

LAKE HERON HOMEOWNERS ASSOCIATION INC

EXECUTIVE SUMMARY

**Watts Dawson & Associates Inc.
13008 North 56th Street
Tampa, FL 33617
(813) 985-0349
(813) 989-3884 Fax**

March 7, 2024

PACKAGE POLICY

March 17, 2024 thru March 17,2025

Company: TRISURA SPECIALTY

PROPERTY COVERAGE

Building Coverage Amount: \$ 171,131– Clubhouse
\$ 25,000– Contents
\$ 75,000 Pool
\$ 6,500 – Pool Furniture
\$ 10,000- Pool Fence
\$ 15,000 – Spa/ Jacuzzi
\$ 13,500 – Ball Court
\$ 10,000 – PVC Fence
\$ 8,000 - Chain link Fence
\$ 10,000 – IrrIgation

Valuation: Replacement Cost
90% Co-Insuance

Property Deductible: 2% Hurricane – per bld
\$ 2,500 All Other Perils

GENERAL LIABILITY

Premium Basis	Units = 163 1- Pool – Spa/Jacuzzi 2- Ball Court 3- Fitness Center
General Aggregate	\$2,000,000
Products/Completed Ops Agg.	\$2,000,000
Each Occurrence	\$1,000,000
Personal/Advertising Injury	\$1,000,000
Fire Damage	\$50,000
Medical Payment	\$5,000
Directors & Officers	\$1,000,000
Deductible	\$ 10,000
Crime/Fidelity	\$100,000
Deductible	\$1,000

Annual Premium: \$ 15,055.75

EXPIRING TERM: \$ 11,298.85

Carrier: GREENWICH INSURANCE

Umbrella

Annual Premium: \$ 1,555.99
EXPIRING TERM: \$ 3,796.80

Limit	\$5,000,000- EXPIRING \$1,000,000
	GENERAL LIABILITY
	DIRECTORS & OFFICERS
	WORKERS COMPENSATION

Workers Compensation

Limit	\$500,000/\$500,000/\$500,000
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Annual Premium: \$ 509.00
EXPIRING TERM: \$ 565

Annual Premium: \$ 17,120.74
EXPIRING TERM: \$ 15,660.65

This contains only a general description of coverage and is not a statement of contract. All coverages are subject to the exclusions and conditions in the policy. Please call us to go over your coverage in detail.

Watts Dawson & Associates, Inc
 13008 N. 56th Street
 Tampa, FL 33617
 Phone: 813-985-0349 Fax: 813-989-3284

INVOICE NO. 17528		Page 1
ACCOUNT NO.	OP	DATE
LAKEH-3	LM	03/07/2024
PRODUCER		
ROBERT DAWSON		
BALANCE DUE ON		
03/17/2024		
AMOUNT PAID	AMOUNT DUE	
	\$17,120.74	

LAKE HERON HOMEOWNERS AS
C/O UNIVERSITY PROPERTIES
 3018 N U.S. HWY 301 S# 950
 TAMPA, FL 33619

Itm #	Due Date	Trn	Type	Description	Amount
307791	03/17/24	REN	PCKG	PACKAGE	\$13,835.00
307792	03/17/24	CFE	PCKG	FEE & TAX	\$1,220.75
307793	03/17/24	REN	UM-S	UMBRELLA	\$1,286.00
307794	03/17/24	CFE	UM-S	FEE & TAX	\$269.99
307795	03/17/24	REN	WC-S	WORKERS COMPENSATION	\$349.00
307796	03/17/24	CFE	WC-S	FEE & TAX	\$160.00
Invoice Balance:					\$17,120.74

Due Upon Receipt

Homeowner Association Supplemental Application

1. Name of Association: LAKE HERON HOMEOWNERS' ASSOCIATION, INC.
2. Effective Date: 3/17/2024
3. Is there any existing damage to the building? Yes No
4. Do you have armed security guards? Yes No
5. Are any buildings undergoing major structural renovations? Yes No

UNDERWRITING QUESTIONS – GENERAL LIABILITY

6. Is pool fenced with self-latching gate? Yes No N/A
7. Is there a diving board or slide? Yes No N/A
8. Does the association own any davit(s) or boatlift(s)? Yes No N/A

UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

9. In the last 5 years, have you been subject to formal third party complaints, claims or violations for the release of hazardous substances, hazardous wastes, or any other pollutants into the environment, including indoor air quality or outbreaks of legionella pneumophila?
Yes No N/A
10. Are you aware of any circumstances that could rise to a pool/spa contamination or environmental liability claim under this policy?
Yes No N/A
11. Does the account have a water maintenance/ management plan in place for pool, spa and other common areas (this can include maintenance/management by third party providers)?
Yes No N/A

UNDERWRITING QUESTIONS – CRIME

12. Are bank accounts reconciled by someone not authorized to deposit or withdraw?
Yes No N/A

UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI

13. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer? Yes No N/A
14. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence? Yes No N/A
15. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured? Yes No N/A
16. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years? Yes No N/A

17. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years? Yes___ No X N/A___
18. Has the Association's current D&O policy been cancelled or non-renewed? Yes___ No X N/A___
19. Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members? Yes___ No X N/A___

X _____
Agreed Signature of Applicant

Date



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE AND
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State 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.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$12,078.54 , and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 381.16

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

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REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$^{381.16}

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Applicant/Named Insured
Signature or
Authorized Signature

Policy Number

Title

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

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Membership Agreement

This Agreement is entered into between Preferred Property Program (PPP) an Illinois corporation, and the Lake Heron Homeowners Association ("Purchaser") which has the following mailing address: 3018 North U.S. Highway 301 Suite 950, Tampa, FL

WHEREAS PPP is a risk purchasing group formed pursuant to Illinois law and the Risk Retention Amendments of 1986 (15 U.S.C. 3910 et. seq.) ("Act") in order to permit a group of individuals who share common or similar liability exposures to join together to purchase umbrella liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to PPP that Purchaser is engaged in the real estate business and is exposed to liability risks which are the same or similar to those of the other members of the group; and

WHEREAS Purchaser seeks to insure its own risks by purchasing umbrella liability insurance under the group umbrella insurance policy issued to the group through PPP;

NOW THEREFORE, the parties Agree as follows:

Agreement

1. PPP agrees that as of the effective date of this Agreement, Purchaser is a member of the risk-purchasing group and is eligible to participate in certain group umbrella liability insurance policies, including endorsements and renewals, which is issued to PPP for the benefit of its members ("Insurance").
2. Except as otherwise provided herein, so long as Purchaser satisfies the requirements of this Agreement and meets the qualifications of membership as set forth in the Act, PPP shall permit Purchaser to participate in and be insured under insurance.
3. Purchaser shall pay all premiums, which are billed to it for insurance not later than ten (10) days after receipt of a statement therefore.
4. Purchaser shall promptly pay a non-refundable annual membership fee of \$244.00 for \$ 5,000,000; \$338.00 for \$ 10,000,000; \$462.00 for \$ 15,000,000; \$626.00 for \$ 25,000,000; \$988.00 for \$ 50,000,000; depending on limit bound (the 'Membership Fee'). The Membership Fee must be paid not later than the date insurance coverage is bound. The Membership Fee is used, in part, to fund the operations and expenses of PPP in connection with its risk purchasing group activities. PPP has appointed Jacobson Goldfarb Scott Insurance ("JGS") to administer certain risk purchasing group operations of PPP and JGS is paid an administration fee by PPP for such services. JGS is the insurance agent through which PPP currently purchases the insurance coverages for PPP's members and is an affiliate of PPP.
5. Purchaser shall meet the underwriting criteria imposed by each insurer upon all members of the risk purchasing group who are insured or all persons who seek to be insured under the Insurance.

Purchaser understands that its failure to meet such underwriting criteria may result in the non-renewal of its coverage under Insurance.

6. Termination

a) This Agreement shall terminate:

i. Upon failure of Purchaser to pay the annual membership fee or any premiums for insurance as required under the Insurance and this Agreement. Purchaser shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, PPP may, in its sole discretion, reinstate Purchaser's membership.

ii. Upon termination or non-renewal of Insurance covering Purchaser or the group through PPP.

b) This Agreement may be terminated by PPP

i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; or and PPP shall give not less than thirty (30) days prior written notice of such termination; or

ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by PPP for the risk purchasing group as a whole; and PPP shall give not less than thirty (30) days prior written notice of such termination; or

c.) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from the risk purchasing group. Purchaser may withdraw from the risk purchasing group and participation in the Insurance at any time by submitting a written notice of its withdrawal to PPP stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the risk purchasing group will immediately terminate all coverage of insurance for Purchaser under Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless PPP for any liability or expenses, including costs of defense, which PPP may incur as a result of acts or omissions of Purchaser or any of its employees or agents including incorrect or false statements of fact intentionally made to PPP.

This Agreement shall be effective on _____, 20____.

PURCHASER

By: _____

(Signature)

Broker Information

Company:

First Name:

Last Name:

Address:

City:

State:

Postal Code:

Phone:

Extension:

Broker Email:

General Information

Insured is:
 Corporation LLC Partnership Sole Proprietor Trust Other

Insured is other description:

Insured Name:

Care Of:

Mailing Address (street, city, state, zip)

3018 N US HWY 301 950, , TAMPA, FL, 33619

Insured FEIN:

Proposed Effective Date (mm/dd/yyyy):

Proposed Expiration Date (mm/dd/yyyy):

Short Term Policy - Check here to confirm underlying limits are still intact.

* Please note GL dates must be concurrent with the umbrella, If they aren't then a short term quote will be provided by us to coincide.

Do Any Locations Have ANY of the following?

Yes No

100% Subsidized/Affordable housing	Mobile Homes
55+ Community with medical care/assisted living	Municipalities
Any Building not in compliance with all local ordinances (window guards, smoke detectors, etc.)	Not for Profit Apartments/LRO
Any commercial tenant with Surgical operations	Nursing Homes
Any Public Marinas, Marinas with fueling	Owned Day Care
Any Underlying Policy with Lloyds its affiliates or subsidiaries	Public Housing

Asbestos exposures not confined to boiler room	Resorts
Boarding/Rooming Houses	Retail Commercial Occupants above 2nd floor
Buildings containing aluminum wiring (other than main feeds)	Seasonal Dwellings
Churches (standalone)	Senior Housing with Medical, Nursing or on site health Services
Dams over 50 acres	Short-term rental by Association
Government Offices with high exposures i.e: FBI Office/Postal/IRS	Skilled Nursing Facilities/Immediate Care, Facilities/Assisted Living Facilities
Hotels/Motels (not condo hotels)	Student and or spring break housing
Indoor mall over 1 million square feet	Vacant Buildings
Medical Centers	Timeshares

Are there smoke detectors in all Apartments & Commercial LRO units and common areas? Yes No NA

Are there smoke detectors in all residential units and common areas? Yes No NA

Is the home/unit owner responsible for maintenance of smoke detectors Yes No

Are there short-term rentals? (Ex: Airbnb, VRBO listings, etc.) Yes No

Does the Association and/or Property Manager have any involvement with the short-term rentals? Yes No

What % of units are rented out on a short-term basis?

Does this risk include multiple locations? Yes No

Does the underlying GL policy contain a per location aggregate, without caps per location? Example: GL covers multiple locations, and each location is covered for a minimum aggregate of \$2 mil. Yes No

Does the insured have separate GL policies for each location? Yes No

Total Number of units all locations:

Number of Condominium - Residential Units

Number of Cooperative Apartment Units

Number of Apartment Units (Follow Form D&O Not Available)

Number of Homeowners Association Units

Number of Master Association Units

Number of Commercial Condominium Units

Commercial Square Footage

Umbrella Coverage

Current Umbrella Carrier:

Current Umbrella Premium:

Current Umbrella Limit:

Limits Desired

- \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000
 \$5,000,000 \$10,000,000 \$15,000,000 \$25,000,000 \$50,000,000

- Requesting Owned Auto Follow Form? Yes No
Requesting Hired Non Owned Auto Follow Form? Yes No
Requesting GKLL Follow Form? Yes No
Requesting Liquor Liability Follow Form? Yes No
Requesting D&O Follow Form? Yes No
Requesting Employers Liability Follow Form? Yes No

Hired Non Owned Auto

Does insured have a separate underlying HNOA policy? Yes No

What is the underlying limit of insurance?

Does insured rent heavy trucks, passenger vans or buses? Yes No

Does GL Policy provide separate limit for HNOA? Yes No

Does GL HNOA sublimit erode the GL General Aggregate? Yes No

Low Limit Umbrella

Do any of the following apply? Yes No

Apartments	More than 10 boat slips
Assisted Living	Non-permanent mobile homes
Assisted Living Facilities	Pools not meeting state safety requirements
Association(s) located in Texas or Washington	Recreational Lakes
Association under construction	Resorts
Dams	Risk containing passenger vans, buses, or any vehicle used to transport people
Day care or babysitting exposure	Risk currently insured with Chubb (not through PPP Program)
Diving boards (regardless of height)	Short-term rentals
Master Associations without units	Theaters, night clubs or fireworks
	Vacant buildings

What is the underlying GL premium?

What is the underlying D&O premium?

Are there any rental exposures? Yes No

Percentage of rentals?

Length of rentals?

Is there 50% or more commercial exposures? Yes No

Location

Are there any additional names on the underlying policies for this location? Yes No

Additional Names:

Street:

Additional Street:

City:

State:

Zip:

County:

Is this location within 1.5 miles of the coast? Yes No

Location Occupancy

Check all that apply for this location:

- Condominium - Residential with or without commercial space
- Cooperative Apartment
- Homeowners Association (or PUD's/POA's)
- Commercial Condominium
- Office Condominium
- Master Association
- Age Restricted or active adults
- Apartment
- Lessors Risk Only - Not Apartments
- Condo/Hotels
- Other

Total square footage for commercial exposures:

Builder Developer on Board? Yes No

Does the builder/developer hold voting rights or seats on the board of directors? Yes No

Professional Management Company

Professional Management Company under contract? Yes No

Community Association Manager Information:

Name:

Street:

Street 2:

City:

State:

Zip:

Community Manager Web Address:

Community Manager Phone: 8139801000

Management Personnel Onsite? Yes No

AT THIS LOCATION:

Number Condominium - Residential Units 0

Number Cooperative Apartment Units 0

Number Homeowners Association Units 163

Number Commercial Condominium Units 0

Number of Master Association Units 0

Number of Apartment Units 0

Square Footage of Office Condominium

Number of Stories 1

Number of Insured Employees (not Management Company or Board Members) 0

Number of Board Members and Officers 5

Underlying GL Premium: 15055

Year Built: 1993

Year Roof Updated 1993

Year Plumbing Updated 1993

Year Electrical Updated 1993

Are the plumbing and electrical updates the responsibility of the unit owners? Yes No

Has the building been inspected and recertifications received? Yes No

If inspection or recertification certificate is pending or not yet received, explain

When was the last building inspection and recertification?

When is your next building inspection and recertification?

Lessors Risk Only Square Footage

N/A

Square Footage Retail N/A

Square Footage Office N/A

Square Footage Warehouse N/A

Square Footage Parking N/A

Square Footage Open Air N/A

Square Footage Open Air Description

Vacant Land in acres N/A

Any Future development planned? Yes No

Location Exposures

Does this location have any of the following?

- Airport Hangar
- Armed Security Guards
- Armed Security Dogs
- Balconies
- Clubhouses
- Bridges association owns/maintain
- Buildings in process of conversion (Construction and Product Exclusion Including Construction Defects with Limited exception endorsement will apply)
- Daycare Not Owned or Operated by Insured
- Elevators
- Exercise/Weight Room
- Garage Keepers Legal Liability
- Golf Exposure/Country Club
- Hunting or Archery
- Incidental dwellings less than 10% of total schedule
- Lakes,Ponds,Beaches or Dams
- Marinas with or without fueling
- Master Associations
- Occupancy Rate less than 60%
- Owned Autos
- Any Pools Owned
- Restaurants/Bar Exposures
- Sales, distribution, production, growth, or manufacturing of any cannabis product or derivatives
- Sewage Treatment Facilities
- Sexual assaults/Previous violence reported
- Shootings or fatalities
- Skiing Activities
- Stable or Equestrian Exposures
- Trailer homes with permanently affixed trailers
- Triple Net Leasing
- Underground Parking
- Valet Service
- Water Sports
- Any Additional Exposures - please use remarks to provide information

Additional Exposures Remarks:

Is the association currently under construction? Yes No

Total Number of units upon completion:

Average Unit Selling Price:

Life Safety

Construction

- Frame Joisted Masonry Masonry Non-Combustible Non-Combustible Fire Resistive
- Modified Fire Resistive Brick Veneer

Sprinkler System

- None 100% Partial

Partial explain where

Are there smoke detectors in all units? Yes No

Are there smoke detectors in common areas? Yes No

Gated Community Yes No

- Enclosed Stairwells Yes No
- Illuminated Exit Signs Yes No
- Two Exits Per Floor Yes No
- Emergency Lighting Yes No
- Central Station Alarm Yes No
- Standpipes Yes No
- Elevator Recall Yes No
- Annunciator Panels Yes No
- 24 Hour Doorman Yes No
- Manual Pull Alarms Yes No
- Security Cameras Yes No

Apartments

- N/A
- Are there any new purchases (less than 1 year)? Yes No
- Purchase Date

Balconies

- N/A
- Is there a formal inspection plan in place for balconies? Yes No
- Are balcony inspections mandated by the City and/or state? Yes No
- Have balconies been inspected within the past 5 years? Yes No
- Are grills permitted? Yes No
- Any claims in the past 3 years due to balconies? Yes No
- Explain:

Clubhouses

- N/A
- Square Footage:
- Is the clubhouse rented to others? Yes No
- NOTE: If "Is the clubhouse rented to others?" is Yes, Association must obtain Certificate of Insurance from Homeowners.

Condo/Hotels

- N/A
- Is this a condominium with access to hotel amenities? Yes No
- Are their separate entrances for hotel and condominiums? Yes No
- Any professional services provided? Yes No
- Number of Hotel Units:

Number of Condo Units:

Are hotel and condo units on the same floor? Yes No

Is there an indemnification agreement between two entities? Yes No

This is not a timeshare

Garage Keepers Legal Liability Coverage

N/A

What type of Garage Keepers Legal Liability Exposure does the insured have?

Indoor Outdoor Both

How many total parking spaces?

Over 250 spots at any one location

Less than 250 spots at any one location

Does insured provide valet service? Yes No

Golf Exposures

N/A

If not owned and operated by insured, does insured obtain a Certificate of Insurance naming our insured as additional insured with limits of no less than \$1M CSL? Yes No

If owned and operated by insured is coverage included in GL policy? Yes No

Number of golf holes

Is golf open to the public? Yes No

Is golf for use by homeowners and their guest only? Yes No

Lakes, Ponds, Beaches and Dams

N/A

What are the number of lakes or ponds that the Applicant owns or maintains?

Please indicate which activities are permitted

None Swimming Boating Skating Ice Fishing Other

For lakes or ponds susceptible to freezing, are signs posted prohibiting any activities on ice; for example: Ice skating, Ice fishing? Yes No

If no activities are permitted, are there signs prohibiting use? Yes No

Are rules clearly posted? Yes No

Does the Applicant own watercraft? Yes No

Are boats rented to others? Yes No

Are rentals advised to rent at their own risk? Yes No

Are renters required to sign waivers? Yes No

Does the Applicant own and maintains a beach? Yes No

Is it private (for unit owners and guest only) or public? Private Public

Are Lifeguards Provided? Yes No

If No Lifeguards, are "Swim at your Own Risk" posted? Yes No

Does the Applicant own and maintain a dam? Yes No

What is the FEMA dam's hazard rating?

Low Significant High

Does the dam have insurance in place separate from the Applicant's GL?

Yes No

What is the size of dam in acres?

What is the depth of the dam?

Has the dam had a recent inspection?

Yes No

Lessor Risk Only - Not Apartments

N/A

Total square footage

Public parking square footage

Is parking open to public for a fee?

Yes No

Underground Parking

Yes No

Type of tenant occupancy:

If any storage, what is stored?

Are there any new purchases (less than 1 year)?

Yes No

Purchase Date

Marina Exposures

N/A

Please indicate whether the following exposures are present:

Marinas Boat Slips / Docks Piers

Does the underlying GL policy exclude liability arising from the above referenced?

Yes No

Are any above marina exposures open to the public?

Yes No

Please complete the following for any piers:

Is the pier maintained by the Association or by a third party contractor?

Association Third Party

Is the pier designed to accommodate watercraft?

Yes No

Is there an annual inspection for structural deficiencies?

Yes No

Are there signs prohibiting swimming or diving?

Yes No

Please complete the following for any boat slips or docks:

Total number of slips/docks

Are the boat slips/docks maintained by the Association or by a third party contractor?

Association Third Party

Is use of boat slips restricted to daytime only?

Yes No

Is fuel storage available?

Yes No

Do any employees of the applicant fuel boats?

Yes No

Are there gas docks or marina repair facilities?

Yes No

Master Associations

N/A

Total number of units in sub-associations

Total square footage for commercial exposures

Does the master association own or maintain any buildings (e.g.clubhouse, restaurant)? Yes No

Do all sub-associations have their own underlying GL? Yes No

Do the sub associations maintain their own umbrella limits? Yes No

Does the master association name the sub associations? Yes No

Enter the sub association names

Square footage of clubhouse

Responsible for Pools? Yes No

What is master responsible for?

Miscellaneous Exposures

N/A

Does insured maintain a separate underlying liability policy for all/any of these exposures,(stables,Equestrian,hunting, archery,skiing,water sports) Yes No

Will the insured accept an exclusion for this? Yes No

I understand that these underlying policies above WILL NOT BE SCHEDULED

Owned Auto Exposures

N/A

Has the primary insurance company run current MVR's? Yes No

Are all MVR's deemed acceptable? Yes No

Class of vehicles

Light

Medium

Heavy

Private Passenger

Passenger Vans

Vans

Van #	Description	Capacity	Usage
-------	-------------	----------	-------

Buses/Jitneys

Buees/Jitneys			
Bus #	Description	Capacity	Usage

Pool Safety

N/A

What are the number of pools that the Applicant owns or maintains?

Does the pool have a diving board? Yes No

Height of diving board

Does the pool have any slides? Yes No

Slide Height

Is pool located on rooftop? Yes No

Do perimeter railings meet code? Yes No

Is pool fenced and locked when closed? Yes No

Are there natural barriers or other protections? Yes No

Is the pool open to the public? Yes No

Are pool depths clearly marked? Yes No

Is there a self-closing gate with self-latching mechanism? Yes No

Is lifesaving equipment available? Yes No

Are pool rules clearly posted, including hours of operation? Yes No

Are pool lights kept on when the pool is closed? Yes No

Is a lifeguard present when open? Yes No

Does the pool meet all state safety requirements? Yes No

Are all pools in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

Is there a toddler swimming area? Yes No

Are the views unobstructed? Yes No

Is there a lazy river type of exposure? Yes No

Does lifeguard have unobstructed views of entire lazy river? Yes No

What is the depth of the lazy river?

Restaurants

N/A

Is the restaurant operated by the Association or by a third party? Association Third Party

Are functioning hood and duct fire extinguishing systems in place? Yes No

Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations? Yes No

What are the annual food and liquor receipts?

Does the applicant obtain written contracts that:

Contain hold harmless agreements? Yes No

Require "additional insured" status under said restaurant's liability insurance? Yes No

Require certificates of insurance of at least \$1 million in liability? Yes No

Require certificates of insurance of at least \$1 million for liquor liability? Yes No

Liquor Receipts <= 50% of annual receipts? Yes No

Senior Housing Active Adults

N/A

Is there an evacuation plan in place? Yes No

Are any recreational facilities open to the public? Yes No

Any medical assistance offered by anyone? Yes No

Any assisted living, skilled nursing facilities, continuous care or onsite health services on premises? Yes No

Are meal plans offered by the insured? Yes No

Sewage Treatment Facilities

N/A

Is the sewage treatment facility secured? Yes No

What is the size of the treatment plant?

What is the name of the maintenance company?

What are the limits maintained by the maintenance company?

Describe its uses

Have there been any issues with the water now or previously? Yes No

Are there minimum Environmental Impairment Liability limits of \$1M/\$2M (claims-made basis)? Yes No

Sexual Assaults / Previous Violence Reported

N/A

Date of Incident:

Risk management preventions implemented; if any

Complete details of incident (please upload any police reports, newspaper articles or links for further review)

Triple Net Leasing

N/A

Name of Tenant's GL carrier?

Does the GL policy have a hold harmless clause in favor of our insured? Yes No

Does the Tenant carry a minimum of \$1M each occurrence/\$2M aggregate? Yes No

Is the insured named as an additional insured on tenant's policy? Yes No

Underground Parking

N/A

Year garage was built

Number of Levels

Sprinklered? Yes No

Security Cameras? Yes No

Well Lit? Yes No

Any previous losses? Yes No

Gated access/Access card? Yes No

Security Personnel? Yes No

Is there a secondary means of egress? Yes No

Valet Services

N/A

Is the valet service operated by the Association or by a third party contractor? Association Third Party

Please provide the Applicant's Garage keepers Legal Liability coverage:

Carrier

Effective Date

Limit

Does the applicant obtain background checks on the valets? Yes No

Does the Applicant obtain MVRs annually on the valets? Yes No

Does the Applicant require that all valets have 4 points or less on their license and zero points from DUIs, Drag Racing, or Reckless driving? Yes No

If "third party", does the applicant obtain written contracts that:

Does the Applicant require that all valets have 4 points or less on their license and zero points from DUIs, Drag Racing, or Reckless driving? Yes No

Contain hold harmless and indemnification agreements? Yes No

Require "additional insured" status under said valets' liability insurance? Yes No

Require certificates of insurance evidencing at least \$1M in liability insurance? Yes No

Insurance Experience

Has any insurance been non-renewed or cancelled by an insurance company in the last 3 years? Yes No

Date	Type	Reasons	Carrier
------	------	---------	---------

List all claims and losses for the past 3 years over \$25,000. You must attach insurance company loss runs.

Describe any D&O, property, general liability, automobile or workers compensation claims exceeding \$250,000.

Date	Description	Amount Paid	Reserves	Status
------	-------------	-------------	----------	--------

List all occurrences, claims losses for past 3 years involving a fatality, assault/sexual assault or shooting.

You must attach insurance company loss runs.

Date	Description	Amount Paid	Reserves	Status
------	-------------	-------------	----------	--------

Is any person/entity proposed for this insurance aware of any fact, circumstance, or situation which may result in a claim against the organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No

Provide details

Within the last 5 years, has any claim been made, or is any claim being made, or is any claim now pending against the Organization, or any person proposed for insurance in their capacity as either a Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No

Provide Details

Underlying Schedule

Primary Liability

Carrier

Policy #

Liability Occurrence Limit

General Aggregate Limit (Note: Minimum must be \$2,000,000)

Effective Date

Expiration Date

Are underlying GL Defense limits inside/within the limits? Yes No

Are the Defense limits unlimited? Yes No

Are punitive damages included in the GL? Yes No

Is terrorism provided in the underlying GL policy? Yes No

Is assault and battery excluded in the underlying GL policy? Yes No

Products and Completed Operations

Personal and Advertising Injury

Directors and Officers

N/A

Carrier

Policy #

Liability Limit

Effective Date

Expiration Date

Primary Directors and Officers

D&O Claims Made Occurrence

Defense Costs

Inside Limit Outside Limit

Are the Defense limits unlimited?

Yes No

Employers Liability

N/A

Carrier

Policy #

Liability Limit

Effective Date

Expiration Date

Automobile Liability

N/A

Carrier

Policy #

Liability Limit

Effective Date

Expiration Date

Stop Gap Liability

N/A

Carrier

Policy #

Liability Limit

Effective Date

Expiration Date

Liquor Liability

N/A

Carrier

Policy #

Effective Date

Expiration Date

Each Common Cause

Each Occurrence

Aggregate

N/A

Garage Keepers Liability

Carrier

Policy #

Effective Date

Expiration Date

Each Occurrence

Broker Notes

Add any notes here:

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

I acknowledge that the information I am providing in this submission is true and accurate to the best of my knowledge.

In Texas: Be Advised That Insurer May Not Be Subject To All Insurance Laws & Regulations of This State. This policy may not be subject to state insurance insolvency guaranty funds.

Applicant/Authorized Representative Signature

Date

Workers Compensation

Supplemental Application

1. NAME OF ASSOCIATION: LAKE HERON HOMEOWNERS' ASSOCIATION, INC.
2. FEIN #: 59-3128867
3. Does the Association currently maintain Workers Compensation coverage? No
4. Has the Association had any worker's compensation losses in the past 3 years? No
5. Does the Association have a management contract with an association property manager? No
6. Is the Association aware of any circumstance or injury that may result in a workers compensation loss? No
7. Does the Association sponsor any special activities that involve sporting events, off premise activities, alcohol consumption, fund raising, operation of power machinery, or any other high hazard risk? No
8. Do you have any owner/members who perform voluntary maintenance services for the association's common elements? No
9. Is all volunteer work limited in scope to basic tasks that require no specific training or experience? Yes
10. Is all significant work performed by licensed and insured contractors with appropriate experience? Yes
11. Is evidence of Workers Compensation coverage required and also kept on file for all subcontracted work, including management firm? Yes
12. Is all volunteer work approved by an official motion of the Association Board of Directors? Yes

APPLICANT'S SIGNATURE

I hereby acknowledge that I have read the above statements and personally swear that the information contained in this application is accurate, that I, as an owner/officer, am fully authorized to sign this application on behalf of the applicant and to bind the applicant.

X _____

Signature of Applicant

Date

AGENT'S SIGNATURE

As agent/producer, I hereby attest that I have given the applicant/signatory the opportunity to read the application and I have explained any and all questions regarding the application. I also attest that I have explained to the employer or officer the classification codes that are used for premium calculations pursuant to state statutes.

X _____

Signature of Agent

License Number

Date

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 OR AS OTHERWISE PUNISHABLE UNDER THE LAW.

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	UNDERWRITER
	FAX (A/C, No):		
APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN		Mailing Address (Including Zip Code) - Include Principal Physical Location and All Insured Entities	
CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED			
LICENSE #:	YRS IN BUS	SIC CODE	INDIVIDUAL
CODE:	SUB CODE:		CORPORATION
AGENCY CUSTOMER ID	FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER	OTHER: <input type="checkbox"/>
			SUBCHAPTER "S" CORP
			OTHER RATING BUREAU ID NUMBER

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT	
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> PREM FINANCED	<input type="checkbox"/> AT EXPIRATION
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> % DOWN: _____	<input type="checkbox"/> OTHER: _____
				<input type="checkbox"/> QUARTERLY	

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	<input type="checkbox"/> PARTICIPATING	RETRO PLAN	
			<input type="checkbox"/> NON-PARTICIPATING		
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLE	
	\$ EACH ACCIDENT			COINSURANCE LIMIT	OTHER COVERAGES
	\$ DISEASE - POLICY LIMIT				<input type="checkbox"/> U.S.L. & H.
	\$ DISEASE - EACH EMPLOYEE			<input type="checkbox"/> VOLUNTARY COMPENSATION	
DIVIDEND PLAN / SAFETY GROUP	ADDITIONAL COMPANY INFORMATION				

RATING INFORMATION CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS		FACTOR	FACTORED PREMIUM
	TOTAL		\$
			\$
			\$
	EXPERIENCE MODIFICATION		\$
	MODIFIED PREMIUM		\$
	PREMIUM DISCOUNT		\$
	EXPENSE CONSTANT	N/A	\$
	TOTAL ESTIMATED ANNUAL PREMIUM		\$
	MINIMUM PREMIUM	DEPOSIT PREMIUM	\$

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR-SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1									
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	LOSS RUN ATTACHED
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY TEMPORARY EMPLOYMENT SERVICE

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?			16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		
2. 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)			17. ANY OTHER INSURANCE WITH THIS INSURER?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?			23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$		
9. ANY GROUP TRANSPORTATION PROVIDED?			24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			CONTACT INFORMATION		
11. ANY PART TIME OR SEASONAL EMPLOYEES?			IN-SPECTION	PHONE:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				NAME:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			ACCTNG RECORD	PHONE:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?				NAME:	
15. ARE ATHLETIC TEAMS SPONSORED?			CLAIMS INFO	PHONE:	
				NAME:	
REMARKS					

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,
I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

YES NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

YES NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.

AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

OWNER / OFFICER SIGNATURE

DATE

PRODUCER'S SIGNATURE

DATE

PRINT NAME

To:
Re: Statement Of No Loss

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES,
ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO
A CLAIM FOR THE FOLLOWING LINES OF COVERAGE:**

[X] Worker's Compensation From _____ to _____

Association Signature: _____ Date: _____

Title: _____

Agent Signature: _____ Date: _____

Warranty:

The purpose of this no loss letter is to assist in the underwriting process; information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be as part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person file 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 a person to criminal and civil penalties.

CONTACT INFORMATION

AGENCY CUSTOMER ID: LAKEH-3

OP ID: LM

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: ANGELA HESTER		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: ahester@univprop.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 01	STREET 21361 LAKE FLOYD DR	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 01	CITY: LUTZ STATE: FL			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: HOMEOWNERS ASSOCIATION ZIP: 33549				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 %
---	---	--

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	
						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
					ITEM DESCRIPTION		
					REFERENCE / LOAN #:	INTEREST END DATE:	
					LIEN AMOUNT:	PHONE (A/C, No, Ext):	
					E-MAIL ADDRESS:		
REASON FOR INTEREST:							

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: LAKEH-3

OP ID: LM

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

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

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

SIGNATURE

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

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

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

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

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

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

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


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

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

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) BRANDON OFFICE	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
3/7/2024

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

AGENCY Watts Dawson & Associates, Inc		CARRIER GREENWICH INSURANCE COMPANY		NAIC CODE
POLICY NUMBER XBS0154551	EFFECTIVE DATE 03/17/2024	NAMED INSURED(S) LAKE HERON HOMEOWNERS ASSOCIATION INC		

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input type="checkbox"/>	OCCURRENCE	<input type="checkbox"/>	VOLUNTARY	\$ 5,000,000 EA OCC	\$
<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/>	RETROACTIVE DATE		
						PROPOSED	CURRENT		
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
1	NAME: LAKE HERON HOA LOCATION: 21361 LAKE FLOYD DR, LUTZ, FL, 33549 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				CSL EA ACC	\$	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$	\$	
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	TRISURA SPECIALTY TBA	03/17/24	03/17/25	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE	\$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	\$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES	\$ 50,000	OTHER	
				MEDICAL EXPENSE	\$ 5,000	\$	
EMPLOYERS LIABILITY	WORKERS COMPENSATON TBA	03/17/24	03/17/25	EACH ACCIDENT	\$ 500,000	\$	
				DISEASE EACH EMPLOYEE	\$ 500,000		
				DISEASE POLICY LIMIT	\$ 500,000		
D&O	TRISURA SPECIALTY TBA	03/17/24	03/17/25	DIRECTORS & OFFICER	\$ 1,000,000	\$	
					\$		

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) N

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) N 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	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE	EXPOSURE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>

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

AGENCY CUSTOMER ID: LAKEH-3

OP ID: LM

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?				N
AUTO LIABILITY				
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				N
6. ARE PASSENGERS CARRIED FOR A FEE?				N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? 1,000,000				Y
CONTRACTORS LIABILITY				
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				N
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?				N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				N
EMPLOYERS LIABILITY				
15. IS APPLICANT SELF-INSURED IN ANY STATE?				
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:				

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

SIGNATURE

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

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

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. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (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. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (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.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

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 	PRODUCER'S NAME (Please Print) BRANDON OFFICE	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER