



Insurance Proposal

November 29, 2023

Client Name: Harborside Terrace Owners Association, Inc.

Mailing Address: FirstService Residential, Estero, FL 33928

Primary Contact Phone: (954) 378-1042

Primary Contact Email: Luci.Guillen@fsresidential.com

Commercial Property
 Excess Commercial Property
 Excess Liability
 Crime
 Directors & Officers Liability
 General Liability

Policy Type: General Liability

Proposed Policy Term: 12/01/2023 – 12/01/2024 **Quote Expires:** 12/01/2023

HDI Global Specialty SE
 Certain Underwriters at Lloyds
 Westchester Surplus Lines Insurance Co.
 Great American Insurance Company
 Great American Insurance Company
 Westchester Surplus Lines Insurance Co.

Insurance Carrier: Westchester Surplus Lines Insurance Co.

A - HDI Global Specialty SE
 A - Certain Underwriters at Lloyds
 A++ - Westchester Surplus Lines
 A++ - Great American Insurance
 A++ - Great American Insurance
 A++ - Westchester Surplus Lines

Carrier Financial Rating: A++ - Westchester Surplus Lines **Carrier Admitted** **Carrier Non-Admitted**

Minimum Earned Premium, if applicable 25% - Commercial Property, Excess Property, Excess Liability, General Liability **Policy Subject to Audit**

Total Estimated Premium: \$184,358.13 (includes taxes/fees) **Terrorism included**

- Requirements to Effect Coverage**
- Signed Application
 - Signed Terrorism Disclosure Notice
 - Signed Carrier Rating Notification if financial rating is less than A-
 - Signed Surplus Lines Disclosure and Acknowledgement
 - Completed premium finance agreement and down payment to finance company
 - Client will be billed directly by carrier
 - Authorization to order coverage
 - Verification of Named Insured



USI Service Team	Phone	Email	Office Hours
Sam Gordon	(813) 320-0123	samuel.gordon@usi.com	

This is not a legal contract. Please refer to the actual policies for specific terms, conditions, limitations and exclusions that will govern in the event of a loss. Specimen copies of all policies are available for review prior to the binding of coverage.

Higher limits and additional coverage may be available. Please contact us if you are interested in additional quotes.

In evaluating your exposure to loss, we have been dependent upon information provided by you. If there are other areas that need to be evaluated prior to binding of coverage, please bring these areas to our attention. Should any of your exposures change after coverage is bound, such as your beginning new operation, hiring employees in new states, buying additional property, etc., please let us know so proper coverage(s) can be discussed.

Important Provisions

The premium quoted is the minimum and deposit premium and is a fully earned premium. The policy is auditable at expiration and there may be charges for additional exposures however, the premium will never fall below the minimum and deposit premium shown above.

Building Vacancy Provision – Coverage may be restricted or excluded for any Building found to be vacant for a minimum of 30 consecutive days or longer subject to all other policy terms and conditions. If any of your covered buildings meet this description **at any time during the policy period**, please contact us so we can assist you in maintaining appropriate coverage.

Protective Safeguard Endorsement – Failure to maintain the protective safeguards in good working order or failure to notify the insurer of even a temporary impairment in protection suspends coverage until the protection is restored.



Client Services

As a valued business partner to our clients, USI *provides*:

Service Commitment
Confirmation the coverage is bound as presented in our proposal or our final agreements
Auto identification cards, certificates of insurance within 24 hours of binding coverage/effective dates
Coverage endorsements within 30 days of receipt from company
Billing assistance when requested
Ongoing communication and dialogue in ways that are clear, concise and meaningful
Annual and Mid-year review of insurance program
Claims filing assistance and support
Client meetings available upon request
Inquiries are handled same business day or within 24 hours
Coverage programs are placed in a timely and professional manner
Accurate insurance policies within 45 days of receipt from company
Annual audit reviews and support



USI Disclosures

COMMISSION DISCLOSURE POLICY: As a licensed insurance producer, USI is authorized to confer with or advise our clients and prospective clients concerning substantive benefits, terms or conditions of insurance contracts, to sell insurance and to obtain insurance coverages for our clients. Our compensation for placement of insurance coverage, unless otherwise specifically negotiated and agreed to with our client, is customarily based on commission calculated as a percentage of the premium collected by the insurer and is paid to us by the insurer. We may also receive from insurers and insurance intermediaries (which may include USI affiliated companies) additional compensation (monetary and non-monetary) based in whole or in part on the insurance contract we sell, which is contingent on volume of business and/or profitability of insurance contracts we supply to them and/or other factors pursuant to a agreements we may have with them relating to all or part of the business we place with those insurers or through those intermediaries. Some of these agreements with insurers and/or intermediaries include financial incentives for USI to grow its business or otherwise strengthen the distribution relationship with the insurer or intermediary. Such agreements may be in effect with one or more of the insurers with whom your insurance is placed, or with the insurance intermediary we use to place your insurance. You may obtain information about the nature and source of such compensation expected to be received by us, and, if applicable, compensation expected to be received on any alternative quotes pertinent to your placement upon your request.

DOCUMENT DELIVERY DISCLOSURE: USI strives to make your interactions with us easy and efficient. Therefore, we intend to deliver your policy and all policy-related documents electronically through our InsurLink client portal or through email. If you do not wish to receive these documents electronically or if you would like a paper copy of any or all documents at no cost to you, please notify your client service representative in writing. If your email or electronic contact information changes, please notify your client service representative in writing.

PREMIUM FINANCING DISCLAIMER: You may request financing from a premium finance company to pay the premiums for insurance placed on your behalf by USI. Premium finance companies which USI recommends will generally be either USI affiliates or pay compensation to USI for helping to arrange the premium financing. It is USI's practice to seek premium financing either through a company affiliated with USI or an independent vendor with which USI has an existing relationship and experience. You may wish to investigate other premium finance arrangements and companies yourself. Unless you instruct us to the contrary, USI will arrange premium financing as described above. If you wish to know further details of any compensation which USI may receive in connection with arranging for your premium financing, we will be pleased to supply the information.

SURPLUS LINES DISCLAIMER: Insurance is issued pursuant to the Surplus Lines Laws. Persons insured by Surplus Lines Carriers do not have the protection of the Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. Surplus Lines policies that are subject to audit provide for additional premium charges, but may not allow for return premium.



AM Best Disclosures

Changes in the international insurance market have affected the ability of insurance brokers to locate insurance coverage at a scope and cost of insurance placed in prior years. Some insurance carriers have suffered significant losses that may jeopardize their financial stability. Changes in an insurance company’s financial condition can, of course, affect its ability to pay claims.

As a matter of policy, USI endeavors to obtain quotations and indications from insurance companies who meet or exceed the USI minimum guidelines of A- based on the A. M. Best Ratings of insurance companies. The A.M. Best Company is a recognized publisher of information concerning insurers based on many factors including financial stability. [A. M. Best’s current rating scale is attached.](#)

Certain of your insurance coverages are placed with HDI Global Specialty SE, Certain Underwriters at Lloyds, Westchester Surplus Lines Insurance Co., Great American Insurance Company, Great American Insurance Company, and Westchester Surplus Lines Insurance Co. We placed these coverages for you with this Insurer, which is not admitted to do business in the state of Florida because the coverages could not be obtained through an insurer licensed to do business here. The Insurance Code permits placement of coverage with such non-admitted or surplus lines carriers, as long as it is in accordance with the conditions set forth in the insurance code for that state.

Surplus Lines insurers are not covered by the State’s Guaranty Fund, which covers certain losses due to insolvency of insurance companies licensed to do business in our State. We are providing you with the above information so that you can make an informed decision as to whether you wish to continue your coverage with this Insurer.

If you would prefer to explore possible placement with another carrier, please contact our office immediately. Please be advised that another carrier may have more restrictive terms, increased premium, increased deductibles or other terms not present with your current carrier.

Please sign below and return to us to acknowledge your agreement to placement with this Insurer.

Client Name
Title – Must be Corporate Officer
Signature
Date

Harborside Terrace Owners Assn Inc.(HARBOTER)



Insurance Proposal

November 09, 2023

USI Insurance Services, LLC - Tampa

Attn: Samuel Gordon

2502 North Rocky Point Drive, Suite 400 Tampa, FL 33607

Applicant: Harborside Terrace Owners Association Inc
10600 Chevrolet Way
Estero, FL 33928

Submission #: JEM-22-PP-1730

Policy Period: 12/01/2023 12:01 AM To 12/01/2024 12:01 AM

Coverage: Property

Issuing Company: HDI Global Specialty SE

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.



Insurance Proposal

Cost Summary

Property Premium	\$148,412.00
FL Surplus Lines Tax	\$7,427.88
FL Stamp Fee	\$90.22
Florida Non-Residential Surcharge	\$4.00
Carrier Inspection Fee	\$200.00
Policy Fee	\$1,000.00
Carrier Policy Fee	\$750.00

Total Policy Cost **\$157,884.10**

Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 10.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



Insurance Proposal

Subjectivities

- Signed and completed Acord Application
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- Completed Surplus Lines Affidavit

The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing and all subjectivities have been addressed.

Conditions

- Since wind is a covered peril, a different minimum earned premium will apply and may be up to 100% of the annual policy premium.
- Please provide Inspection Contact Name and Phone Number at binding (email if available). Coverage is subject to a satisfactory inspection.

Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.



Insurance Proposal

NOTICE

Occurrence Limit of Liability

(OLLE) Scheduled Limits

Blanket coverage for first-party property insurance risks has become increasingly difficult to secure and often is not available regardless of price.

Please note that your quote may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV.

Please review this quote very carefully to determine if coverage is being offered or provided on a blanket, or some other more limited, basis.

As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT Specialty expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.



PRIMARY QUOTE

Date:
11/9/2023

Premium: \$148,412.00
TRIA Premium (optional): Declined
Catastrophe Modeling Fee: \$750.00
Inspection Fee: \$200.00
Total Premium Including Fees: \$149,362.00
Minimum Earned Premium: 25% and CAT MEP if applicable

Insured:
Harborside Terrace Owners Association

Insured Mailing Address:
10600 Chevrolet Way, Suite 202
Estero, FL 33928

**THE PREMIUM AMOUNT DOES NOT
INCLUDE SURPLUS LINES TAX. YOUR
OFFICE IS RESPONSIBLE FOR THE
COLLECTION AND FILINGS.**

Property Policy Type: All Risks excluding Flood, Storm Surge, and Earthquake

Form: JEM Property Form

Issuing Company: Renaissance Re Syndicate 1458
HDI Global Specialty SE
W. R. Berkley Syndicate 1967
Lexington Insurance Company
Evanston Insurance Company
Scottsdale Insurance Company
Aspen Specialty Insurance Company
Gotham Insurance Company
QBE UK Limited
QBE Specialty Insurance Company
The Princeton Excess and Surplus Lines Insurance Company
Everest Indemnity Insurance Company

Policy Dates: 12/1/2023 - 12/1/2024

Policy Territory: 50 States of the United States of American & District of Columbia excluding Puerto Rico, US Virgin Islands, and Guam.

Limit of Liability: \$5,000,000 excess of policy deductibles

Total Insured Value: \$12,873,025 as per schedule on file with the company

Coverages: Real Property; Personal Property
Valuation: Replacement Cost on Real and Business Personal Property
Coinsurance: NIL

The following sublimits are part of and not in addition to the Program Limit of Liability. All sublimits are 100% Per Occurrence ground-up unless otherwise stated. The Company shall not be liable for more than its proportional share of any sublimit. The Company's proportional share is equal to the percentage and attachment represented by the Company's participation in the program as stated above.

Sublimits of Liability:		All are per "occurrence" (unless shown as in the aggregate) and are part of, not in addition to, the Limit of Liability.	
PROPERTY DAMAGE COVERAGE - Extensions of Coverage			
1.	Accounts Receivable	No Coverage	
2.	Arson and Theft Reward	No Coverage	
3.	Debris Removal	No Coverage	Or 25% of the loss whichever is lesser
4.	Electronic Data Processing Equipment Breakdown	No Coverage	
5.	Electronic Data Processing Media Breakdown	No Coverage	
6.	Expediting Expense	\$25,000	
7.	Fine Arts	\$10,000 subject to \$1,000 any one item unless scheduled	
8.	Fire Department Service Charge and Extinguishing Expenses	\$10,000	
9.	Landscaping	No Coverage	
10.	Mold, Mildew & Fungus Clause and Microorganism Exclusion (Time Limit and Sublimit)	\$15,000 Annual Aggregate	
11.	Loss Adjusting Expenses (excluding Public Adjusters and Attorney Fees, or any individual or entity directly or indirectly employed by an insurance broker are expressly excluded.)	No Coverage	
12.	Miscellaneous Unnamed Locations	No Coverage	
13.	Newly Acquired Property	\$1,000,000	
14.	Ordinance or Law	A - Included B & C (combined) - 5% of the 100% reported building value per building; subject to a maximum of \$100,000 per occurrence	

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15.	Outdoor Property	\$10,000	
16.	Permanently Moored Piers, Docks and Wharves	No Coverage	
17.	Pollutant Clean Up and Removal	No Coverage	Annual Aggregate
18.	Preservation of Property	\$25,000	
19.	Professional Fees	\$25,000	
20.	Property Off-Premises	\$25,000	
21.	Property in Transit	No Coverage	
22.	Service Interruption	No Coverage	
23.	Sewer Back Up	No Coverage	
24.	Valuable Papers and Records	No Coverage	
25.	Wind Driven Precipitation	No Coverage	
26.	Spoilage	No Coverage	
27.	Underground pipes, flues, and drains	No Coverage	

Time Element Coverage			
1.	Business Income	No Coverage	
2.	Extra Expense	No Coverage	
3.	Leasehold Interest	No Coverage	
4.	Rental Value	No Coverage	
5.	Property in the Course of Construction including Soft Costs	No Coverage	

Time Element Coverage - Extensions of Coverage			
1.	Additional Property Management Fees	No Coverage	
2.	Civil Authority (30 day limitation)	No Coverage	
3.	Contingent Business Income – Direct Only	No Coverage	
4.	Emergency Evacuation Expense	No Coverage	
5.	Extended Period of Indemnity	No Coverage	
6.	Ingress or Egress (30 day limitation)	No Coverage	
7.	Newly Acquired Property	No Coverage	
8.	Service Interruption	No Coverage	
9.	Tenant Relocation Expense	No Coverage	

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Endorsement – Extensions of Coverage			
1.	Earthquake	No Coverage	Annual Aggregate
2.	Flood	No Coverage	Annual Aggregate

<u>Deductibles</u>		
All losses, damages, or expenses arising out of a single “occurrence” shall be adjusted separately and we will be liable only if you sustain a loss in a single “occurrence” greater than the applicable deductible specified below:		
1.	For each and every loss or damage to Covered Property to all locations, except as specifically stated below or in endorsements attached to this policy.	\$50,000 Property Damage per occurrence
2.	All Other Windstorm/Hail	\$50,000 per occurrence
3.	Named Storm	5% of the total insured values on the SOV, per Building, subject to a minimum of \$50,000 per occurrence

Endorsements

Mandatory Endorsements – JEM #
Advisory Notice - Economic and Trade Sanctions U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) - JEM-CPC-21(2018) Applicable Law (U.S.A.) - JEM-CPC-46(2018) Application Of Sublimits Endorsement - JEM-CPC-49(2018) Asbestos Exclusion - JEM-CPC-04(2018) Biological or Chemical Materials Exclusion - JEM-CPC-05(2018) Cancellation Clause - JEM-CPC-48(2018) Claims Co-Operation Clause (LM3) - JEM-CPC-65(2018) Commercial Property Policy Declarations - JEM-DEC-01(2020) Communicable Disease Endorsement - JEM-CPC-107(2020) Contract Allocation Endorsement - JEM-CPC-09(2018) Flood Exclusion Acknowledgement - JEM-CPC-126(2021) Fraud Warning Notice - JEM-CPC-125(2021) Fraudulent Claim Clause - JEM-CPC-38(2018) Lloyds CCPA Privacy Notice - JEM-CPC-127(2022) Mold, Mildew & Fungus Clause and Microorganism Exclusion (Time Limit and Sublimit) - JEM-CPC-42(2018) Nuclear Incident Exclusion Clause-Liability-Direct (Broad) - Lloyds - JEM-CPC-50(2018) Markel Exclusion - Organic Pathogens - JEM-CPC-106(2020) Pre-Existing Property Damage Exclusion - JEM-CPC-69(2018) Navigators Producer Compensation Notice - G-3418-0-NAVG 09-19 Property Cyber and Data Exclusion - JEM-CPC-101(2020) Policyholder Notice - JEM-CPC-123(2021) Radioactive Contamination Exclusion Clause – Liability – Direct (U.S.A.) - Lloyds - JEM-CPC-41(2018) Radioactive Contamination Exclusion Clause – Physical Damage – Direct (U.S.A.) - JEM-CPC-128(2022)

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Sanction and Limitation Exclusion Clause - HDI Global Specialty - JEM-CPC-54(2022)
Sanction Limitation and Exclusion Clause - LMA3100 - JEM-CPC-24(2018)
Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement - JEM-CPC-51(2020-a)
Service of Suit Clause (U.S.A.) - NY - JEM-CPC-53(2022a)
Service of Suit Endorsement - PR4421 (11/15)
Service of Process Endorsement - JEM-CPC-143 (2023)
Service Of Suit - MEIL 1200 03 23
Several Liability Clause (Combined Certificate) - JEM-CPC-66(2018)
Several Liability Notice (Insurance) - JEM-CPC-71(2018)
Signature Page - Everest Indemnity Insurance Company - EIL 00 502 03 07
Advisory Notice to Policyholders Regarding Trade or Economic Sanctions - JEM-CPC-135 (2022)
Territories Limitation Endorsement - JEM-CPC-36(2018)
U.S. Terrorism Risk Insurance Act of 2002 as Amended New & Renewal Business Endorsement - JEM-CPC-108(2020)
U.S. Terrorism Risk Insurance Act of 2002 as Amended Not Purchased Clause - JEM-CPC-109(2020)
War And Terrorism Exclusion Endorsement - JEM-CPC-47(2018)
Assignment of Benefits Prohibited Endorsement - JEM-CPC-139(2022)
General Change – Deletion of Appraisal Condition - JEM-CPC-114 (2023)
HDI Privacy Notice - JEM-CPC-129 (2023)
Florida Surplus Lines Notice (Guaranty Act) - LMA9037 01/09/13
Florida Surplus Lines Notice (Rates and Forms) - LMA9038 01/09/13

Additional Endorsements - JEM #

Service of Process Endorsement - JEM-CPC-143 (2023)
Service Of Suit - MEIL 1200 03 23
Roof Coverings Valuation and Limitation - JEM-CPC-136(2022)
CAT Minimum Earned Premium - JEM-CPC-08(2018)
Earth Movement Exclusion - JEM-CPC-56(2018)
EIFS Exclusion - JEM-CPC-112 (2021)
Electronic Data Recognition Exclusion (EDRE) - JEM-CPC-12(2018)
Equipment Breakdown Exclusion - JEM-CPC-06(2020)
Flood Exclusion - JEM-CPC-13(2018)
General Change Endorsement - JEM-CPC-14(2022)
Loss in Progress/Peril in Progress Exclusion - JEM-CPC-137(2022)
Minimum Earned Premium Endorsement - JEM-CPC-89 (2020)
Occurrence Limit of Liability- Stated Value - JEM-CPC-18(2020)
Public Adjuster Prohibition Endorsement - JEM-CPC-140(2022)

Additional Conditions

- 1. Notice of Cancellation: 30 days except 10 days for non-payment of premium**
- 2. Warranties:**
 - **Inspection contact provided prior to binding**
 - **We reserve the right to make adjustments in premium after the policy is issued based on additions or deletions to the schedule of values.**

If an addition or deletion is in a cat prone area, we reserve the right to charge adequate premium for the exposure
- 3. Changes to the Policy**
- 4. Broker is Responsible for confirming the Home State at the time of binding**
- 5. This quote is subject to 3 years clean loss history**
- 6. EIFS cladding is excluded from coverage**
- 7. Minimum Earned Premium of 25% and CAT MEP (if applicable) will apply**
- 8. The following forms must be completed, signed and returned upon binding:**
 - **TRIA Acceptance or Rejection**
 - **Surplus Lines Form**
 - **JEM Flood Exclusion Acknowledgement**
 - **Fraud Warning Notice**
- 9. Binder is subject to confirmation of less than 20% rentals**
 - **This policy has a Public Adjuster Prohibition Endorsement. If you wish to remove this endorsement, a 20% additional premium will be applied against the total quoted premium. The request to remove the endorsement must be made prior to binding.**

This quote is valid for 30 days

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission.

We greatly appreciate your business,



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
11/29/2023

AGENCY USI Insurance Services LLC 2502 N Rocky Point Dr. Suite 400 Tampa FL 33607	CARRIER HDI Global Specialty SE NAIC CODE 1340 COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER JEM22PP1730																				
CONTACT NAME: Jonathan Brennan PHONE (A/C. No. Ext): - FAX (A/C. No.): E-MAIL ADDRESS: jonathan.brennan@usi.com CODE: SUBCODE: AGENCY CUSTOMER ID: HARBOTER	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">QUOTE</td> <td style="width: 30%;"><input type="checkbox"/></td> <td style="width: 30%;">ISSUE POLICY</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">RENEW</td> </tr> <tr> <td colspan="5">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input type="checkbox"/></td> <td>AM</td> </tr> <tr> <td>CANCEL</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>PM</td> </tr> </table>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW	BOUND (Give Date and/or Attach Copy):					CHANGE	DATE	TIME	<input type="checkbox"/>	AM	CANCEL			<input type="checkbox"/>	PM
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BOUND (Give Date and/or Attach Copy):																					
CHANGE	DATE	TIME	<input type="checkbox"/>	AM																	
CANCEL			<input type="checkbox"/>	PM																	

LINEs OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$		\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$		\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$		\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$		\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/01/2023	12/01/2024	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY			N	\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Harborside Terrace Owners Assn Inc. FirstService Residential; 10600 Chevrolet Way, Suit 202 Estero FL 33928	GL CODE BUSINESS PHONE #: (954) 378-1042 WEBSITE ADDRESS	SIC NAICS	FEIN OR SOC SEC # 591562855	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> CORPORATION</td> <td style="width: 33%;"><input type="checkbox"/> JOINT VENTURE</td> <td style="width: 34%;"><input type="checkbox"/> NOT FOR PROFIT ORG</td> </tr> <tr> <td><input type="checkbox"/> INDIVIDUAL</td> <td><input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> SUBCHAPTER "S" CORPORATION</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> TRUST</td> </tr> </table>	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP			<input type="checkbox"/> SUBCHAPTER "S" CORPORATION			<input type="checkbox"/> TRUST
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG														
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP														
		<input type="checkbox"/> SUBCHAPTER "S" CORPORATION														
		<input type="checkbox"/> TRUST														
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 	GL CODE BUSINESS PHONE #: WEBSITE ADDRESS	SIC NAICS	FEIN OR SOC SEC # 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> CORPORATION</td> <td style="width: 33%;"><input type="checkbox"/> JOINT VENTURE</td> <td style="width: 34%;"><input type="checkbox"/> NOT FOR PROFIT ORG</td> </tr> <tr> <td><input type="checkbox"/> INDIVIDUAL</td> <td><input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> SUBCHAPTER "S" CORPORATION</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> TRUST</td> </tr> </table>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP			<input type="checkbox"/> SUBCHAPTER "S" CORPORATION			<input type="checkbox"/> TRUST
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<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP														
		<input type="checkbox"/> SUBCHAPTER "S" CORPORATION														
		<input type="checkbox"/> TRUST														

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Armando Garza		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (408) 834-9512	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
PRIMARY E-MAIL ADDRESS: armando.garza@firstservicefinancial.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 4200 Belair Lane	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: 82,723 SQ FT
DESCRIPTION OF OPERATIONS: Building (50 Unit Condo)					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 4200 Belair Lane	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (2 Unit)					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 4200 Belair Lane	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (2 Unit)					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 4200 Belair Lane	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (Other Structures)					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 <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		United Wholesale Mortgage, ISAOA/ATIMA						LOCATION:	BUILDING:
		PO BOX 202028						VEHICLE:	BOAT:
		Florence SC 29502-2028						AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:						ITEM CLASS:	ITEM:
LIEN AMOUNT:						ITEM DESCRIPTION			
REASON FOR INTEREST:						INTEREST END DATE:			
						PHONE (A/C, No, Ext): () -			
						FAX (A/C, No):			
						E-MAIL ADDRESS:			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA <input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)			
<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?			
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? (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).			
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?			
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?			
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?			
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:			
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (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?			
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)			
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)			

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

*****SEE ACORD 101 - ADDITIONAL REMARKS SCHEDULE*****

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: HARBOTER

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 <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

11/29/2023

AGENCY USI Insurance Services, LLC		CARRIER HDI Global Specialty SE		NAIC CODE 1340
POLICY NUMBER APPJEM22PP1730	EFFECTIVE DATE 12/01/2023	NAMED INSURED(S) Harborside Terrace Owners Assn Inc.		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Princeton Financial, LLC; ISAOA/ATIMA 243 E Main Street, Suite 201		Carnegie		PA 15106		LOCATION:	BUILDING:
		REFERENCE / LOAN #: 2112090S		INTEREST END DATE:		VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		LIEN AMOUNT:		PHONE (A/C, No, Ext): () -		SCHED #:	ITEM:	ITEM CLASS:	
REASON FOR INTEREST: Property: 4200 BELAIR LN APT 308 NAPLES FL							E-MAIL ADDRESS:		

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

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

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

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



ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services, LLC		NAMED INSURED Harborside Terrace Owners Assn Inc.	
POLICY NUMBER APPJEM22PP1730		EFFECTIVE DATE: 12/01/2023	
CARRIER HDI Global Specialty SE	NAIC CODE 1340		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 125 **FORM TITLE:** Commercial Insurance Application

*****ADDITIONAL INTERESTS*****
 ADDITIONAL INTEREST NAME: Princeton Financial, LLC; ISAOA/ATIMA
 Interest Reason: Property: 4200 BELAIR LN APT 308 NAPLES FL 34103; Borrower: Ryan Zeli



PROPERTY SECTION

DATE (MM/DD/YYYY)

11/29/2023

AGENCY NAME USI Insurance Services LLC		CARRIER HDI Global Specialty SE		NAIC CODE 1340
POLICY NUMBER APPJEM22PP1730	EFFECTIVE DATE 12/01/2023	NAMED INSURED(S) Harborside Terrace Owners Assn Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	5,000,000	Blanket Building and Personal Property			

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 4200 Belair Lane
 BUILDING #: 1 BLDG DESCRIPTION: Building (50 Unit Condo)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building - TIV	12,873,025			Special				1	

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE Masonry, Non-Combustible	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 2	# STORIES 3	# BASM'TS 0	YR BUILT 1975	TOTAL AREA 82723
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2020 <input checked="" type="checkbox"/> ROOFING, YR: 2020 OTHER: _____ YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2020 <input checked="" type="checkbox"/> HEATING, YR: 2020		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	United Wholesale Mortgage, ISAOA/ATIMA PO BOX 202028 Florence SC 29502-2028 REFERENCE / LOAN #:	LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names			
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			INTEREST IN ITEM NUMBER
				LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 140 FORM TITLE: Property Section

Loc #	ST	Haz #	Class Code	Cov Code TEREX	Description Terrorism Exclusion	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code NDSTR	Description Named Storm 5%/\$50,000	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1 5		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code WHDED	Description Wind Hail Deductible	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1 50,000		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code ORLWC	Description Ordinance Or Law Coverage	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium



ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services LLC		NAMED INSURED Harborside Terrace Owners Assn Inc.	
POLICY NUMBER APPJEM22PP1730			
CARRIER HDI Global Specialty SE	NAIC CODE 1340	EFFECTIVE DATE: 12/01/2023	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: OFBAADC' FORM TITLE: Additional Coverages**

***** COVERAGES *****

Cov Desc: Named Storm 5%/\$50,000 Minimum

IN THE EVENT OF A LOSS, CLAIMS ARE TO BE SUBMITTED TO:

Peninsula Insurance Bureau
2842 Lent Road, Apopka, FL 32712
tpa@pibadjusters.com

NOTICE TO BROKER

This Quotation is issued by JEM Underwriting Managers, LLC without any liability as an insurer.

The terms and conditions of this quote may not match the specifications submitted for considerations. Please read the quote carefully and compare it against your specifications.

The issuing company providing the coverage quoted herein may be a non-admitted carrier and therefore not protected by the State Guarantee Fund.

MANDATORY POLICYHOLDER DISCLOSURE

RE: TERRORISM INSURANCE COVERAGE

We are required by the Terrorism Risk Insurance Act of 2002 (the "Act") to provide policyholders with clear and conspicuous disclosure of the premium we are charging for terrorism and the Federal share of compensation for such coverage. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our prospective insured when you forward our quote.

JEM Underwriting Managers, LLC, is acting as the Program Administrator on behalf of the insurance company providing this coverage and receives compensation from the insurance company for its services. The compensation may vary depending on the profitability of the insurance contracts which it sells. You may obtain more information about the compensation expected to be received by JEM Underwriting Managers, LLC, by requesting such information from JEM Underwriting Managers, LLC.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, 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 an air carrier or vessel or the premises of a United States mission; and 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD Declined
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

On behalf of the Underwriters on the JEM
Underwriting Panel

Print Name

Policy Number

Date

LMA9184

09 January 2020

Flood Exclusion Acknowledgment

- I understand the policy issued by JEM Underwriting Managers does **not** provide coverage for loss or damage caused by or resulting from the peril of Flood, including but not limited to any flooding and/or storm surge associated with windstorm events of any kind.
- I understand that Flood insurance can be purchased from another private flood provider or the National Flood Insurance Program (NFIP).
- I understand that I should secure the appropriate Flood coverage for my property, based on its geographic proximity to areas susceptible to flooding or flooding from wind relates events (storm surge).
- I acknowledge and agree that signing this form does not relieve me of any obligation that I may have to my mortgagees, lenders or anyone else to secure/purchase Flood insurance coverage.

By signing below, I acknowledge and agree to the foregoing.

Policy Holder / Applicant Name: _____

Policy Holder / Applicant Signature: _____

Date: _____

Print Name: _____

Actual policy language will dictate the scope of coverage in the event of a claim. JEM Underwriting Managers, LLC, is a Delaware limited liability company based in Illinois. JEM Underwriting Managers, LLC, is a subsidiary of RSG Underwriting Managers, LLC, which is a subsidiary of Ryan Specialty Group, LLC (RSG). JEM Underwriting Managers, LLC, works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Insurance Services, LLC, License #0E50879. ©2021 Ryan Specialty Group, LLC

FRAUD WARNING NOTICE

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

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 ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Alabama Fraud Warning

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.

Arkansas Fraud Warning

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

California Fraud Warning

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning

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.

District of Columbia Fraud Warning

WARNING: 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.

Florida Fraud Warning

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.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Fraud Warning

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.

Maine Fraud Warning

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.

Maryland Fraud Warning

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.

New Jersey Fraud Warning

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

New Mexico Fraud Warning

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 CIVIL FINES AND CRIMINAL PENALTIES.

New York 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Warning

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.

Oklahoma Fraud Warning

WARNING: 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.

Pennsylvania Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

Rhode Island Fraud Warning

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, including failing to disclose whether the applicant or applicants have been convicted of any degree of the crime of arson, is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Fraud Warning

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.

Vermont Fraud Warning

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia Fraud Warning

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.

Washington Fraud Warning

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.

West Virginia Fraud Warning

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.

The Applicant certifies the information provided to obtain this coverage is accurate to the best of their knowledge. This includes any applications, location schedules, valuation statements and loss history information. The applicable Fraud Statement above is part of your original application, applies here, and maybe additionally required on claims forms by applicable law.

By signing below, I acknowledge and agree to the foregoing.

Policy Holder / Applicant Name: _____

Policy Holder / Applicant Signature: _____

Date: _____ Print Name: _____

**U.S. Terrorism Risk Insurance Act of 2002 as amended
Not Purchased Clause**

This Clause is issued in accordance with the terms and conditions of the "U.S. Terrorism Risk Insurance Act of 2002" as amended as summarized in the disclosure notice.

It is hereby noted that the Underwriters have made available coverage for "insured losses" directly resulting from an "act of terrorism" as defined in the "U.S. Terrorism Risk Insurance Act of 2002", as amended ("TRIA") and the Insured has declined or not confirmed to purchase this coverage.

This Insurance therefore affords no coverage for losses directly resulting from any "act of terrorism" as defined in TRIA except to the extent, if any, otherwise provided by this policy.

All other terms, conditions, insured coverage and exclusions of this Insurance including applicable limits and deductibles remain unchanged and apply in full force and effect to the coverage provided by this Insurance.

LMA5390

09 January 2020



PREVIEW

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ name of insurance agency 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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



Insurance Proposal

November 16, 2023

USI Insurance Services, LLC - Tampa

Attn: Samuel Gordon

2502 North Rocky Point Drive, Suite 400 Tampa, FL 33607

Applicant: Harborside Terrace Owners Association Inc
10600 Chevrolet Way
Estero, FL 33928

Submission #: 10149L22-0576

Policy Period: 12/01/2023 12:01 AM To 12/01/2024 12:01 AM

Coverage: Property

Issuing Company: Certain Underwriters at Lloyd's, London

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.



Insurance Proposal

Cost Summary

Property Premium	\$13,100.00
FL Surplus Lines Tax	\$665.67
FL Stamp Fee	\$8.09
Florida Non-Residential Surcharge	\$4.00
Policy Fee	\$250.00
Carrier Policy Fee	\$125.00

Total Policy Cost **\$14,152.76**

Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 10.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



Insurance Proposal

Subjectivities

- Signed and completed Acord Application
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- Completed Surplus Lines Affidavit

The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing and all subjectivities have been addressed.



Insurance Proposal

NOTICE

Occurrence Limit of Liability

(OLLE) Scheduled Limits

Blanket coverage for first-party property insurance risks has become increasingly difficult to secure and often is not available regardless of price.

Please note that your quote may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV.

Please review this quote very carefully to determine if coverage is being offered or provided on a blanket, or some other more limited, basis.

As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT Specialty expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.

FROM: Dieuly Pierre
 WKFC Underwriting Managers
 516-986-0518

**On behalf of Lloyd's of London,
 WKFC is proud to present the following quote:**

Renewal Business Quotation
Excess Property, Valid for Thirty (30) days

Named Insured: Harborside Terrace Owners Association, Inc.
Mailing Address: 10600 Chevrolet Way #202, Estero, FL 33928

EFFECTIVE DATE	12/1/2023	EXPIRATION DATE	12/1/2024
COVERAGE	Following Form Excess Property		
PERILS	Special excluding wind, hail, flood, and earthquake		
LIMITS OF LIABILITY	\$7,873,025		
TOTAL OF ALL UNDERLYING LIMITS OF LIABILITY	\$5,000,000		

CONDITIONS/WARRANTIES	Excess Property Schedule of Underlying Policies required within 15 days of binding coverage Signed & dated TRIA form Subject to receipt of primary carrier policies (underlying policy) Updated Signed and Dated Acord Application (Acord 125/Acord 140 or Acord 125/SOV) with complete COPE information reflecting coverages, values and terms offered required within 30 days of binding. Signed Acord 63 is also required within 30 days, unless the Signed Acord 125 is 2013 or newer version.
VALUATION	As Per Underlying
PREMIUM	\$14,410 = (Non-Terrorism Premium: \$13,100 + Terrorism Premium: \$1,310)
MINIMUM EARNED PREMIUM	25.00%
FEES	\$125.00 MGA Service Fee

Note: Taxes, Fees and Filings (if applicable) are the responsibility of the broker. Evidence of filing must be provided 15 days from date of binding.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.

UNDERLYING INFORMATION

CARRIER	JEM Consortium
POLICY NUMBER	TBD
LIMIT OF LIABILITY	\$5,000,000

FORMS AND ENDORSEMENTS

SLC-3 Cover	SLC-3
Lloyds Dec USA SLC-3	SLC-3 (NMA USA NMA 2868)
Schedule of Forms	Forms
Location Schedule	locschedule
Excess Property Underlying Schedule	Excess Property Underlying
Causes of Loss - Special Form	CP 10 30 10 12
Sanction Limitation and Exclusion Clause	LMA3100
Windstorm or Hail Exclusion	CP 10 54 06 07
Excess Property Coverage Form	WK EP 10 14 01
Microorganism Exclusion (Absolute)	LMA5018
Asbestos Endorsement	LMA 5019
Applicable Law Exclusion	LMA 5021
Service of Suit Clause USA (U.S.A.)	NMA 1998
War and Civil War Exclusion Clause	NMA464
Radioactive Contamination Exclusion Clause-Physical Damage Direct	NMA1191
Communicable Disease Endorsement	LMA5393
Property Cyber And Data Exclusion	LMA5401
Cancellation Clause	NMA1331
Exclusion of Loss Due to Virus or Bacteria	CP 01 40 07 06
Electronic Date Recognition Exclusion (EDRE)	NMA2802
Biological or Chemical Materials Exclusion	NMA2962
Electronic Data Endorsement B	NMA2915
War and Terrorism Exclusion Endorsement	NMA2918

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WKFC Underwriting Managers is a series of RSG Underwriting Managers, LLC. RSG Underwriting Managers, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Insurance Services, LLC (License # OE50879).

11/13/2023

Several Liability Notice	LSW 1001
Florida Surplus Lines Notice (Guaranty Act)	LMA9037
Florida Surplus Lines Notice (Rates and Forms)	LMA9038
Fraudulent Claims Clause	LMA5062
Terrorism Exclusion Endorsement	NMA2920
Land, Water And Air Exclusion	NMA2340
Lloyd's Privacy Policy Statement	LSW1135B
Line Slip	Line Slip Excess Property 2023
U.S. Terrorism Risk Insurance Act of 2002 as amended - Not Purchased Clause	LMA5390
U.S. Terrorism Risk Insurance Act of 2002 as amended New & Renewal Business Endorsement	LMA5389
Several Liability Clause	LMA 5096

ADDITIONAL CONDITIONS

Tier 1, Tier 2 exclusions apply in some states (see Territorial Limitation Endorsement).

Note: State exceptions may apply. The forms above are subject to change and may not reflect a current comprehensive listing.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.

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11/13/2023

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Armando Garza		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (408) 834-9512	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
PRIMARY E-MAIL ADDRESS: armando.garza@firstservicefinancial.com		PRIMARY E-MAIL ADDRESS:	
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: \$
1	4200 Belair Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (50 Unit Condo)					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4200 Belair Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (2 Unit)					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4200 Belair Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (2 Unit)					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4200 Belair Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Naples	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY:	ZIP:34103			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building (Other Structures)					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 %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <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:
							ITEM DESCRIPTION		
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:			
				LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
				E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)			
<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?			
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? (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).			
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?			
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?			
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?			
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:			
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (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?			
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)			
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)			

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:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: HARBOTER

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 <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY USI Insurance Services, LLC		CARRIER Lloyd's of London		NAIC CODE SURPLU
POLICY NUMBER 10149L220576		EFFECTIVE DATE 12/01/2023	NAMED INSURED(S) Harborside Terrace Owners Assn Inc.	

PREMISES INFORMATION

LOC # 2	STREET 4180 Belair Lane	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: Naples	STATE: FL	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:34103			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 3	STREET 4280 Belair Lane	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: Naples	STATE: FL	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:34103			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:



PROPERTY SECTION

DATE (MM/DD/YYYY)

11/29/2023

AGENCY NAME USI Insurance Services LLC		CARRIER Lloyd's of London		NAIC CODE SURPLU
POLICY NUMBER 10149L220576	EFFECTIVE DATE 12/01/2023	NAMED INSURED(S) Harborside Terrace Owners Assn Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	7,873,025	Blanket Building and Personal Property			

PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building - TIV	7,873,025		RC	Special - Exc. Wind/Hail					

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE Masonry - Non-Combustible	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 2	# STORIES 3	# BASM'TS 0	YR BUILT 1975	TOTAL AREA 82723	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE O	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2020	<input checked="" type="checkbox"/> PLUMBING, YR: 2020	WIND CLASS	<input checked="" type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
<input checked="" type="checkbox"/> ROOFING, YR: 2020	<input checked="" type="checkbox"/> HEATING, YR: 2020			MANUFACTURER:						
PRIMARY HEAT			SECONDARY HEAT							
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY <input type="checkbox"/>		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: 1	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	United Wholesale Mortgage, ISAOA/ATIMA				LOCATION: 1	BUILDING: 1-3
<input type="checkbox"/> LOSS PAYEE	PO Box 202026				ITEM CLASS:	ITEM:
<input checked="" type="checkbox"/> MORTGAGEE	Florence SC 29502 2028				ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:								
BUILDING #:	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: 2 EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	Princeton Financial, LLC ISAOA/ATIMA 243 E Main Street Suite 201 Carnegie PA 15106 REFERENCE / LOAN #:	LOCATION: 1 BUILDING: 1-3 ITEM CLASS: ITEM: ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

IMPORTANT NOTE: The Home State of the Named Insured shall be determined in accordance with the provisions of the Non-admitted and Reinsurance Act of 2010, 15. U.S.C. §8201, *etc.* (“NRRA”), and the applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

Please note that this is a quote only, and the carrier reserves the right to amend or withdraw the quote, if new, corrected or updated information creating a material difference from the previously provided underwriting material is received.

A written request must be received in order to bind coverage. Any amendments to coverage must be specifically requested in writing.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, 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 an air carrier or vessel or the premises of a United States mission; and 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$1,310.00
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date

Harborside Terrace Owners Association,
Inc.

Insured Name

LMA9104

12 January 2015

PROPERTY CYBER AND DATA EXCLUSION

- 1 Notwithstanding any provision to the contrary within this Policy or any endorsement thereto this Policy excludes any:
 - 1.1 Cyber Loss;
 - 1.2 loss, damage, liability, claim, cost, expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any Data, including any amount pertaining to the value of such Data;regardless of any other cause or event contributing concurrently or in any other sequence thereto.
- 2 In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
- 3 This endorsement supersedes and, if in conflict with any other wording in the Policy or any endorsement thereto having a bearing on Cyber Loss or Data, replaces that wording.

Definitions

- 4 Cyber Loss means any loss, damage, liability, claim, cost or expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any Cyber Act or Cyber Incident including, but not limited to, any action taken in controlling, preventing, suppressing or remediating any Cyber Act or Cyber Incident.
- 5 Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.
- 6 Cyber Incident means:
 - 6.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
 - 6.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.
- 7 Computer System means:
 - 7.1 any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility,owned or operated by the Insured or any other party.
- 8 Data means information, facts, concepts, code or any other information of any kind that is recorded or transmitted in a form to be used, accessed, processed, transmitted or stored by a Computer System.

LMA5401

11 November 2019

B1284UB231264A

Attaching To and Forming Part Of Binding Authority Agreement

SCHEDULE OF LLOYD'S UNDERWRITERS PARTICIPATING HEREON:

Syndicates	Signed Line
Ascot Syndicate No. 1414 (ASC)	37.00%
HDI Global Specialty SE	18.00%
Tokio Marine Kiln Syndicate No 1880 (TMK)	18.00%
Munich Re Syndicate No 457	13.5%
Chubb Syndicate 2488	9%
Beazley Furlonge Limited Syndicate 2623	4.5%
Total:	100.00%



PREVIEW

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ name of insurance agency 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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



Insurance Proposal

November 09, 2023

USI Insurance Services, LLC - Tampa

Attn: Samuel Gordon

2502 North Rocky Point Drive, Suite 400 Tampa, FL 33607

Applicant: Harborside Terrace Owners Association, Inc
C/O FirstService Residential, 10600 Chevrolet Way, Suite 202
Estero, FL 33928

Submission #: GLWF15925474 003

Policy Period: 12/01/2023 12:01 AM To 12/01/2024 12:01 AM

Coverage: Liability

Issuing Company: Westchester Surplus Lines Insurance Company

Please note the renewal on the above captioned account is quoted with a different insurance carrier than your expiring policy. Please review all coverages, terms and conditions carefully as there may be differences from the expiring policy.

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.



Insurance Proposal

Cost Summary

General Liability Premium	\$6,226.00
Policy Fee	\$250.00
Inspection Fee	\$125.00
FL Surplus Lines Tax	\$326.09
FL Stamp Fee	\$3.96

Total Policy Cost	\$6,931.05
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 10.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



Insurance Proposal

Subjectivities

- Signed and completed Acord Application
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- Completed Surplus Lines Affidavit

The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing and all subjectivities have been addressed.

Conditions

- Please provide Inspection Contact Name and Phone Number at binding (email if available). Coverage is subject to a satisfactory inspection.

Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.



Quote Date: 11/09/2023
 General Agent: RSG SPECIALTY LLC
 Address: 1551 SAWGRASS
 CORPORATE PKWY SUITE 20
 SUNRISE, FL 33323

Quote Number: GLWF15925474 003

Agent Contact: Cody Baker

Named Insured: Harborside Terrace Owners
 Association Inc
 DBA:
 Address: C/O FirstService Residential,10600
 Chevrolet Way, Ste. 202
 Estero , FL 33928

Producer Code: Z02795
 From Email: cbaker@allrisks.com

Proposed Policy Period: 12/01/2023 To 12/01/2024
 Expiring Policy Number: GLWF15925474 003

Quotation Expires 45 days from the Quote Date or Proposed Policy Effective date, whichever is earlier.

Insurer: Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

PREMIUM SUMMARY

Liability	\$6,226.00
Terrorism	\$0.00
Total Policy Premium	\$6,226.00

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

QUOTE CONDITIONS

Retail Agency Commission

Minimum & Deposit

Fully Earned

Favorable GL & Property Inspection Within 30 Days

Signed Application

Signed TRIA Form

—

Minimum Earned 25%

COI from all Sub-Contractors or Vendors

Auditable Annually

3 Year Hard Copy Loss Runs

COI from Tenants

GENERAL LIABILITY

Limits

Deductible

General Aggregate	\$2,000,000	\$500 BI/PD
Products/Completed Operations Aggregate	Included	
Personal & Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage Limit	\$100,000	
Medical Expense	\$5,000	

Location Schedule		
Loc. No.	Bld. No.	Address
1		Location #1: 4200 Belair Lane, Naples, FL 34103-3165

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[62003] Condominiums - residential - [association risk only]	62003	Units	54	\$87.47	\$4,723	INCL	INCL	\$4,723
1		[48925] Swimming Pools	48925	Each Pool	1	\$1,153.43	\$1,153	INCL	INCL	\$1,153
								The Total General Liability Classification Premium:		\$5,876

ADDITIONAL INSUREDS

Loc#	Description	Premium
ALL	CG2004 (11/85) - Additional Insured - Condominium Unit Owners	\$0

ADDITIONAL COVERAGES

Description	Premium
(GLE0036) Hired and Non-Owned Auto Liability Coverage (\$1M Limit)	\$350

UNDERWRITER COMMENTS

ADDITIONAL CONDITIONS:

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void this quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

FORMS

Form Number	Edition	Title
TR51520a	0820	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
Interline		
Form Number	Edition	Title
SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
LD5S23I	(04/22)	Signatures (Surplus Lines)
TRIA24a	(08/20)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730b	(04/23)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
General Liability		
Form Number	Edition	Title
ALL39844	(10/16)	CHUBB PRIVACY NOTICE
AWB56803	(01/22)	EXCLUSION - ANIMALS
AWB0171	(02/16)	Premium Audit Endorsement
AWB55970	(07/21)	EMPLOYER'S LIABILITY EXCLUSION
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300	(01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2132	(05/09)	COMMUNICABLE DISEASE EXCLUSION
CG2147	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167	(12/04)	FUNGI OR BACTERIA EXCLUSION
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016	(05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0036	(06/99)	HIRED AND NON-OWNED AUTO LIABILITY COVERAGE
GLE0122	(01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001	(01/96)	DISCRIMINATION EXCLUSION
ULX0005	(01/97)	Lead Exclusion
AWB0110	(09/15)	CONTRACTOR OR SUBCONTRACTORS CONDITIONS AND SUBLIMIT ENDORSEMENT
CG2004	(11/85)	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
IL0021	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
MANA0047	(07/99)	CROSS SUIT EXCLUSION
IL0003	(09/08)	CALCULATION OF PREMIUM
AWB55969	(07/21)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
AWB0142	(07/16)	PRE-EXISTING OR PROGRESSIVE DAMAGE EXCLUSION
AWB0157	(09/15)	Exclusion Liquor Liability
AWB0163	(09/15)	CLASSIFICATION LIMITATION ENDORSEMENT
LD49320	(06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323	(06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342	(06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
AWB56804	(01/22)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
ALL8W17b	(09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY

CG2173	(01/15)	POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS
AWB53568	(06/20)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
		TOBACCO OR TOBACCO-RELATED PRODUCTS OR ELECTRONIC
		VAPORIZER DEVICES
AWB53569	(06/22)	CANNABIS EXCLUSION

Attached please find TR-51520a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
11/29/2023

AGENCY USI Insurance Services LLC 2502 N Rocky Point Dr. Suite 400 Tampa FL 33607	CARRIER Westchester Surplus Lines Insurance Co. NAIC CODE 10172 COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER GLWF15925474003												
CONTACT NAME: Jonathan Brennan PHONE (A/C. No. Ext): - FAX (A/C. No.): - E-MAIL ADDRESS: jonathan.brennan@usi.com CODE: SUBCODE:	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <table style="font-size: small; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> QUOTE</td> <td style="border-right: 1px solid black;"><input type="checkbox"/> ISSUE POLICY</td> <td><input checked="" type="checkbox"/> RENEW</td> </tr> <tr> <td colspan="3">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> CHANGE</td> <td style="border-right: 1px solid black;">DATE</td> <td>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> CANCEL</td> </tr> </table>	<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 type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> CANCEL		
<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 type="checkbox"/> AM <input type="checkbox"/> PM											
<input type="checkbox"/> CANCEL													
AGENCY CUSTOMER ID: HARBOTER													

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> YACHT
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input type="checkbox"/>
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/>
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$	<input type="checkbox"/>
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$	<input type="checkbox"/>
<input type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$	<input type="checkbox"/>
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$	<input type="checkbox"/>

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 12/01/2023	PROPOSED EXP DATE 12/01/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT N	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Harborside Terrace Owners Association, Inc. FirstService Residential; 10600 Chevrolet Way, #202 Estero FL 33928					GL CODE	SIC	NAICS	FEIN OR SOC SEC # 591562855
					BUSINESS PHONE #: (954) 378-1042 WEBSITE ADDRESS			
<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	
	INDIVIDUAL	LLC	NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP	TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)					GL CODE	SIC	NAICS	FEIN OR SOC SEC #
					BUSINESS PHONE #: WEBSITE ADDRESS			
	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION	
	INDIVIDUAL	LLC	NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP	TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)					GL CODE	SIC	NAICS	FEIN OR SOC SEC #
					BUSINESS PHONE #: WEBSITE ADDRESS			
	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION	
	INDIVIDUAL	LLC	NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP	TRUST			

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Armando Garza		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (408) 834-9512	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
PRIMARY E-MAIL ADDRESS: armando.garza@firstservicefinancial.com		PRIMARY E-MAIL ADDRESS:	
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: \$
1	4200 Belair Lane	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE: FL			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: ZIP:34103				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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 %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <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:
REASON FOR INTEREST:							ITEM DESCRIPTION		
REFERENCE / LOAN #:				INTEREST END DATE:					
LIEN AMOUNT:				PHONE (A/C, No, Ext):				FAX (A/C, No):	
							E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				N
<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?				N
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? (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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Westchester Fire Insurance			
	POLICY NUMBER	GLWF15925474001			
	PREMIUM	\$ 4,381	\$	\$	\$
	EFFECTIVE DATE	12/01/2021			
	EXPIRATION DATE	12/01/2022			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: HARBOTER

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 <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

11/29/2023

AGENCY USI Insurance Services LLC		CARRIER Westchester Surplus Lines Insurance Co.		NAIC CODE 10172
POLICY NUMBER APPGLWF15925474003	EFFECTIVE DATE 12/01/2023	APPLICANT / FIRST NAMED INSURED Harborside Terrace Owners Association, Inc.		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS	
<input type="checkbox"/>	CLAIMS MADE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/>	OCCURRENCE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
OWNER'S & CONTRACTOR'S PROTECTIVE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE		PRODUCTS	
		\$			
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY		OTHER	
<input type="checkbox"/>	PROPERTY DAMAGE \$	\$ 1,000,000		0.00	
<input type="checkbox"/>	BODILY INJURY \$	EACH OCCURRENCE			
		\$ 1,000,000			
		DAMAGE TO RENTED PREMISES (each occurrence)		TOTAL	
		\$ 100,000			
		MEDICAL EXPENSE (Any one person)			
		\$ 5,000			
		EMPLOYEE BENEFITS			
		\$			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Condominiums-residential	62003	U	54					
1	2	Swimming Pools	48925	U	1					
1	3	Hired & Non-owned	90099							

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES 1. PROPOSED RETROACTIVE DATE: 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	Y / N
--	-------

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

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

PRODUCTS / COMPLETED OPERATIONS

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

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: _____	LOCATION: _____ BUILDING: _____	ITEM CLASS: _____ ITEM: _____
		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?			_____															
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			_____															
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)			_____															
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			_____															
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			_____															
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td> <input type="checkbox"/> SMALL TOOLS </td> <td> <input type="checkbox"/> LARGE EQUIPMENT </td> <td>_____</td> </tr> <tr> <td>_____</td> <td> <input type="checkbox"/> SMALL TOOLS </td> <td> <input type="checkbox"/> LARGE EQUIPMENT </td> <td>_____</td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	_____	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	_____	_____	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	_____	_____					
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_____	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT	_____															
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			_____															
7. ANY PARKING FACILITIES OWNED/RENTED?			_____															
8. IS A FEE CHARGED FOR PARKING?			_____															
9. RECREATION FACILITIES PROVIDED?			_____															
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			_____															
<table border="1"> <thead> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	_____	_____	_____	_____											
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																
_____	_____	_____																
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			_____															
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD			_____															
12. ARE SOCIAL EVENTS SPONSORED?			_____															
13. ARE ATHLETIC TEAMS SPONSORED?			_____															
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_____	<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	_____	_____															
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			_____															
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			_____															

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

--

SIGNATURE

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	<i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE		DATE		NATIONAL PRODUCER NUMBER

ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 126 FORM TITLE: Commercial General Liability

Loc #	ST	Haz #	Class Code	Cov Code TEREX	Description Terrorism Exclusion	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium	
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium	
Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes
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Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium	

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE
COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---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; and 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 generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. 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.

COVERAGE OF "ACTS OF TERRORISM" AS DEFINED BY THE REAUTHORIZATION ACT WILL BE PROVIDED FOR THE PERIOD FROM THE EFFECTIVE DATE OF YOUR NEW OR RENEWAL POLICY THROUGH THE EARLIER OF THE POLICY EXPIRATION DATE OR DECEMBER 31, 2027. EFFECTIVE DECEMBER 31, 2027 THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT EXPIRES.

Acceptance or Rejection of Terrorism Insurance Coverage

If you choose to purchase Terrorism Insurance Coverage, the portion of your premium that is attributable to coverage for acts of terrorism is \$560.

If you choose to reject Terrorism Insurance Coverage, you or your authorized representative may do so by signing and returning this notice where indicated below or otherwise notifying us prior to the inception or renewal date of the policy. Failure to do so prior to such date will be deemed purchase of Terrorism Insurance Coverage.

By Signing below, Terrorism Insurance Coverage is rejected.

Policyholder/Applicant/Authorized

Representative's Signature

Print Name

Date

Westchester Surplus Lines
Insurance Company

GLWF15925474 003
Policy Number

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ name of insurance agency 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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

Crime Details Page

We require that the insured meet all of the following underwriting criteria to be eligible for the program:

Item 1: Required Association Characteristics

- The entity is a non-profit community association.
- The association has been Crime claim-free for the last 5 years.
- The association does not have more than 25 employees on payroll.

Item 2: Procedures

- Dues/Fees/Mortgage payments are always received as checks, not cash.
- Vouchers/supporting records are stamped "PAID" when checks are signed. If records are kept electronically, there is a system in place to indicate that a check has been issued to prevent duplication.
- Anyone authorized to fire or hire association employees is prohibited from distributing payroll. If there is no payroll, this question does not apply.
- Volunteers (other than Directors & Officers) are prohibited from handling bank accounts or fee/mortgage payments. If there are no other volunteers, aside from Directors & Officers, this does not apply.

Item 3: Oversight/Reconciliation

- Are the associations' bank accounts and credit card statements are reconciled monthly by someone not authorized to deposit, withdraw, initiate electronic funds transfer, or use an association credit card?
- If Association utilizes Traditional Banking, countersignatures are required on all checks over \$500
- If Association utilizes Electronic Banking, they must meet the following:
 - The board approves all checks/expenditures and also verifies the completion/receipt of purchased services or goods.
 - The employee creating the check or payment request does not also sign or approve.
 - The board receives a monthly statement directly from the bank (via mail in a sealed envelope or via e-mail directly from the bank's website) and reviews it on a monthly basis.

Confirmation acknowledges that the mentioned insured meets all underwriting criteria as outlined above Yes

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Dishonesty	\$500,000	\$2,500
2. Forgery or Alteration	\$500,000	\$2,500
3. Inside the Premises	\$500,000	\$2,500
4. Outside the Premises	\$500,000	\$2,500
5. Computer Fraud	\$500,000	\$2,500
6. Money Orders & Counterfeit Paper Currency	\$500,000	\$2,500
8. Funds Transfer Fraud	\$500,000	\$2,500

IF ANY OF THE ABOVE INFORMATION IS INCORRECT, THIS POLICY IS NULL & VOID AND MUST BE RETURNED TO OUR OFFICE FOR FURTHER REVIEW AND POSSIBLE RE-ISSUANCE.

IF A LOSS IS DISCOVERED AFTER THE RECEIPT OF THIS DOCUMENT AND PRIOR TO THE EFFECTIVE DATE, WE RESERVE THE RIGHT TO ADJUST TERMS OR POSSIBLY NON-RENEW THE POLICY.



Distinguished Programs Insurance Brokerage LLC

Distinguished Express Division
CA License #0D06551

1180 Avenue of the Americas, 16th Floor, New York, NY 10036
888.355.4626 CommunityAssociation@distinguished.com www.distinguished.com

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

If you or your insured do not wish to accept this Renewal Policy, please log into the broker portal or send a formal request for cancellation to your underwriter via e-mail or fax.

(In order to flat cancel, this request must be received on or before the effective date of this renewal.)

CRIME PROTECTION POLICY DECLARATIONS

Item 1. NAMED INSURED AND ADDRESS Harborside Terrace Owners Association Inc c/o FirstService Residential 10600 Chevrolet Way, Suite 202 Estero, FL 33928	Item 2. Policy Period: 12:01 A.M. Standard Time at the address if the Named Insured shown at left. From: 12/01/2023 To: 12/01/2024
--	--

Insurance is afforded by
Great American Insurance Company
 (a capital stock corporation, hereinafter called the Company)

Item 3. INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES

Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Dishonesty	\$500,000	\$2,500
2. Forgery or Alteration	\$500,000	\$2,500
3. Inside the Premises	\$500,000	\$2,500
4. Outside the Premises	\$500,000	\$2,500
5. Computer Fraud	\$500,000	\$2,500
6. Money Orders & Counterfeit Paper Currency	\$500,000	\$2,500

If added by Endorsement, Insuring Agreement(s):

8. Funds Transfer Fraud	\$500,000	\$2,500
-------------------------	-----------	---------

If "Not Covered" is inserted above opposite any specified Insuring Agreement, or if no amount is inserted, such Insuring Agreement and any other reference thereto in this Policy shall be deemed to be deleted.

Item 4. FORMS AND ENDORSEMENTS applicable to all Coverage Parts are made part of this policy at time of issue are listed on the attached Forms Schedule IL 88 01 (11/85)

Item 5. CANCELLATION OF PRIOR INSURANCE

By acceptance of this Policy you give us notice canceling prior policy Nos.

BUSINESSPRO FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

Form and Edition	ST	Date Added*	Form Description
SP 00 01 (04/12)			CrimeCoverageDetails
IL 88 01 (11/85)			PolicyDeclarations
IL 88 02 (11/85)			FormsandEndorsementSchedule
SP 00 01 (04/12)			PremiumEndorsement
SE 00 41 (04/12)			PolicyForm
SE 00 11 (03/00)			IncludeCoverageForFundsTransferFraud
SE 00 16 (03/00)			IncludeSpecifiedNonCompensatedOfficersAsEmployees
SE 00 63 (03/00)			IncludeVolunteerWorkersOtherThanFundSolicitorsAsEmployees
SE 01 61 (07/13)			IncludeDesignatedAgentsAsEmployeesCoveredForEmployeeDishonestyOnlyEndorsement
SA 71 50 (06/14)			ConfidentialAndDataBreach
IL 72 68 (09/09)			MediumsOfExchange
IL 73 24 (08/12)			InWitnessClause
SDM 683 (08/14)			EconomicAndTradeSanctions
			ImportantNoticeFidelityEd0814

*If not at inception

Administrative Offices
80 Walnut Steet, Cincinnati, Ohio 45202

BUSINESSPRO GENERAL ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

PREMIUM ENDORSEMENT

This Endorsement modifies Crime Protection Policy No. SSA-392-56-74-07875-06 and is added to the Schedule of Forms IL 88 01 (11/85)

It is agreed that:

1. The basic premium charged for the attached policy for the period:

From: 12-01-2023

To: 12-01-2024

Is

Premium \$936.00

Taxes/Fees: \$0.00

Directors and Officers Details Page

Please review the below Exposures for accuracy and advise if any discrepancy. Submit changes for a revised offer.

Physical Address:

4200 BELAIR LN

NAPLES, FL 34103

Risk Information:

Number of Units/Lots:	54
Number of Employees (excluding Directors & Officers):	0
Association Type:	COA
Average Unit/Lot Value:	\$100,000

IF ANY OF THE ABOVE INFORMATION IS INCORRECT, THIS POLICY IS NULL & VOID AND MUST BE RETURNED TO OUR OFFICE FOR FURTHER REVIEW AND POSSIBLE RE-ISSUANCE.

IF A LOSS IS DISCOVERED AFTER THE RECEIPT OF THIS DOCUMENT AND PRIOR TO THE EFFECTIVE DATE, WE RESERVE THE RIGHT TO ADJUST TERMS OR POSSIBLY NON-RENEW THE POLICY.

Policy Forms and Endorsements:

- Economic and Trade Sanctions Clause
- Deletion of Noise Exclusion D 26714-2 (11/12)
- ExecPro - Community Association Solution D 26100 (2/10)
- Terrorism Coverage Endorsement DTCV_09P (11/09)
- Terrorism Coverage Premium Disclosure DTDP_09P (11/09)
- Data Security Wrongful Acts and Privacy Wrongful Acts Coverage Endorsement D26740 (11/14)
- Florida Amendatory Endorsement D 26314 (02/10)
- Notice to Policyholders Florida Insurance Guaranty Association Assessment SDM-621 (11/06)
- Agent Countersignature IL73 81 (09/15)

If you or your insured do not wish to accept this Renewal Policy, please log into the broker portal or send a formal request for cancellation to your underwriter via e-mail or fax.

(In order to flat cancel, this request must be received on or before the effective date of this renewal.)

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

Great American Insurance Company

Policy Number: **EPPE295626-06**

Policy Form Number: D26100 (2/10)

Item 1. Name of **Organization**: **Harborside Terrace Owners Association Inc**
Mailing Address: **c/o FirstService Residential**
10600 Chevrolet Way, Suite 202
City, State, Zip Code: **ESTERO, FL, 33928**

Item 2. **Policy Period**: From **12-01-2023** To **12-01-2024**
(Month, Day, Year) *(Month, Day, Year)*
(Both dates at 12:01 a.m. Standard Time at the address of the **Organization** as stated in Item 1.)

Item 3. (a) Limit of Liability for each **Policy Year**: **\$2,000,000**
(b) **FLSA Defense Sublimit of Liability**: **\$150,000** – This limit is part of and not in addition to the Limit of Liability provided for in 3(a).

Item 4. Retentions:
Insuring Agreement A: **\$0** Each **Claim**
Insuring Agreement B and/or C: **\$1,000** Each **Claim**

Item 5. Premium: **\$1,662.00** Annual Taxes/Surcharges: **\$17.00** Annual Fees: **\$0.00**

Item 6. Endorsements Attached:
ExecPro - Community Association Solution D 26100 (2/10)
Economic and Trade Sanctions Clause
Terrorism Coverage Endorsement DTCV_09P (11/09)
Terrorism Coverage Premium Disclosure DTDP_09P (11/09)
Florida Amendatory Endorsement D 26314 (02/10)
Deletion of Noise Exclusion D 26714-2 (11/12)
Data Security Wrongful Acts and Privacy Wrongful Acts Coverage Endorsement D26740 (11/14)
Notice to Policyholders Florida Insurance Guaranty Association Assessment SDM-621 (11/06)
Agent Countersignature IL73 81 (09/15)

Item 7. Notices: All notices required to be given to the **Insurer** under this policy shall be addressed to:
Great American Insurance Companies
Executive Liability Division
P.O. Box 66943
Chicago, Illinois 60666

Item 8. Prior & Pending Litigation Date: **09-01-2018**

These Declarations along with the completed and signed Proposal Form and community Associations Solution Insurance Policy shall constitute the contract between the **Insureds** and the **Insurer**.

THIS IS A CLAIMS MADE POLICY. READ IT CAREFULLY.



Insurance Proposal

November 29, 2023

USI Insurance Services, LLC - Tampa

Attn: Samuel Gordon

2502 North Rocky Point Drive, Suite 400 Tampa, FL 33607

Applicant: Harborside Terrace Owners Association, Inc
C/O FirstService Residential, 10600 Chevrolet Way, Suite 202
Estero, FL 33928

Submission #: GLWF15925474 003

Policy Period: 12/01/2023 12:01 AM To 12/01/2024 12:01 AM

Coverage: Umbrella

Issuing Company: ACE Property & Casualty Insurance Company A.M. Best Group Rating of A++ XV

We are pleased to submit our proposal for the above captioned applicant. Please review the attached quote carefully, as coverage offered may be more limited than the coverage requested.

For new business, this quote is valid for 30 days unless otherwise indicated in the quote terms. If this is a renewal quote, the terms of the quote will expire upon the expiration of the existing policy unless otherwise indicated in the quote terms. Please return a copy of the proposal you intend to bind with your bind request. Please note coverage cannot be backdated regardless of the proposed effective date and no coverage is considered bound until you receive written verification.

Thank you for choosing us. We appreciate the opportunity to earn your business.



Insurance Proposal

Cost Summary

Umbrella Premium	\$2,673.00
FIGA	\$45.44
Total Policy Cost	\$2,718.44

Minimum Earned

A 25% Minimum Earned Premium is effective at inception, unless otherwise indicated in the Conditions section.

Acts of Terrorism

Optional coverage for Acts of Terrorism is available for an additional charge plus any applicable taxes and fees.

Agent Commission: 10.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



Insurance Proposal

Subjectivities

- Signed and completed Acord Application
- Signed TRIA form if insured is accepting or rejecting terrorism coverage

The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing and all subjectivities have been addressed.



Insurance Proposal

Schedule of Locations

<u>Loc</u>	<u>Bldg</u>	<u>Address</u>
1	1	4200 Belair Lane Naples, FL 34103



Insurance Proposal

Umbrella Premium	
Total Umbrella Premium	\$2,673.00
Umbrella Coverages	
Coverage	Premium
Umbrella Liability	\$2,673.00

Quote Number: CU139221Q2023

Date: 11/29/2023

Account: Harborside Terrace Owners Association, Inc
To: RSG SPECIALTY LLC

Policy Term: 12/01/2023 - 12/01/2024

Commercial Liability Umbrella

COMMERCIAL UMBRELLA LIMIT OF LIABILITY OPTIONS	PREMIUM
<input type="checkbox"/> \$1,000,000 Each Occurrence/\$1,000,000 General Aggregate	\$673
<input type="checkbox"/> \$2,000,000 Each Occurrence/\$2,000,000 General Aggregate	\$1,173
<input type="checkbox"/> \$3,000,000 Each Occurrence/\$3,000,000 General Aggregate	\$1,673
<input type="checkbox"/> \$4,000,000 Each Occurrence/\$4,000,000 General Aggregate	\$2,173
<input type="checkbox"/> \$5,000,000 Each Occurrence/\$5,000,000 General Aggregate	\$2,673

Products & Completed Operations Included
Self Insured Retention \$0

Primary Location
4200 Belair Lane, Naples, FL 34103-3165

Underlying Coverage(s)	Limits
General Liability/Businessowners	\$1,000,000/\$2,000,000/\$2,000,000
Hired/Non-Owned Auto	\$1M

Coverage Forms

Form Number	Edition	Title
ILP001	0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
TR51520a	0820	POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE
EXFL61	0209	FLORIDA UNINSURED MOTORISTS' COVERAGE
EXFL64	0209	FLORIDA UNINSURED MOTORISTS' COVERAGE
CU0001	0413	COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM
ALL20887	1006	ACE PRODUCER COMPENSATION PRACTICES AND POLICIES
ALL21101	1106	TRADE AND ECONOMIC SANCTIONS
ALL5X45	1196	QUESTIONS ABOUT YOUR INSURANCE - FL, MO, TN
CU2111	0900	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CU2125	1201	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CU2158	0509	COMMUNICABLE DISEASE EXCLUSION
CU2187	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CU2430	0413	AMENDMENT OF INSURED CONTRACT DEFINITION
XS28500a	0813	ACE GROUP SPECIALTY CLAIMS LOSS NOTIFICATION FORM
XS45401	0315	ASSAULT OR BATTERY EXCLUSION
XS45405	0315	COMMERCIAL UMBRELLA COVERAGE LIMITATION ENDORSEMENT (NO BROADER THAN SCHEDULED UNDERLYING INSURANCE)
XS45407	0315	CONSTRUCTION OPERATIONS EXCLUSION

QuoteProposal

XS45408	0315	DIRECTORS AND OFFICERS WRONGFUL ACTS EXCLUSION
XS45415	0315	LEAD EXCLUSION
XS45426	0315	ASBESTOS EXCLUSIONS
XS45428	0315	EMPLOYERS LIABILITY EXCLUSION
XS45429	0315	FIREARM EXCLUSION
XS45430	0315	FOREIGN LIABILITY EXCLUSION
XS45625	0315	CLASSIFICATION LIMITATION ENDORSEMENT
CU2127	1204	FUNGI OR BACTERIA EXCLUSION
XS30049	0710	FUNGI EXCLUSION HABITATIONAL LOCATIONS OUTSIDE NEW YORK STATE (No Broader Than Scheduled Underlying Insurance)
CU2150	0305	SILICA OR SILICA-RELATED DUST EXCLUSION
CU2123	0202	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
Cc1k11k	0422	Signatures (All states except OH)
CU0203	0312	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

Prior to Bind Requirements

Terms are subject to receipt and favorable review of the following information. Please note that we will not be able to bind coverage until we satisfy all of the below prior to binding:

Prior to issuance, we will require the Carrier's name and policy period for all underlying policies covered under this umbrella policy.

Conditions

Terms are subject to the following conditions based on the risk specific information provided on the application. Please note that coverage terms may be altered if any of the following conditions are not satisfied:

- Underlying Business owners policy written with Westchester affiliate insurance company
- All scheduled underlying carriers must carry an AM Best rating of A- / 6 or better
- Underlying policies must meet our minimum limits requirement, provide defense costs in addition to the limits, have an occurrence coverage trigger and not have a sub-limited coverage grant
- No single liability loss over \$100,000 or annual aggregate losses of \$250,000 in the past 5 years
- If applicable, receipt of insured signed UM/UIM rejection forms is required. Ther premium in this quotation contemplates the rejection of UM/UIM coverage or the election of minimum statutory limits (where applicable)

State Surcharges

The state requires the following surcharges be applied in addition to the above quoted premium. Some exemptions apply. Collection and remittance of premium surcharges for admitted policies, if applicable, are the responsibility of the Carrier. State fees may vary based on the coverage limits chosen for the policy and the resulting premiums. For example, state fees for the following limits are shown below:

Limit of Liability

\$5,000,000 / \$5,000,000

Florida Insurance Guaranty Association (FIGA) Surcharge: \$18.71

Florida Insurance Guaranty Association Emergency Assessment Surcharge: \$26.73

Payment Plan Option

Producer Bill

Thirty days from inception the net payment will be due to the Insurer from the Agency

We are pleased to offer the attached quote; which will remain **valid for 60 days**. Please note this quote represents annual premiums.

If between the date of this Quote and the Effective Date of the policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

Thank you for considering Westchester Binding - Micro as your market of choice. We look forward to working with you.



Westchester's Claims Service proves exceptional. Advisen Industry Claims Satisfaction Survey ranks Chubb as most preferred insurer for Property, Management, and Professional Liability Claims Handling.

Only carrier to be ranked number one in more than one category.

CLICK HERE



COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
11/29/2023

AGENCY USI Insurance Services LLC 2502 N Rocky Point Dr. Suite 400 Tampa FL 33607	CARRIER ACE Property & Casualty Insurance Co		NAIC CODE 20699																
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE																
	POLICY NUMBER APP031356862115749																		
CONTACT NAME: Jonathan Brennan	UNDERWRITER		UNDERWRITER OFFICE																
PHONE (A/C No. Ext): -	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>STATUS OF TRANSACTION</td><td><input checked="checked" type="checkbox"/> QUOTE</td><td><input type="checkbox"/> ISSUE POLICY</td><td><input type="checkbox"/> RENEW</td></tr><tr><td></td><td colspan="3">BOUND (Give Date and/or Attach Copy):</td></tr><tr><td></td><td><input type="checkbox"/> CHANGE</td><td>DATE</td><td>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM</td></tr><tr><td></td><td><input type="checkbox"/> CANCEL</td><td></td><td></td></tr></table>			STATUS OF TRANSACTION	<input checked="checked" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW		BOUND (Give Date and/or Attach Copy):				<input type="checkbox"/> CHANGE	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> CANCEL		
STATUS OF TRANSACTION				<input checked="checked" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW													
				BOUND (Give Date and/or Attach Copy):															
	<input type="checkbox"/> CHANGE	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM																
	<input type="checkbox"/> CANCEL																		
FAX (A/C No.):																			
E-MAIL ADDRESS: jonathan.brennan@usi.com																			
CODE:	SUBCODE:																		
AGENCY CUSTOMER ID: HARBOTER																			

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM	PREMIUM	
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$	YACHT	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$		\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$		\$
COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$		\$
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$		\$
COMMERCIAL PROPERTY	\$	TRUCKERS	\$		\$
CRIME	\$	<input checked="checked" type="checkbox"/> UMBRELLA	\$		\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/01/2023	12/01/2024	<input type="checkbox"/> DIRECT <input checked="checked" type="checkbox"/> AGENCY			N	\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Harborside Terrace Owners Assn Inc. FirstService Residential 10600 Chevrolet Way, Suite 202 Estero FL 33928				GL CODE	SIC 653100	NAICS	FEIN OR SOC SEC # 591562855
				BUSINESS PHONE #: (954) 378-1042			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Armando Garza		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (408) 834-9512	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
PRIMARY E-MAIL ADDRESS: armando.garza@firstservicefinancial.com		PRIMARY E-MAIL ADDRESS:	
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: \$
1	C/O FirstService Residential 10600 Chevrolet Way, Apt/St. 202	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Estero	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Lee	ZIP:33928			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building					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 INSURED

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

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <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:
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:		INTEREST END DATE:			
			LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
					E-MAIL ADDRESS:			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
	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)				
<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?				
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? (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).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (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?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: HARBOTER

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 <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

11/29/2023

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

AGENCY USI Insurance Services LLC		CARRIER ACE Property & Casualty Insurance Co		NAIC CODE 20699
POLICY NUMBER APP031356862115749	EFFECTIVE DATE 12/01/2023	NAMED INSURED(S) Harborside Terrace Owners Assn Inc.		

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	\$ 5,000,000	EA OCC	\$
<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		\$ 5,000,000	AGG	FIRST DOLLAR DEFENSE (Y / N)
EXPIRING POL #:				\$		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	Westchester Surplus TBD	12/01/2023	12/01/2024	CSL EA ACC	\$ 1,000,000	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Westchester Surplus TBD	12/01/2023	12/01/2024	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES	\$ 100,000	OTHER	
				MEDICAL EXPENSE	\$ 5,000	\$ 0.00	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
						\$	
						\$	

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) <input type="checkbox"/>			
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) <input type="checkbox"/> EFF. DATE: _____			

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
<input type="checkbox"/> COVERAGE	EXPOSURE			
<input type="checkbox"/> AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/> ADDITIONAL INTERESTS	LIQUOR LIABILITY			
	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y / N
ADVERTISERS LIABILITY	
1. MEDIA USED: ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	N
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6. ARE PASSENGERS CARRIED FOR A FEE?	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	N
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: HARBOTER

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED Y / N

EPA #: **POLLUTION LIABILITY**

20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?

21. INDICATE THE COVERAGES CARRIED:

<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/> SEPARATE POLLUTION COVERAGE

PRODUCT LIABILITY

22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?

23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", Attach ACORD 815)

24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)

25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$

PROTECTIVE LIABILITY

26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WATERCRAFT LIABILITY

27. DOES APPLICANT OWN OR LEASE WATERCRAFT?

LOC #	# OWNED	LENGTH	HORSEPOWER		LOC #	# OWNED	LENGTH	HORSEPOWER

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

28.

LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS		LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

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.

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SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *
 MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE <i>Jonathan Brennan</i>	PRODUCER'S NAME (Please Print) Jonathan Brennan	STATE PRODUCER LICENSE NO (Required in Florida) W896589
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**FRAUD STATEMENTS**

AGENCY USI Insurance Services LLC		CARRIER Lloyd's of London	NAIC CODE SURPLU
POLICY NUMBER 10149L220576	EFFECTIVE DATE 12/01/2023	APPLICANT / NAMED INSURED Harborside Terrace Owners Assn Inc.	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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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.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE
COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---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; and 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 generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. 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.

COVERAGE OF "ACTS OF TERRORISM" AS DEFINED BY THE REAUTHORIZATION ACT WILL BE PROVIDED FOR THE PERIOD FROM THE EFFECTIVE DATE OF YOUR NEW OR RENEWAL POLICY THROUGH THE EARLIER OF THE POLICY EXPIRATION DATE OR DECEMBER 31, 2027. EFFECTIVE DECEMBER 31, 2027 THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT EXPIRES.

Acceptance or Rejection of Terrorism Insurance Coverage

If you choose to purchase Terrorism Insurance Coverage, the portion of your premium that is attributable to coverage for acts of terrorism is \$27.

If you choose to reject Terrorism Insurance Coverage, you or your authorized representative may do so by signing and returning this notice where indicated below or otherwise notifying us prior to the inception or renewal date of the policy. Failure to do so prior to such date will be deemed purchase of Terrorism Insurance Coverage.

By Signing below, Terrorism Insurance Coverage is rejected.

Policyholder/Applicant/Authorized

Representative's Signature

Print Name

Date

ACE Property and Casualty Insurance Company
Insurance Company

CU139221Q2023
Policy Number



ace group

UNINSURED MOTORISTS' COVERAGE OPTION SELECTION FORM

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS' LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorists' Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of *bodily injury* or death resulting therefrom. Such benefits may include payments for certain *medical expenses*, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the *bodily injury* limits are less than *your* damages.

Florida law requires that automobile liability policies which do not provide primary liability insurance include Uninsured Motorists' coverage at limits up to the Bodily Injury Liability Limits in your policy or \$1 million, whichever is less, or reject Uninsured Motorists' coverage entirely.

- a. I hereby reject Uninsured Motorists' coverage.
- b. I hereby select Uninsured Motorists' coverage up to the liability limit of my policy but not greater than \$1,000,000.

If you have selected to purchase Uninsured Motorists' coverage under this form coverage will be on a non-stacked basis. If injury occurs in a vehicle owned or leased by *you* or any *family member* who resides with *you*, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If any injury occurs while occupying someone else's vehicle, or *you* are struck as a pedestrian, *you* are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which *you* are a *named insured, insured family member, or insured* resident of the *named insured's* household. This policy will not apply if *you* select the coverage available under any other policy issued to *you* or the policy of any other *family member* who resides with *you*.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Signed:

(Named Insured)

Date:

POLICY NUMBER

Dear Policyholder:

Under Florida law, we must provide Uninsured Motorists' Coverage (including Underinsured Motorists' Coverage) at a limit up to the Bodily Injury Liability limit of *your* policy or \$1 million, whichever is less, unless *you* select one of the available options.

Uninsured Motorists' Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of *bodily injury* or death resulting therefrom. Such benefits may include payments for certain *medical expenses*, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the *bodily injury* limits are less than *your* damages. If coverage is selected, coverage will respond on a "Non Stacked" basis. This means that under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy.

Your Uninsured Motorists' Coverage limit options are as follows:

1. *You* can completely reject Uninsured Motorists' Coverage.
2. *You* can choose Uninsured Motorists' Coverage up to the Bodily Injury limit of *your* policy or \$1 million, whichever is less.

If *you* wish to choose any of these options, please complete the selection form and send it to *your* agent or broker.



Insurance Carrier Ratings

As a service to our clients, USI is furnishing an assessment by a financial rating service of the insurance companies included in our proposal. We are including the legends used by this service.

All ratings are subject to periodic review, therefore, it is important to obtain updated ratings from each service. Should you desire further information concerning the financial statements of any of the insurance companies being proposed, so that you can make your own assessment of the financial strength of the companies being offered, it is available from USI at your request.

USI has made no attempt to determine independently the financial capacity of the insurance companies that we are including in our proposal as we believe the nationally recognized services are better equipped to comment.

A. M. BEST RATINGS

A++ and A+	Superior	B and B-	Fair
A and A-	Excellent	C++, C+	Marginal
B++, B+	Very Good	C and C-	Weak
D	Poor	F	In Liquidation
E	Under Regulatory Supervision	S	Rating Suspended

FINANCIAL SIZE CATEGORY

(In \$ Thousands)

Class	I	Less than	1,000
Class	II	1,000	to 2,000
Class	III	2,000	to 5,000
Class	IV	5,000	to 10,000
Class	V	10,000	to 25,000
Class	VI	25,000	to 50,000
Class	VII	50,000	to 100,000
Class	VIII	100,000	to 250,000
Class	IX	250,000	to 500,000
Class	X	500,000	to 750,000
Class	XI	750,000	to 1,000,000
Class	XII	1,000,000	to 1,250,000
Class	XIII	1,250,000	to 1,500,000
Class	XIV	1,500,000	to 2,000,000
Class	XV	2,000,000	to or greater

RATING "NOT ASSIGNED" CLASSIFICATIONS

NR-1	Insufficient Data	NR-2	Insufficient Size and/or Operating Experience
NR-3	Rating Procedure Inapplicable	NR-4	Company Request
NR-5	Not Formally Followed		

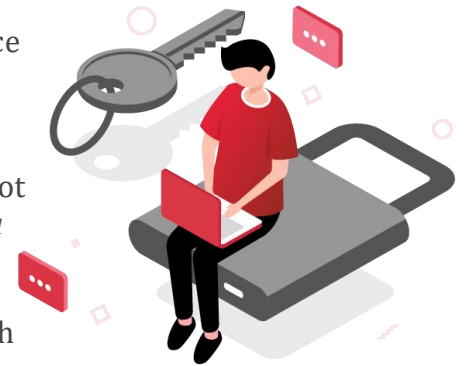


CertVaultSM for Certificate Delivery

USI utilizes CertVaultSM, a cloud-based system for storage and secure delivery of certificates of insurance to your certificate holders.

Benefits of CertVaultSM

- ✓ Supports USI's go-green initiative by eliminating printed and mailed certificates.
- ✓ Provides faster delivery than standard printing and mailing.
- ✓ Reduces your contact with Holders by providing them with self-service access to obtain issued certificates.
- ✓ Provides USI with a reliable reporting mechanism to identify Holders that have taken delivery of certificates, as well as Holders that have not retrieved their issued certificates. *(This data can be used to facilitate a review of the Holder list prior to renewal).*
- ✓ Protects your information by delivering your certificates securely with Blockchain Technology to ensure authenticity.



Certificate Delivery Process for Holders

When USI issues a certificate for one of your Holders, they are sent a CertVaultSM registration letter via email or regular mail.

After registration is completed, the Holder representative can view only their certificate on the CertVaultSM platform.



Client Copies of Certificates

You will continue to receive copies of certificates issued on your behalf via the method requested (email or regular mail).



For More Information

If you have any questions, please contact your USI Account Management Team.

InsurLink Client Portal

InsurLink, USI’s secure, interactive portal for client collaboration and self- service resources, helps streamline the administration of your insurance program with efficient, environmentally friendly, paperless transactions.

InsurLink enables you to manage your program online in seamless collaboration with your USI service team 24 hours a day, 7 days a week.

With our user-friendly, intuitive software you can:



View and reprint Certificates of Insurance.



View policies, endorsements and other key documents.



Generate and issue Certificates of Insurance quickly and accurately.

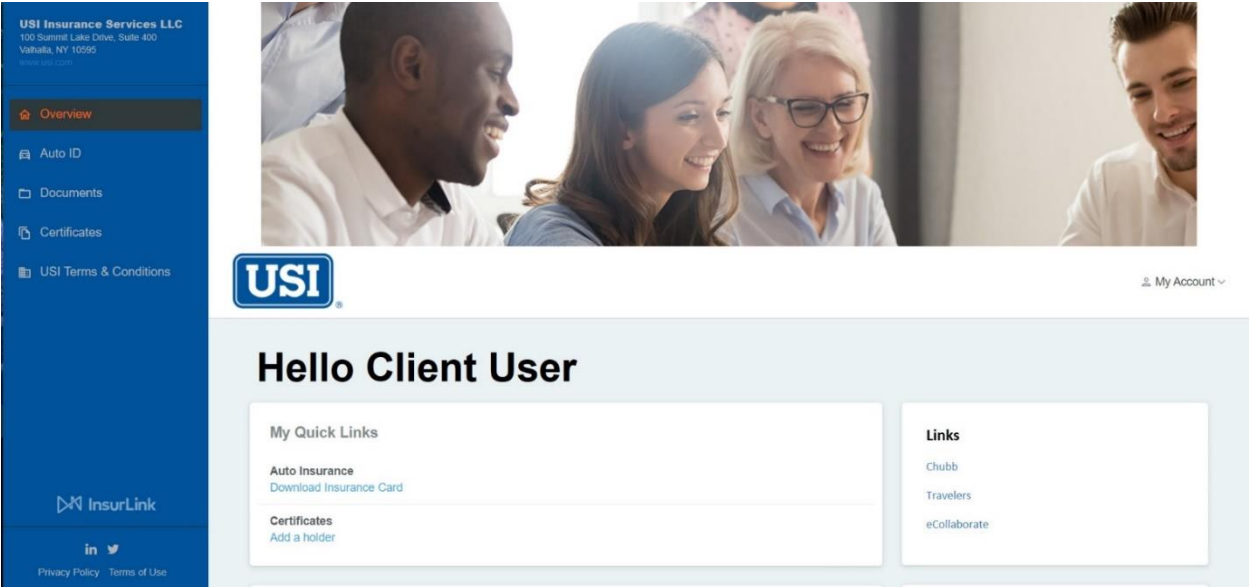


Share documents with your USI service team



Reprint and replace Auto ID cards.*

For more information about InsurLink, contact your USI service representative.



Get our mobile app for Android or Apple and access your InsurLink client portal on the go!

*Limitations in NY and NJ