Yes  No

If yes, describe: \_\_\_\_\_

26. Any sponsored athletic teams? .....  Yes  No

If yes, describe: \_\_\_\_\_

27. Describe any other exposures which the association is responsible for: N/A

\_\_\_\_\_

\_\_\_\_\_

28. Attach any descriptive or advertising literature. *N/A*

29. Additional Insured Information:

| Name              | Address   | Interest                |
|-------------------|---|-------------------------|
| <i>Ameri-Tech</i> | <i>29701 US Highway 19N #102<br/>Clearwater, FL 33763</i> | <i>Property Manager</i> |

30. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No  
If yes, describe: \_\_\_\_\_

31. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri).....  Yes  No  
If yes, explain: \_\_\_\_\_

32. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

33. Prior Carrier Information:

|                           | Year:             | Year: 2014-2015   | Year: 2013-2014   |
|---------------------------|-------------------|-------------------|-------------------|
| Carrier                   | <i>Scottsdale</i> | <i>Scottsdale</i> | <i>Scottsdale</i> |
| Policy No.                | <i>CPS2193726</i> | <i>CPS1971552</i> | <i>CPS175646B</i> |
| Coverage                  | <i>#1M/#2M</i>    | <i>#1M/#2M</i>    | <i>#1M/#2M</i>    |
| Occurrence or Claims Made | <i>OCC</i>        | <i>OCC</i>        | <i>OCC</i>        |
| Total Premium             | <i>\$ 1611.-</i>  | <i>\$ 1432.-</i>  | <i>\$ 1432.-</i>  |

34. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.....  Check if no losses in the last three years.

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable to Oregon)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.



**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: \_\_\_\_\_

BY: \_\_\_\_\_  
(Must be signed by Chairman of the Board or President)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signing this form does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Application must be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the bylaws must accompany this proposal. No change in bylaws.

IMPORTANT NOTICE

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Hartselle Big has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

---

Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Effective Date of Coverage

Enclosed you will find an admitted renewal Community Association Professional Liability quote for Bardmoor North Property Owners Association Inc.. The Expiring policy number is CAP1551539C and the expiration date is 3/1/2016.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Lists the required coverage forms, notices, endorsements and exclusions.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Hartselle & Associates

CAP015N0071

Quote is valid until 3/1/2016

To: Bardmoor North Property Owners Association Inc.  
 Renewal of: CAP1551539C - Expiration Date: 3/1/2016

Please bind effective: \_\_\_\_\_

Signature: \_\_\_\_\_

**I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**

**COMMUNITY ASSOCIATION PROFESSIONAL LIABILITY POLICY INFORMATION**

|                   |   |
|-------------------|---|
| Carrier:          | United States Liability Insurance Company |
| Status:           | Admitted                                  |
| A.M. Best Rating: | A++ (Superior) - IX                       |

**Community Association Professional Liability**

| LIMIT OPTIONS                        | PREMIUM |
|--------------------------------------|---------|
| <input type="checkbox"/> \$1,000,000 | \$2,231 |

**ADDITIONAL QUOTE INFORMATION**

Retention: \$2,500 Each Claim  
 Community Association Coverage is provided on a Claims Made basis.

Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.
- If Builder/Developer or Agent maintains representation on the Board, please advise if control of association has been turned over. We also require information regarding the Builder/Developer or Agent's percentage of voting rights retained
- Please be advised that no application or material information form is required for renewal. Please advise of any changes to the expiring terms.

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***

## II. REQUIRED FORMS & ENDORSEMENTS

### Community Association Endorsements

---

|     |   |        |                                  |
|-----|---|--------|----------------------------------|
| CAP | (02/08) Community Association Professional Liability Insurance Policy | CAP-FL | (02/08) Florida State Amendatory |
|-----|---|--------|----------------------------------|

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|            |  |  |  |
|------------|--|--|--|
| CAP Jacket | (09/10) Community Association Professional Liability Insurance Policy Jacket |  |  |
|------------|--|--|--|

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Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***



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TIME

Want to put together a social media presence, create a Web site for your business or implement an online or print marketing campaign? We have already done the research and will provide you with the recommended tools to get started!



PEACE  
OF MIND

Running a business is not an easy task! The Business Resource Center provides tools to alleviate some of your worries so you can focus on growing your business. By purchasing this policy, you will have access to tools that assist in hiring the right people, managing human resources issues and preventing and restoring identity – just to name a few!

*Purchasing this policy will give you access to valuable services that you can begin to utilize the day your policy incepts!*

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# Why you need Community Association Director and Officer Professional Liability Insurance

## WHY YOU NEED THE COVERAGE?

- ▶ As a member of the board of your community association, your personal assets are vulnerable based on your decisions and actions enforcing the governing documents, even long after you have left the board
- ▶ Over 60% of the claims against the board of a community association are related to non-monetary issues and can generate six figure defense costs and persist over many years
- ▶ Community Associations have an annual budget that is often less than the average cost to defend a claim closed by litigation – often beyond the ability of the board to assess members to cover!

## WHAT COVERAGE ARE WE OFFERING?

| COVERAGE FEATURES   | OUR GROUP | COMPETITORS' POLICY |
|---|-----------|---------------------|
| No exclusion for failure to maintain insurance claims (where available)   | ✓         | ?                   |
| Defense for Breach of Contract Claims   | ✓         | ?                   |
| Defense costs for non-monetary claims   | ✓         | ?                   |
| Defense outside the Limit of Liability – The cost to defend any covered litigation will not reduce your limit of liability  | ✓         | ?                   |
| Lifetime Occurrence Reporting Provision – Unlimited reporting extension for former directors and officers who are not on the board when coverage is cancelled or not renewed      | ✓         | ?                   |
| Third Party Discrimination and Third Party Harassment coverage (available for most classes)   | ✓         | ?                   |
| Employment Practices Liability included for no additional premium for 10 employees or less  | ✓         | ?                   |
| Automatic coverage for the Property Management Company as an insured  | ✓         | ?                   |
| Business Resource Center – free HR hotline with unlimited number of calls and no time limits plus discounted HR services such as background checks and online HR training modules | ✓         | ?                   |

IF YOU HAVE ELECTED NOT TO PURCHASE COMMUNITY ASSOCIATION DIRECTORS AND OFFICERS LIABILITY INSURANCE, PLEASE READ AND SIGN BELOW.

1. We acknowledge that our agent has fully explained the potential directors and officers liability risks associated with the operation of our organization.
2. We understand that we have the option of purchasing Community Association Liability Insurance that can protect our organization against the potential for significant monetary loss, including, but not limited to, cost of defense against such claims. We further acknowledge that our agent has recommended that we purchase the coverage and has provided us with one or more quotes for same.
3. We understand that by electing not to purchase such insurance, we are foregoing valuable protection which means our organization will be responsible for paying the cost of defending and settling any and all directors and officers liability claim(s) made against us.

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_