

# ***Auto-Owners*** INSURANCE

LIFE • HOME • CAR • BUSINESS

## Tailored Protection Policy Receipt

Date: **04/30/2024**

Agency Code: **07-0409-00**

CLIENT:

**The Craftsman at Greenview Crossing Owners Associa  
3721 SW 61ST ST STE A  
DES MOINES, IA 50321-2418**

AGENCY:

**ADAMSON INSURANCE & ASSOCIATES INC  
1450 SW VINTAGE PKWY STE 220  
ANKENY, IA 50023-7166  
(515) 965-5552  
mike@adamsoninsurance.com**

Policy Number: **39298434**

Transaction Number: **07963**

Billing Account Number: **102250995**

Submission Date: **04/30/2024**

Policy Term: **07/18/2024 to 07/18/2025**

Company Bill Option: **Full Pay**

Total Premium:


Total Premium if Paid in Full: **\$689.00**

Make Check Payable to: Auto Owners.

Mail Check to: Adamson Insurance.

Premium is subject to change based on Underwriting Review

Agent's Signature: \_\_\_\_\_



***Auto-Owners***  
**INSURANCE**  
**BRANCH USE INFORMATION PAGE**

Applicant: **The Craftsman at Greenview Crossing**

Proposal ID: **TheCraftsmanatGreenTPP-5203594**

**Company Program:**

- **Program**
  - **Location Number:** 1
    - **Program:** Service

**Professional Coverage:**

Association Directors and Officers Errors and Omissions

Final Rate: 410.000

Premium: \$410.00

\* The Premium doesn't include the policy tier factor.

**Notes and Comments:**

- **Notes: (Written By:** )

Comments: Discussed this with Mike Adamson. This is a Townhome Association that appears to be very similar to a homeowners association, as all buildings are single family dwellings and the by-laws state that the unit owners are responsible for the entire unit (interior and exterior). The association has no property insurance because of this. Asked Mike to submit loss runs and snow removal info if this is bound. EM 2/23/2024

**TAILORED PROTECTION POLICY APPLICATION**

Date sent: 04/30/2024  
Transaction number: 07963  
Policy number: 39298434  
AO customer number: 48161467038  
Billing Account Number: 102250995  
Proposal ID: TheCraftsmanatGreenT  
PP-5203594

**POLICY INFORMATION**

Date: 04/30/2024 ☐ Proposal ☒ Issue ☐ Bound ☐ Rewrite of:  
Agency Code: 07-0409-00 Policy Effective Date: 07/18/2024 Policy Term: ☒ Annual ☐ 3-Year (fidelity only)  
Agency/Address: ADAMSON INSURANCE & ASSOCIATES INC  
ADAMSON, MICHAEL P  
1450 SW VINTAGE PKWY STE 220  
ANKENY, IA 50023-7166  
Phone: (515) 965-5552  
mike@adamsoninsurance.com  
Producer Code:  
Company: ☐ 01 - Auto-Owners ☐ 03 - Home-Owners ☒ 04 - Owners ☐ 05 - Property-Owners ☐ 08 - Southern-Owners

**Billing Information**

ADD TO CURRENT BILLING ACCOUNT: ☐ Yes ☒ No If yes, billing account number:  
Billing Options: Deposit Amount \$  
☐ Agency Bill ☒ Full Pay ☐ Monthly Automatic Payments? ☐ Yes ☐ No  
☐ Escrow Pay ☐ Semi-Annual ☐ Quarterly Mail Insured Copy of Policy to Agency? ☐ Yes ☒ No  
Alternate Billing Name and Address:

**APPLICATION INCLUDES THE FOLLOWING COVERAGE PARTS**

☐ Property ☒ General Liability ☐ Crime ☐ Inland Marine ☐ Other (please describe):

**APPLICANT INFORMATION**

Applicant: The Craftsman at Greenview Crossing Owners Associa Mailing Address: C/O Name: Conlin Properties  
3721 SW 61ST ST STE A  
DES MOINES, IA 50321-2418  
Entity: Association Email: Phone Number: (515) 246-0006  
FEIN: Website:  
Description of Business Operations: townhome association  
Year business started: 10/01/2020 (New Venture: ☐ Yes ☒ No If yes, please provide description of owner's experience.)  
Exclude Terrorism Coverage: ☐ Yes ☒ No

**SURVEY CONTACT**

Name: Karson Kerrigan  
Address: 3721 SW 61ST ST STE A  
DES MOINES, IA 503212418  
Email:  
Phone: (515) 246-0006  
Fax:

**AUDIT CONTACT**

Name: Karson Kerrigan  
Address: 3721 SW 61ST ST STE A  
DES MOINES, IA 503212418  
Email:  
Phone: (515) 246-0006  
Fax:  
Accounting Firm: Conlin Managemetnt

PREMISES INFORMATION					
Loc	Bldg	Program	Location Address	Class Description	Within City Limits
1		36 - Service	3721 SW 61ST ST STE A DES MOINES, IA 50321-2418		Y

LOCATION INFORMATION	
Location Number: 1	
Is the applicant the Building Owner at this location?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any space leased at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREMIUM MODIFICATION					
Cumulative Multi-Policy Discount (Provide policy numbers of other Auto-Owners policies, including Life & Disability.)					
Policy Type	Policy Number	Discount	Policy Type	Policy Number	Discount
		%			%
Cumulative Multi-Policy Discount: _____					
Special Rating Plan: _____% Group Name and Number: _____					
Explain how Group membership was verified: _____					
Experience Rating Plan _____%					
Experience Rating Plan _____%					
Rated Policy Tier Confirmation: <b>246780389</b> Commercial Property Tier: _____ Commercial General Liability Tier: <b>362</b>					
Individual Risk Premium Modification Factor		Approved by:			
Coverage Part		Credit/Debit		Coverage Part	Credit/Debit
Merit Rating Plan					
Year Business Started: _____			Prior Losses: _____		
			Prior Carrier Premium _____		
			Merit Rating: _____		

PRIOR CARRIER INFORMATION			
Policy Term	Prior Carrier	Annual Premium	Coverage Parts
10/01/2020 - 10/01/2024	Amer Family Ins Co	\$1,000.00	Commercial General Liability
Prior carriers annual total expiring premium (includes: Property, General Liability, Inland Marine and Crime): <b>\$1,000.00</b>			
Has there been continuous coverage for the past three years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Prior Carrier Comments: _____			

LOSS HISTORY		
CHECK HERE IF NONE: <input checked="" type="checkbox"/>	LOSS HISTORY ATTACHED: <input type="checkbox"/>	Will verifiable loss information be submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**ENTER ALL CLAIMS (REGARDLESS OF FAULT) FOR THE PRIOR 3 YEARS**

Date of Loss	Line	Description of Occurrence/Claim	Weather Related Y / N	Amount Paid	Amount Reserved	Open/ Closed
		No Losses				

What action has the applicant taken to prevent the type of losses listed above from recurring?

Premium based on rates effective: 11/28/2023

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES			Y	N	EXPLAIN ALL "YES" RESPONSES			Y	N
1. Is the applicant involved in, or does the applicant have ownership in any other business operations, or have locations not indicated on the application?				X	5. During the last ten years, has the applicant been convicted of any degree of the crime of arson?				X
2. Was the applicant previously insured with a nonstandard carrier?				X	6. Has the applicant filed bankruptcy within the last ten years?				X
3. Any past losses or claims relating to negligent hiring?					7. Any policy coverage declined, cancelled or non-renewed during the prior 3 years?				X
					Nonpayment? <input type="checkbox"/> Underwriting Reasons? <input type="checkbox"/>				
4. Any past losses or claims relating to sexual abuse or molestation allegations or discrimination?					8. Does the owner have coverage written with Auto-Owners, Home-Owners, Owners, Property-Owners or Southern-Owners Insurance Company for a related business with this being only a new location of the same type of operation?				

**REMARKS**
**REMARKS/EXPLANATIONS**

Proposal started: 02/23/2024

Final Sale Information

Mail policyholder's copy of Declarations for New Business to: Policyholder

Mail policyholder's copy of Declarations for Renewals to: Policyholder

**APPLICANT'S STATEMENT:** I declare the facts stated in this application to be true and request the Company to issue this insurance and any renewals thereof in reliance thereon. 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.

Applicant's Signature and Date:

Agent's Signature and Date:

(X)

*[Signature]*

4/30/24

**PROXY DESIGNATION (AUTO-OWNERS INSURANCE CO. ONLY)** I designate J.P. Whisnant, A.O. Dean, and A.L. Lindemeyer, and each of them, my attorneys and proxies, with power of substitution and revocation to each, to vote as my proxy at all meetings of the Company, and at any and all adjournments thereof. The powers hereunder shall be exercised by a majority of said attorneys and proxies so present, but if only one is so present, then that one shall have full power to act.

Applicant's Signature and Date:

Proxy Signed?

☐ Yes

☒ No

POLICY INFORMATION		
	Y	N
How many years of ownership or management experience in a similar business operation?		
Age of Oldest Building?		
Have the roof, electrical, plumbing and heating systems been updated by a licensed contractor?		
Is any building vacant?		X
Is there commercial cooking (a deep fat fryer or grill) in use?		

# COMMERCIAL GENERAL LIABILITY SECTION

SINGLE LIMITS		SPLIT LIMITS		BI	PD
General Aggregate		General Aggregate		\$4,000,000	\$4,000,000
Products/Completed Operations Aggregate		Products/Completed Operations Aggregate		\$4,000,000	\$4,000,000
Personal and Advertising Injury		Personal and Advertising Injury	\$2,000,000		
Each Occurrence		Each Occurrence		\$2,000,000	\$2,000,000
Damage to Premises Rented to You (Any One Premises)		Damage to Premises Rented to You (Any One Premises)	\$50,000		
Medical Payments (Any One Person)		Medical Payments (Any One Person)	\$5,000		
CGL Plus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

CLASSIFICATIONS						
Location	Class Code and Description	Territory	"A" Rate Deviated?	Premium Basis	Prem/Ops Base Rate	Products/CO Base Rate
1	41670 Homeowners and/or Mobile Homeowners Associations - No Building or Premises Owned or Leased Except for Office Purposes - Not for Profit - NOC	1		49 Member(s)	1.020	0.200
1	00811 Association Directors and Officers Errors and Omissions			49 Member(s) or Unit(s)		

DEVIATION

OPTIONAL COVERAGES, ENDORSEMENTS AND RATING INFORMATION

ADDITIONAL INSURED/CERTIFICATE RECIPIENT	
Form name and number:	
Name	
Event Description	
Location of Premises	
Part leased to you	
Your Product	
Premium Charge for Each	
Approved by	

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES FOR ALL PAST, PRESENT OR DISCONTINUED OPERATIONS	Y	N	EXPLAIN ALL "YES" RESPONSES FOR ALL PAST, PRESENT OR DISCONTINUED OPERATIONS	Y	N
1. Any operations involving storing, treating, discharging, applying, disposing or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)?			6. Have any crimes occurred or been attempted on your premises within the last three years?		X
2. Any operations sold, acquired or discontinued in the last five years?			7. Does the applicant manufacture, install, service or demonstrate any products?		X
3. Any leasing of employees to or from other employers?		X	8. Is the applicant involved to any extent in hydraulic fracturing?		
4. Are day care facilities provided?			9. Does the applicant own or operate any tanning beds or booths?		
5. Any Special Events sponsored?		X			

COMMENTS/EXPLANATIONS

Total Commercial General Liability Premium \$736.00

## MISCELLANEOUS GENERAL LIABILITY SUPPLEMENT

ASSOCIATION DIRECTORS AND OFFICERS ERRORS AND OMISSIONS		
Questions	Y	N
Are the majority of the directors and officers resident or business owners?	X	
Do any of the directors and officers also have an interest in the association as a builder, contractor, developer, real estate agent or a representative having a financial interest in the project?		X
Is any residential condominium comprised of commercial operations with more than 15% of the total floor area?		
Number of Members/Units: <b>49</b>		
Limits of Liability	Occurrence: <b>\$2,000,000</b>	Aggregate: <b>\$2,000,000</b>

Total Commercial General Liability Premium     **\$736.00**