	R			(	COMMI	ER	CIA	L INSUR	ΔΝ	ICE	APPLI	C	ΑΤ	ON				ATE (	MM/DI	D/YYYY)
A	CORD			•				CANT INFORM											/23/20	•
AGE	ENCY								C/	ARRIEI	R								NAI	C CODE
	wn & Brown Insurar	nce :	Services, Inc	٥.					Ph	niladelp	hia Indemnity	Ins	uranc	e Compan	у				180	058
P.C	). Box 2412								СО	MPANY	POLICY OR PRO	GR	AM NA	ME				PRO	GRAN	CODE
									Pr	operty,	Inland Marine	, G	L, Crir	me						
Da	ytona Beach						F	FL 32115-2412	РО	LICY NU	MBER									
									25	5-26 PK	G									
CON	ITACT Tina Hernand	dez							UN	DERWRI	TER				UNDER	WRIT	ER OFFICE			
PHC (A/C	DNE , No, Ext): (386) 36		367						1											
FAX (A/C	, No):										>	<	QUOTE		'	ISSUI	E POLICY	<b> </b>	< RE	NEW
E-M	AIL DRESS: tina.hernand	dez(	@bbrown.co	m						ATUS OF ANSACT	. –		BOUN	O (Give Date	and/or Atta	ach Co	ру):		_	
COL					SUBCODE:				1				CHANG	GE	DATE		TIME		×	AM
AGE	NCY CUSTOMER ID:	000	75644						1				CANCE	≣L 02	/01/2025	5	12:0	1		PM
LIN	ES OF BUSINESS	3									•									·
IND	CATE LINES OF BUSIN	ESS		PRE	MIUM						PREMIUM							PI	REMIU	JM
	BOILER & MACHINERY	Y		\$			CYBE	R AND PRIVACY			\$			YACHT				\$		
×	BUSINESS AUTO			\$			FIDU	CIARY LIABILITY			\$							\$		
	BUSINESS OWNERS			\$			GAR/	AGE AND DEALERS			\$							\$		
X	COMMERCIAL GENER	AL L	IABILITY	\$			LIQU	OR LIABILITY			\$							\$		
	COMMERCIAL INLAND	MAI	RINE	\$			мото	OR CARRIER			\$							\$		
X	COMMERCIAL PROPE	RTY		\$			TRUC	CKERS			\$							\$		
X	CRIME			\$			UMBF	RELLA			\$							\$		
ΑT	TACHMENTS																			
	ACCOUNTS RECEIVA	BLE /	VALUABLE PA	PERS	;		GLAS	S AND SIGN SECTION	1					STATEME	NT / SCHI	EDULE	OF VALUES			
	ADDITIONAL INTERES	TSC	HEDULE				НОТЕ	EL / MOTEL SUPPLEME	ENT					STATE SI	JPPLEME	NT (If a	applicable)			
	ADDITIONAL PREMISE	S IN	FORMATION S	CHED	ULE		INSTA	ALLATION / BUILDERS	RISK	SECTIO	N			VACANT	BUILDING	SUPP	LEMENT			
	APARTMENT BUILDING	G SU	PPLEMENT				INTER	RNATIONAL LIABILITY	EXP	OSURE S	SUPPLEMENT			VEHICLE	SCHEDUL	-E				
	CONDO ASSN BYLAW	S (for	D&O Coverage	e only)	)		INTER	RNATIONAL PROPERT	YEX	POSURE	SUPPLEMENT									
	CONTRACTORS SUPP	PLEM	ENT				LOSS	SUMMARY												
	COVERAGES SCHEDU	JLE					OPEN	N CARGO SECTION												
	DEALERS SECTION						_	MIUM PAYMENT SUPPI												
	DRIVER INFORMATION						PROF	ESSIONAL LIABILITY	SUPF	PLEMEN	Т									
	ELECTRONIC DATA PF	ROCE	SSING SECTION	NC			REST	AURANT / TAVERN SU	JPPLE	EMENT			Ш.							
	LICY INFORMATION							T				_					MINIMUM			
			OSED EXP DAT	/E	BILLING	PLAI	1	PAYMENT PLAN		METHO	D OF PAYMENT		AUDIT	DEP	DSIT		PREMIUM			PREMIUM
	02/01/2025	U.	2/01/2026		DIRECT	<b></b>	AGENCY	25% DP and Nin	ie					\$		\$		\$	0.00	l
AP	PLICANT INFORM	ΙΑΤ	ION					,						•						
NAN	IE (First Named Insured	l) AN	D MAILING AD	DRES	S (including ZIF	P+4)			GL	CODE	s	IC			NAICS			FEIN (	OR SC	C SEC#
The	e Trails Homeowners	s As	sociation, In	C.							8	364	1		81399	90		5916	55157	'8
201	l Main Trail								BU	SINESS	PHONE #: (38	6)6	373-08	555			•			
									WE	BSITE A	DDRESS									
Orr	nond Beach						F	FL 32174												
×	CORPORATION		JOINT VENTU				N	IOT FOR PROFIT ORG			SUBCHAPTER "S	" C(	ORPOR	ATION						
	INDIVIDUAL		LLC NO. OF	ANAG	BERS:	_	P	ARTNERSHIP		1	RUST									
NAN	IE (Other Named Insure	d) Al	ND MAILING A	DDRE	SS (including ZI	IP+4)			GL	CODE	s	IC			NAICS			FEIN (	DR SO	C SEC #
									BU	SINESS	PHONE #:									
									WE	BSITE A	DDRESS									
	ı															1				
	CORPORATION		JOINT VENTU		IBERS		$\vdash$	IOT FOR PROFIT ORG		$\vdash$	SUBCHAPTER "S'	" C(	RPOR	ATION		]				
	INDIVIDUAL		AND M	IANAG	SERS:		l P	ARTNERSHIP	T ~:		RUST	10			NAIGE		1	FFIX	00.00	0.050.4
NAN	IE (Other Named Insure	d) Al	ND MAILING A	DDRES	SS (including ZI	IP+4)			GL	CODE	s	IC			NAICS			rEIN (	אכ SO	C SEC #
									F	IOINITOO	DHONE #:									
									<u> </u>		PHONE #:									
									***	-DOILE A	מיייייייייייייייייייייייייייייייייייייי									
	CORPORATION		JOINT VENTU	IRF			T I	IOT FOR PROFIT ORG		П	SUBCHAPTER "S	" C	)RPO=	ATION					—	
	INDIVIDUAL	$\dashv$	LLC NO. OF		IBERS		$\vdash$	ARTNERSHIP		$\vdash$	RUST		011			1				

CONTA	CT INFORMATIO	N														
CONTAC	T TYPE: Contact				CON	TACT TY	PE: C	ontact								
CONTAC		Wood	SECONDARY				CONTACT NAME: Brandie Hayes									
PRIMARY PHONE #	☐ HOME 🖂	JS 🗆	CELL	PRIM PHOI	IARY NE#	□ ном	ME 🔀 BUS 🗌 CELL	SECONDARY HOME BUS CELL								
	73-2573				6) 673-0	0855										
DDIMAD	' E-MAIL ADDRESS:	TRAILSHO@C	CiraMail.com	1			DDIM	IADVEI	MAIL ADDR	TRAILSHO	@CiraMail.com					
									E-MAIL AL							
	ONDARY E-MAIL ADDRESS: EMISES INFORMATION (Attach ACORD 823 for Additional Premises)							UNDAKT	E-IVIAIL AL	DDRESS.						
LOC#									S INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$							
1	OTREET ZOT Maii	i iidii			<u> </u>	7		3	5	#10LL TIML LIMIT	OCCUPIED AREA:	<b>σ.</b> ψ	00 FT			
	OFFICE Ormand Ba	a a a b	1	STATE: FL	$+\times$	INSIDE	. ^	OWNE		# DA DT TIME EMBI		DE 4	SQ FT			
BLD#	CITY: Ormond Be	acri			_	OUTSIDE	-	TENAN	11	# PART TIME EMPL	OPEN TO PUBLIC AF		SQ FT			
1	COUNTY: Volusia			<b>ZIP</b> : 32174							TOTAL BUILDING AF		SQ FT			
DESCRIP	TION OF OPERATIONS										ANY AREA LEASED	TO OTHERS? Y	7 / N			
LOC#	STREET 201 Main	n Trail			CIT	YLIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$				
1					$\mid \times \mid$	INSIDE	$ \times$	OWNE	R		OCCUPIED AREA:		SQ FT			
BLD#	CITY: Ormond Be	each		STATE: FL		OUTSIDE	: [	TENAN	IT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT			
2	COUNTY: Volusia			<b>ZIP</b> : 32174							TOTAL BUILDING AF	REA:	SQ FT			
DESCRIP	TION OF OPERATIONS	<b>3</b> :									ANY AREA LEASED	TO OTHERS? Y	' / N			
LOC#	STREET 201 Mair	ı Trail			СІТ	YLIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$				
1					×	INSIDE		OWNE	R		OCCUPIED AREA:		SQ FT			
BLD#	CITY: Ormond Be	ach	T	STATE: FL	+^	OUTSIDE	. -	TENAN		# PART TIME EMPL	OPEN TO PUBLIC AF	DE A -	SQ FT			
		acii			_	OUTSIDE	-	TENAN	41	# PART TIME EMPL						
3	COUNTY: Volusia			ZIP: 32174							TOTAL BUILDING AF		SQ FT			
	TION OF OPERATIONS										ANY AREA LEASED		7 N			
LOC#	STREET 201 Mair	n Trail			CIT	Y LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$				
1					$\perp \times$	INSIDE	×	OWNE	R		OCCUPIED AREA:		SQ FT			
BLD#	CITY: Ormono	l Beach		STATE: FL		OUTSIDE		TENAN	IT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT			
4	COUNTY: Volusia			ZIP: 32174							TOTAL BUILDING AF	REA:	SQ FT			
DESCRIP	TION OF OPERATIONS	B:			-			-		•	ANY AREA LEASED	TO OTHERS? Y	7/ <b>N</b>			
NATUR	RE OF BUSINESS										1					
		CONTRACTOR	1 1	NUITACTURING	Τ,	DECTALIDA	NIT		CED/ICE			DATE BUSINE	SS			
	RTMENTS	CONTRACTOR		NUFACTURING		RESTAURA	NI		SERVICE			STARTED (MI	M/DD/YYYY) 01/1975			
	TION OF PRIMARY OP	INSTITUTIONAL	OFI	FICE		RETAIL			WHOLESA	LE .						
nomeo	wners Association -	990 Members														
				INSTAL	LATIO	N, SERVICE	OR R	EPAIR W	/ORK	OFF PREMIS	SES INSTALLATION, SE	RVICE OR REP	AIR WORK			
RETAIL S	TORES OR SERVICE C	PERATIONS % OF 1	TOTAL SALES	:			%					%				
DESCRIP	TION OF OPERATIONS	OF OTHER NAMED	INSUREDS													
ADDIT	ONAL INTEREST	(Not all fields	apply to a	II scenarios - pro	ovide	only the	e nec	essary	/ data) /	Attach ACORD 45	for more Addition	nal Interests				
INTERES		NAME	AND ADDRES	S RANK:	EVIDE	NCE:	CEF	RTIFICAT	E	POLICY SEND B	LL INTERE	ST IN ITEM NU	MBER			
INS	URED	HOLDER									LOCATION:	BUILD	NG:			
BRE	- 4 CU OF	S PAYEE									VEHICLE:	BOAT:				
_		RTGAGEE									AIRPORT:	AIRCR	AFT:			
	PLOYEE OWI	NER									ITEM CLASS:	ITEM:				
LEA	LESSOR REG	SISTRANT									ITEM DESCRIPTION	DN .				
LEN	DER'S TOLI		RENCE / LOAN	I #:		IN.	TERES	T END D	ATE:							
Los	S PAYABLE TRO		MOUNT:					A/C, No,			FAX (A/C, No):					
DEASON	FOR INTEREST:	LIENA						ADDRESS	-		1 AR (A/O, NO).					
KEASUN	FOR INTEREST:					E-	WAIL A	אטטאבא	٥.							

GEN	ERAL INFOR	MATION				AGENCY	CUSTOMER ID:	00075644		
	AIN ALL "YES" RE									Y/N
1a.	S THE APPLICA	ANT A SUBSI	DIARY OF ANOTHER EN	ITITY ?						N
	PARENT COMPA						RELATIONSHIP DI	ESCRIPTION	% OWNED	
1b.	DOES THE APP	LICANT HAV	E ANY SUBSIDIARIES?							N
	SUBSIDIARY CO	MPANY NAME					RELATIONSHIP DI	SCRIPTION	% OWNED	
2.	S A FORMAL SA	AFETY PROC	GRAM IN OPERATION?						'	N
	SAFETY MA	NUAL	SAFETY POSITION	MONTH	LY MEETINGS	OSHA				
3.	ANY EXPOSURI	E TO FLAMM	IABLES, EXPLOSIVES, C	HEMICALS?		•				N
4.	ANY OTHER INS	SURANCE W	TITH THIS COMPANY? (L	ist policy numb	pers)					N
	LINE OF BUSINE	ss	POLICY NUMBER			LINE OF BUSINES	ss	POLICY NUMBER		
			E DECLINED, CANCELLE  pplicants - Do not answe			NG THE PRIOR TH	IREE (3) YEARS FOI	RANY PREMISES OR		N
Ī	NON-PAYMI	` —	AGENT NO LONGER REF	•	•					
ŀ	NON-RENE		UNDERWRITING		ON CORRECTED (	Describe):				
6.	ANY PAST LOSS	SES OR CLA	 IMS RELATING TO SEXU		·		DISCRIMINATION OF	R NEGLIGENT HIRING?		N
						,				
			ARS (TEN IN RI), HAS AN						FRAUD,	
	,		THER ARSON-RELATED							N
			nswered by any applicant ar of imprisonment).	t for property in	surance. Fallure	to disclose the exis	stence of an arson co	onviction is a misdemeand	or punisnable	
8.	ANY UNCORRE	CTED FIRE	AND/OR SAFETY CODE	VIOLATIONS?						N
	OCCUR DATE	EXPLANATIO	ON				RESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	T HAD A FOR	RECLOSURE, REPOSSES	SSION, BANKF	RUPTCY OR FIL	ED FOR BANKRU	PTCY DURING THE	LAST FIVE (5) YEARS?		N
	OCCUR DATE	EXPLANATIO	ON				RESOLUTION		RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JUD	GEMENT OR LIEN DURI	ING THE LAST	FIVE (5) YEARS	3?				
	OCCUR DATE	EXPLANATION	ON				RESOLUTION		RESOLVE DATE	
				E OF TRUST:			- / - / - · · ·			N
			S, FOREIGN PRODUCTS for Liability Exposure and				DISTRIBUTED I ( טו	N FOREIGN COUNTRIES	5?	N
			HER BUSINESS VENTUR			. ,	ΓED?			
14.	DOES APPLICA	NT OWN / LE	ASE / OPERATE ANY DE	RONES? (If "Y	ES", describe us	e)				
15.	DOES APPLICA	NT HIRE OTI	HERS TO OPERATE DRO	ONES? (If "YES	S", describe use)	ı				
REM	IARKS / PRO	CESSING II	NSTRUCTIONS (ACO	RD 101, Add	litional Remar	ks Schedule, m	ay be attached if	more space is requir	red)	
								•		
	OR CARRIER	INFORMAT		I			T	1	CDVCE	
YEAF	+		GENERAL LIABILITY	Y	AUTOM	OBILE	PROP		ER: CPKGE	
	CARRIER		hiladelphia Indemni HPK2497344						adelphia Indemni PK2648043	
	POLICY NUMB									
	PREMIUM FFFECTIVE DA		17,945.86	\$			\$	\$ 18	9,950.50	
		1 I ⊢ I	02/01/2023	ı			i .		02/01/2024	

EXPIRATION DATE

02/01/2024

02/01/2025

#### PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00075644

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CPKGE
	CARRIER				Philadelphia Indemni
	POLICY NUMBER				PHPK2357490
	PREMIUM	\$	\$	\$	\$ 12,768.88
	EFFECTIVE DATE				02/01/2022
	EXPIRATION DATE				02/01/2023
	CARRIER				Philadelphia Indemn
	POLICY NUMBER				PHPK2232240
	PREMIUM	\$	\$	\$	\$ 13,285.88
	EFFECTIVE DATE				02/01/2021
	EXPIRATION DATE				02/01/2022

LOSS HISTORY	<u> </u>	Check if none (A	ttach Loss Summary for Ad	attional Loss in	formation)			
ENTER ALL CLAIMS	OR LOSSES (REC	SARDLESS OF FAULT AND WHETH	HER OR NOT INSURED) OR OCCURRE	ENCES THAT MAY GIV	/E RISE TO CLAIMS			
FOR THE LAST	YEARS	TOTAL LOSSES: \$						
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF	F OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
	CPKGE	See Attached						

#### 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)		STATE PRODUCER LICENSE NO (Required in Florida)
Signed by:	Laura Thompson/TIHERN		
APPLICANTS SIGNATURE EALLIUM Grahow		1/31/2025	NATIONAL PRODUCER NUMBER

ACORD

# ADDITIONAL PREMISES INFORMATION SCHEDULE

ACORD ADDITIONAL	<b>PREMIS</b>	ES INFORMATION SCHEDULE Page	<b>-</b>	_ of
AGENCY		CARRIER	NAI	C CODE
Brown & Brown Insurance Services, Inc.		Philadelphia Indemnity Insurance Company	180	058
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
25-26 PKG	02/01/2025	The Trails Homeowners Association, Inc.		
·		<u> </u>		

FOLICIT	NOMBER		LIFECTIVE D	A1E	NAMEDIN	SUKI	ED(9)			
25-26 F	PKG		02/01/202	5	The Trai	ls Ho	omeowners Asso	ociation, Inc.		
PREMI	SES INFORMATION									
LOC#	STREET 201 Main Trail			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1				×	INSIDE	×	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Ormond Beach	STATE:	FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
5	COUNTY: Volusia	<b>ZIP</b> : 321	74		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	!			ı		1	1	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1		-		TOTAL BUILDING AREA:	SQ FT
DESCRIP	 TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE	-	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DLD#	COUNTY:	ZIP:			OUTSIDE		- ILIVAINI	#TAKT TIME LIMITE	TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	ZIF.							ANY AREA LEASED TO OTHERS? Y / N:	SQFI
				CIT	V I IMITO	INIT	FDF6T	# FULL TIME EMDI		
LOC#	STREET			CII	Y LIMITS	INI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		I			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
	TION OF OPERATIONS:			_					ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1		1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	•					•	•	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:					-		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:				ı			1	ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:					†		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:						1		ANY AREA LEASED TO OTHERS? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
200				-	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DLD#	COUNTY:	ZIP:			OUTSIDE		- ILIVAINI	#TAKT TIME LIMITE	TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	£1F.			<u> </u>				ANY AREA LEASED TO OTHERS? Y / N:	JUFI
				CIT	V I IMITO	INIT	FDF6T	# FULL TIME EMPL		
LOC#	STREET			L	Y LIMITS	INI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	00.55
D! 5 "	CITY	0747-		_	INSIDE	<u> </u>	OWNER	# DADT TIME	OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:			OUTSIDE	-	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N:	

ACORD 823 (2015/12)

	Prior Carri		1 1		T .
PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM
Philadelphia Indemni	PHPK2092580	2/1/2021	CPKGE		12,913.6
Philadelphia Indemni	PHPK1936669	2/1/2020	CPKGE		12,418.6
			+ +		
			+ +		
			+ +		
			+ +		
			+ +		
			1		
			1		
			1		
			1		
			1		
			-		
			<del>                                     </del>		
			<del>                                     </del>		
			<del>                                     </del>		

AGENCY CUSTOMER ID:	00075644



# **ADDITIONAL REMARKS SCHEDULE**

Page NAMED INSURED

Brown & Brown Inst	irance Service	es, inc.			The Trails nomeowners Association, inc.							
POLICY NUMBER 25-26 PKG												
CARRIER				NAIC CODE	-							
Philadelphia Indemn	nity Insurance	Company		18058	<b>EFFECTIVE DATE:</b> 02/01/2025							
ADDITIONAL REM	MARKS											
THIS ADDITIONA		FORM IS A SC	HEDULE TO ACOR	D FORM,								
FORM NUMBER:	125	FORM TITLE	: Commercial Applica	ation								
General Liability Club Members are A	Additional Insu	ıred										
Crime	non-compens	sated officers of th	ne Named Insured are	included as er	mployees							
7 an persons who are	non-compen	sated officers of the	ie Namea mourea are	moladed as el	inployees							

ACORD 101 (2008/01)

APPLICANT'SISIGNATURE GYALOW

ACORD 137 FL (2015/12)

GENCY CUSTOMER ID: 00075644

							NCY CUST		):		7044						
ACORD	®				OA COMN ERAGES / L											E (MM/DD/ 12/23/202	
AGENCY						CARR	IER									NAIC	CODE
Brown & Brown Inst	urance Service	s, Inc.				Philade	elphia Indemi	nity Insura	ance (	Com	npany					1805	.8
POLICY NUMBER					EFFECTIVE DATE	NAMED	INSURED(S)										
25-26 PKG					02/01/2025	The Tr	ails Homeow	ners Asso	ciatio	n, Ir	nc.						
BUSINESS AUTO	SECTION																
COVERAGES	COVERED AUT	O SYMBOLS			IMITS		COVERA	AGES	cov	ERE	D AUTO	SYME	BOLS	<u> </u>	L	IMITS	
LIADUTY		7 8	LIMIT	BINED SINGLE (CSL) LY INJURY (BI) I PERSON	\$ 1,000,000 \$												
LIABILITY		9	BODIL EACH	LY INJURY (BI) I ACCIDENT	\$												
	4		PROP	PERTY DAMAGE	\$												
PERSONAL INJURY PROTECTION	5		Attach	ACORD 62 FL.							PHYS	ICAL D	AMAG	E			
(P.I.P.)	7		,	7.001.001.00			TOWING & LABOR			3 [				\$			
EXTENDED P.I.P.	5	7	-	ACORD 62 FL.			COMPREHEN OTHER THAN			2	7	,					
ADDITIONAL P.I.P.		7	Attach	ACORD 62 FL.			COLLISION (COMP / OTC			3	8						
MEDICAL PAYMENTS	$\vdash$	4 8 7	EACH	I PERSON	\$		SPECIFIED			2	4		8				
		6					CAUSES OF (SPEC C of L			3	7						
UNINSURED MOTORIST (UM)	3 4	7	Attach	n ACORD 61 FL.			COLLISION (	COLL)		2 3	4		8				
HIRED / BORROWED	X YES	STATES	1	OF HIRE	IF ANY BASIS			STATES	S	# DA	YS	# VE	Н	$\vdash$		EDUCTIBL	E
LIABILITY	NO FL YES	STATES	\$ 5,0		NUMBE	- D OF	HIRED								SPEC	\$	
	NO FL	O I/ (I LO		JP TYPE EMPLOYEES	NUMBE 25	ER UF	PHYSICAL									\$ \$	
NON-OWNED LIABILITY				VOLUNTEERS			DAMAGE							Η`	JOLL	Ψ	
			$\vdash$	PARTNERS			1	C	OVER	AGE	IS:		F	PRIMAR'	Y	SECON	DARY
COVERED (1) ANY		,		(4) OWNE	D AUTOS OTHER TH			AUTOS ON	LY				SPEC	IFICALL	Y DESCRI	IBED AUTO	s
	IED AUTOS ONLY IED PRIVATE PAS		OS ONL		D AUTOS SUBJECT D AUTOS SUBJECT			SURED MOT	TORIST	TS LA	AW			D AUTO: OWNED	S ONLY AUTOS C	NLY	
ENDORSEMENTS	/ REMARKS	(ACORD 1	01, Ac	dditional Rema	rks Schedule, ı	nay be a	ttached if m	nore spa	ce is	req	uired	, if ap	plica	able)			
SIGNATURE																	
	KNOWINGLY		ITENT	TO IN HIDE DEED	PALID OF DECE	\/E	ISI IDED EII E	: Q Δ Q T Δ T I	=NAE-NI	IT O'	E CL A	МОР	ΔΝΙ Λ	DDI IC	ATION		
ANY PERSON WHO CONTAINING ANY F										ii Ul	r ULAI	IVI UR	AN A	-PLICA	41 IUN		
I ACKNOWLEDGE I ACKNOWLEDGE TI ACORD 62 FL. I UN FUTURE POLICY R	HAT I HAVE BEI IDERSTAND TH	EN OFFERED HAT THE COV	D PERS	SONAL INJURY PE SE SELECTION AN	ROTECTION (NO ND LIMIT CHOICE	FAULT) C	OVERAGE OF	PTIONS IN R IN ANY S	I THE	SUF	PPLEN	IENT	TO TH	HIS APF APPLY	PLICATIC / TO ALL	DN,	
PRODUCER'S SIGNATU	Kow	and the same			PRODUCER'S	-	•							STAT (Req	TE PRODU quired in F	JCER LICE Iorida)	NSE NO

Page 1 of 3

© 1996-2015 ACORD CORPORATION. All rights reserved.

NATIONAL PRODUCER NUMBER

**粉**1/2025

TRUCKERS SECT	IUN						_														
COVERAGES	со	VERE	D AU	JTO	SYM	BOLS			LIMIT	s					001/5			DAMAG	E		
		41		47	7		LIMI	MBINED SINGLE IT (CSL)	\$			COVERAG	SES	A	COVE JTO SY	MBOL	.s		LIMITS		DEDUCTIBLE
LIABILITY		42		50	0		BOD	DILY INJURY (BI) CH PERSON	\$			COMPREHEN			42		47				
EI/OEII I		43					BOD	OILY INJURY (BI) CH ACCIDENT	\$			OTHER THAN COLLISION	N		43						\$
		46		_			1	PERTY DAMAGE	\$			(COMP / OTC	:)		46						
												CDECIFIED			42		47	SCI	. FT	LSP	
PERSONAL INJURY		44										SPECIFIED CAUSES OF I	LOSS		43			T <sub>F</sub>	FTV	v	\$
PROTECTION (P.I.P.)		46					Atta	ch ACORD 62 FL.				(SPEC C of L)	)		46				ш		
		"													42		47				
EXTENDED DI D		44		46			Atta	ch ACORD 62 FL.				COLLISION (	COLL)		43		*'				\$
EXTENDED P.I.P.		44		T			+-	ch ACORD 62 FL.				,	,								Ψ
ADDITIONAL P.I.P.		44		46	_		7	5							46		-				
MEDICAL PAYMENTS		42		46	ь		EAC	H PERSON	\$			TOWING & LABOR			46		;	\$			
TATMENTO		43		<b> </b>			-					u Eribort									
UNINSURED		42		46	6			ACODD 64 FI										FARTI		T	T
MOTORIST (UM)		43		1			Atta	ch ACORD 61 FL.				COVERAG	SES	SYI	MBOL	# TR/	AILERS	FARTI	# DAYS	RADIUS	DEDUCTIBLE
		45					-					COMP / OTC			48						
															49	_					
												SPECIFIED			48						
												CAUSES OF I	LOSS		49						
NON-TRUCKERS		YES	3		STAT	ΓES	cos	ST OF HIRE		IF ANY BASIS		COLLICION			48						•
HIRED / BORROWED		NO					\$					COLLISION			49						\$
TRUCKERS HIRED / BORROWED		YES	3		STAT	ΓES	cos	ST OF HIRE		IF ANY BASIS		TRAILER VAL	.UE	\$							
LIABILITY		NO					\$			•			STA	TES	# D	AYS	#\	√EH			
		YES	3	,	STAT	ES	GRO	OUP TYPE		NUMBER	ROF										
NON-OWNED		NO						EMPLOYEES				HIRED									
AUTO LIABILITY								VOLUNTEERS				PHYSICAL DAMAGE									
								PARTNERS													
OTHER										-				COV	/ERAGI	E IS:			PRIMARY		SECONDARY
												OTHER	l					1			
COVERED AUTO SYM	BOI S					- /4	4) 0)4/	NED ALITOO OLID IE	07.70	NO FALLET	(40) ODE		ODIDED				(40)	VOUD T	DAIL EDO IN	LTUE BOO	050000105
(41) ANY AUTO	DOLU	•						NED AUTOS SUBJE NED AUTOS SUBJE				CIFICALLY DES ED AUTOS ONL'		AUTO	JS						SESSION OF A TRAILER
(42) OWNED AUTOS O (43) OWNED COMMER		ΔΙΙΤΟ	10 PC	VII V				MPULSORY UNINSU TORIST LAW	JRED			LERS IN YOUR							HANGE AG		
ENDORSEMENTS						) DD 4			orko	Cahadula m										JS ONLI	
ENDORSEMENTS	) / K		INN	<u> </u>	ACC	ו טאכ	01, 7	Additional Rem	iai NS	Scriedule, III	ay De at	laciieu ii iii	ore sp	Jace	15 16	quire	u, II d	аррпс	abiej		
SIGNATURE																					
ANY PERSON WHO																OF CL	AIM O	R AN A	PPLICATI	ON	
I ACKNOWLEDGE I	НΔ\/	F RF	FN (	OF	FFR	FD LIN	INSII	RED MOTORIST	(UM) (	COVERAGE OF	PTIONS II	N THE SLIPPI	FMFN	T TO	THIS	ДРРІ	ICATIO	ON AC	ORD 61 F	IALSO	
ACKNOWLEDGE TH ACORD 62 FL. I UN FUTURE POLICY R	HAT I	HA\ RSTA	/E BE	EEN TH <i>P</i>	N OF AT TH	FERE	D PER VERA	RSONAL INJURY AGE SELECTION	PRÓT AND L	ECTION (NO-F IMIT CHOICES	AULT) CO INDICAT	OVERAGE OF ED HERE OF	PTIONS R IN AN	IN T	HE SU	JPPLE	EMEN <sup>-</sup>	T TO T	HIS APPLI	CATION,	
PRODUCER'S SIGNATU	IRE	· · ·	! .!!	/						PRODUCER'S NA	AME (Pleas	e Print)							STATE	PRODUCE	R LICENSE NO
Signed b		K	wy	Nou	gu					Laura Thom	-	•							(Kequir	eu iii FlOffi	ua)
APPLICANT'S SICHALL	7 <b>5</b> 7843	21490	ral	bol	W					)					D	1/3	1/20	25	NATIO	NAL PROD	UCER NUMBER

MOTOR CARRIER	SE	CTI	<u> </u>																		
COVERAGES	со	VERE	D AU	JTO :	SYM	<b>IBOLS</b>			LIMIT	rs							DAMA	ЗE			
		61		67				MBINED SINGLE	\$	;	COVERA	GES	Δ	COVE UTO SY	RED MBOI	s		LIMITS		DEDU	JCTIBLE
		62		68			BOI	IIT (CSL) DILY INJURY (BI)	\$		COMPREHE	NSIVE /		62	Ī	67					
LIABILITY		63		1				CH PERSON DILY INJURY (BI)	\$		OTHER THA			63		68				\$	
		1		71	i		EAG	CH ACCIDENT (			COLLISION (COMP / OTO	3)		1		08				Ф	
		64		$\perp$	—		PRO	OPERTY DAMAGE	\$	<b>i</b>	(00 / 0.10			64		$\vdash$		$\overline{}$	$\overline{}$		
		1									SPECIFIED			62		67	sc	└ <del></del> ├─┤╒	T LS	Р	
PERSONAL INJURY PROTECTION		65					Atta	ach ACORD 62 FL.			CAUSES OF (SPEC C of L			63		68	F	F	TW	\$	
(P.I.P.)		67									(6. 20 6.12	-,		64							
														62		67					
EXTENDED P.I.P.		65		67	,		Atta	ach ACORD 62 FL.			COLLISION (	(COLL)		63		68				\$	
ADDITIONAL P.I.P.		65		67	,		Atta	ach ACORD 62 FL.						64							
		62		64	-	$\top$								63							
MEDICAL PAYMENTS		1		1	_		EAG	CH PERSON	\$	;	TOWING & LABOR			1			\$				
		63		67			+		-				<u> </u>	67	TD 4 !!						
UNINSURED		62		66													FART				
MOTORIST (UM)		63		67	,		Atta	ach ACORD 61 FL.			COVERA	GES	SY	MBOL	# TR	AILERS	FART	# DAY	RADIUS	DEDU	JCTIBLE
		64		上							COMP / OTC			69							
											001111 7 0 1 0			70							
											SPECIFIED			69							
											CAUSES OF	LOSS		70							
NON-TRUCKERS		YES	3	- (	STA	TES	CO	ST OF HIRE		IF ANY BASIS				69							
HIRED / BORROWED		NO					\$			J	COLLISION			70						\$	
TRUCKERS		YES	 S		STA	TES	1	ST OF HIRE	Т	IF ANY BASIS	TRAILER VA	LUE	\$	1.0							
HIRED / BORROWED		NO						31 OF THINE		II ANI DAGIG		_	TES	# 0	AYS	#	VEH	1			
LIABILITY		YES			STAT		\$		—		-	"	0	" -		, ,					
		1	•	3	) IAI	E3	GR	OUP TYPE 1		NUMBER OF	_										
NON-OWNED AUTO		NO						EMPLOYEES			HIRED										
LIABILITY								VOLUNTEERS			DAMAGE										
								PARTNERS													
OTHER													СО	VERAGI	E IS:			PRIMARY		SECOND	ARY
											OTHER										
COVERED AUTO SYMI	BOLS	•					64) 0\4	VNED COMMERCIAL A	ALITO	S ONLY (67) SDE	CIFICALLY DES	SCDIBER	. ALIT	-OS		(70)	VOLID :	CDAII EDS	IN THE PO	99599101	N OE
(61) ANY AUTO						(	65) OW	VNED AUTOS SUBJEC	CT TO	NO-FAULT (68) HIR	ED AUTOS ONL	_Y				(10)	ANOTH	IER TRUC	KER UNDE	RATRAIL	
(62) OWNED AUTOS O (63) OWNED PRIVATE		: ALIT	റ വ	NII V	,	(		VNED AUTOS SUBJEC PRY UNINSURED MOT			AILERS IN YOU! RAILER INTER(					(71)			AGREEMEN TOS ONLY	Т	
																			TOO CIVET		
ENDORSEMENTS	/ K		ARN.	3 ( <i>F</i>	ACI	JKD	101,	Additional Rema	arks	Schedule, may be a	ttacheu ii ii	ilore S	pace	e 15 Te	quire	a, II	аррііс	able)			
				—	—	—			—												
SIGNATURE				—	—																
										JD, OR DECEIVE ANY IN IS GUILTY OF A FELON					OF CL	AIM C	R AN A	APPLICA	TION		
										COVERAGE OPTIONS I											
ACORD 62 FL. I UN	IDEF	RSTA	ND 1	THA	AT TH	HE CC	OVERA	AGE SELECTION A	AND L	FECTION (NO-FAULT) C LIMIT CHOICES INDICA I NOTIFY YOU OTHER\	TED HERE O	R IN AN								,	
PRODUCER'S SIGNATU	RE		1	.11					$\neg$	PRODUCER'S NAME (Plea	se Print)								E PRODUC		ISE NO
Signed by:		,	Jan	The	angle					Laura Thompson/TI	-							(Ned)	eu iii F10	idaj	
PRODUCER'S SIGNATU Signed by:  APPLICANT'S SIGNATU  APPLICANT'S SIGNATU	Æ	Gr	abe	· SW						-				D	ATE 1/	31/2	2025	NATI	ONAL PRO	DUCER N	UMBER

ACORD <sup>®</sup> BUSII	NESS AU	TO SECTION	`	MM/DD/YYYY) 23/2024
AGENCY		CARRIER		NAIC CODE
Brown & Brown Insurance Services, Inc.		Philadelphia Indemnity Insurance Company		18058
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		•
25-26 PKG	02/01/2025	The Trails Homeowners Association, Inc.		

CO	/FR	AGES	/ I	IMITS

# USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION DRIVER INFORMATION ACORD 163 attached for additional drivers LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS. DRIVER CITY, STATE AND ZIP CODE SEX STAT DATE OF BIRTH YRS YEAR SOCIAL SECURITY NUMBER LIC HIRE NO-FAULT DOC VEH # USE "MAR STAT DATE OF BIRTH PROVIDE SEX SOCIAL SECURITY NUMBER SOCIAL SECURITY SOCIA

\* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

GL	ILIVAL	INI OKWATION							
EXP	LAIN ALL	"YES" RESPONSES						Y/I	N
1.		HE EXCEPTION OF ANY ENCUMB FERED TO THE APPLICANT?	RANCES, ARE ANY VEHICLES FOR WHI	CH INS	RANCE IS REQUESTED NOT SOLELY OW	NED BY AND			$\Box$
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER				
2.	DO OV	ER 50% OF THE EMPLOYEES USE	THEIR AUTOS IN THE BUSINESS? (no	explanat	on needed)				
3.	IS THE	RE A VEHICLE MAINTENANCE PRO	OGRAM IN OPERATION?						٦
4.	ARE AN	IY VEHICLES LEASED TO OTHERS	6?						١
									١
5.	ANY C	AR MODIFIED / SPECIAL EQUIPME	NT? (Include customized vans / pickups)						┪
	VEH#	DESCRIPTION	COST	VEH#	DESCRIPTION		COST		
			\$				\$		┙
6.	ARE IC	C (Interstate Commerce Commission	n), PUC (Public Utility Commission) OR OT	HER FIL	INGS REQUIRED? (If "YES", a	attach ACORD 194) (no	explanation needs	ed)	١
7.	DO OP	ERATIONS INVOLVE TRANSPORTI	NG HAZARDOUS MATERIAL?						٦
								1	

Docusign Envelope ID: D15C5549-AA84-4F72-81D9-A4A27F817AB4

AGENCY CUSTOMER ID: 00075644

EXPLAIN ALL "YES" RESPONSES

8. ANY HOLD HARMLESS AGREEMENTS?

9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.

10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?

11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?

12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?

Y/N

13.	ANY V	/EHICLES OW	NED BU	NOT SCHEDULED ON THIS APPLICAT	ION?					
14.	APPLIO	CABLE ONLY IN speeding violation	KANSAS: on of up to	CTIONS FOR MOVING TRAFFIC VIOLAT UNDER KANSAS LAW, THE FOLLOWING TRASIX (6) miles per hour (mph) that occurs in an ten (10) miles per hour (mph) that occurs in a	AFFIC VIOLATIONS ARE NOT REC	ed limit from	30 mph through 54 mph, o			
	DRV#	DATE (MM/DD	)/YYYY)	ГҮРЕ		PLACE (CIT	ΓY, STATE)		# YRS REV	
15.	HAS A	I AGENT INSPEC	CTED VE	HICLES?						
16.	ARE A	ALL VEHICLES	TO BE I	NCLUDED IN THIS POLICY PART OF A F	ELEET?					
17.	If "YES		e of vehic			ate how you u	R VEHICLES?  Itilize the devices (check all the mileage tracking)		N TRACKING	
DES	CRIPTIC	ON OF GARAGE	/ STORA	E LOCATIONS				MAXIMUM DOLLAR V	ALUE SUBJECT TO	LOSS
		NAL INTERE	ST / CI	RTIFICATE RECIPIENT	ACORD 45 attached for	or additio	nal names			
INTE	EREST ADDITI	IONAL	LOSS PAY	NAME AND ADDRESS RANK:	EVIDENCE: CERTI	FICATE		INTEREST	IN ITEM NUMBER	
	INSUR EMPLO AS LES LENDER PAYABL LIENHO	DYEE SSOR R'S LOSS E	OWNER REGISTR					VEHICLE:	LOCATION:	
				REFERENCE / LOAN #:						
INTE	EREST   ADDITI	IONAL		NAME AND ADDRESS RANK:	EVIDENCE: CERTI	FICATE		INTEREST	IN ITEM NUMBER	
	INSUR EMPLO AS LES	ED DYEE SSOR S'S LOSS E	LOSS PAY DWNER REGISTR					VEHICLE:	LOCATION:	
RE	MARK	S (ACORD 1	01, Ad	litional Remarks Schedule, may be	e attached if more space	is require	d)			
		•				·				

VEH#	CLE	DES	CRIP	ΓΙΟN	ACOF	D 129 atta	ched	for addition	onal v	ehicles												
		YEAR	MA					BODY TYPE:							VEHIC	LE TY	/PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
				DEL:				V.I.N.:						PP	s	PEC		COML			01001111	0
GARAG ADDRE	IIVG	STRI		quired in K	(Y)		CITY						COUNTY							STATE	ZIP	
LIC STATE		TER	:R		GVW / GCW	CLAS	SS	SIC		FACTOR	SEAT CP	R	RADIUS		FARTH	EST T	ERMI	NAL			COST NEW	ı
USE				OMM'L	FOR HIRE	CHECK COVERAGES	s	ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP	REN REIN	T //B	DED	UCTIE	BLES		.cv	COMP/ OTC	SPEC C OF L
$\vdash$	EASUF .RM	JRE		ETAIL ERVICE		LIAB NO- FAULT		MED PAY UNINS MOTOR		TOWING & LABOR SPEC C OF L	FTW		COMP/ OTC COLL	FG		\$	AA		STAM	T \$		COLL
DRIVE WORK	SCHO	OOL	ГΊ	< 15 MILES	15 MILE		EH	,		0 01 2				<u>'</u>		тот	AL PR	EM: \$		<del>!</del>		
VEH#		YEAR	МА	Œ:	<u> </u>	,		BODY TYPE:							VEHIC			· ·	SY	M / AGE	COMP / OTC SYM	COLL SYM
			мо	DEL:				V.I.N.:						PP	s	PEC		COML				
GARAG ADDRE	IIVG	STRI	EET (R	quired in K	(Y)		CITY	,					COUNTY				•			STATE	ZIP	
LIC STATE		TER	R	(	GVW / GCW	CLAS	SS	SIC		FACTOR	SEAT CP	R	RADIUS		FARTH	EST T	ERMI	NAL		\$	COST NEW	ı
USE	<u> </u>			OMM'L	FOR HIRE	CHECK COVERAGES	T	ADD'L NO- FAULT	П	JNDRINS MOTOR	T <sub>F</sub>		LSP	REN	T	DED	UCTIE	BLES	т,	.cv	COMP/	SPEC C OF L
$\vdash$	EASUF	ire		ETAIL	-		`⊢	1	-	TOWING	⊢ <sub>FT</sub>		COMP/ OTC	REIN FG	ИΒ		^ ^				OTC	C OF L
$\vdash$	RM		_	ERVICE		NO- FAULT		MED PAY UNINS		& LABOR _ SPEC C OF L	FTW		COLL				AA	Ш	STAM			0011
DRIVE .	О		—	< 15 MILES	15 MILE		EH	UNINS MOTOR		COFL	1		TOOLL			\$				\$		COLL
WORK	SCHO	OOL YEAR	+		15 WILE	OT DR/CR	l:	BODY							VEHIC			EM: \$	lev	M / AGE	COMP /	COLL
VEN#	'	IEAR	MA					BODY TYPE:									PE	1	31	W / AGE	COMP / OTC SYM	COLL SYM
	Ц,			DEL:				V.I.N.:						PP	s	PEC		COML			T	
GARAG ADDRE	IIVG	SIRI	EI (R	quired in K	·Y)		CITY					$\perp$	COUNTY							STATE	ZIP	
LIC STATE		TER	R		GVW / GCW	CLA	SS	SIC		FACTOR	SEAT CP	R	RADIUS		FARTH	ESTT	ERMI	NAL		\$	COST NEW	1
USE			(	OMM'L	FOR HIRE	CHECK	3	ADD'L NO- FAULT		UNDRINS MOTOR	F	•	LSP	REN REIN	T //B	DED	UCTIE	BLES	Δ.	cv	COMP/ OTC	SPEC C OF L
PL	EASU	JRE	F	ETAIL		LIAB		MED PAY	-	TOWING & LABOR	FT		COMP/ OTC	FG	,,,,,		AA		ST AM	т \$	010	
FA	.RM	Ī	s	ERVICE		NO- FAULT		UNINS MOTOR		SPEC C OF L	FTW		COLL			 \$				\$		COLL
DRIVE WORK	SCHO	001	ГΊ	< 15 MILES	15 MILE		EH	IMOTOR	<u> </u>	J OI L							AI PR	EM: \$				
VEH#		YEAR	MA	(F·		Divol		BODY TYPE:							VEHIC			Σιτι. ψ	SY	M / AGE	COMP / OTC SYM	COLL SYM
			мо					V.I.N.:						PP	□s	PEC		COML			OIC SIW	31111
				)FI:														1			,	
GARAG ADDRE	ING	STRI	ET (R	oeL: equired in K	(Y)		CITY						COUNTY					•		STATE	ZIP	
	ING	STRI	,	equired in K	GVW / GCW	CLA				FACTOR	SEAT CP	$\perp$	RADIUS		FARTH	EST T	ERMI	NAL			ZIP COST NEW	v
ADDRE LIC STATE	ING		·R	quired in K	GVW / GCW	CHECK	ss	SIC			1, ,	$\perp$	RADIUS					T		\$	COST NEW	
LIC STATE USE	SS	TER	R C	oquired in K	,	CHECK COVERAGES	ss	ADD'L NO-FAULT		UNDRINS MOTOR	F	$\perp$	LSP	REN REIN	Т		UCTIE	T		\$ CV		SPEC C OF L
LIC STATE USE	EASUF	TER	R C	OMM'L ETAIL	GVW / GCW	CHECK COVERAGES	ss	ADD'L NO-FAULT MED PAY		UNDRINS MOTOR TOWING & LABOR	F FT	$\perp$	LSP COMP/OTC	REN	Т	DED		T	A ST AM	\$ CV T \$	COST NEW	SPEC C OF L
LIC STATE  USE  PL  FA	EASUF	TER	R C	OMM'L ETAIL ERVICE	FOR HIRE	CHECK COVERAGES	ss	ADD'L NO-FAULT		UNDRINS MOTOR	F	$\perp$	LSP	REN REIN	Т	DED \$	AA	BLES		\$ CV	COST NEW	
USE PL PATRICE OF THE	EASUF RM TO SCHO	TER JRE	ER C	OMM'L ETAIL ERVICE	FOR HIRE	CHECK COVERAGES LIAB NO- FAULT S+ NETV DR/CR	SS EH	ADD'L NO-FAULT MED PAY UNINS MOTOR		UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	PR	LSP COMP/ OTC COLL	REN REIN	Т	DED \$	AA	T		\$ CV T \$	COST NEW	SPEC C OF L
USE PL PATRICE OF THE	EASUF RM TO SCHO	TER JRE	ER C	OMM'L ETAIL ERVICE	FOR HIRE	CHECK COVERAGES LIAB NO- FAULT S+ NETV DR/CR	SS EH	ADD'L NO-FAULT MED PAY UNINS MOTOR		UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	PR	LSP COMP/ OTC COLL	REN REIN	Т	DED \$	AA	BLES		\$ CV T \$	COST NEW	SPEC C OF L

SIGNATURE AGENCY CUSTOMER ID: 0007564

#### 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 quilty 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	How through	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Signed by:	James	Laura Thompson/TIHERN		
APPLICANT'S SIGNATURE	2 1		DATE	NATIONAL PRODUCER NUMBER
kathleen	Grahow		1/31/2025	

					ADDITIO	DNAL CO	VERAGES AND I	ENDORSE	MENTS			
_oc#	ST			Description		Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
Limit	 1	CSI	Limit	Combined :	single limit Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	<u> </u>	Premium
1,000	,000						,,			,, 		
.oc #	ST I	Cov Co	nde	Description	1	Type of C	Coverage Coverage	Form No.	Edition Date	Rate	I Ontion	n Codes
.00 //	FL	HRDE		Hired/borro		Hired/Bo	-	T GIIII NO.	Luition Buto	rate	Option	1 00000
Limit	1		Limit		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
1,000	,000											
oc#	ST	Cov Co	ode	Description	I	Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
Limit	FL	NOW		Non-owned	Limit 3	Non-Own	Deductible Type 1	Ded 2	Doductib	le Type 2	ш,	Dromium
Limit 1,000			Limit	1.2	LIIIII 3	Ded 1	Deductible Type 1	Ded 2	Deduction	ie Type Z		Premium
.oc#	ST	Cov Co	ode	Description		Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	1	Premium
.oc#	ST	Cov Co	ode	Description	1	Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
							-					
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
.oc#	ST	Cov Co	ode	Description	l	Type of C	Coverage	Form No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	<u> </u>	Premium
						2001	Beddedible Type T		Boddons	10 Typo 2		Tromani
oc #	ST I	Cov Co	nde l	Description		Type of C	overage.	Form No.	Edition Date	Rate	I Ontion	n Codes
.00 π	Ŭ	000	buc	Description		Type of C	overage	T OIII NO.	Luition Date	Traic	Option	1 Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
.oc#	ST	Cov Co	ode	Description		Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
Limit	1		Limit	+ 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	١	Premium
	1		LIIIII	. 2	Lillit 3	Ded i	Deductible Type 1	Ded 2	Deductio	ie Type Z		FIGIIIIIIII
,,,	OT 1	0 0		D				TeN	TERR B.	LB.	10 ::	0.1
oc#	51	Cov Co	oae	Description		Type of C	coverage	Form No.	Edition Date	Rate	Optioi	n Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	1	Premium
oc#	ST	Cov Co	ode	Description	l	Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
15	$\perp$			. 0	Limito		Deduced T			la Tarana	┨,	Dana i
Limit	1		Limit	12	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
oc#	ST	Cov Co	ode	Description		Type of C	Coverage	Form No.	Edition Date	Rate	Optio	n Codes
Limit	<b>_</b> 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
oc#	ST	Cov Co	ode	Description	<u> </u>	Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
					T		-		<u> </u>			_
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
.oc#	ST	Cov Co	ode	Description		Type of C	Coverage	Form No.	Edition Date	Rate	Option	n Codes
Limit	<b>_</b> 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2		Premium

ĄC	ORD®				PF	ROP	ERTY	SE	CTIO	N							E (MM/DD/YYYY) 12/23/2024
AGENCY	( NAME							CAR	RIFR								NAIC CODE
	& Brown Insurance Sei	vices Inc								emnity Ins	urance	Comp	anv				18058
	NUMBER	VIOC3, IIIO.				FEEE	ECTIVE DATE		D INSURED(		ararioc	Comp	dily				10000
25-26 F							2/01/2025		-	eowners As	sociat	ion. Inc	<b>3</b> .				
	KET SUMMARY											,					
BLKT#	AMOUNT			TYPE				BLKT:	# 4	MOUNT					TYPE		
	1																
		PREM	IISES#: 1	STF	REET AD	DRESS:	: 201 Main T	rail									
PREMI	ISES INFORMATION	BUILD	ING #: 1	BLE	OG DES	CRIPTIO	N: Clubhou	se									
	UBJECT OF INSURANCE		AMOUNT	COIL	NS % A	ALU-	CAUSES OF L	oss	INFLATION GUARD %	DED	DE TY	D B	LKT #	FORI	MS AND CO	NDITIO	ONS TO APPLY
Building	g	957,8	383	10			Special form		COARD //	5,000	111	<u> </u>	-	X-Wind			
Person	al Property	20,00	00	10	0	RC S	Special form			5,000				X-Wind			
ADDITIO	NAL INFORMATION	BUSINES	S INCOME / I	EXTRA EXF	PENSE -	- Attach A	ACORD 810			ALUE REPOR	RTING II	NFORMA	ATION	- Attach AC	ORD 811		
ADDIT	IONAL COVERAGES	S, OPTIONS	S, RESTRI	CTIONS	, END	ORSE	MENTS AN	D RAT	ING INFO	RMATION	ı						
SPOILA		ROPERTY CO	VERED		-				LIMIT		RE	FRIG MA	AINT	OPTIONS			
(Y/N									\$		AC	GREEME (Y/N)		BRE	AKDOWN C	R CON	ITAMINATION
	,								DEDUCTIBL	E		(17.14)		POW	ER OUTAG	E	SELLING PRICE
	]								\$							_	
SINKHOL	LE COVERAGE (Required in	n Florida)					ACCEPT C	OVERA	GE	REJECT	COVER	AGE	L	MIT: \$			
MINE SU	BSIDENCE COVERAGE (Re	equired in IL, II	N, KY and WV	)			ACCEPT C	OVERA	GE	REJECT	COVER	AGE	L	MIT: \$			
PRO	OPERTY HAS BEEN DESIG	NATED AN HIS	TORICAL LAN	DMARK						•			#	OF OPEN S	SIDES ON S	TRUC	TURE:
CONSTR	RUCTION TYPE																
			DISTANCE	то		FIRF	DISTRICT		CODE NUM	BER PRO	T CL	# STOR	IES #	# BASM'TS	YR BUIL	тТ	OTAL AREA
		н	/DRANT FI	RE STAT			DISTRICT		CODE NUM				IES #	≠BASM'TS			OTAL AREA
	Masonry	н	DISTANCE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	1 MI BLDG CO	ODE	ORMOI	ND BEACH	YPE	#92	0	5	2	IES #	<b>#BASM'TS</b> 0	<b>YR BUIL</b> 1976		OTAL AREA 5100
BUILDING	Masonry G IMPROVEMENTS		1000 <sub>FT</sub>	1 MI	ODE	ORMOI		YPE	#92		5	2	IES #				
BUILDING	I Masonry  G IMPROVEMENTS  RING, YR:	PLUMBING, Y	<b>/DRANT FI</b> 1000 <sub>FT</sub>	RE STAT  1 MI  BLDG CO	ODE E	ORMOI	ND BEACH  DE ROOF T		#92	OTHER OCC	5 JPANCI	2 IES	L WOO	0 DDBURNING	1976	TE.	5100
WIR ROO	G IMPROVEMENTS RING, YR: OFING, YR: 2019	PLUMBING, Y HEATING, YR	<b>/DRANT FI</b> 1000 <sub>FT</sub>	BLDG CO GRAD	ODE E .ASS	ORMOI	ND BEACH		#92	OTHER OCCI	JPANCI G SOUF OR FIRE	2 IES	L WOO	0 DDBURNING	1976	Ę	5100
WIR ROO OTH	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER:	PLUMBING, Y	<b>/DRANT FI</b> 1000 <sub>FT</sub>	BLDG CO GRAD	ODE E	ORMOI	ND BEACH  DE ROOF T	TIVE	#92	OTHER OCCI  HEATING STOVE MANUFACTU	JPANCI G SOUF OR FIRE	2 IES	L WOO	0 DDBURNING	1976	TE.	5100
WIR ROO OTH PRIMARY	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER:	PLUMBING, Y HEATING, YR:	<b>/DRANT FI</b> 1000 <sub>FT</sub>	BLDG CO GRAD	ODE E .ASS	ORMOI	ND BEACH  DE ROOF T	SECO	#92	DTHER OCCI	JPANCI G SOUF OR FIRE	2 RCE INCIEPLACE	L WOO	0 DDBURNING	1976	TE.	5100
WIR ROO OTH	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER:  Y HEAT  ILER SOLID F	PLUMBING, Y HEATING, YR: YR:	(PRANT FI	RE STAT  1 MI  BLDG CC GRAD  WIND CL	ODE E .ASS	ORMOI	ND BEACH  DE ROOF T	SECON B	#92	DTHER OCCI  HEATING STOVE MANUFACTU  SOL	JPANCI G SOUF OR FIRI RER:	2 RCE INCEPLACE	L WOO	0 DDBURNING RT	1976 G DA	TE.	5100
WIR ROO OTH PRIMARY BOIL IF B	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER: Y HEAT	PLUMBING, Y HEATING, YR: YR:	(PRANT FI	RE STAT  1 MI  BLDG CC GRAD  WIND CL  RES	ASS SISTIVE	ORMOI TAX CO	ND BEACH  DE ROOF T	SECON B	#92  NDARY HEAT OILER F BOILER, IS	HEATIN' STOVE MANUFACTU	G SOUF OR FIRE RER:	2 RCE INCEPLACE	L WOO INSER	0 DDBURNING RT	1976	TE STALLE	5100 ED:
WIR ROO OTH PRIMARY BOIL IF B	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER:  Y HEAT  ILER SOLID F  BOILER, IS INSURANCE PLA	PLUMBING, Y HEATING, YR: YR:	R:	RE STAT  1 MI  BLDG CC GRAD  WIND CL  RES	ASS SISTIVE	ORMOI TAX CO	ND BEACH  DE ROOF T	SECON B	#92  NDARY HEAT OILER F BOILER, IS	DTHER OCCI  HEATING STOVE MANUFACTU  SOL	G SOUF OR FIRE RER:	2 RCE INCEPLACE	L WOO INSER	0 DDBURNING RT	1976  G DA IN:	TE STALLE	5100 ED:
WIR ROOTH PRIMARY BOOTH PRIMARY BOOTH RIGHT EX	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER:  Y HEAT  ILER SOLID F  BOILER, IS INSURANCE PLA	PLUMBING, Y HEATING, YR: YR:	R:	RE STAT  1 MI  BLDG CC  GRAD  WIND CL  RES	ASS SISTIVE	ORMOI TAX CO	ND BEACH  DE ROOF T	SECON B	#92  NDARY HEAT OILER F BOILER, IS	HEATIN' STOVE MANUFACTU	G SOUF OR FIRE RER:	2 RCE INCEPLACE	L WOOL INSER	0 DDBURNING RT	1976  DAY IN:	TE STALLE ISTAN	ED:
WIR ROOTH PRIMARY BOOTH PRIMARY BOOTH RIGHT EX	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER: Y HEAT  JULIER SOLID F  SOLIER, IS INSURANCE PLA  XPOSURE & DISTANCE	PLUMBING, Y HEATING, YR: YR:	R:	RE STAT  1 MI  BLDG CC  GRAD  WIND CL  RES	ASS SISTIVE	ORMOI TAX CO	ND BEACH  DE ROOF T	SECON B	#92  NDARY HEAT OILER F BOILER, IS	HEATIN' STOVE MANUFACTU	G SOUF OR FIRE RER:	2 RCE INCEPLACE	L WOOL INSER	ODBURNING REAR EXPO	1976  DAY N  Y/N  DSURE & D	TE STALLE ISTAN	STORE LOCAL GONG
BUILDING WIR  ROTH PRIMARY BOIL IF B RIGHT EX	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR: 2019  HER: Y HEAT  JULIER SOLID F  SOLIER, IS INSURANCE PLA  XPOSURE & DISTANCE	PLUMBING, Y HEATING, YR: YR: UEL	R: LEFT EXP	RE STAT  1 MI  BLDG CC  GRAD  WIND CL  RES	ASS SISTIVE	ORMOI TAX CO	ND BEACH  DE ROOF T	SECON B	#92  NDARY HEAT OILER F BOILER, IS	DTHER OCCI  HEATIND STOVE MANUFACTU  SOL INSURANCE & DISTANC	G SOUF OR FIRE RER:	2 RCE INCEPLACE L ED ELSE	L WOO INSER	ODBURNING REAR EXPO	1976  DAY IN:	TE STALLE ISTAN CENTE STATIO	STORE LOCAL GONG
BUILDING WIR  ROTH PRIMARY BOIL IF B RIGHT EX	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR:  2019  HER: Y HEAT  ILER  SOLID F  SOLID F  SOLICER, IS INSURANCE PLA  XPOSURE & DISTANCE	PLUMBING, Y HEATING, YR: YR: UEL	R: LEFT EXP	RE STAT  1 MI  BLDG CC  GRAD  WIND CL  RES	ASS SISTIVE	ORMOI TAX CO	ND BEACH  DE ROOF T	SECON B IF	#92  NDARY HEAT OILER F BOILER, IS	DTHER OCCI  HEATIND STOVE MANUFACTU  SOL INSURANCE & DISTANC	5 SOUFOR FIRE	2 RCE INCEPLACE L ED ELSE	L WOO INSER	0 DDBURNING RT  E?  REAR EXPO	1976  DAY IN:	TE STALLE ISTAN CENTE STATIO	CE RAL LOCAL ON GONG KEYS
BUILDING WIR AND OTH PRIMARY BOIL IF B RIGHT EX BURGLA	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR:  2019  HER: Y HEAT  ILER  SOLID F  SOLID F  SOLICER, IS INSURANCE PLA  XPOSURE & DISTANCE	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH	R: LEFT EXP	RE STAT 1 MI BLDG CC GRAD WIND CL RES	ODE SE SISTIVE	CE	ND BEACH  DE ROOF T	SECOP B IFF	#92  NDARY HEAT OILER  BOILER, IS FEXPOSURE	DTHER OCCI  HEATIND STOVE MANUFACTU  SOL INSURANCE & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOO INSER	0 DDBURNING RT  E?  REAR EXPO	1976  DAY IN:	ISTANIO CENTRE STATIC	CE RAL LOCAL ON GONG KEYS
BUILDING WIR  OTH  PRIMARY BOIL IF B  RIGHT EX  BURGLA  BURGLA	I MASONTY  G IMPROVEMENTS  RING, YR:  OFING, YR:  2019  HER:  Y HEAT  ILER  SOLID F  BOILER, IS INSURANCE PLA  XPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AND	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH	R: LEFT EXP	RE STAT 1 MI BLDG CC GRAD WIND CL RES	ODE SE SISTIVE	CE	ND BEACH  DE ROOF T  SEMI- RESIS	SECOP B IFF	#92  NDARY HEAT OILER  BOILER, IS FEXPOSURE	HEATINI STOVE MANUFACTU  SOL INSURANCE E & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOO INSER	0 DDBURNING RT  E?  REAR EXPO	1976  DAY IN:	E E E E E E E E E E E E E E E E E E E	CE LOCAL NN GONG KEYS CLOCK HOURLY
BUILDING WIR  OTH PRIMARY BOIL IF B RIGHT EX  BURGLA  BURGLA  PREMISE Hard Wi	I MASONTY  G IMPROVEMENTS  RING, YR: OFING, YR: 2019  HER: Y HEAT  JULIER SOLID F  SOLID F  SOLID F  SOLID F  SOLID F  AN ALARM TYPE  AN ALARM TYPE  AN ALARM INSTALLED AND  ES FIRE PROTECTION (Spr	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH	R: LEFT EXP	RE STAT 1 MI BLDG CC GRAD  WIND CL RES  Y / N  OSURE & I	ASS SISTIVE DISTANCE CERTIFIC	CE CATE #	ND BEACH  DE ROOF T  SEMI- RESIS	SECOP B IFF	#92  NDARY HEAT OILER  BOILER, IS FEXPOSURE	HEATINI STOVE MANUFACTU  SOL INSURANCE E & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOO INSER	0 DDBURNING RT  E?  REAR EXPO	1976  DAY IN:	E E E E E E E E E E E E E E E E E E E	CE LOCAL GONG KEYS CLOCK HOURLY CENTRAL STATION
BUILDING WIR  OTH PRIMARY BOIL IF B RIGHT EX  BURGLA  BURGLA  PREMISE Hard Wi	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR:  2019  HER: Y HEAT  ILLER  SOLID F  BOILER, IS INSURANCE PLA  XPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AND  ES FIRE PROTECTION (Spring smoke detectors)	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH	R: ERE? LEFT EXP	RE STAT 1 MI BLDG CC GRAD  WIND CL RES  Y / N  OSURE & I	ASS SISTIVE DISTANCE CERTIFIC  ystems)	CE CATE #	ND BEACH  DE ROOF T  SEMI- RESIS  % SPR 0  names	SECOP B IFF	#92  NDARY HEAT OILER F BOILER, IS F EXPOSURE	HEATINI STOVE MANUFACTU SOLINSURANCE & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOO INSER	0 DDBURNING RT  E? REAR EXPO RATION DATA  ARDS / WAT	1976  DAY IN:	E TTE  TTE  TTE  TTE  TTE  TTE  TTE  TT	CEE  RAL LOCAL NO GONG  KEYS  CLOCK HOURLY  CENTRAL STATION  LOCAL GONG
BUILDING WIR ADDITI	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR:  2019  HER: Y HEAT  ILLER  SOLID F  BOILER, IS INSURANCE PLA  XPOSURE & DISTANCE  AR ALARM TYPE  AR ALARM INSTALLED AND  ES FIRE PROTECTION (Spring smoke detectors)	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH  SERVICED B' inklers, Standi	R: ERE? LEFT EXP	RE STAT 1 MI BLDG CC GRAD  WIND CL RES  Y / N  OSURE & I	ASS SISTIVE DISTANCE CERTIFIC  ystems)	CE CATE #	ND BEACH  DE ROOF T  SEMI- RESIS  % SPR 0  names	SECON B IF FRONT EXTEN	#92  NDARY HEAT OILER F BOILER, IS F EXPOSURE	HEATINI STOVE MANUFACTU SOLINSURANCE & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOO INSER	0 DDBURNING RT  E? REAR EXPO RATION DATA  ARDS / WAT	1976  DAY/N  DSURE & D  TCHMEN	E TITE  TESTALLE  CENTRICATION  NITEM	CEE  RAL LOCAL NO GONG  KEYS  CLOCK HOURLY  CENTRAL STATION  LOCAL GONG
BUILDING WIR ADDITI	I Masonry  G IMPROVEMENTS  RING, YR:  OFING, YR:  OFING, YR:  2019  HER:  Y HEAT  ILER  SOLID F  SOLID F  SOLID F  SOLID F  AR ALARM TYPE  AR ALARM INSTALLED AND  ES FIRE PROTECTION (Sprire smoke detectors)  TONAL INTEREST	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH  SERVICED B' inklers, Standi	R: ERE? LEFT EXP	RE STAT 1 MI BLDG CC GRAD  WIND CL RES  Y / N  OSURE & I	ASS SISTIVE DISTANCE CERTIFIC  ystems)	CE CATE #	ND BEACH  DE ROOF T  SEMI- RESIS  % SPR 0  names	SECON B IF FRONT EXTEN	#92  NDARY HEAT OILER F BOILER, IS F EXPOSURE	HEATINI STOVE MANUFACTU SOLINSURANCE & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOOD INSER	DDBURNING REAR EXPO RATION DA ARDS / WAT	1976  DAY/N  DSURE & D  TCHMEN	CENTIFE STATIC	CEE  RAL LOCAL ON GONG KEYS CLOCK HOURLY CENTRAL STATION LOCAL GONG I NUMBER IIILDING:
BUILDING WIR ADDITI INTERES BUILDING ROOTH PRIMARY BOO OTH PRI	I MASONTY  G IMPROVEMENTS  RING, YR:  OFING, YR:  OFING, YR:  2019  HER:  Y HEAT  ILER  SOLID F  SOLID	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH  SERVICED B' inklers, Standi	R: ERE? LEFT EXP	RE STAT 1 MI BLDG CC GRAD  WIND CL RES  Y / N  OSURE & I	ASS SISTIVE DISTANCE CERTIFIC  ystems)	CE CATE #	ND BEACH  DE ROOF T  SEMI- RESIS  % SPR 0  names	SECON B IF FRONT EXTEN	#92  NDARY HEAT OILER F BOILER, IS F EXPOSURE	HEATINI STOVE MANUFACTU SOLINSURANCE & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOOD INSER	0 DDBURNING RT  E? REAR EXPO RATION DATA  ARDS / WAT	1976  DATE  Y/N  DSURE & D  TCHMEN	CENTIFE STATIC	CEE  RAL LOCAL N GONG KEYS CLOCK HOURLY CENTRAL STATION LOCAL GONG
BUILDING WIR ADDITI INTERES BUILDING ROOTH PRIMARY BOO OTH PRI	I MASONTY G IMPROVEMENTS RING, YR: OFING, YR: 2019 HER: Y HEAT ILER SOLID F BOILER, IS INSURANCE PLA XPOSURE & DISTANCE AR ALARM TYPE AR ALARM INSTALLED AND ES FIRE PROTECTION (Spring smoke detectors) IONAL INTEREST BT NDER'S LOSS PAYABLE SS PAYEE	PLUMBING, Y HEATING, YR:  UEL CED ELSEWH  SERVICED B' inklers, Standi	R: ERE? LEFT EXP	RE STAT 1 MI BLDG CC GRAD  WIND CL RES  Y / N  OSURE & I	ASS SISTIVE DISTANCE CERTIFIC  ystems)	CE CATE #	ND BEACH  DE ROOF T  SEMI- RESIS  % SPR 0  names	SECON B IF FRONT EXTEN	#92  NDARY HEAT OILER F BOILER, IS F EXPOSURE	HEATINI STOVE MANUFACTU SOLINSURANCE & DISTANC	G SOUF OR FIRE RER: ID FUE PLACE E	2 RCE INCEPLACE L ED ELSE	L WOOD INSER	0 DDBURNING RT  E? REAR EXPO RATION DA  ARDS / WAT	1976  DATE  Y/N  DSURE & D  TCHMEN	CENTIFE STATIC	CEE  RAL LOCAL ON GONG KEYS CLOCK HOURLY CENTRAL STATION LOCAL GONG I NUMBER IIILDING:

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	s: 201 Main T	rail										
PREMISES INFORMATION	BUILDING #: 2			ion: Maintena		Building - L:	arge								
SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES OF L		INFLATION GUARD %	DE	-n	DED	BLKT	FORM	IC AND CC	NIDIT	IONE TO A	DDLV
	52,784	100	RC RC		033	GUARD %	5,000		TYPE	#	X-Wind	IS AND CC	ווטאכ	IONS TO A	PPLY
Building	52,764	100	, RC	Special form			5,000	١ ا			A-WING				
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	RA EXPENS	E - Attac	h ACORD 810		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALUE R	REPORTIN	G INFOR	MATIO	N - Attach AC	ORD 811			
ADDITIONAL COVERAGES, C	PTIONS, RESTRICT	IONS, EN	IDORS	EMENTS AN	D RA	TING INFO	ORMA	TION							
SPOILAGE DESCRIPTION OF PROP	PERTY COVERED					LIMIT			REFRIG I	MAINT	OPTIONS				
COVERAGE						\$			AGREEN		BREA	KDOWN C	R CC	NTAMINATI	ON
(Y / N)						DEDUCTIBI	LE		(Y / I	ν) ¬	POWI	ER OUTAG	E	SELI	
						\$								PRIC	Æ
SINKHOLE COVERAGE (Required in Flo	orida)			ACCEPT C	OVER		RE	JECT COV	ERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Requi				ACCEPT C			_	JECT COV			LIMIT: \$				
PROPERTY HAS BEEN DESIGNAT		ARK				-					# OF OPEN S	IDES ON S	TRU	CTURE:	
THE ENTINE BEEN BESIGNAN		· u u ·									0. 0 0			_	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIF	E DISTRICT		CODE NUM	IBER	PROT CI	# STC	RIES	# BASM'TS	YR BUIL	LT	TOTAL ARE	ΕA
Joisted Masonry	FT	MI						05	1	l	0	1994		840	
BUILDING IMPROVEMENTS		DG CODE GRADE	TAX	CODE ROOF T	YPE		OTHER	OCCUPA	NCIES						
WIRING, YR: PLU	JMBING, YR:	GRADE					Mainte	enance							
	100	IND CLASS		OFMI PEOIO	TN /F		HE	EATING SO	DURCE IN	ICL WC	OODBURNING	DA	ATE		
	ATING, TK:	7	_	SEMI- RESIS	IIVE	-		TOVE OR		E INSI	≣RT	IN:	STALI	LED:	
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SEC	ONDARY HEA		ACTORES							
BOILER SOLID FUEL					020	BOILER	··	SOLID F							
IF BOILER, IS INSURANCE PLACE		/ / NI				IF BOILER, IS		_			DE2	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSI	//N	NCE			·			CED ELS	EVVIIE	REAR EXPO		ICTA	NCE	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	INE & DISTA	ANCE		FRO	NT EXPOSUR	E & DIS	IANCE			KEAK EXFO	SUKE & D	/IS IA	NOE	
L													CEN	граі Г	LOCAL
BURGLAR ALARM TYPE		CERI	IFICATE	#						EXP	PIRATION DAT		STAT		GONG
										1			WITH	KEYS	
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXT	ENT		GRAI	DE	# GI	JARDS / WAT	CHMEN		CLOCK H	OURLY
					Щ,										
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Cher	nical Syster	ns)	% SPR	RNK	FIRE ALARM	MANUF	FACTURE	₹					CENTRAL	STATION
														LOCAL GO	ONG
ADDITIONAL INTEREST	ACORD 45 attach	ed for ac													
INTEREST	AME AND ADDRESS RA	NK:	EVIDE	NCE: CEF	RTIFIC	ATE					II.	NTEREST	IN ITE	M NUMBER	ł
LENDER'S LOSS PAYABLE						_					LOCATION:		E	BUILDING:	
LOSS PAYEE											ITEM CLASS:		ı	ТЕМ:	
MORTGAGEE											ITEM DESCI	RIPTION			
R	EFERENCE / LOAN #:														
REMARKS (ACORD 101, Add	litional Remarks Sch	edule, m	ay be	attached if m	ore s	space is re	quire	d)							
,						•	•								
1															

SIGNATURE AGENCY CUSTOMER ID: 000756

#### 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 quilty 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)		STATE PRODUCER LICENSE NO (Required in Florida)
Signed by:	Laura Thompson/TIHERN		
APPLICANT'S SIGNATURE KATULLUN Grahow		PM31/2025	NATIONAL PRODUCER NUMBER

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 201 Main	Trail								
PREMISES INFORMATION	BUILDING #: 3	BLDG DE	SCRIPT	ιον: Mainte	nance	Building - S	mall						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS	INFLATION GUARD %	DE	D	DED TYPE	BLKT #	FORM	S AND CON	DITIONS TO APPLY
Building	23,000	100	RC	Special forr	m		5,000	)			X-Wind		
ADDITIONAL INFORMATION I	BUSINESS INCOME / EXTR	A EXPENS	E - Attac	th ACORD 810		 	ALUE RE	EPORTI	NG INFORM	MATIO	N - Attach ACO	RD 811	
ADDITIONAL COVERAGES, OF	TIONS. RESTRICTI	ONS. EN	DORS	EMENTS A	ND RA	TING INFO	DRMAT	TION					
SPOILAGE DESCRIPTION OF PROPE	-	J.10, 2.1	20.10	<u> </u>	110 10	LIMIT	21 (11), (1		REFRIG N	/AINT	OPTIONS		
COVERAGE						\$			AGREEN	MENT	BREAK	(DOWN OR	CONTAMINATION
(Y / N)						DEDUCTIBL	.E		(Y / N	1)	POWE	R OUTAGE	SELLING
						\$							PRICE
SINKHOLE COVERAGE (Required in Flori	da)			ACCEPT	COVER		REJE	ECT CO	VERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Require				ACCEPT			_		VERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGNATED		DV		AGGELL			INLO		VERNOE		# OF OPEN SII	DES ON ST	PIICTURE:
PROPERTITIAS BEEN DESIGNATED	O AN THOTOTICAL LANDING	uvv									# Of Circle	SEO ON OT	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S		FIF	RE DISTRICT		CODE NUM	IBER	PROT (	CL #STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry								05	1		0	1994	330
BUILDING IMPROVEMENTS	FT BL	DG CODE	TAX	CODE ROOF	TYPE	1	OTHER (						1 3 4 4
<b>—</b>		GRADE					Storage						
	MBING, YR:	ND CLASS	$\vdash$						SOURCE IN	CL WC	OODBURNING	DATI	Ē
ROOFING, YR: HEAT	ING, YR:		-	SEMI- RES	ISTIVE	-	STO	OVE OR	RFIREPLAC	E INSI	ERT		ALLED:
OTHER:	YR:	RESISTI	/E		1		MANUFA	ACTURE	:R:				
PRIMARY HEAT					SEC	ONDARY HEA	.τ	1	г				
BOILER SOLID FUEL						BOILER		SOLID	FUEL				
IF BOILER, IS INSURANCE PLACED	ELSEWHERE? Y	/ N				IF BOILER, IS	SINSURA	ANCE PL	ACED ELS	EWHE	RE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	RE & DISTA	NCE		FRO	NT EXPOSUR	E & DIST	TANCE			REAR EXPOS	SURE & DIS	TANCE
BURGLAR ALARM TYPE		CERTI	FICATE	#						EXP	PIRATION DATE		ENTRAL LOCAL TATION GONG
													TITH KEYS
BURGLAR ALARM INSTALLED AND SER	/ICED BY				EXTI	ENT		GRA	ADE	# GI	JARDS / WATO	HMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers	s, Standpipes, CO2 / Chem	ical Systen	ns)	% SI	PRNK	FIRE ALARM	MANUFA	ACTUR	ER				CENTRAL STATION
	,												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attache												
INTEREST	ME AND ADDRESS RAN	K:	EVIDE	NCE: C	ERTIFIC	ATE					IN	TEREST IN	ITEM NUMBER
LENDER'S LOSS PAYABLE											LOCATION:		BUILDING:
LOSS PAYEE											ITEM CLASS:		ITEM:
MORTGAGEE											ITEM DESCR	IPTION	
RE	FERENCE / LOAN #:												
REMARKS (ACORD 101, Addit	ional Remarks Sch	edule, m	ay be	attached if i	more s	pace is re	quired	l)					

ADDITIONAL

Walls

PREMISES INFORMATION

SUBJECT OF INSURANCE

PREMISES #: 1

BUILDING #: 4

22,000

AMOUNT

17AB4	4							
		AGENCY C	JSTOME	RI	): 00075	644		
DDRES	<b>s</b> : 2	01 Main Trail						
CRIPTI	ON:	Outdoor Walls						
ALU- TION	CA	USES OF LOSS	INFLATION GUARD %	Ņ	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
RC	Spe	ecial form		5	5,000			X-Wind
				+				
				1				
- Attach	n ACC	ORD 810		VAL	UE REPORTI	NG INFOR	MATION	- Attach ACORD 811
ORSI	EME	NTS AND RA	TING INF	OR	MATION			
			LIMIT					OPTIONS
			\$					BREAKDOWN OR CONTAMINATION
				BLE			, T	POWER OUTAGE SELLING PRICE
			\$					
								LIMIT: \$
	DDRES CRIPTI ALU-ITION RC	ALU- CA ALU- CA RC Spe	AGENCY CU DORESS: 201 Main Trail CRIPTION: Outdoor Walls ALU- TION RC Special form  Attach ACORD 810  ORSEMENTS AND RA  ACCEPT COVER	AGENCY CUSTOME  DORESS: 201 Main Trail  CRIPTION: Outdoor Walls  ALU- TION RC Special form  Attach ACORD 810  ORSEMENTS AND RATING INI  LIMIT \$ DEDUCTI	AGENCY CUSTOMER ID  DORESS: 201 Main Trail  CRIPTION: Outdoor Walls  ALUNCAUSES OF LOSS INFLATION GUARD %  RC Special form 5  Attach ACORD 810 VAL  ORSEMENTS AND RATING INFOR  LIMIT  \$ DEDUCTIBLE  \$ ACCEPT COVERAGE	AGENCY CUSTOMER ID:	AGENCY CUSTOMER ID:	AGENCY CUSTOMER ID:

ADDITIONAL INFORMATION BUSI	INESS INCOME / EXTR	A EXPENS	E - Attac	1 ACO	RD 810			ALUE I	REPORTI	ING INFORM	MATION	N - Attacl	1 ACORI	D 811		
ADDITIONAL COVERAGES, OPTIC						ATING							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SPOILAGE DESCRIPTION OF PROPERTY		511 <b>5</b> , <u>2</u> 11	20.10		110712	LIM		21(11)		REFRIG N	MAINT	ОРТІС	NS			
COVERAGE						\$				AGREEN	MENT		BREAKD	OWN OF	R CONTAMINA	ATION
(Y / N)						DEI	DUCTIBL	-E		(Y/N	N) □		OWER	OUTAGE		ELLING RICE
						\$										(IOL
SINKHOLE COVERAGE (Required in Florida)					ACCEPT COVI	RAGE		RE	JECT CC	VERAGE	ı	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in	IL, IN, KY and WV)				ACCEPT COVI	RAGE		RE	EJECT CC	OVERAGE	- 1	LIMIT: \$				
PROPERTY HAS BEEN DESIGNATED AN	I HISTORICAL LANDMA	RK									1	# OF OP	EN SIDE	S ON ST	RUCTURE:	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	TAT	FIR	E DIST	RICT	СО	DE NUM	IBER	PROT	CL # STO	RIES	# BASN	'TS Y	R BUILT	TOTAL A	REA
	FT	МІ														
BUILDING IMPROVEMENTS	BL	DG CODE GRADE	TAX C	ODE	ROOF TYPE			OTHER	R OCCUP	ANCIES					•	
WIRING, YR: PLUMBIN	IG, YR:			_												
ROOFING, YR: HEATING	s, YR:	ND CLASS		SE	MI- RESISTIVE			s	STOVE OF	SOURCE IN R FIREPLAC	ICL WO	OODBURI ERT	NING	DAT INS	E TALLED:	
OTHER: YF	R:	RESISTI	/E						FACTURE	ER:						
PRIMARY HEAT					SE	_	RY HEA	т —	٦	[						
BOILER SOLID FUEL		/ NI				BOIL			SOLID	ı		ا م		/ NI		
IF BOILER, IS INSURANCE PLACED ELSI RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	/ N RF & DISTA	NCE		-				STANCE PI	LACED ELS	EWHE			/ N RF & DIS	STANCE	
NOM EX COOKE & BISTANCE	LEI I EXI GOO	NE & DIOTA	IIIOL		"	ONIEX	RPUSUR	E & DIS	SIANCE			IXEAR I	.XI 000	IL G DI	JIANOL	
BURGLAR ALARM TYPE		CERTI	FICATE :	<b>‡</b>							EXP	IRATION	DATE		ENTRAL	LOCAL
															STATION [ VITH KEYS	GONG
BURGLAR ALARM INSTALLED AND SERVICE	ED BY	L			EX	TENT			GR	ADE	# GL	JARDS /	WATCHI			HOURLY
														F		
PREMISES FIRE PROTECTION (Sprinklers, St	tandpipes, CO2 / Chem	ical System	ıs)		% SPRNK	FIRE	ALARM	MANU	IFACTUR	ER					CENTR	AL STATION
															LOCAL	GONG
ADDITIONAL INTEREST A	CORD 45 attache	ed for ad			nes											
	AND ADDRESS RAN	K:	EVIDE	ICE:	CERTIF	ICATE							INTE	REST IN	ITEM NUMB	ER
LENDER'S LOSS PAYABLE												LOCAT	ON:		BUILDING	i:
LOSS PAYEE												CLASS		TION	ITEM:	
MORTGAGEE												IIEMID	ESCRIP <sup>*</sup>	IION		
REFER	ENCE / LOAN #:				$\neg$											
REMARKS (ACORD 101, Addition		dule m	av ho s	ttacl	ed if more	Snac	e is ro	auiro	ed)							
REMARKS (ACORD 101, Addition	iai Nemarks Sch	duie, iii	ay De c	ittaci	ieu ii iiioie	spac	C 13 1 C	quire	,u)							
ACORD 140 (2016/03)					Page 2 c											

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	s: 201 Main T	rail										
PREMISES INFORMATION	BUILDING #: 5	<u> </u>		ion: Pool/Pur		NISE									
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	•		DE	-n	DED	BLKT	FORM	IC AND C	ONDI	TIONS TO	NDDLY
	261,665	100	RC RC			INFLATION GUARD %	5,000		TYPE	#	X-Wind	IS AND C	ONDI	TIONS TO	APPLY
Swimming Pool	201,005	100	I KC	Special form			3,000	١ ا			∧-vviilu				
	00.450	100					5.00				37.142				
Pump House	22,452	100	RC	Special form			5,000	0			X-Wind				
ADDITIONAL INFORMATION	BUSINESS INCOME / EXTR	A EXPENS	E - Attac	h ACORD 810			ALUE R	REPORTIN	G INFOR	IOITAN	N - Attach AC	ORD 811			
ADDITIONAL COVERAGES, O	PTIONS, RESTRICTION	ONS, EN	DORS	EMENTS AN	D RA	TING INFO	ORMA'	TION							
SPOILAGE DESCRIPTION OF PROPI	RTY COVERED					LIMIT			REFRIG I		OPTIONS				
COVERAGE (Y / N)						\$			AGREEN (Y/N		BREA	KDOWN	OR CO	ANIMATAC	TION
(,						DEDUCTIBL	LE		(	7	POWI	ER OUTA	GE	SEI PR	LING
						\$				_				<u> </u>	OL .
SINKHOLE COVERAGE (Required in Flor	ida)			ACCEPT C	OVER	AGE	RE	JECT COV	ERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Require	ed in IL, IN, KY and WV)			ACCEPT C	OVER	AGE	RE	JECT COV	ERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGNATE	D AN HISTORICAL LANDMA	RK									# OF OPEN S	IDES ON	STRU	CTURE:	
														_	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	TAT	FIF	E DISTRICT		CODE NUM	IBER	PROT CI	_ # STO	RIES	# BASM'TS	YR BUI	ILT	TOTAL AF	REA
Fire Resistive/Superior	FT	МІ						05						329	
BUILDING IMPROVEMENTS	BL	DG CODE SRADE	TAX (	ODE ROOF T	YPE		OTHER	OCCUPA	NCIES						
WIRING, YR: PLUI	MBING, YR:														
		ID CLASS	<u> </u>	SEMI- RESIS	TIVE		HE	EATING SO TOVE OR	DURCE IN	CL WC	ODBURNING	D IN	ATE	LED:	
OTHER:	YR:	RESISTIN	/F					ACTURE		L IIVOL	-1(1	""	NO IAL	LLD	
PRIMARY HEAT		11.20.01.	· <u>-</u> .		SEC	ONDARY HEA	ιΤ								
BOILER SOLID FUEL						BOILER		SOLID	UEL						
IF BOILER, IS INSURANCE PLACED	ELSEWHERE? Y	/ N				IF BOILER, IS	LLL SINSUR	J ANCE PLA	ا CED ELS	I EWHE	RE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	RE & DISTA	NCE		FRO	NT EXPOSUR	E & DIS	TANCE			REAR EXPO	SURE & I	DISTA	NCE	
BURGLAR ALARM TYPE		CERT	FICATE	<b>#</b>	<u> </u>					EXP	IRATION DAT	E	CEN	TRAL	LOCAL
													STAT		GONG
BURGLAR ALARM INSTALLED AND SER	VICED BY				EXTE	-NT		GRAI	)F	# GI	JARDS / WAT	CHMEN	VVIII	CLOCK	HOURLY
					= ,			0.0	-	" "	,	·····-	$\vdash$	- OLOGIKI	IOONEI
PREMISES FIRE PROTECTION (Sprinkler	s. Standpipes, CO2 / Chem	ical Systen	ns)	% SPR	NK	FIRE ALARM	MANUF	FACTURE	₹				$\vdash$	CENTRA	L STATION
	-,	-,	,	7,0011		TINE ALARM	1111711101	AGTORE	•					LOCAL	
ADDITIONAL INTEREST	1													LOCAL	ONG
ADDITIONAL INTEREST NA	ACORD 45 attache		EVIDE		RTIFIC	ATE									
<u> </u>	INIE AND ADDRESS KAN	n	EVIDE	TOE. CEN	CI IFIC	AIE						NTEREST		M NUMBE	
LENDER'S LOSS PAYABLE											LOCATION:		-	BUILDING:	
LOSS PAYEE											ITEM CLASS:		l	TEM:	
MORTGAGEE											ITEM DESCI	KIPTION			
	FERENCE / LOAN #:														
REMARKS (ACORD 101, Addi	tional Remarks Sche	dule, m	ay be	attached if m	ore s	pace is re	quire	d)							

		) ®				_			_				D	ATE (MM/DD/YYYY)
ĄĆ	<b>OR</b>	D	STATI	ΕI	MEN.	Γ	OF VAI	_UE	S					12/23/2024
AGENCY			C	CAF	RRIER					NAI	C CODE: 18058		PAGE	
Brown &	Brown	Insura	nce Services, Inc.	Phila	adelphia l	nde	emnity Insurar	nce Com	npany					OF
P.O. Box	2412		IN	NSU	RED / APPI	ICA	NT			POL	ICY NUMBER		EFFE	CTIVE DATE
							owners Assoc	iation, I	nc.	25-	26 PKG			02/01/2025
Daytona					OQUARTER		DDRESS							
CONTACT NAME:					Main Tra						Ormond Beach		l	FL 32174
PHONE (A/C, No, E	xt): (		52-9601 c	OIN	IS %	APP	LICABLE CAUS	ES OF LO	)88			$\neg$	SPECIFIC AV	ERAGE RATE
FAX (A/C, No): E-MAIL ADDRESS:	,		nandez@bbrown.com	$\neg$	80%		BASIC				EARTHQUAKE COV			ERAGE RATE
		ilia.iici	<u> </u>	7	90%		BROAD				FLOOD SPRINKLER	□	BLANKET RA	TE REQUESTED
CODE:	UCTON	IED ID.	00075644	$\widehat{}$	100%	×	SPECIAL				SPRINKLER LEAKAGE EXCL			
AGENCY C			BERS (Attach completed forms and endorsements that requ	uire	completio	ı to	provide necessa	ary inform	nation aff	ecting	yandalism excl grates or loss costs)			
					•			-						
CLASS	LOC	BLDG	DESCRIPTION OF PROPERTY					VALU-	SUB	IFCT	100% VALUES		RATE OR	PREMIUM
CODE	#	#	ADDRESS OF PROPERTY					ATION			100% VALUES	L	OSS COST	
			Clubhouse					l _	_					
	1	1	201 Main Trail		F1	_	0474	RC	В		957,883			
			Ormond Beach Clubhouse		FL		32174							
	1	1	201 Main Trail					RC	PF	5	20,000			
	'	'	Ormond Beach		FI		32174	100			20,000			
			Maintenance Building - Large			_								
	1	2	201 Main Trail					RC	В		52,784			
			Ormond Beach		FL	. 3	32174							
			Maintenance Building - Small											
	1	3	201 Main Trail					RC	В		23,000			
			Ormond Beach		Fl	. 3	32174							
			Outdoor Walls											
	1	4	201 Main Trail					RC			22,000			
			Ormond Beach		FL	. 3	32174							
		_	Pool/Pump House						0144		204 205			
	1	5	201 Main Trail Ormond Beach		г	-	32174	RC	SWN	/IPL	261,665			
			Pool/Pump House		Г	_	02174							
	1	5	201 Main Trail					RC			22,452			
	-		Ormond Beach		FL	. 3	32174				,			
								1						
								-						
												-		
								1						
								]						
									TC	TAL	\$ 1,359,784		N/A	\$
SIGNAT	URE													
ALL VA	UES A	ND LO	CATION INFORMATION ARE CORRECT TO THE B	BES	T OF MY	(N	OWLEDGE AN	D BELIE	F.					
INSURED'S	SIGNA 5DD578	TURE A21490			TITL					Tra	ilo HOA		1	1/31/2025
40000	400 (						Presi	uent C	n me		ils HOA			1/01/2020

				ADDITI	ONAL CO	VERAGES AND	ENDORSE	MENTS		
.oc# ST	1		Description		Type of C	Coverage	Form No.	Edition Date	Rate	Option Codes
 Limit 1 <b>50,000</b>	COM	Limi	Computer t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2	Premium
oc #  ST	Cov (	ode l	Description	1	Type of (	Coverage	Form No.	Edition Date	Rate	Option Codes
00 // 01		Jouc	Description		Type or c	ooverage	T OIIII NO.			Option codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
oc# ST	Cov (	Code	Description	1	Type of C	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov	Code	Description	1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	<u> </u>	Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l ble Type 2	Premium
oc# ST	Cov (	Code	Description	1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov	Code	Description	<u> </u>	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov (	Code	Description	1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	<u> </u>	Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov	Code	Description	1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ble Type 2	Premium
c# ST	Cov (	Code	Description	1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
c# ST	Cov (	Code	Description	1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	<u> </u>	Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov (	Code	Description	<u> </u> 1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov (	Code	Description	<u> </u>	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov (	Code	Description	<u> </u> 1	Type of 0	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1		Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2		ole Type 2	Premium
FBAAD	)C)/								Com:	ht 2000, AMS Services

ĄĆĆ	ORD	®	COMM	ERCIAL	. GENEF	RAL L	.IABILI	TY	SE	CTION		D	ATE (MM/DD/YYY	Υ)
AGENCY						CAF	RIER						NAIC COD	E
	Brown Insu	ırance Services,	Inc.				adelphia Indei	mnity I	nsuran	ce Company			18058	_
POLICY NUI		· · · · · · · · · · · · · · · · · · ·			EFFECTIVE D		ICANT / FIRST N			· · ·				
25-26 PK	G				02/01/202		Trails Homeo							
IMPORT	ANT - If (	CLAIMS MADE		the COVERAG							-made polic	y.		
COVERA	GES				MITS									
		NERAL LIABILITY			NERAL AGGREGA	ATE				2,000,000			PREMIUMS	
					MIT APPLIES PER:			1	•	_,,	PR		OPERATIONS	
	LAIMS MAD		OCCURRENCE				OLICY	LOCA						
H OWNE	R'S & CONT	RACTOR'S PROTEC	IIVE	-			ROJECT	OTHE		2,000,000	PR	ODUCTS	•	
DEDUCTIBL	FS				ODUCTS & COMP			EGATE		1,000,000		.0200.0	•	
					RSONAL & ADVER		JKY			1,000,000	ОТ	HER		
	ERTY DAMA			PER	CH OCCURRENCE					100,000	——————————————————————————————————————			
BODIL	Y INJURY	\$		PFR	MAGE TO RENTE		•	nce)		5,000	то	TAL		
		\$			EDICAL EXPENSE		rson)			3,000		IAL		
				EN	IPLOYEE BENEFIT	S			\$					
071150 001	/ED40E0 B	FOTDIOTIONS AND	OD ENDODOEMEN	ITO (F It's			dha ann Paabha a		\$		D 407)			
		ESTRICTIONS AND						state Du	5111655 7	auto section, Acor				
		VISCONSIN: IF NO					1	<u> </u>		¬				
1. UM/UIM			IS NOT AVAIL		2. MEDICAL P			oxdot	s	IS NOT AVAILA	ABLE.			
SCHEDU	LE OF H	AZARDS (ACO	RD 211, Sche	dule of Hazard	ds, may be atta	ached if r	nore space				<u> </u>			
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOS	SURE	TERR			RATE			PREM		
4				4		040	PREM / C	JPS		PRODUCTS	PREM / OF	s	PRODUCT	S
1 CLASSIFIC		48925	U	1		049								
Swimming														
LOC#	HAZ#	CLASS	PREMIUM	EXPOS	SURE	TERR			RATE			PREM	МІИМ	
		CODE	BASIS				PREM / C	OPS		PRODUCTS	PREM / OF	PS	PRODUCT	S
1		41668	Α	5,100		049								
CLASSIFICA	ATION DESC	RIPTION												
Club Civio	: Bldg - Ov	/n/Lease												
LOC#	HAZ#	CLASS	PREMIUM	EXPOS	SURF	TERR			RATE			PREM	MIUM	
200 "		CODE	BASIS	25.0			PREM / C	OPS		PRODUCTS	PREM / OF	PS	PRODUCT	s
1		68500	U	990		049								
CLASSIFICA	ATION DESC	RIPTION												
Townhous	e/Similar /	Association												
	SALES - PEF	R \$1,000/SALES	(A) AREA	OLL - PER \$1,000/P - PER 1,000/SQ FT			OTAL COST - PE DMISSIONS - PE				) UNIT - PER UNI ) OTHER	T		
		xplain all "Yes"	responses)											Y/N
1 DRODG														I / N
		ROACTIVE DATE:	ED CLAIMO MA	DE COVERACE:										
		O UNINTERRUPT				IDED OF 1	DELE INCLIDE	D EDO	NA ANIX	DDE//IOUS CO	/EBACE2			
J. HAS AN	IT PRODU	CT, WORK, ACCII	JENT, OR LOCA	LION REEN EXC	LUDED, UNINSI	OKED OK S	SELF-INSURE	יט דאכ	IVI ANY	PREVIOUS CO	/EKAGE?			
4 = =		10E B. 155	D.I.N.E.E	DE 40.10 = -	0.40									
4. WAS TA	AIL COVER	AGE PURCHASE	U UNDER ANY F	REVIOUS POLI	CY?									
EMPLOY	EE BENE	FITS LIABILIT	Y											
1. DEDUC	TIBLE PER	R CLAIM: \$				3. NUMBE	R OF EMPLO	YEES	COVEF	RED BY EMPLOY	EE BENEFITS	PLANS	 B:	

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

CONTRACTORS AGENCY CUSTOMER ID: 00075644

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES (F	or all past or present operation	ons)						Y/N
1. DOES APPLICANT DRAW PL	ANS DESIGNS OR SPEC	LIFICATIONS FOR OTH	ERS?					
	, ,							
	IDE DI ACTINIO OD LITILI		D/E 144TED14					
2. DO ANY OPERATIONS INCLU	JDE BLASTING OR UTILIZ	E OR STORE EXPLOS	IVE MATERIA	AL?				
3. DO ANY OPERATIONS INCLU	JDE EXCAVATION, TUNNE	ELING, UNDERGROUNI	D WORK OR	EARTH MOV	ING?			
4. DO YOUR SUBCONTRACTO	RS CARRY COVERAGES	OR LIMITS LESS THAN	LYOURS?					
4. 00 1001 00000111100101	TO ONITITI OOVERVIOLO	OIT ENVITO ELOO ITIAN	TOOKO:					
5. ARE SUBCONTRACTORS AL	LOWED TO WORK WITHO	OUT PROVIDING YOU V	NITH A CERT	IFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE EC	QUIPMENT TO OTHERS W	VITH OR WITHOUT OPE	ERATORS?					
DESCRIBE THE TYPE OF WORK SUI	PCONTRACTED	\$ PAID TO SUB-		% OF V	VORK	# FULL-	# PART-	1
BESONIBE THE THE OF WORK SOL	JOONTHAUTED	\$ PAID TO SUB- CONTRACTORS:		SUBCC	VORK ONTRACTED:	TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETED	OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTEN	NDED USE	PRINCIPAL COMPONENTS	;
EXPLAIN ALL "YES" RESPONSES (F	or all past or present product	s or operations) PLEASE	ATTACH LITER	RATURE, BROO	CHURES, LABELS, V	WARNINGS, ETC.		Y/N
<ol> <li>DOES APPLICANT INSTALL,</li> </ol>	SERVICE OR DEMONSTR	RATE PRODUCTS?						N
2. FOREIGN PRODUCTS SOLE	D. DISTRIBUTED, USED AS	S COMPONENTS? (If "	YES", attach /	ACORD 815)				N
RESEARCH AND DEVELOP!	· · · · · · · · · · · · · · · · · · ·	<u>_</u>						N
3. RESEARCHAIND DEVELOT	VIENT CONDUCTED ON IN	LWINODOCIGILAN	NLD:					'`
4. GUARANTEES, WARRANTIE	ES, HOLD HARMLESS AGE	REEMENTS?						N
5. PRODUCTS RELATED TO A	IRCRAFT/SPACE INDUSTI	RY?						N
6 DRODUCTS BECALLED DIS	CONTINUED CHANCED							N
6. PRODUCTS RECALLED, DIS	SCONTINUED, CHANGED	ŗ						'`
7. PRODUCTS OF OTHERS SO	OLD OR RE-PACKAGED U	NDER APPLICANT LAB	EL?					N
8. PRODUCTS UNDER LABEL	OF OTHERS?							N
0 VENDOBO 00VED : 05 = = =	NUDEDO							l NI
9. VENDORS COVERAGE REC	≀UIKED?							N
10. DOES ANY NAMED INSURE	D SELL TO OTHER NAME	D INSUREDS?				·		N
l								1

						AGENC	Y CUSTOMER	ID: 00	075644			
ADI	DITIONAL INTEREST / C	ERTIFICATE RECIPIE	NT	AC	ORD 45 atta	ached fo	or additional na	ames				
INTE	REST	NAME AND ADDRESS RA	ANK:	EVIDENCE:	CERTIF	ICATE				INTEREST IN	ITEM NUMBE	R
	ADDITIONAL INSURED								LOCAT	ΓΙΟΝ:	BUILDING:	
	EMPLOYEE AS LESSOR								ITEM CLASS	2.	ITEM:	
$\vdash$	LENDER'S LOSS PAYABLE									DESCRIPTION		
	LIENHOLDER											
$\vdash$												
Ш	LOSS PAYEE											
	MORTGAGEE											
		REFERENCE / LOAN #:										
GEN	NERAL INFORMATION				•				•			
EXPL	AIN ALL "YES" RESPONSES (F	or all past or present operation	ons)									Y/N
1	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICAL	PROFESSION	ONALS EMPL	OYED OR C	ONTRAC	TED?					N
`` '				0.0.20	.0.25 0 0							
2. /	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MATE	RIALS?									N
1,	DO/HAVE DACT DDECENT	OD DISCONTINUED ORE	DATIONS "	אוייטוייבים י	TODING TO	EATING	DISCHARCING	ADDI VIN	C DISPOSINO	OB		N
	DO/HAVE PAST, PRESENT TRANSPORTING OF HAZAR					LATING,	DIOCI IARGING, A	¬⊏ r`LY IIN	u, diapusinu,			
1			5,	,	, -,							
		_										
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTI	NUED IN L	AST FIVE (5)	YEARS?							N
_	DO VOU DENT OD LOAN E	OLUDMENT TO OTHERS	•									N
5.	DO YOU RENT OR LOAN E	JUIPMENT TO OTHERS?								T		IN IN
	EQUIPMENT						TYPE OF	EQUIPM	ENT	INSTRUCTION	GIVEN (Y/N)	
							SMALL TOOLS	LAF	RGE EQUIPMENT			
							SMALL TOOLS	LAF	RGE EQUIPMENT			
6. /	ANY WATERCRAFT, DOCKS	, FLOATS OWNED, HIRE	D OR LEAS	ED?		<u>,                                      </u>				-1		N
<u> </u>	ANY DADIGINO FACILITIFO											N
l ′· ′	ANY PARKING FACILITIES (	WNED/RENTED?										'\
8.	IS A FEE CHARGED FOR PA	RKING?										N
	RECREATION FACILITIES P	POVIDED3										N
] 3.	RECREATIONTACIEITIEST	NOVIDED:										'`
<u> </u>												$\overline{}$
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDIN	IG APARTN	IENTS? (If "Y	ES", answer	the follow	ing):					
1	# APTS TOTAL APT A	AREA DESCRIBE OTHER	R LODGING C	PERATIONS								
		Sq. Ft.										
11.	IS THERE A SWIMMING PO	OL ON PREMISES? (Che	ck all that a	ipply)								Y
	APPROVED FENCE	LIMITED ACCESS	DIVING B	OARD	SLIDE	ABOVE (	GROUND IN	N GROUNI	LIFE G	JUARD		
12	ARE SOCIAL EVENTS SPO					1						N
12.	ARE SOCIAL EVENTS SPOR	NOOKED!										'`
1												
<u> </u>												
13.	ARE ATHLETIC TEAMS SPO	)NSORED?										
	TYPE OF SPORT	CONTACT AGE G	ROUP			E OF SPOR	RT	CON		DUP -	40.40	
		SPORT (Y/N)		13 - 18				SPOR	(Y/N)		13 - 18	
1			2 & UNDER	OVER					12 8	& UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:		_		EXTE	ENT OF SP	ONSORSHIP:					
14.	ANY STRUCTURAL ALTERA	TIONS CONTEMPLATED	?									N
15	ANV DEMOLITION EVECOL	IDE CONTEMPI ATERS										N
15.	ANY DEMOLITION EXPOSU	NE CONTEMPLATED?										1
i												1

**GENERAL INFORMATION (continued)** 

AGENCY CUSTOMER ID: 00
------------------------

EXPLAIN	ALL "YES" RESPONSES (For all past or present operation	ons)			Y/N
16. HAS	APPLICANT BEEN ACTIVE IN OR IS CURRENTL	Y ACTIVE IN JOINT VENTURE	S?		N
17. DO	YOU LEASE EMPLOYEES TO OR FROM OTHER	EMPLOYERS?			N
LE	ASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS TI	HERE A LABOR INTERCHANGE WITH ANY OTHE	R BUSINESS OR SUBSIDIAR	IES?		N
19. ARE	DAY CARE FACILITIES OPERATED OR CONTRO	DLLED?			N
20. HAV	E ANY CRIMES OCCURRED OR BEEN ATTEMPT	ED ON YOUR PREMISES WIT	HIN THE LAST THREE (3) YEARS?		N
21. IS TI	HERE A FORMAL, WRITTEN SAFETY AND SECUI	RITY POLICY IN EFFECT?			N
22. DOE	S THE BUSINESSES' PROMOTIONAL LITERATU	RE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR SECUR	ITY OF THE PREMISES?	N

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

Club Members are Additional Insured

#### 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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)		(Required in Florida)
Signed by:	Laura Thompson/TIHERN		
APPLICANT REGION OF THE CONTROL OF T		DATE 1/31/2025	NATIONAL PRODUCER NUMBER
93B5DD578A21490			

						A	SENCT COSTONE	KID. OCCIOCIT			
ACC	ORD	®		SCH	IEDULE	E OF	HAZARDS				(MM/DD/YYYY) 2/23/2024
AGENCY		_				CAF	RRIER		_		NAIC CODE
Brown & I	Brown Inst	ırance Services,	Inc.			Phila	adelphia Indemnity In	surance Company			18058
POLICY NU	MBER				EFFECTIVE DA	ATE APPL	ICANT / FIRST NAMED II	NSURED			•
25-26 PK	G				02/01/202	5 The	Trails Homeowners A	Association, Inc.			
SCHEDU	ILE OF H	AZARDS									
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RF	TERR	R	ATE		PREM	IIUM
200 m	1174E#	CODE	BASIS				DDEM / ODG	DDODUCTO	DDEM /	ODC	PROPUETS

CHEDU	LE OF H	AZARDS							
LOC#	HAZ#	CLASS	PREMIUM	EXPOSURE	TERR		ATE	<del>                                     </del>	MIUM
		CODE	BASIS			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	ATION DESC	68707	Area	330	049				
	se - Private								
LOC#	HAZ#	CLASS	PREMIUM	EXPOSURE	TERR	R	ATE	PREI	МІИМ
LOC #	TIAL #	CODE	BASIS	EAFOSURE	ILKK	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFIC	ATION DESC	RIPTION							
LOC#	HAZ#	CLASS	PREMIUM	EXPOSURE	TERR	R	ATE	PREI	MIUM
		CODE	BASIS			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
	ATION DESC								
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR		ATE	<del>                                     </del>	MIUM
		CODE	BASIS			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR		ATE	<del>                                     </del>	MIUM
			27.0.0			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CI ACCIFIC	ATION DESC	DIDTION							
CLASSIFICA	ATION DESC	RIFTION							
LOC#	HAZ#	CLASS	PREMIUM	EXPOSURE	TERR	R	ATE	PREI	MIUM
		CODE	BASIS			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
	ATION DESC	RIPTION	PREMIUM	<u> </u>		F	ATE	PREI	MIUM
LOC#	HAZ#	CODE	BASIS	EXPOSURE	TERR -	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFIC	ATION DESC	RIPTION							
LOC#	HAZ#	CLASS	PREMIUM	EXPOSURE	TERR	R	ATE	PREI	MIUM
L00#	1102#	CODE	BASIS	LAFOONE	IERK	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFIC	ATION DESC	RIPTION							
RATING AN	D PREMIUM	BASIS	(P) PAYI	ROLL - PER \$1,000/PAY	(C) TO	AL COST - PER \$1,000	//COST (U	I) UNIT - PER UNIT	

	ACORD CRIME	SECTION										(MM/DI		
AGEI	LBUONE		APPLICANT The	Tra	ails Homeo	wne	ers Z	ssoci	atio	n, Inc		, 23/	_ 0 _ 4	•
Bro	own & Brown Insurance Se		Named Insured)		11011100				u 0_0	,				
	D. Box 2412	,	EFFECTIVE DATE	E	XPIRATION DATE	х	DIREC	T BILL		PAYMENT P	LAN		AUE	DIT
			2/1/2025	2	/1/2026		AGEN	CY BILL	25	% DP and	l Nine	∍ (		
Day	rtona Beach FL	32115-2412	FOR								BAS	IS FOR	COVER	AGE
CODI		:	COMPANY									DISCO	VERY	
AGEI	ICY OMER ID: 00075644		USE ONLY									LOSS	SUSTAIN	NED
PLA														
FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FC	ORM	TITLE			LIMIT		DED	UCTIBI	LE
	EMPLOYEE DISHONESTY			_	PREMISES BURGL	ARY			\$					
_	BLANKET SCHEDULE	\$ 1,000,000	10,000	E	BLANKET			SCHEDULE						
Α	ERISA			F	COMPUTER FRAU	D			\$	1,0	00,000		10,	,000
	TOTAL ASSET VALUE \$	\$		G	EXTORTION									
В	FORGERY OR ALTERATION	\$ 1,000,000	10,000		(Ins Loss Particip	ation		%)	\$					
	THEFT, DISAPPEARANCE & DESTRUCTION				PREMISES THEFT	& RC	BBERY	OUTSIDE						
С	SEC 1 - INSIDE THE PREMISES	\$		Н	SEC 1 - THEFT				\$					
ľ	SEC 2 - OUTSIDE THE PREMISES	\$		"	SEC 2 - ROBBER	Y OU	TSIDE		\$					
	BLANKET SCHEDULE				BLANKET			SCHEDULE						
	ROBBERY & SAFE BURGLARY	\$			ROBBERY & SAFE MONEY & SECURI									
D	SEC 1 - INSIDE: ROBBERY OF CUSTOD'NS SAFE BURGLARY	\$		Q	SEC 1 - INSIDE T			3	\$					
٦	SEC 2 - OUTSIDE THE PREMISES	\$		_	SEC 2 - OUTSIDE	THE	PREMIS	SES	\$					
	BLANKET SCHEDULE				BLANKET			SCHEDULE						
CO	ERAGE AMENDMENTS (Endorsen	nents)												
<u> </u>														
	SA EMPLOYEE DISHONESTY - ADD E OF PLAN	PRINCIPAL INFORMATIO	<u> </u>	rm A)	)			ı	NIIMD	ER OF TRUSTEI	-e	MIIMD	ER OF	
INAIVI	E OF PLAN	PRINCIPAL	ADDRESS						EM	PLOYEES, ETC	PL	AN PAR		NTS
									HANDL	ING PLAN ASSE	ETS			
IC TI		IDLE FOR INVESTING OF FUNI	DO LINDED DI ANYON		YES	T	NO							
	ERE A LICENSED SECURITIES FIRM RESPONS  SSIFICATION OF EMPLOYEES/LOG		, ,		1123		INO							
	LIST ALL OFFICERS AND EMPLOY	EES (Including those constru	ued to be employee	es by e	ndorsement), OTF	IER	THAN A	GENTS A	ND PA	RTNERS,				
NIIM	WHO HANDLE OR HAVE CUSTODY BER OF:	/ OF MONEY, SECURITIES Number of:		PERTY		ANY	EVENT	THE POS		S LISTED BEL MBER OF:	.OW:			
NO.	ACCOUNTANTS AND ASSTS	COLLECTORS		NOMB	LOCKER ROOM AT	TENE	ANTO			STOCK CLE	-DIVE			
	_ ADJUSTERS	COMPUTER PROGRAM	AMEDS		MAITRE D'S AND A					STOREKEE				
	ADMINISTRATORS AND ASSTS	COMPTROLLERS AND		1	MANAGERS AND A					STOREROO		ONNEI		
	APPRAISERS AND CLERKS ACTING AS APPRAISERS	COMPTROLLERS AND	70010		MEDICAL DIRECTO		,			SUPERINTI			272	
	ATTORNEYS	CUSTODIANS	WWW.CERC		MESSENGERS, OU		F			SUPERVISO			010	
	_ AUDITORS AND ASSTS	DELIVERY PERSONS			PAYROLL DISTRIBU					TAXI DRIVE				
	_ BOOKKEEPERS	DEMONSTRATORS			PURCHASING AGE			STS		TEACHERS CUSTODY	HAVING	Y OR SE	CURITI	IFS
	BUS DRIVERS	DIETITIANS WHO ORD	ER FOOD		RECEIVING CLERK					TIMEKEEPI				
	BUYERS AND ASSTS	DRIVERS AND DRIVER	S' HELPERS		REFINERY GAUGE HANDLING REFINE		F OIL CO	MPANIES AND OILS		 TRUCK DR	IVERS			
	CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS			SALESPEOPLE					WAREHOU		ONNEL		
	_ CASHIERS AND ASSTS	HEAD PHARMACISTS			SECURITY PERSON	NNEL				WINE CELL				
	_ CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY	GR SECURITIES		SERVICE STATION	ATTE	NDANTS	6		WINE STEV	VARDS/ES	SSES		
	CHEFS WHO ORDER FOOD	JANITORS			SHIPPING CLERKS	;			7	ALL OTHER EMPLOYEE	S NOT LI	STED AB	BOVE	
NUM OFFI	BER OF 8 TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTUR OR DISTRIBU	RERS, PROCESSORS TORS; NUMBER OF F	S, WHOI RETAIL	LESALERS LOCATIONS:		A	LL OTHER	CLASS R THA	ES; NUMBER O N HOME OR HEA	F LOCA- AD OFFIC	ES:		
COI	ITROLS (Coverage Form A)	·												
1.	IS THERE AN AUDIT BY? X CP/	PUBLIC ACCOUNT	ANT 5.	ARE B	BANK ACCOUNTS	REC	CONCIL	ED BY SO	OMEON	NE NOT AUTH	ORIZED		YES	NO
	STAFF OTHER:		A	TO DE	POSIT OR WITHI	DRA	W?						х	
2.	AUDIT FREQUENCY? X ANNUAL	SEMI-ANNUAL		IS CO	UNTERSIGNATUR	RE C	F CHE	CKS REQ	UIRED	?				
<u>0</u>	QUARTERLY OTHER:		N	IF NO	T, WHO SIGNS CO	ITNC	ROLS?						х	
J 3.	DOES AUDIT INCLUDE INVENTORY?	X YES NO		WILL	SECURITIES BE S	SUBJ	IECT TO	JOINT C	ONTR	OL OF TWO C	R MORE	· _		
4.	AUDIT REPORT IS RENDERED TO:	OWNER PART	INLING   I	RESP	ONSIBLE EMPLO	YEE	S?						х	
	X BOARD OF DIRECTORS OTI	HER:	H E 8.	ARE A	LL OFFICERS AN					TO TAKE ANN				

ACORD 141 (2003/07)

ATTACH TO APPLICANT INFORMATION SECTION

INESS DAYS? X
© ACORD CORPORATION 1980

NTER THE EV	XDUSI IBEG I		I CATEGORY. AN	MOLINTS ENTER	SED SHOULD	BE MAY	KIMI IM EV	POSIT	RE										_
TY		-OR EACH	MONEY		CHECKS FOR DEPOSIT	BE MAX	CH	ECKS	FOR PAYABLE			ROLL ECKS		MONE OVERNI			ECURITIE K/SAFE D		T)
INS	IDE	\$		\$			\$			\$			\$			\$			_
MESSEN	IGER #1	\$		\$			\$			\$			\$						
MESSEN	IGER #2	\$		\$			\$			\$			\$			7			
PROPERTY	Y (Covera	ge Forr	ns D, E, & H	)			•									•			
				DESCRIPTION	ON OF PROPE	RTY, M	ERCHAND	ISE, S	TOCK, ET	3						MA	XIMUM VA	LUE	
EQUIPME	NT USE	D TO	MAINTAIN	COMMON	AREAS														
GENERAL	INFORM	ATION (	All Coverage	1	<del>-i</del>								DOES D	DEMISES					_
BUSIN	ESS HOURS		AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FO DEPOSIT ONL	FREQUE OF LY DEPOS		NIGH DEPOSIT USEI	T ORY )	ANNU. OR LAS	AL GROSS RECEIPTS T FISCAL	SAL FOR YEAR	ES	HAVE DO INDER DO YES	REMISES UBLE CYL- OR LOCKS? NO		OTHER INFO	RMATION		
09:00 A			2	Y	2		N												
SAFE/VAU	LI (Covei	age Fo	rms C, D & 0	٦)												T			_
		MA	ANUFACTURER				LABEI	.	CLASS	D00	1			BINATION LO	l	DOO	HICKNESS R	S WAI	LL
							l	. +		ROUND	SC	UARE	OUTER	INNER	CHEST	(EXCL BOLT	WORK)		
							SM	-											
							U	-											_
							SM	-											
IESSENG	ER PROT	ECTION	l (Coverage	Forms C, D	) & Q)		0.01									1			_
MESS'GR	# OF GU/		PRIN	/ATE		SAFE			MESS'G	B #	)E C	UARDS		PRIVATE			SAFETY		_
# #	PER MESS		CONVE	YANCE ED?		SATCH			WESS G			SENGER	₹	CONVEYAN USED?	CE		SATCHEL USED?		
			YES	□ NO		/ES	□ N	`						YES	NO		es [		10
REMISES	SAFE PE	ROTECT	ION (Cover				1 1 1 1 1 1 1 1							120	110	<u> </u>			<u> </u>
LARM TYPE	ALA	RM DESC	RIPTION		EXTENT OF F	PROTE	CTION	ALAF	RM INSTAL	LED AND S	ERV	ICED BY				# GUARDS	WATCH	PERSC	NS
HOLD-U	IP	LOCAL G	ONG	GRADE	SAFE/VAULT		MISES										RP	T/CEN	T S
PREMIS	ses X	CENTRA	L STATION		PARTIAL	1	2 3									# WATCH PERSONS	CL	оск н	RL
SAFE		POLICE (	CONNECT		COMPLETE												DC	N'T SI	ΞN
		WITH KE	YS A	ACCESSIBLE O	PENINGS & PI	ROTEC	TION					OTHE	R PROTEC	TION (Fence	s, Floodligh	its, etc)			
ERTIFICATE	NUMBER											FLOO	ODLIGHTS	S, REAR	FENCING				
KPIRATION D																			_
UDIT PRO	OCEDURE	S - SA	A COMMERC	CIAL CRIME	POLICY														_
	PA, PUBLIC A ANIZATION?		ANT OR EQUIVA	LENT, INDEPE	NDENT OF		YE	S NO	- J. 10 111					CTLY TO TH		TOR, PARTNE ON?	RS	YES	1
QL	JARTERLY		SEMI- NNUALLY	ANNUAL	LY X	NON	Ξ		6. DATE	OF COMP	LETIC	ON OF LA	AST AUDIT	OF:					
NAME AND	ADDRESS O	F PERSON	OR FIRM PERF	ORMING AUDI	Т				CASH	& ACCOU	NTS			INVE	ENTORY _			Т	Т
									1							ED UPON IN T S COMMENTS			L
ALL LOCATI	ONS AUDITE	:D?							<b></b>							MENT UNDER OR EQUIVALEI			
			WITH GENERAL IF NO, EXPLAIN											D DIRECTLY RD OF DIREC		OPRIETOR, CORPORATIO	N?		
NTERNAL	CONTRO	LS OTI	HER THAN A	UDIT PRO	CEDURES	- SAA	COMM	ERC	IAL										_
VDI AIN ALL	"NO" RESPO			JE NOT ALITHO	RIZED TO DE	POSIT	YE	s NO	EXPLAI	N ALL "NO	" RES	SPONSE	S IN REMA	RKS				YES	1
ARE BANK A OR WITHDR	ACCOUNTS I	RECONCIL	ED BY SOMEOR	NE NOT AUTHO	MIZED TO DEI	00			3 ARE	SECURITIE	SSU	BJECT T	O JOINT O	ONTROL OF	TWO OR MO	)RF		1	1

Under \$500 Property Manager can sign checks, over \$500 requires signature of one officer plus manager

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, HI, NE, OH, OK, OR or VT; in DC, LA, ME,TN and VA, insurance benefits may also be denied).

			1	ADDI	TIONAL	MO	NEY -	SECU	IRIT	TES	- PRO	TECT	ON						
MONEY -	SEC	URITIE	S																
ENTER THE	E EXP	OSURES	FOR EA	ACH CA	TEGORY. A	MOUN	TS ENT	ERED SH	OULD	BE N	MAXIMUM	EXPOSU	RE.						
TYP	PE		MONE	Y	CHECKS DEPO			CHECKS F OUNTS PA		LE	PAYR(		o	MONE VERN		(IN	SECU BANK/SA		
INSIE	DE	\$			\$		\$				\$		\$			\$			
MESSENG	SER#	1 \$			\$		\$				\$		\$						
MESSENG	SER#	2 \$			\$		\$				\$		\$						
PROPER	TY																		
			DE	SCRIPT	TION OF PR	OPER1	TY, MER	CHANDIS	E, ST	OCK,	ETC						MAXIMU	M VAL	.UE
EQUIPME	INT O	SED TO	JIVIAIN	ITAIN	COMMON	ANEA													
GENERA	L INF	ORMA												050 DE	- MOE				
AVG # CHECKS FREQUENCY NIGHT ANNUAL GROSS SALES DOES PREMISES													OTHER IN	ORMA	ATION				
09:00 AM	04:0	0 PM	2		Υ		2	N											
SAFE / V	AULT	•																	
		MANUF	ACTUD	ED			LABEL	CLASS		DO	OR TYPE	сомви	NATIC	N LO	скѕ		THIC	KNES	S
		WANUF	ACTOR	LK			LABEL			UND	SQUARE	OUTER	INN	ER CI	HEST	(EXC	L BOLTWO	PRK)	WALL
							UL												
							SMN	A											
							SMN	A											
MESSEN	GER	PROTE	ECTIO	N															
MESS'GR #		GUARDS ESSENG		CON	RIVATE IVEYANCE USED?		SAFE SATCH USE	HEL	ME	SS'GI #		UARDS F			PRIVA NVEYA USEI	ANCE		SAFE ATCH USE	EL
					YES N	0 [	YES	s No							YES	N	10	YES	NO
						_													
PREMISE	ES/S	AFE P	ROTE	CTION	1														
ALARM TY	PE .	ALARM I	DESCRI	PTION	GRADE	EXTE	NT OF P	ROTECTI	ON	ALA	RM INSTALI	ED AND S	ERVI	ED BY	# 0	SUARI	DS WAT	CHPE	RSONS
☐ HOLD-L	JP		AL GON	G	0.0.02	SAFE	/VAULT	PREMI	SES									PT/CE	NT ST
X PREMIS	SES	X CENT	TRAL ST	TATION		PA	RTIAL	1 2	3							VATCH RSON		LOCK	HRLY
SAFE		POLI	CE CON	NECT		cc	OMPLETE											ON'T S	SIGNAL
ACCESSIBLE OPENINGS & PROTECTION OTHER PROTECTION (Fences, FIGURE NUMBER)  CERTIFICATE NUMBER  ACCESSIBLE OPENINGS & PROTECTION (Fences, FIGURE NUMBER)  FLOODLIGHTS, REAR FENCE												•	, etc)						
JERTII IOA	140	DLIX										-LOODL	JGH	15, K	EAK	LENC	JING		
EXPIRATIO	N DAT	E:			-														
OFCRIME					1										COPYR	IGHT 2	2001 AMS SI	ERVICI	ES. INC

			1	ADDI	TIONAL	MO	NEY -	SECU	IRIT	TES	- PRO	TECT	ON						
MONEY -	SEC	URITIE	S																
ENTER THE	E EXP	OSURES	FOR EA	ACH CA	TEGORY. A	MOUN	TS ENT	ERED SH	OULD	BE N	MAXIMUM	EXPOSU	RE.						
TYP	PE		MONE	Y	CHECKS DEPO			CHECKS F OUNTS PA		LE	PAYR(		o	MONE VERN		(IN	SECU BANK/SA		
INSIE	DE	\$			\$		\$				\$		\$			\$			
MESSENG	SER#	1 \$			\$		\$				\$		\$						
MESSENG	SER#	2 \$			\$		\$				\$		\$						
PROPER	TY																		
			DE	SCRIPT	TION OF PR	OPER1	TY, MER	CHANDIS	E, ST	OCK,	ETC						MAXIMU	M VAL	.UE
EQUIPME	INT O	SED TO	JIVIAIN	ITAIN	COMMON	ANEA													
GENERA	L INF	ORMA												050 DE	- MOE				
AVG # CHECKS FREQUENCY NIGHT ANNUAL GROSS SALES DOES PREMISES													OTHER IN	ORMA	ATION				
09:00 AM	04:0	0 PM	2		Υ		2	N											
SAFE / V	AULT	•																	
		MANUF	ACTUD	ED			LABEL	CLASS		DO	OR TYPE	сомви	NATIC	N LO	скѕ		THIC	KNES	S
		WANUF	ACTOR	LK			LABEL			UND	SQUARE	OUTER	INN	ER CI	HEST	(EXC	L BOLTWO	PRK)	WALL
							UL												
							SMN	A											
							SMN	A											
MESSEN	GER	PROTE	ECTIO	N															
MESS'GR #		GUARDS ESSENG		CON	RIVATE IVEYANCE USED?		SAFE SATCH USE	HEL	ME	SS'GI #		UARDS F			PRIVA NVEYA USEI	ANCE		SAFE ATCH USE	EL
					YES N	0 [	YES	s No							YES	N	10	YES	NO
						_													
PREMISE	ES/S	AFE P	ROTE	CTION	1														
ALARM TY	PE .	ALARM I	DESCRI	PTION	GRADE	EXTE	NT OF P	ROTECTI	ON	ALA	RM INSTALI	ED AND S	ERVI	ED BY	# 0	SUARI	DS WAT	CHPE	RSONS
☐ HOLD-L	JP		AL GON	G	0.0.02	SAFE	/VAULT	PREMI	SES									PT/CE	NT ST
X PREMIS	SES	X CENT	TRAL ST	TATION		PA	RTIAL	1 2	3							VATCH RSON		LOCK	HRLY
SAFE		POLI	CE CON	NECT		cc	OMPLETE											ON'T S	SIGNAL
ACCESSIBLE OPENINGS & PROTECTION OTHER PROTECTION (Fences, FIGURE NUMBER)  CERTIFICATE NUMBER  ACCESSIBLE OPENINGS & PROTECTION (Fences, FIGURE NUMBER)  FLOODLIGHTS, REAR FENCE												•	, etc)						
JERTII IOA	140	DLIX										-LOODL	JGH	15, K	EAK	LENC	JING		
EXPIRATIO	N DAT	E:			-														
OFCRIME					1										COPYR	IGHT 2	2001 AMS SI	ERVICI	ES. INC

			1	ADDI	TIONAL	MO	NEY -	SECU	IRIT	TES	- PRO	TECT	ON						
MONEY -	SEC	URITIE	S																
ENTER THE	E EXP	OSURES	FOR EA	ACH CA	TEGORY. A	MOUN	TS ENT	ERED SH	OULD	BE N	MAXIMUM	EXPOSU	RE.						
TYP	PE		MONE	Y	CHECKS DEPO			CHECKS F OUNTS PA		LE	PAYR(		o	MONE VERN		(IN	SECU BANK/SA		
INSIE	DE	\$			\$		\$				\$		\$			\$			
MESSENG	SER#	1 \$			\$		\$				\$		\$						
MESSENG	SER#	2 \$			\$		\$				\$		\$						
PROPER	TY																		
			DE	SCRIPT	TION OF PR	OPER1	TY, MER	CHANDIS	E, ST	OCK,	ETC						MAXIMU	M VAL	.UE
EQUIPME	INT O	SED TO	JIVIAIN	ITAIN	COMMON	ANEA													
GENERA	L INF	ORMA												050 DE	- MOE				
AVG # CHECKS FREQUENCY NIGHT ANNUAL GROSS SALES DOES PREMISES													OTHER IN	ORMA	ATION				
09:00 AM	04:0	0 PM	2		Υ		2	N											
SAFE / V	AULT	•																	
		MANUF	ACTUD	ED			LABEL	CLASS		DO	OR TYPE	сомви	NATIC	N LO	скѕ		THIC	KNES	S
		WANUF	ACTOR	LK			LABEL			UND	SQUARE	OUTER	INN	ER CI	HEST	(EXC	L BOLTWO	PRK)	WALL
							UL												
							SMN	A											
							SMN	A											
MESSEN	GER	PROTE	ECTIO	N															
MESS'GR #		GUARDS ESSENG		CON	RIVATE IVEYANCE USED?		SAFE SATCH USE	HEL	ME	SS'GI #		UARDS F			PRIVA NVEYA USEI	ANCE		SAFE ATCH USE	EL
					YES N	0 [	YES	s No							YES	N	10	YES	NO
						_													
PREMISE	ES/S	AFE P	ROTE	CTION	1														
ALARM TY	PE .	ALARM I	DESCRI	PTION	GRADE	EXTE	NT OF P	ROTECTI	ON	ALA	RM INSTALI	ED AND S	ERVI	ED BY	# 0	SUARI	DS WAT	CHPE	RSONS
☐ HOLD-L	JP		AL GON	G	0.0.02	SAFE	/VAULT	PREMI	SES									PT/CE	NT ST
X PREMIS	SES	X CENT	TRAL ST	TATION		PA	RTIAL	1 2	3							VATCH RSON		LOCK	HRLY
SAFE		POLI	CE CON	NECT		cc	OMPLETE											ON'T S	SIGNAL
ACCESSIBLE OPENINGS & PROTECTION OTHER PROTECTION (Fences, FIGURE NUMBER)  CERTIFICATE NUMBER  ACCESSIBLE OPENINGS & PROTECTION (Fences, FIGURE NUMBER)  FLOODLIGHTS, REAR FENCE												•	, etc)						
JERTII IOA	140	DLIX										-LOODL	JGH	15, K	EAK	LENC	JING		
EXPIRATIO	N DAT	E:			-														
OFCRIME					1										COPYR	IGHT 2	2001 AMS SI	ERVICI	ES. INC

A	CORD®			C	L INSUR					AT	IC	N			Γ	DA	TE (MI		•			
						Al	PPLIC	CANT INFORM				אי									5/202	
AGE	NCY									ARRIE											NAIC	CODE
	own & Brown Insurar	nce	Services, Inc	C.					*M	IARKE	TING											
P.C	). Box 2412								co	MPANY	POLICY OR P	ROGE	RAM NA	ME					F	PROG	RAM C	ODE
									W	orkers	Compensat	ion										
Da	ytona Beach						F	L 32115-2412	РО	LICY N	UMBER											
									25	-26 W	'C											
CON	ITACT Tina Hernand	dez							UN	DERWI	RITER					UNDEF	RWRIT	ER OFFIC	CE			
PHC	NE (386) 36		367						1													
	, No, Ext): (000) 00 , No):								$\vdash$				QUOT				18811	JE POLICY			REN	
E-M	AIL tina harnani	dez	nhhrown co						STA	ATUS C	F	×			Give Date ar	nd/or Att				X	IXLIN	LVV
	IKESS.	ucz(	30010W11.00						TR	ANSAC	TION		CHAN			TE	acii oc		TIME	ı		AN4
COE		000	75644		SUBCODE:				-								_		2:01			AM
	NCY CUSTOMER ID:		77 3044						<u> </u>				CANC	EL	02/0	1/202	5	<u></u>	2.01		$\Box$	PM
	IES OF BUSINESS										T											
INDI	CATE LINES OF BUSIN	ESS		PREM	IUM		_				PREMIUM			_						_	MIUM	
	BOILER & MACHINERY	Y		\$			CYBE	R AND PRIVACY			\$				YACHT					\$		
	BUSINESS AUTO			\$			FIDU	CIARY LIABILITY			\$									\$		
	BUSINESS OWNERS			\$			GARA	AGE AND DEALERS			\$									\$		
	COMMERCIAL GENER	RALL	IABILITY	\$			LIQU	OR LIABILITY			\$							-		\$		
	COMMERCIAL INLAND	) MAI	RINE	\$			мото	OR CARRIER			\$									\$		
	COMMERCIAL PROPE	RTY		\$			TRUC	KERS			\$			T						\$		
	CRIME			\$			UMBF	RELLA			\$		_	+						\$		
ΛT:	TACHMENTS										1		_									
	ACCOUNTS RECEIVA	BLE /	VALUARI E DA	DERS			GLAS	S AND SIGN SECTION	J					Τ.	STATEMEN <sup>*</sup>	T / SCH	EDIII	E OE VAL	LIES			
	ADDITIONAL INTERES					-	_	EL / MOTEL SUPPLEME					_	+	STATE SUP						—	
				CUEDI			+			, CECT	ON			-					-			
	ADDITIONAL PREMISE			CHEDI			_	ALLATION / BUILDERS					_	-	VACANT BU			LEMENT				
	APARTMENT BUILDING						_	RNATIONAL LIABILITY						┩`	VEHICLE SO	CHEDU	LE					
	CONDO ASSN BYLAW	S (fo	D&O Coverage	e only)			_	RNATIONAL PROPERT	YEX	POSUF	RE SUPPLEMEN	NT		4								
	CONTRACTORS SUPP	PLEM	ENT				LOSS	SUMMARY						_								
	COVERAGES SCHEDU	JLE					OPEN	I CARGO SECTION														
	DEALERS SECTION						PREN	IIUM PAYMENT SUPPI	LEME	NT												
	DRIVER INFORMATION	N SC	HEDULE				PROF	ESSIONAL LIABILITY	SUPF	PLEMEI	NT											
	ELECTRONIC DATA PR	ROCE	SSING SECTION	ON			REST	AURANT / TAVERN SU	JPPLE	EMENT												
РО	LICY INFORMATION	ON																				
PRO	POSED EFF DATE PI	ROP	OSED EXP DAT	TE	BILLING	G PLAN	1	PAYMENT PLAN		METH	OD OF PAYMEN	NT	AUDIT		DEPOS	SIT		MINIMUI PREMIU	M	POI	ICY F	PREMIUM
	02/01/2025	0	2/01/2026	F	7 [	<b>—</b> 1.		Annual						;	\$		\$			\$ 0	.00	
				2	DIRECT	F	AGENCY															
	PLICANT INFORM																		—			
	IE (First Named Insured				i (including ZI	IP+4)			GL	CODE		SIC				NAICS						SEC#
	e Trails Homeowners	s As	sociation, In	IC.								864	<del>1</del> 1			81399	90		5	9165	1578	
201	l Main Trail								BU	SINES	S PHONE #: (	(386)	673-0	855	5							
									WE	BSITE	ADDRESS											
Orr	mond Beach						F	L 32174														
X	CORPORATION		JOINT VENTU	JRE			N	OT FOR PROFIT ORG			SUBCHAPTER	R "S" C	ORPOR	RATI	ION							
	INDIVIDUAL		LLC NO. OF	F MEME	BERS FRS:	_	P	ARTNERSHIP			TRUST					-	_					
NAN	ME (Other Named Insure	ed) A				ZIP+4)			GL	CODE		SIC				NAICS			FF	EIN OF	soc	SEC#
	•	-			-																	
								BU	SINES	S PHONE #:												
									⊢		ADDRESS											
									''-		ADDITEOU											
	CORPORATION		JOINT VENTU					OT FOR PROFIT ORG		1 1	SUBCHAPTER		ODDO	) A T I	ION		1					
			NO OF	F MEME	BERS		$\vdash$						OKPOR	VAII	ION							
	INDIVIDUAL		LLC AND M	/ANAGE	RS:	_	P	ARTNERSHIP	۱		TRUST	T a.a							<del></del>			
NAN	IE (Other Named Insure	ed) A	ND MAILING A	DDRES	.క (including Z	∠IP+4)			GL	CODE		SIC				NAICS			FE	=IN OF	SUC	SEC#
									_													
									⊢		S PHONE #:											
									WE	BSITE	ADDRESS											
<u>.                                    </u>																						
	CORPORATION		JOINT VENTU		DEDC		N	OT FOR PROFIT ORG		Ш	SUBCHAPTER	R "S" C	ORPOR	RATI	ION		_					
	INDIVIDUAL		LLC NO. OF	- MEME ∕IANAGE	RS	_	P	ARTNERSHIP			TRUST											

CONTA	CT INFO	RM/	ATION															
CONTAC	T TYPE:	Conta	act						cor	NTACT	TYPE:	Conta	ct					
CONTAC	T NAME:	Alexa	ndra Wood						cor	NTACT	NAME:	Brand	ie Ha	yes				
PRIMARY PHONE #	☐ F 73-2573	HOME	⊠ BUS □ C	ELL SE	CONDARY ONE #	<sup>Y</sup>	us [	CELL		MARY ONE #	но '3-0855	OME [	⊠ BU	S CELL	SECONDARY PHONE #	НОМЕ	□ BUS □	CELL
(000) 4	13-2313		TDAILO	110000:1	4 - 11				(30	30) 01	3-0033			TDAIL OLIO	20:14::			
PRIMARY	E-MAIL AD	DRES	s: TRAILS	HO@Ciral	viaii.com	1 			PRI	MARY	E-MAIL ADD	RESS	:	TRAILSHU(	@CiraMail.com			
SECOND	ARY E-MAIL	ADD	RESS:						SEC	COND	ARY E-MAIL	ADDRE	SS:					
PREMI	SES INFO	ORM	ATION (Atta	ch ACOR	D 823 f	or Additional Pi	emis	ses)										
LOC#	STREET	201	Main Trail				CI	TY LIMITS	IN.	TERES	ST	#	FULL	TIME EMPL	ANNUAL REVENUES	S: \$		
1								INSIDE		Ov	/NER				OCCUPIED AREA:			SQ FT
BLD#	CITY: O	rmor	id Beach			STATE: FL		OUTSIDE		TE	TAAN	#	PART	TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
	COUNTY:	Vol	usia			ZIP: 32174				1					TOTAL BUILDING A	REA:		SQ FT
DESCRIP	TION OF OF	PERAT	TIONS:												ANY AREA LEASED	TO OTHE	ERS?Y/N	
LOC#	STREET						Cr	TY LIMITS	IN.	TERES	ET.		FILL	TIME EMPL	ANNUAL REVENUES			
100 "	O I KLEI						-	INSIDE	-	_	/NER	"	· OLL		OCCUPIED AREA:	<del></del>		SQ FT
DI D.#	OIT)					07475	_	-	.	-			DADT	TIME EMB!				
BLD#	CITY:					STATE:	_	OUTSIDE	-	-  'E	TAAV	#	PARI	TIME EMPL	OPEN TO PUBLIC A			SQ FT
	COUNTY:					ZIP:									TOTAL BUILDING AI			SQ FT
DESCRIP	TION OF OF	PERA	TIONS:												ANY AREA LEASED	TO OTHE	RS?Y/N	
LOC#	STREET						CI	TY LIMITS	IN.	TERES	ST	#	FULL	TIME EMPL	ANNUAL REVENUES	S: \$		
								INSIDE		Ov	/NER				OCCUPIED AREA:			SQ FT
BLD#	CITY:					STATE:		OUTSIDE		TE	NANT	#	PART	TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
	COUNTY:					ZIP:	+			+					TOTAL BUILDING A	REA:		SQ FT
DESCRIB	TION OF OF	DEDAT	IONS:												ANY AREA LEASED		PS2V/N	
	STREET	LIVA	TIONO.				100	TY LIMITS	1	TERES	\ <del>-</del>	- 4		TIME EMBI			-KO: 1714	
LOC#	SIKEEI							_	IIN	_		"	FULL	TIME EMPL	ANNUAL REVENUES	5: \$ 		
								INSIDE		_  ov	/NER				OCCUPIED AREA:			SQ FT
BLD#	CITY:					STATE:		OUTSIDE		TE	TAAV	#	PART	TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
	COUNTY:					ZIP:									TOTAL BUILDING A	REA:		SQ FT
DESCRIP	TION OF OF	PERA	TIONS:		-										ANY AREA LEASED	TO OTHE	RS?Y/N	
NATUR	RE OF BU	JSIN	ESS															
				STOP.	140	NILIEA CTUDING		DECTALIDA	NIT		CED/ICE					DATE E	BUSINESS	
	RTMENTS		CONTRA	Ī		NUFACTURING		RESTAURA	ΝI		SERVICE			J		START	ED (MM/DD/Y 01/01/197	
	NDOMINIUM		INSTITUT Y OPERATIONS	IONAL	OF	FICE		RETAIL			WHOLES	SALE						<del>-</del>
			ion - 990 Mem															
RETAIL S	STORES OR	SERV	ICE OPERATIONS	s % OF TOTA	AL SALES		LLATIC	DN, SERVICI	E OR ↓ %		R WORK			OFF PREMIS	ES INSTALLATION, SE	ERVICE O %	R REPAIR W	DRK
						•			/0	)								
DESCRIP	HON OF OR	-EKA	TIONS OF OTHER	NAMED INS	UKEUS													
ADDIT	ONAL IN	ITER	EST (Not all	fields apr	ly to a	II scenarios - nr	ovid	e only the	e ne	cess	ary data)	Atta	ch A	CORD 45 f	or more Addition	nal Inte	rests	
INTERES			- 124	NAME AND				ENCE:		ERTIFI		POLI		SEND BIL			EM NUMBER	
ADD	DITIONAL		LIENHOLDER		0						-				LOCATION:		BUILDING:	
BRE	URED EACH OF		LOSS PAYEE												VEHICLE:		BOAT:	
	RRANTY OWNER		MORTGAGEE												AIRPORT:		AIRCRAFT:	
ЕМЕ	PLOYEE		OWNER														ITEM:	
AS	LESSOR SEBACK														ITEM CLASS:		CIVI .	
ow	NER DER'S		REGISTRANT												ITEM DESCRIPTION	אכ		
	S PAYABLE		TRUSTEE	REFERENC		1#:					D DATE:							
				LIEN AMOU	INT:			PH	IONE	(A/C,	No, Ext):				FAX (A/C, No):			
REASON	FOR INTER	REST:						E-	MAIL	ADDR	ESS:							

GEN	ERAL INFOR	MATION				AGENC	1 60	USTOMER ID:	00070011							
EXPL	AIN ALL "YES" RE	SPONSES											Y/N			
1a.	S THE APPLICA	ANT A SUBSI	DIARY OF ANOTHER ENT	TTY ?									N			
	PARENT COMPA	NY NAME						RELATIONSHIP DE	SCRIPTION		% OWNED					
1b.	DOES THE APP	LICANT HAVE	E ANY SUBSIDIARIES?										N			
	SUBSIDIARY CO	MPANY NAME						RELATIONSHIP DE	SCRIPTION		% OWNED					
2.	S A FORMAL SA	AFETY PROG	GRAM IN OPERATION?										N			
	SAFETY MA	ANUAL	SAFETY POSITION	МО	NTHLY MEETINGS	OSHA	Г									
3.	ANY EXPOSUR	E TO FLAMM	I ABLES, EXPLOSIVES, CH	HEMICAL	S?								N			
			, , -													
4.	ANY OTHER IN	SURANCE W	ITH THIS COMPANY? (Li	st policy r	numbers)								N			
	LINE OF BUSINE	ss	POLICY NUMBER			LINE OF BUSIN	ESS		POLICY NUMBER							
			E DECLINED, CANCELLE			NG THE PRIOR	THRE	EE (3) YEARS FOR	RANY PREMISES (	OR			N			
	OPERATIONS? (Missouri Applicants - Do not answer this question)  NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER  NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):															
	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):															
		· · · · · · · · · · · · · · · · · · ·														
6.	ANY PAST LOS	IY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?														
		RING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD,														
		G THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, RY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?														
	,												N			
			nswered by any applicant i ar of imprisonment).	for proper	ty insurance. Failure	to disclose the e	existe	ence of an arson co	inviction is a misder	meanor punis	snable					
	o, a cocc. c.	up to one you	a. op.i.ooj.													
8.	ANYLINGODDE	CTED FIDE A	ND/OD CAFETY CODE V	IOLATIO	NC2								N			
0.			AND/OR SAFETY CODE V	IOLATIO	101		T	- COLUTION		1.5	DECOLVE DATE		IN			
	OCCUR DATE	EXPLANATIO	JN				KE	ESOLUTION			RESOLVE DATE					
							+									
		L														
9.			ECLOSURE, REPOSSES	SION, BA	NKRUPTCY OR FILI	ED FOR BANKR	_		LAST FIVE (5) YEA				N			
	OCCUR DATE	EXPLANATIO	ON .				RE	ESOLUTION		- R	RESOLVE DATE					
10.		T HAD A JUD	GEMENT OR LIEN DURIN	IG THE L	AST FIVE (5) YEARS	S? 							N			
	OCCUR DATE	EXPLANATIO	DN .				RE	ESOLUTION		R	RESOLVE DATE					
				OF TRUST									N			
			S, FOREIGN PRODUCTS for Liability Exposure and/o		,		OLD	/ DISTRIBUTED II	N FOREIGN COUN	IRIES?			N			
			HER BUSINESS VENTUR				STF	D?					N			
								= -					,			
14	OUES VEDI ICV	NT OWN / I =	ASE / OPERATE ANY DR	ONESS /	If "VES" describe us	۵۱							N			
'*.	JOLO AFFLICA	INI OVVIN/ LE	AGE / OF ENAIL ANT DR	OINES! (	ILO , describe us	·,							'`			
15	DOES ARRIGA	NT LIDE OTL	JEDS TO OBERATE DRO	NECO /IF	"VES" describe uses								N			
1 13.	JUES APPLICA	INT THRE OT	HERS TO OPERATE DRO	IN⊏O! (II	i Eo , describe use)								11			
<u> </u>	IADIZO / DDC	05001110	IOTOLIOTICNS (* CC	ND 404	A	des Octobre 1 1			·							
KEN	IAKKS / PRO	CESSING IN	NSTRUCTIONS (ACOF	, 101 עז	Auditional Remar	ks Schedule,	may	v be attached if	more space is re	equired)						
L																
PRI	OR CARRIER	INFORMAT	ION													
YEAF			GENERAL LIABILITY		AUTOM	OBILE		PROPI	RTY	OTHER:						
	CARRIER						$\top$									
1	POLICY NUMB	BER			1		$\top$									
I	PREMIUM	\$			\$		\$	<b>,</b>		\$						
	EFFECTIVE DA	ATE					$\top$									
	EXPIRATION D	DATE					$\top$									

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00075644

		., tille it (committee)			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LUSS HISTORY	ſ	Check if none	(Attach Loss Summary for At	iditional Loss in	tormation)			
ENTER ALL CLAIMS	OR LOSSES (RE	GARDLESS OF FAULT AND WH	ETHER OR NOT INSURED) OR OCCURR	ENCES THAT MAY GIV	/E RISE TO CLAIMS			
FOR THE LAST	YEARS					TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION	N OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION 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 NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Laura Thompson/TIHERN		
	<sup>DATE</sup> 1/31/2025	NATIONAL PRODUCER NUMBER
	, , , , ,	Laura Thompson/TIHERN

Α(	CORL	)	FLC	ORIDA WO	DRKE	RS CO	MPE	ENSA	<b>NTIO</b>	N A	<b>IPPL</b>	<b>ICATIO</b>	N		11/25/2024
PROD	UCER PHO	ONE C, No, Ext):	(386) 252-	9601		COMPANY						UNDERWRI	TER		INZOIZOZA
	FAX	(38 No):	6) 239-5729			*MARKETI	ING								
Descri						APPLICANT	NAME - IN	CLUDE ALL	SUBSIDI	IARIES	& DBA'S T	O BE INCLUDED	IN COVE	RAGE, AL	ONG WITH THEIR FEIN
	n & Brown Ir Box 2412	surance	Services, in	С.		The Trails	Homeow	ners Asso	ociation,	Inc.					
P.O.	DUX 2412														
Dayto	ona Beach			FL 321	15-2412	MAILING ADI PRINCIPAL P 201 Main 7		CLUDING Z LOCATION	IP CODE) AND ALL	) - INCL INSUR	UDE ED ENTITI	ES	CHEC ADDI	CK HERE I	IF LIST OF OCATIONS ATTACHED
						Ormond Be	each								FL 32174
LICEN	SE #:					YRS IN BUS	SIC C	ODE	INDIVI	DUAL	×	CORPORATIO	N	L	OTHER:
CODE			SUB	CODE:		50	8641		PARTN			SUBCHAPTER			
	CY CUSTOMER	RID				FEDERAL EN		ID NUMBER	R N	ICCI ID	NUMBER		OTHER	RATING E	BUREAU ID NUMBER
0007						591651578									
STAT	US OF SU	BMISSIO	N		BILLING BL		1	LING / A	UDIT IN	NFOR	MATION				
	QUOTE		ISSUE POLIC	Y	BILLING PL			NT PLAN	Г	$\neg$		AUI	1		
						CY BILL		NNUAL	-		EM FINANC	CED	1	IRATION	MONTHLY
					DIREC	T BILL		EMI-ANNUA			HER:		SEMI-AI		OTHER:
100	ATIONS -	LIST ALL	PHYSICAL LO	CATIONS, INCLUDING	OTHER STAT	ES, WHETHER		JARTERLY GE IS REQI	UESTED (	OR NO	N: T. IF APPLI	ICANT IS A	QUARTI	ERLY	
#			Y, STATE, ZIP		(PEO) / EMPL	OTEE LEASIN	IG COMPA	NY, LIST AL	LCLIEN	COM	ANIES AN	D THEIR LOCATI	UNS		
	,	•	.,			0	S l.				\				El 00474
1	201 Main	Irail				Ormond E	Beach				Volusi	ıa			FL 32174
POL	CY INFORI														
	PROPOSED			PROPOSED EXP I		NORMAL	ANNIVERS	SARY RATIN	NG DATE		PARTICII	PATING	RETE	RO PLAN	
	02/01/			02/01/2026	j		T				-	RTICIPATING	Д,		
	PART 1 - WORP MPENSATION		-	MPLOYER'S LIABILITY			PART 3	- OTHER ST	TATES INS	S   DE	DUCTIBLE		-	OTHER C	OVERAGES
FL			\$ 500,000	LP.	ACH ACCIDEN	Т				-	INSURANC	SE LIMIT		U.S.	L. & H.
1 -			\$ 500,000	<u>الم</u>	SEASE - POLI					"	MOOKANC	JE LIMIT	-		UNTARY COMPENSATION  IP Liab Incr Bal 2 Min
DIVIDE	END PLAN / SA	FETY GRO	<b>à</b> ,	ADDITIONAL COMP	SEASE - EACH PANY INFORM									<u> </u>	ip clab mor bar 2 mm
RATI	NG INFORI	MATION		CHECK HERE	IF LIST OF	ADDITION	NAL CLA	ASS COD	DES AT	TACH	IED				
		сом-		•		# OF		ACTU REMUNER	IAL		ES	TIMATED UNERATION			ESTIMATED
LOC	CLASS CODE	PANY USE	CATEG	GORIES, DUTIES, CLAS	SSIFICATIONS	EM- PLOYE	ES	PAS 12 MON	т		FC	OR NEXT CY PERIOD	F	RATE	ANNUAL PREMIUM
1	9015			or Property Manag	ement-All	0					If Any		2.7/	1000	\$0.00
	3010		Other Er	nployees									2.75	+000	ψ0.00
$\vdash \vdash$		1											$\perp$		
SPECI	FY ADDITIONA	L COVERA	GES / ENDOR	SEMENTS									-	ACTOR	FACTORED PREMIUM
										TOTA				ACTOR	\$ 0.00
										TOTA		n Premium	0.00	0000	\$ 274.00
												r Bal 2 Min		0000	\$ 75.00
										EXPE	RIENCE M	ODIFICATION	+		\$
											FIED PREM		+		\$
											IIUM DISCO				\$
										EXPE	NSE CONS	STANT		N/A	\$ 160.00
										ТОТА	L ESTIMATE	ED ANNUAL PRE	MIUM		\$ 509.00
										MININ	IUM PREM	IUM	DE	EPOSIT	
										s				REMIUM	\$

	gn Envelope ID: D15C5549-AA84-4I	-72-81D9-A4A2											
	IDUALS INCLUDED / EXCLUDED S, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDE	ED. (REMUNERATION TO E	BE INCLUDED	MUST BE PART	OF RA	TING INFORMATION	SECTION.) AT	TACH LIST OF ADDITIO	NS/EXEMPTIONS	S, IF ANY. PROVID	E COPIES OF		
	E OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF TH	E SOCIAL SECURITY NUM	IBERS IS VOLU	JNTARY, AS AN	ALTERI	NATIVE, ATTACH A C	OPY OF EXEM	PTION OR INCLUSION		TH THE STATE OF	FLORIDA.		
#	NAME	DATE OF BIRTH	SOCI	AL SECURIT	Y #	TITLE / RELATIONSHI	IP SHP %	DUTIES	EX	CC CLASS CO	DDE REMU	NERAT	ION
1													
$\vdash\vdash$													
2													
3													
	R CARRIER INFORMATION / LOSS												
	E INFORMATION FOR THE PAST 5 YEARS ANI		S SECTION I					T		RUN ATTACHEI			
YEAR		NUMBER		ACTUAL/A	JDITE	D PREMIUM	MOD	# CLAIMS	AMOUNT	PAID	RESEI	RVE	
2024	co: Transportation Insur			509.00									
	POL#: WC 7 18560869												
2023	co: Transportation Insur			565.00									
	POL#: WC718560869												
2022	co: Transportation Insur			526.00									
	POL#: WC718560869												
2021	co: Transportation Insur			616.00									
	POL#: WC624403797												
2020	co: Transportation Insur			624.00									
	POL#: WC624403797												
	RE OF BUSINESS / DESCRIPTION MMENTS AND DESCRIPTIONS OF ALL BUSIN												
P	NTRACTS. IF CONTRACTOR, PROVIDE LICEN ROFESSIONAL EMPLOYER ORGANIZATION (P bwners Association - 990 Members		ASING COMF	PANY		TEMPORARY E	MPLOYMEN	T SERVICE					
EMPL	OYEES - ATTACH A LIST OF ADDIT	TIONAL EMPLO	YEE NAM	IES									
	NAME	CLASS CODE	SOCIAL	SECURITY #	:		NA	ME	(	CLASS CODE	SOCIAL SE	CURIT	Y#
					_								
					4								
THE SO	I THE LAST FOUR (4) EMPLOYERS QUARTERI CIAL SECURITY NUMBERS IS VOLUNTARY. A	S AN ALTERNATIVE,	THE LATES	T EMPLOYER	RS QU	ARTERLY REPO	RT WITH CL	ASS CODES ADDE	D CAN BE US	ED IN LIEU OF	A SEPARATE	F	
	OF EMPLOYEE NAMES, SOCIAL SECURITY N	IUMBER AND CLASS	CODE. AN	/ EMPLOYEE	S NO	T ON THE EMPLO	OYERS QUA	RTERLY REPORT	SHOULD BE S	SHOWN SEPAR	ATELY.		
GENE	RAL INFORMATION												
EXPLAII	N ALL "YES" RESPONSES			YES	NO	EXPLAIN ALL "	YES" RESPO	ONSES				YES	_
	ES APPLICANT OWN, OPERATE OR LEASE AIR					16 ARE DHVSI		IRED AFTER OFFE		DYMENT ARE N	MADE?		×
	/ HAVE PAST, PRESENT OR DISCONTINUED OI PRING, TREATING, DISCHARGING, APPLYING, I	PERATIONS INVOLVE	(1))			10. AILLI III OI	ICALS REQU	IIILD7II ILII OI I L	RS OF EMPLO				×
					×			E WITH THIS INSU					×
OF I	HAZARDOUS MATERIAL? (e.g. landfills, wastes,	DISPOSING, OR TRAN			×	17. ANY OTHER	R INSURANC		JRER?	I-RENEWED (L	ast 3 years)?	+	×
		DISPOSING, OR TRAN fuel tanks, etc)			X	17. ANY OTHER	R INSURANC	CE WITH THIS INSU	JRER? CELLED / NON	I-RENEWED (L	ast 3 years)?		×
3. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes,	DISPOSING, OR TRAN fuel tanks, etc) OVE 15 FEET?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO	R INSURANC R COVERAGE OYEE HEALT	CE WITH THIS INSU	JRER? CELLED / NON ED?				
3. ANY 4. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR AB	DISPOSING, OR TRAN fuel tanks, etc) OVE 15 FEET? DOCKS, BRIDGE OVE	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A	R INSURANC R COVERAGE OYEE HEALT A LABOR INT	CE WITH THIS INSU E DECLINED / CAN TH PLANS PROVID	JRER? CELLED / NON ED? ANY OTHER B	USINESS / SUE			×
3. ANY 4. ANY 5. IS A	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABI WORK PERFORMED ON BARGES, VESSELS,	DISPOSING, OR TRAN fuel tanks, etc) OVE 15 FEET? DOCKS, BRIDGE OVE BUSINESS?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE	R INSURANCE R COVERAGE OYEE HEALT A LABOR INT	CE WITH THIS INSU E DECLINED / CAN TH PLANS PROVID ERCHANGE WITH	JRER? CELLED / NON ED? ANY OTHER B M OTHER EMF	USINESS / SUE			
3. ANY 4. ANY 5. IS AI 6. ARE	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABI WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  CONTRACTORS USE	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE	R INSURANCE COVERAGE OYEE HEALT A LABOR INT EASE EMPLO IPLOYEES P YOUR ESTI	CE WITH THIS INSUED FOR THE PLANS PROVIDER CHANGE WITH DYBES TO OR FROM THE PRODUCT OF THE PROPERTY OF THE PRO	JRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$	USINESS / SUE PLOYERS? E?	BSIDIARY?		×
3. ANY 4. ANY 5. IS AI 6. ARE 7. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  CONTRACTORS USE	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE	R INSURANCE COVERAGE OYEE HEALT A LABOR INT EASE EMPLO IPLOYEES P YOUR ESTI	DE WITH THIS INSUED FOR THE PLANS PROVID BERCHANGE WITH DIVERS TO OR FROM THE PROPERTY OF ANTICIPATE US WORKERS' CO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS A 6. ARE 7. ANY 8. IS A 9. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, work PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION?	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  CONTRACTORS USE INS.?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. IS THERE A OWED TO A	R INSURANCE R COVERAGE OYEE HEALT A LABOR INT EASE EMPLO IPLOYEES P YOUR ESTIMANY CURRENANY PREVIO	DE WITH THIS INSUED FOR THE PLANS PROVID BERCHANGE WITH DIVERS TO OR FROM THE PROPERTY OF ANTICIPATE US WORKERS' CO	JRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS A 6. ARE 7. ANY 8. IS A 9. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION?	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  CONTRACTORS USE INS.?	ISPORTING	×	×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. IS THERE A OWED TO A	R INSURANCE R COVERAGE OYEE HEALT A LABOR INTI EASE EMPLO MPLOYEES P YOUR ESTIN NAY CURREN ANY PREVIO	DE WITH THIS INSUED FOR THE PLANS PROVID BERCHANGE WITH DIVERS TO OR FROM THE PROPERTY OF ANTICIPATE US WORKERS' CO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS AI 6. ARE 7. ANY 8. IS A 9. ANY 10. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION? GROUP TRANSPORTATION PROVIDED?  MEMPLOYEES UNDER 16 OR OVER 60 YEARS PART TIME OR SEASONAL EMPLOYEES?	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  **CONTRACTORS USE INS.?  OF AGE?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. IS THERE A OWED TO A	R INSURANCE R COVERAGE OYEE HEALT A LABOR INT EASE EMPLO MPLOYEES P YOUR ESTIN ANY CURREN ANY PREVIO HONE: AME:	DE WITH THIS INSUED FOR THE PLANS PROVID BERCHANGE WITH DIVERS TO OR FROM THE PROPERTY OF ANTICIPATE US WORKERS' CO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS AI 6. ARE 7. ANY 8. IS A 9. ANY 10. ANY 11. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION? GROUP TRANSPORTATION PROVIDED?  "EMPLOYEES UNDER 16 OR OVER 60 YEARS PART TIME OR SEASONAL EMPLOYEES?"	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  **CONTRACTORS USE INS.?  OF AGE?	ISPORTING	×	×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. IS THERE A OWED TO A  IN- SPECTION N/ ACCTING RECORD	R INSURANCE R COVERAGE OYEE HEALT A LABOR INT EASE EMPLO MPLOYEES P YOUR ESTIM YOUR ESTIM ANY CURREN ANY PREVIO HONE: AME: HONE:	DE WITH THIS INSUED FOR THE PLANS PROVIDED FO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS AI 6. ARE 7. ANY 8. IS A 9. ANY 10. ANY 11. ANY 12. IS TI 13. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION? GROUP TRANSPORTATION PROVIDED?  EMPLOYEES UNDER 16 OR OVER 60 YEARS PART TIME OR SEASONAL EMPLOYEES?  HERE ANY VOLUNTEER OR DONATED LABOR EMPLOYEES WITH PHYSICAL HANDICAPS?	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  **CONTRACTORS USE INS.?  OF AGE?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. ISTHERE A OWED TO A SPECTION N/ ACCTNG RECORD N/	R INSURANCE R COVERAGE OYEE HEALT A LABOR INT EASE EMPLO MPLOYEES P YOUR ESTIM ANY CURREN ANY PREVIO HONE: AME: HONE: AME: AME:	DE WITH THIS INSUED FOR THE PLANS PROVIDED FO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS AI 6. ARE 7. ANY 8. IS A 9. ANY 10. ANY 11. ANY 12. IS TI 13. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, work PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF SUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION? GROUP TRANSPORTATION PROVIDED?  "EMPLOYEES UNDER 16 OR OVER 60 YEARS PART TIME OR SEASONAL EMPLOYEES?" HERE ANY VOLUNTEER OR DONATED LABOR EMPLOYEES WITH PHYSICAL HANDICAPS?  EMPLOYEES WITH PHYSICAL HANDICAPS?	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  **CONTRACTORS USE INS.?  OF AGE?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. IS THERE A OWED TO A  IN- SPECTION ACCING RECORD PH RECORD N/ CLAIMS PH	R INSURANC  COVERAGE OYEE HEALT  A LABOR INT  EASE EMPLO MPLOYEES P YOUR ESTIM ANY CURRENANY PREVIO  HONE: AME: HONE: AME: HONE:	DE WITH THIS INSUED FOR THE PLANS PROVIDED FO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×
3. ANY 4. ANY 5. IS AI 6. ARE 7. ANY 8. IS A 9. ANY 10. ANY 11. ANY 12. IS TI 13. ANY	HAZARDOUS MATERIAL? (e.g. landfills, wastes, WORK PERFORMED UNDERGROUND OR ABIT WORK PERFORMED ON BARGES, VESSELS, PPLICANT ENGAGED IN ANY OTHER TYPE OF ESUB-CONTRACTORS AND/OR INDEPENDENT WORK SUBLET WITHOUT CERTIFICATES OF FORMAL SAFETY PROGRAM IN OPERATION? GROUP TRANSPORTATION PROVIDED?  EMPLOYEES UNDER 16 OR OVER 60 YEARS PART TIME OR SEASONAL EMPLOYEES?  HERE ANY VOLUNTEER OR DONATED LABOR EMPLOYEES WITH PHYSICAL HANDICAPS?  EMPLOYEES WITH PHYSICAL HANDICAPS?  EMPLOYEES TRAVEL OUT OF STATE?	DISPOSING, OR TRAN fuel tanks, etc)  OVE 15 FEET?  DOCKS, BRIDGE OVE  BUSINESS?  **CONTRACTORS USE INS.?  OF AGE?	ISPORTING		×	17. ANY OTHER 18. ANY PRIOR 19. ARE EMPLO 20. IS THERE A 21. DO YOU LE 22. DO ANY EM 23. WHAT ARE 24. IS THERE A OWED TO A  IN- SPECTION ACCING RECORD PH RECORD N/ CLAIMS PH	R INSURANCE R COVERAGE OYEE HEALT A LABOR INT EASE EMPLO MPLOYEES P YOUR ESTIM ANY CURREN ANY PREVIO HONE: AME: HONE: AME: AME:	DE WITH THIS INSUED FOR THE PLANS PROVIDED FO	IRER? CELLED / NON ED? ANY OTHER B M OTHER EMF VORK AT HOM EVENUES? \$ D DEBT FOR L MPENSATION	USINESS / SUE PLOYERS? E? JNPAID PREMII PROVIDER?	BSIDIARY?		×

Occusign Envelope ID: D15C5549-AA84-4F72-81D9-A4A27F817AB4	
THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE 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 REQU COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)	JIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS
IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE AS PROVIDED UNDER THE LAW.	
I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPOR REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBUR THIS OMITTED EMPLOYEE;	THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY
I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICINSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESAUDITS;	
THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OF DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OF COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND RESERVED.	R MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE R, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE
FORMER NAMES AND OWNERS	
FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAI COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.	MES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE
FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5'	
OWNERSHIP / COMBINABILITY	
DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVID	
OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DI	
	YES NO
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	N TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOL	OWING
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 CO POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH	·
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR	R, PLEASE STATE.
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INCORRECT 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 SHIFTS SIGNATURE OW 1/31/2025	PRODUCER'S SIGNATURE  DATE  11/25/2024
PRINT NAME Kathleen Grabow	

PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM
Continental Casualty	WC 6 24403797	3/18/2020	WORK		644.0
Continental Casualty	WC 6 24403797	3/18/2019	WORK		555.0

CONTACT NAMES							
Name	Responsibility	Phone Number					
Alexandra Wood	Contact	(866)473-2573					
Brandie Hayes	Contact	(386)673-0855					
OFCONINF		Copyright 2001, AMS Serivces, Inc					

	→ R			C	COMM	FF	CIA	L INSUR	ΔΝ	ICF	ΔΡΡΙ	IC	Δ٦	- - I (	ON				ATE (N		
A	CORD							CANT INFORM					<b>,</b> .		<b>011</b>			"		1WI/DL 25/20	D/YYYY) 024
AGE	ENCY								C/	ARRIEI	R										C CODE
	wn & Brown Insuran	ice S	Services, Inc	<b>5</b> .						IARKE											
	). Box 2412		,						СО	MPANY	POLICY OR PR	OGF	AM N	ΑМ	E				PROG	RAN	I CODE
Da	ytona Beach						ı	FL 32115-2412	РО	LICY NU	MBER										
CON	ITACT Time I laws and								-	-26 D&					1.						
NAN	ITACT Tina Hernand		107						Į UN	DERWRI	IER					UNDERV	VKITER	ROFFICE			
(A/C	ONE (, No, Ext): (386) 366	6-63	567																-		
E-M	, No): AIL DESS: tina.hernand	lez@	Dbbrown cor	m						ATUS OF	·	×	QUO		(Give Date an	$\Box$		POLICY	×	RE	ENEW
COL	INESS.		<i></i>		SUBCODE:				TR.	ANSACT	ION		CHA		D.4-		oop,	TIME		×	AM
		000	75644	`	SUBCODE.				ł		-		CAN			1/2025		12:01			PM
_	IES OF BUSINESS								_												
	CATE LINES OF BUSINE			PREM	IIUM						PREMIUM								PR	EMIU	JM
	BOILER & MACHINERY	,		\$		Т	CYBE	ER AND PRIVACY			\$		Г		YACHT				\$		
	BUSINESS AUTO			\$			_	CIARY LIABILITY			\$		+	×	Directors a	and Off	icers		\$		
	BUSINESS OWNERS			\$			GAR	AGE AND DEALERS			\$		Ť						\$		
	COMMERCIAL GENERA	AL LI	ABILITY	\$			LIQU	OR LIABILITY			\$		$\top$						\$		
	COMMERCIAL INLAND			\$			мот	OR CARRIER			\$		$\top$						\$		
	COMMERCIAL PROPER			\$			TRU	CKERS			\$		$\top$						\$		
	CRIME			\$			UMBI	RELLA			\$		$\top$						\$		
AT	TACHMENTS										!		_								
	ACCOUNTS RECEIVAB	BLE /	VALUABLE PA	PERS			GLAS	SS AND SIGN SECTION	1						STATEMENT	/ SCHE	DULE C	OF VALUES			
	ADDITIONAL INTERES	T SC	HEDULE				НОТЕ	EL / MOTEL SUPPLEME	ENT				$\top$		STATE SUPP	PLEMEN	T (If app	plicable)			
	ADDITIONAL PREMISE	SIN	FORMATION S	CHEDU	JLE		INST	ALLATION / BUILDERS	RISK	SECTIO	N				VACANT BU	ILDING S	SUPPLE	EMENT			
	APARTMENT BUILDING	3 SUI	PPLEMENT				INTE	RNATIONAL LIABILITY	EXP	OSURE S	SUPPLEMENT				VEHICLE SC	CHEDULE	=				
	CONDO ASSN BYLAWS	S (for	D&O Coverage	e only)			INTE	RNATIONAL PROPERT	YEX	POSURE	SUPPLEMENT	Γ									
	CONTRACTORS SUPP	LEM	ENT				LOSS	SUMMARY													
	COVERAGES SCHEDU	JLE					OPE	N CARGO SECTION					1								
	DEALERS SECTION						PREM	MIUM PAYMENT SUPPI	LEME	NT											
	DRIVER INFORMATION	N SCI	HEDULE				PROI	ESSIONAL LIABILITY	SUPF	PLEMEN	Γ										
	ELECTRONIC DATA PR	ROCE	SSING SECTION	ON			REST	TAURANT / TAVERN SU	JPPLE	EMENT											
PO	LICY INFORMATION	ON					-						_								
PRC	POSED EFF DATE PF	ROPO	SED EXP DAT	ГЕ	BILLING	PLA	N	PAYMENT PLAN		METHO	D OF PAYMENT	гΤ	AUDI	т	DEPOS	IT	M	IINIMUM REMIUM	PC	LICY	PREMIUM
	02/01/2025	02	2/01/2026	Ļ	7 C	$\neg$		Annual							\$		\$		\$	0.00	ı
				>	DIRECT		AGENCY														
	PLICANT INFORM								T 01	0005		010						Т.			
	IE (First Named Insured Trails Homeowners	•			6 (including ZIF	P+4)			GL	CODE		<b>SIC</b> 864	1			<b>NAICS</b> 813990	,		59165		OC SEC#
	e Traiis Homeowners I Main Trail	5 A5	Sociation, in	С.					Bu	CINICOC	DUONE # /2		673-0	105		013990			39100		
20	i Maiii IIaii								⊢		PHONE #: (3	,00)	37 3-0								
Orr	nond Beach							FL 32174	**	BSITE	DDRESS										
	CORPORATION		JOINT VENTU	IDE				IOT FOR PROFIT ORG		П	SUBCHAPTER "	יפיי ר		)D /-	TION					—	
×	INDIVIDUAL	$\dashv$	LLC NO. OF		BERS			PARTNERSHIP		$\vdash$	RUST	3 (	UKPC	ж	TION	Ш					
NΔN	IE (Other Named Insure	d) A1				IP+4\	Н.	7 I THE COLIN	GL	CODE		SIC				NAICS			FEIN O	R SC	C SEC#
	(Ouror reamon mouro	<b></b> ,			- (og _	,															
									ви	SINESS	PHONE #:		_								
									WE	BSITE A	DDRESS										
	CORPORATION		JOINT VENTU		DEDE		N	IOT FOR PROFIT ORG	•	5	SUBCHAPTER "	'S" C	ORPC	RA	TION						
NAR	INDIVIDUAL	d\ A A	LLC NO. OF	ANAGE	RS:		F	PARTNERSHIP	GI	CODE	RUST	SIC			1,	NAICS			EEIN O	P SC	OC SEC#
NAN	IE (Other Named Insure	u) Al	NAILING AI	PUKES	io (including Z	.r+4)			"	JUDE		5.0			]			'	L U	30	- JEU#
									ви	SINESS	PHONE #:										
									WE	BSITE A	DDRESS										
									1												
	CORPORATION		JOINT VENTU				l l	IOT FOR PROFIT ORG	•	1 8	SUBCHAPTER "	'S" C	ORPC	RA	TION		_				
	INDIVIDUAL	$\neg$	LLC NO. OF	MEME	BERS		F	PARTNERSHIP		П	RUST										

CONTA	CT INFORM	MATION															
CONTAC	T TYPE: Cor	ntact						CONTACT TYPE: Contact									
CONTAC	TNAME: Alex	xandra Wood						CON	ITACT I	NAME: E	Brandie	Hay	/es				
PRIMARY PHONE #	/ <b></b>	IE 🖂 BUS 🥅 G	ELL SE	CONDARY	<sup>Y</sup> П НОМЕ П В	us [	CELL	PRII	MARY ONE #		ME 🔀	BUS	CELL	SECONDARY PHONE #	7 НОМЕ	□ BUS □ CI	ELL
	73-2573		["	IONL #		_	_			3-0855		•	_	FRONE#	-		
(000) 1		TDAILG	LIO@Cira	Mailaam	•			(00	0,010				TDAIL CHO	OciroMoil com			
PRIMARY	E-MAIL ADDRI	ESS: TRAILS	SHO@Cira	alviali.com	1			PRII	MARY E	-MAIL ADD	RESS:		RAILSHU(	@CiraMail.com			
SECOND	ARY E-MAIL AD	DRESS:						SEC	ONDAF	RY E-MAIL A	ADDRES	SS:					
PREMI	SES INFOR	MATION (Atta	ch ACOR	RD 823 f	or Additional Pr	emis	es)										
LOC#	STREET 20	1 Main Trail				CIT	TY LIMITS	IN	TEREST	-	# F	ULL 1	TIME EMPL	ANNUAL REVENUES	S: \$		
<b>l</b> 1							INSIDE		T own	IFR				OCCUPIED AREA:			SQ FT
· .	CITY Orm	ond Beach			STATE: FL	+		_	4		45	ADT	TIME EMBI	OPEN TO PUBLIC AI			
BLD#		Ullu Beach					OUTSID	┖	TEN	ANT	# P	AKI	TIME EMPL				SQ FT
	COUNTY:				ZIP: 32174									TOTAL BUILDING AF	REA:	S	SQ FT
DESCRIP	TION OF OPER	ATIONS:												ANY AREA LEASED	то отне	ERS?Y/N	
LOC#	STREET					CIT	TY LIMITS	IN	TEREST	-	# F	ULL	TIME EMPL	ANNUAL REVENUES	3: \$		
							INSIDE		own	IER				OCCUPIED AREA:			SQ FT
BLD#	CITY:				STATE:	+	OUTSID	₌├─	TEN	ΔNIT	# P	ΔRT	TIME EMPL	OPEN TO PUBLIC AI	RFΔ·		SQ FT
						+	- 0010101	-			" '						
	COUNTY:				ZIP:									TOTAL BUILDING AF			SQ FT
DESCRIP	TION OF OPER	ATIONS:												ANY AREA LEASED	TO OTHE	ERS?Y/N	
LOC#	STREET					CIT	TY LIMITS	IN	TEREST	-	# F	ULL	TIME EMPL	ANNUAL REVENUES	3: \$		
							INSIDE		OWN	IER				OCCUPIED AREA:		S	SQ FT
BLD#	CITY:				STATE:	+	OUTSID	E	TEN	ANT	# P	ART	TIME EMPL	OPEN TO PUBLIC AI	REA:	Ş	SQ FT
	COUNTY:				ZIP:	+	-	⁻├			" '			TOTAL BUILDING AF			
					ZIF.												SQ FT
DESCRIP	TION OF OPER	ATIONS:												ANY AREA LEASED	то отн	ERS?Y/N	
LOC#	STREET					CIT	TY LIMITS	IN	TEREST		# F	ULL	TIME EMPL	ANNUAL REVENUES	3: \$		
							INSIDE		OWN	IER				OCCUPIED AREA:		S	SQ FT
BLD#	CITY:				STATE:		OUTSID	E	TEN	ANT	# P	ART	TIME EMPL	OPEN TO PUBLIC AI	REA:		SQ FT
	COUNTY:				ZIP:	+	+		+					TOTAL BUILDING AF	REΔ.		SQ FT
DECORIO		4710110															JQ 1 1
DESCRIP	TION OF OPER	ATIONS:												ANY AREA LEASED	ТООТНЕ	ERS?Y/N	
NATUR	RE OF BUSI	NESS															
APA	RTMENTS	CONTRA	CTOR	MA	NUFACTURING		RESTAURA	NT		SERVICE						BUSINESS 'ED (MM/DD/YYYY	<b>(</b> )
100	NDOMINIUMS	INSTITUT	IONAI	OFF	FICE		RETAIL			WHOLES	ALF		•			01/01/1975	•
		ARY OPERATIONS			102					1	,						
Tiomeo	WIICIS ASSOCI	ation - 990 Mem	ibers														
RETAIL S	TORES OR SE	RVICE OPERATION	S % OF TOT	AL SALES		LAIIO	N, SERVIC	E OR I %		WORK			OFF PREMIS	ES INSTALLATION, SE	=RVICE 0	R REPAIR WORK	•
		ATIONS OF OTHER															
	OI OI EN			_ 5.1.250													
1																	
	ONAL :::==	DEST CL C	C - 1 -1								A 44	1. 4.4	2000 15 1				
		KESI (Not all	neids ap	pıy to al	ıı scenarıos - pr			-				$\neg$		or more Addition			
INTERES		_	NAME AN	D ADDRES	S RANK:	EVIDI	ENCE:	CE	RTIFIC	ATE	POLIC	Υ	SEND BIL	_L INTERE	EST IN IT	EM NUMBER	
INS	DITIONAL URED	LIENHOLDER												LOCATION:		BUILDING:	
BRE	EACH OF RRANTY	LOSS PAYEE												VEHICLE:		BOAT:	
	OWNER	MORTGAGEE												AIRPORT:	+	AIRCRAFT:	-
	PLOYEE	_												ITEM			
AS	LESSOR	OWNER												CLASS:		ITEM:	
ow	SEBACK NER	REGISTRANT												ITEM DESCRIPTION	NC		
	DER'S S PAYABLE	TRUSTEE	REFEREN	CE / LOAN	I #:		IN	ITERE	ST END	DATE:							
		<b>–</b>	LIEN AMO	UNT:			P	HONE	(A/C, N	o, Ext):				FAX (A/C, No):			
REASON	FOR INTEREST	 Г:	I						ADDRE								
							1 -										

GENERAL INFORMATION

EXPL	AIN ALL "YES" RE	SPONSES							Y/N
1a.	IS THE APPLICA	ANT A SUBS	SIDIARY OF ANOTHER EN	ΓΙΤΥ ?					N
	PARENT COMPA	NY NAME				RELATIONSHIP DE	SCRIPTION	% OWNED	
1b.	DOES THE APP	LICANT HA	VE ANY SUBSIDIARIES?						N
	SUBSIDIARY CO	MPANY NAMI	E			RELATIONSHIP DE	SCRIPTION	% OWNED	
2.	S A FORMAL SA	AFETY PRO	GRAM IN OPERATION?						N
	SAFETY MA	NUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA				
3.	ANY EXPOSURI	E TO FLAMI	MABLES, EXPLOSIVES, CI	HEMICALS?					N
4.	ANY OTHER IN	SURANCE V	WITH THIS COMPANY? (Li	st policy numbers)					N
	LINE OF BUSINE	ss	POLICY NUMBER		LINE OF BUSINE	ss	POLICY NUMBER		
			GE DECLINED, CANCELLE Applicants - Do not answe	D OR NON-RENEWED DURI	NG THE PRIOR TH	HREE (3) YEARS FOR	R ANY PREMISES OR		N
	NON-PAYMI	` —	AGENT NO LONGER REP						
	NON-RENE	WAL	UNDERWRITING	CONDITION CORRECTED (	Describe):				
6.	ANY PAST LOS	SES OR CL	LL AIMS RELATING TO SEXU	 AL ABUSE OR MOLESTATION	•	DISCRIMINATION OF	NEGLIGENT HIRING?		N
0.		002			.,,	2.00			
7.	DURING THE LA	AST FIVE YE	FARS (TEN IN RI) HAS AN	Y APPLICANT BEEN INDICTE	ED FOR OR CONV	ICTED OF ANY DEG	REE OF THE CRIME OF FE	RAUD	+
				CRIME IN CONNECTION WI					N
				for property insurance. Failure	e to disclose the ex	istence of an arson co	onviction is a misdemeanor p	ounishable	
	by a sentence of	up to one y	ear of imprisonment).						
8.		CTED FIRE	AND/OR SAFETY CODE V	/IOLATIONS?					N
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	T HAD A FO	RECLOSURE, REPOSSES	SSION, BANKRUPTCY OR FIL	ED FOR BANKRU	PTCY DURING THE	LAST FIVE (5) YEARS?		N
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JU	DGEMENT OR LIEN DURI	NG THE LAST FIVE (5) YEAR:	S?				N
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RESOLVE DATE	
11.	HAS BUSINESS	BEEN PLA	CED IN A TRUST? NAME	OF TRUST:					N
12.	ANY FOREIGN (	OPERATION	NS, FOREIGN PRODUCTS	DISTRIBUTED IN USA, OR U	IS PRODUCTS SC	LD / DISTRIBUTED II	N FOREIGN COUNTRIES?		N
	(If "YES", attach	ACORD 81	5 for Liability Exposure and/	or ACORD 816 for Property Ex	(posure)			_	
13.	DOES APPLICA	NT HAVE O	THER BUSINESS VENTUR	RES FOR WHICH COVERAGE	IS NOT REQUES	TED?			N
14.	DOES APPLICA	NT OWN / L	EASE / OPERATE ANY DR	ONES? (If "YES", describe us	se)				N
15.	DOES APPLICA	NT HIRE O	THERS TO OPERATE DRO	NES? (If "YES", describe use	)				N
REN	IARKS / PRO	CESSING	INSTRUCTIONS (ACO	RD 101, Additional Rema	rks Schedule, n	nay be attached if	more space is required	d)	
			,	,	,				
PRI	OR CARRIER	INFORMA	TION						
YEAF	CATEGORY		GENERAL LIABILITY	AUTON	MOBILE	PROP	ERTY OTHER:	DO	
	CARRIER						United	States Liabil	
	POLICY NUMB	SER					CAP10	016194N	
	PREMIUM	\$	<b>.</b>	\$		\$	\$ 3,24	5.13	
	EFFECTIVE DA	ATE						02/01/2024	
	EXPIRATION D	DATE						02/01/2025	

#### PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00075644

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: DO
	CARRIER				United States Liabil
	POLICY NUMBER				CAP1016194M
	PREMIUM	\$	\$	\$	\$ 3,277.26
	EFFECTIVE DATE				02/01/2023
	EXPIRATION DATE				02/01/2024
	CARRIER				United States Liabil
	POLICY NUMBER				CAP1016194L
	PREMIUM	\$	\$	\$	\$ 3,213.00
	EFFECTIVE DATE				02/01/2022
	EXPIRATION DATE				02/01/2023

LOSS HISTORY	<u> </u>	Check if none	(Attach Loss Summary for Ad	Iditional Loss In	formation)			
ENTER ALL CLAIMS	OR LOSSES (REC	SARDLESS OF FAULT AND WI	HETHER OR NOT INSURED) OR OCCURRE	ENCES THAT MAY GIV	VE RISE TO CLAIMS			
FOR THE LAST	YEARS					TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTIO	ON OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
		1						

#### 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.)

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)		STATE PRODUCER LICENSE NO (Required in Florida)
Signed by:	Laura Thompson/TIHERN		
APPLICANTIZATENDATUREN GVOLLOW		DATE	NATIONAL PRODUCER NUMBER
93B5DD578A21490		1/31/2025	

Prior Carrier Information											
PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM						
United States Liabil	CAP1016194K	2/1/2022	DO		3,213.00						
United States Liabil	CAP1016194J	2/1/2021	DO		3,213.00						
United States Liabil	CAP1016194I	2/1/2020	DO		3,213.00						
United States Liabil	CAP1016194H	2/1/2019	DO		3,213.00						
					1						
					1						

ĄĆ	ORD	®	COMM	ERCIAL	GENER	RAL L	IABILI	TY :	SE	CTION		D	ATE (MM/DD/YYY	<b>(Y</b> )
AGENCY						CAR	RIER						NAIC COD	E
	Brown Insu	ırance Services,	Inc.				RKETING							
POLICY NU	MBER				EFFECTIVE D	ATE APPL	ICANT / FIRST I	NAMED I	INSURE	 ED				
25-26 D&	0				02/01/202	5 The	Trails Homed	wners	Assoc	iation, Inc.				
		CLAIMS MADE		the COVERAG	GE / LIMITS se	ection bel	ow, this is a	ın app	licatio	on for a claims	s-made poli	су.		
COVERA	GES			1 10	MITS									
		NERAL LIABILITY			NERAL AGGREGA	ATE			<u> </u>	1,000,000			PREMIUMS	
	LAIMS MAD	_	OCCURRENCE	LIM	IIT APPLIES PER:		OLICY	LOCAT			P		OPERATIONS	
		F L RACTOR'S PROTEC					ROJECT	OTHER						
H ****				PRO	ODUCTS & COMP		-		<u>`.                                    </u>		Р	RODUCTS	3	
DEDUCTIBL	.ES				RSONAL & ADVER				\$					
PROP	ERTY DAMA	GE \$			CH OCCURRENCE				\$		0	THER		
	Y INJURY	\$		PER	MAGE TO RENTE		(each occurrer	nce)	\$					
	1 11400111	\$		PER	DICAL EXPENSE			,	\$		Т	OTAL		
		•			PLOYEE BENEFIT				\$					
									\$					
OTHER CO	/ERAGES, R	ESTRICTIONS AND	OR ENDORSEMEN	ITS (For hired/non-o	owned auto cover	ages attach	the applicable s	tate Bus	iness /	Auto Section, ACO	RD 137)			
APPLICABL	E ONLY IN V	VISCONSIN: IF NO	N-OWNED ONLY A	JTO COVERAGE IS	TO BE PROVIDE	D UNDER TH	E POLICY:							
1. UM / UIM	COVERAGE	is is	IS NOT AVAIL	ABLE.	2. MEDICAL P	AYMENTS C	OVERAGE	IS	3	IS NOT AVAIL	ABLE.			
SCHEDU	LE OF H	AZARDS (ACO	RD 211, Sche	dule of Hazard	s, may be att	ached if n	nore space	is requ	uired)	)				
LOC#	HAZ#	CLASS	PREMIUM	EXPOS	URE	TERR		F	RATE			PREI	MIUM	
		CODE	BASIS				PREM / C	OPS		PRODUCTS	PREM / C	PS	PRODUCT	s
- CLAGOII 10	ATION DESC					T					T			
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOS	URE	TERR	PREM / C		RATE	PROPULCTO	DDEM / C		MIUM	
		-					PREWITCH.	JF3		PRODUCTS	PREM / C	)F3	PRODUCT	3
CI ASSIFICA	ATION DESC	RIPTION												
LOC#	HAZ#	CLASS	PREMIUM	EXPOS	IIDE	TERR		F	RATE			PREI	MIUM	
200#	IIAZ#	CODE	BASIS	EXI OO	OKL	ILIKK	PREM / C	OPS		PRODUCTS	PREM / C	PS	PRODUCT	s
CLASSIFICA	ATION DESC	RIPTION												
	D PREMIUM SALES - PEF	BASIS R \$1,000/SALES		OLL - PER \$1,000/PA - PER 1,000/SQ FT	ΑY		OTAL COST - PE OMISSIONS - PE			•	) UNIT - PER UI ) OTHER	NIT		
		xplain all "Yes"	responses)											
EXPLAIN A														Y/N
		ROACTIVE DATE:	ED OLAMAS	NE 00\/ED: 05										
		O UNINTERRUPT			LUDED LINING	UDED OF 1	DELE INOLINE	.D EDO:		( DDE /   O   10   C   O	/EDACE2			I
3. HAS AN	NY PRODU	CT, WORK, ACCII	JENT, OR LOCA	HON BEEN EXCL	LUDED, UNINS	URED OR S	SELF-INSURE	D FRO	MANY	PREVIOUS CO	VERAGE?			
/ \//ACT	VII COVED	AGE PURCHASE	D LINDED ANY F	DEMOUS DOLLO										
4. WAS 1/	AIL OUVER	AGE PURCHASE	D UNDER ANY F	-VENIONS LOTIC	)									
EMPLOY	EE BENF	FITS LIABILIT	Υ											
1. DEDUC		_				3. NUMBE	R OF EMPLO	YEES (	COVER	RED BY EMPLOY	EE BENEFIT	S PLANS	 3:	

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

CONTRACTORS				AGENCY	CUSTOMER ID	): 00075644		
EXPLAIN ALL "YES" RESPONSES (F	For all past or present operation	ons)						Y/N
1. DOES APPLICANT DRAW PL	ANS, DESIGNS, OR SPEC	DIFICATIONS FOR OTH	IERS?					
2. DO ANY OPERATIONS INCL	UDE BLASTING OR UTILIZ	'E OR STORE EXPLOS	SIVE MATERIA	AL?				
3. DO ANY OPERATIONS INCL	UDE EXCAVATION, TUNNE	ELING, UNDERGROUN	ID WORK OR	EARTH MO	VING?			
4. DO YOUR SUBCONTRACTO	RS CARRY COVERAGES	OR LIMITS LESS THAI	N YOURS?					
5. ARE SUBCONTRACTORS AI	LOWED TO WORK WITH	OUT PROVIDING YOU	WITH A CERT	TIFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE E	OLUBMENT TO OTHERS W	WITH OR WITHOUT OR	EDATORS?					
0. DOES AFFLICANT LEASE E	QUIFMENT TO OTHERS W	minor williour or	ENATORS!					
		LA DAID TO OUR		l e/ 05	WORK	45.01		
DESCRIBE THE TYPE OF WORK SU	BCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETE	OPERATIONS		TIME IN	EVECTED	1			
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	NDED USE	PRINCIPAL COMPONENTS	3
			+					
EXPLAIN ALL "YES" RESPONSES (F	For all past or present product	s or operations) PLEAS	E ATTACH LITE	RATURE, BRO	CHURES, LABELS,	WARNINGS, ETC.		Y/N
DOES APPLICANT INSTALL	, SERVICE OR DEMONSTI	RATE PRODUCTS?						
2. FOREIGN PRODUCTS SOLI	D, DISTRIBUTED, USED A	S COMPONENTS? (If	"YES", attach	ACORD 815	)			
3. RESEARCH AND DEVELOP	MENT CONDUCTED OR N	IEW PRODUCTS PLAN	INED?					
4. GUARANTEES, WARRANTII	ES, HOLD HARMLESS AGI	REEMENTS?						
5. PRODUCTS RELATED TO A	IRCRAFT/SPACE INDUST	RY?						
6. PRODUCTS RECALLED, DIS	 SCONTINUED. CHANGED	?						
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
7 DRODUCTS OF OTHERS SO		NDED ADDI ICANT LAI						
7. PRODUCTS OF OTHERS SO	JLD OR RE-PACKAGED U	NDER APPLICANT LAE	3EL?					
8. PRODUCTS UNDER LABEL	OF OTHERS?							
9. VENDORS COVERAGE REC	QUIRED?							
10. DOES ANY NAMED INSURE		D INSUREDS?						

					AGEN	IC)	CUSTOMER	ID:	00075644			
AD	DITIONAL INTEREST / C	ERTIFICATE RECIPIENT	AC	ORD	45 attached	for	additional na	mes	<u> </u>			
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE					INTEREST IN	ITEM NUMBE	R
	ADDITIONAL INSURED				•	-			LOCAT	ION:	BUILDING:	
	EMPLOYEE AS LESSOR								ITEM CLASS	i:	ITEM:	
	LENDER'S LOSS PAYABLE									ESCRIPTION	-	
	LIENHOLDER											
	LOSS PAYEE											
$\vdash$	4											
_	MORTGAGEE			_								
Ļ		REFERENCE / LOAN #:										
_	ENERAL INFORMATION											
_	PLAIN ALL "YES" RESPONSES (F					_						Y/N
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICAL PROFESSION	ONALS EMP	LOYE	D OR CONTRA	СТ	ED?					
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MATERIALS?										
3	DO/HAVE PAST, PRESENT	OR DISCONTINUED OPERATIONS IN	NVOLVE(D) S	STORI	ING. TREATING	3, D	ISCHARGING A	PPI	YING, DISPOSING	OR		
<u> </u>		RDOUS MATERIAL? (e.g. landfills, wa				, _	2 , , ,		,			
l												
l												
1	ANY OPERATIONS SOLD A	CQUIRED, OR DISCONTINUED IN LA	AST FIVE (5)	YEAG	RS?							
<b> </b> *.	ANT OFERATIONS SOLD, A	CQUINED, ON DISCONTINUED IN EA	HOT FIVE (J)	ILA	λο:							
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?										
	EQUIPMENT						TYPE OF	EQU	IPMENT	INSTRUCTION	GIVEN (Y/N)	
							SMALL TOOLS		LARGE EQUIPMENT			
							SMALL TOOLS		LARGE EQUIPMENT			
6.	ANY WATERCRAFT, DOCKS	S, FLOATS OWNED, HIRED OR LEAS	ED?		•					•	•	
7.	ANY PARKING FACILITIES (	DWNED/RENTED?										
8	IS A FEE CHARGED FOR PA	7BKINGS										
0.	IS AT LE CHARGED FORT A	WWW.										
Ŀ												
9.	RECREATION FACILITIES P	ROVIDED?										
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APARTM	IENTS? (If "	YES",	answer the follo	owir	ng):					
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING O	PERATIONS									
		Sq. Ft.										
11.	IS THERE A SWIMMING PO	OL ON PREMISES? (Check all that a	pply)									
	APPROVED FENCE	LIMITED ACCESS DIVING BO	OARD	SLIDE	E ABOV	E GI	ROUND IN	GRO	OUND LIFE G	UARD		
12.	ARE SOCIAL EVENTS SPOR	NSORED?										
l												
12	ARE ATHLETIC TEAMS SPO	ONSORED?										
'3.	TYPE OF SPORT	CONTACT			TYPE OF SP	OPT	-	Τ,	CONTACT			
I	I I L OI GFORT	SPORT (Y/N) AGE GROUP	13 - 1	8	117E 0F 3P	JKI			PORT (Y/N) AGE GRO	OUP	13 - 18	
I		12 & UNDER	OVER	R 18					12 &	UNDER	OVER 18	
I	EXTENT OF SPONSORSHIP:				EXTENT OF	SPC	NSORSHIP:					
14.	ANY STRUCTURAL ALTERA	 ATIONS CONTEMPLATED?										
l												
I												
4-	AND DEMOLITION EVECT	IDE CONTEMP! ATERS										
15.	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?										
l												
l												

ocusign Envelope ID: D15C5549-AA84-	4F72-81D9-A4A27F817AB4			
GENERAL INFORMATION (continued)		AGENCY CUSTOMER ID: 00075644		
EXPLAIN ALL "YES" RESPONSES (For all past or pi	esent operations)			Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS	CURRENTLY ACTIVE IN JOINT VENTURE	S?		
17. DO YOU LEASE EMPLOYEES TO OR FR	OM OTHER EMPLOYERS?			
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITI		IES?		
20. HAVE ANY CRIMES OCCURRED OR BEE	N ATTEMPTED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS?		
21. IS THERE A FORMAL, WRITTEN SAFETY	AND SECURITY POLICY IN EFFECT?			
22. DOES THE BUSINESSES' PROMOTIONA	L LITERATURE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR SECURITY OF TH	E PREMISES?	
REMARKS (ACORD 101, Additional Re	marks Schedule, may be attached if	more space is required)		
SIGNATURE				
		gly (or willfully)* presents a false or fraudulent or insurance is guilty of a crime and may be sul		

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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)

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)		STATE PRODUCER LICENSE NO (Required in Florida)
Signed by:	Laura Thompson/TIHERN		
APPLICANTES GRADOW 93B5DD578A21490		1/31/2025	NATIONAL PRODUCER NUMBER

A	CORD®	COMM			L INSUR				C	ΑT	ION				D/			YYYY)
			AP	PLIC	ANT INFORM											11/2	25/20	
	NCY					ı	ARRIE											CODE
	wn & Brown Insurance Services, In	IC.				Ph	iladelp	hia Indemnity	Ins	uran	e Compa	iny					180	58
P.O	). Box 2412					co	MPANY	POLICY OR PRO	GR.	AM NA	ME					PROG	RAM	CODE
						Un	nbrella											
Day	ytona Beach			F	L 32115-2412	POI	LICY NU	MBER										
						25	-26 UN	IB										
CON	ITACT Tina Hernandez IE:					UNI	DERWRI	TER				Ţ	UNDERW	RITER C	FFICE			
PHC						1												
	, No):							>	<	QUO	 E			SSUE PO	DLICY	$\rightarrow$	REN	1EW
E-M	AIL tina harnandaz@hhrown.co	om					ATUS OF	•	Ì		D (Give Dat	te and	ш				1	
COD	JRE33.	SUBCODE:				I IRA	ANSACT	ION	+	CHAN		DAT			TIME		×	АМ
	00075644	30BCODE.				ł			$\dashv$	CANC	_	)2/01	1/2025		12:01			PM
	ES OF BUSINESS					_			_	0,								
	CATE LINES OF BUSINESS	PREMIUM						PREMIUM								DP	EMIUN	,
III		\$		CVDE	D AND DDIVACY			\$			VACUT					\$	LIVIIO	•
	BOILER & MACHINERY	<u> </u>		-	R AND PRIVACY					+	YACHT					_		
	BUSINESS AUTO	\$			CIARY LIABILITY			\$		_						\$		
	BUSINESS OWNERS	\$		-	GE AND DEALERS			\$								\$		
	COMMERCIAL GENERAL LIABILITY	\$		LIQUO	OR LIABILITY			\$								\$		
	COMMERCIAL INLAND MARINE	\$		мотс	R CARRIER			\$								\$		
	COMMERCIAL PROPERTY	\$		TRUC	KERS			\$								\$		
	CRIME	\$	$\perp$	UMBR	RELLA			\$								\$		
AT	TACHMENTS		-								-					-		
	ACCOUNTS RECEIVABLE / VALUABLE P	APERS		GLAS	S AND SIGN SECTION	ı					STATEM	ΛΕΝΤ	/ SCHE	DULE OF	VALUES			
	ADDITIONAL INTEREST SCHEDULE			НОТЕ	L / MOTEL SUPPLEME	ENT					STATE S	SUPP	PLEMENT	Γ (If applic	cable)			
	ADDITIONAL PREMISES INFORMATION	SCHEDULE		INSTA	LLATION / BUILDERS	RISK	SECTIO	N		T	VACAN	T BUI	ILDING S	UPPLEM	IENT			
	APARTMENT BUILDING SUPPLEMENT			INTER	RNATIONAL LIABILITY	EXPO	OSURE S	SUPPLEMENT			VEHICL	E SC	HEDULE					
	CONDO ASSN BYLAWS (for D&O Coverage	ge only)		INTER	RNATIONAL PROPERT	Y EXI	POSURE	SUPPLEMENT										
	CONTRACTORS SUPPLEMENT	, ,,		-	SUMMARY					+								
	COVERAGES SCHEDULE			-	CARGO SECTION					+								
	DEALERS SECTION			-	IIUM PAYMENT SUPPL	EME	NIT			+								
				-				<u> </u>		+								
	DRIVER INFORMATION SCHEDULE			-	ESSIONAL LIABILITY			ı										
	ELECTRONIC DATA PROCESSING SECT	ION		REST	AURANT / TAVERN SU	IPPLE	MENI											
_	LICY INFORMATION								_					MIN	IIMUM	T		
	POSED EFF DATE PROPOSED EXP DA	ATE BILLING	PLAN		PAYMENT PLAN		METHO	D OF PAYMENT	'	AUDIT		POSI		PRE	MIUM			PREMIUM
	02/01/2025 02/01/2026	<b>▼</b> DIRECT	A	GENCY	Annual						\$			\$		\$	0.00	
ΔΡ	PLICANT INFORMATION				1	_			_		-							
	IE (First Named Insured) AND MAILING A	DDRESS (including ZIP	P+4)			GL	CODE	Si	IC				NAICS		F	EIN O	R SOC	SEC#
	e Trails Homeowners Association, I	· -	٠,												,	59165	51578	3
	l Main Trail					BUS	SINESS	PHONE #: (38)	6)6	73-0	355							
	THAIL THAIL							DDRESS										
Orr	mond Beach			_	L 32174	"-		DDRESS										
							Т Т.						$\overline{}$					
×	CORPORATION JOINT VENT	URE F MEMBERS	-		OT FOR PROFIT ORG		$\vdash$	SUBCHAPTER "S"	· CC	JRPOI	RATION							
	INDIVIDUAL LEC AND I	MANAGERS:	-	PA	ARTNERSHIP		$\bot$	RUST										
NAN	IE (Other Named Insured) AND MAILING	ADDRESS (including ZI	P+4)			GL	CODE	Si	IC			1	NAICS			FEIN O	R SOC	SEC#
						BU	SINESS	PHONE #:										
						WE	BSITE A	DDRESS										
	CORPORATION JOINT VENT			N	OT FOR PROFIT ORG		8	SUBCHAPTER "S"	' CC	RPO	RATION							
	INDIVIDUAL LLC NO. C	F MEMBERS MANAGERS:	_ [	P/	ARTNERSHIP		Т	RUST										
NAN	IE (Other Named Insured) AND MAILING	ADDRESS (including ZI	P+4)			GL	CODE	SI	IC			1	NAICS		F	EIN O	R SOC	SEC#
						BU	SINESS	PHONE #:										
						WE	BSITE A	DDRESS										
	CORPORATION JOINT VENT	URE		N	OT FOR PROFIT ORG		E	SUBCHAPTER "S"	' C	ORPOI	RATION		$\top$					
	I I	F MEMBERS	}		ARTNERSHIP		$\vdash$	RUST					Ш					

CONTA	CT INFORMATIO	N											
CONTAC	T TYPE: Contact						CON	TACT TY	PE: C	ontact			
CONTAC		Wood						TACT NA	ME: Br	randie Hayes			
PRIMARY PHONE #	☐ HOME 🖂	BUS CELL	SECONDARY PHONE #	Y HOME BU	JS 🗆	CELL	PRIM PHOI	IARY NE#	□ ном	ME 🔀 BUS 🗌 CELL	SECONDARY PHONE #	НОМЕ В	US CELL
	73-2573							6) 673-0	0855				
DDIMAD	E-MAIL ADDRESS:	TRAILSHO@C	CiraMail.com	1			DDIM	IADVEI	MAIL ADDR	TRAILSHO	@CiraMail.com		
	ARY E-MAIL ADDRESS								E-MAIL AL				
	SES INFORMATION		ODD 923 f	or Additional Dr	omic	00)	SEC	UNDAKT	E-IVIAIL AL	DDRESS.			
LOC#	STREET 201 Mair		OKD 023 I	or Additional Fit		Y LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	2. ¢	
1	OTREET ZOT Maii	i iidii			<u> </u>	7		3	5	#10LL TIML LIMIT	OCCUPIED AREA:	<b>σ.</b> ψ	00 FT
	OFFICE Ormand Da	a a a b	1	STATE: FL	$+\times$	INSIDE	. ^	OWNE		# DA DT TIME EMBI		DE 4	SQ FT
BLD#	CITY: Ormond Be	acri			_	OUTSIDE	-	TENAN	11	# PART TIME EMPL	OPEN TO PUBLIC AF		SQ FT
1	COUNTY: Volusia			<b>ZIP</b> : 32174							TOTAL BUILDING AF		SQ FT
DESCRIP	TION OF OPERATIONS										ANY AREA LEASED	TO OTHERS? Y	7 N
LOC#	STREET 201 Main	n Trail			CIT	YLIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$	
1					$\mid \times \mid$	INSIDE	$ \times$	OWNE	R		OCCUPIED AREA:		SQ FT
BLD#	CITY: Ormond Be	each		STATE: FL		OUTSIDE	: [	TENAN	IT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT
2	COUNTY: Volusia			<b>ZIP</b> : 32174							TOTAL BUILDING AF	REA:	SQ FT
DESCRIP	TION OF OPERATIONS	<b>3</b> :									ANY AREA LEASED	TO OTHERS? Y	' / N
LOC#	STREET 201 Mair	ı Trail			СІТ	YLIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$	
1					×	INSIDE		OWNE	R		OCCUPIED AREA:		SQ FT
BLD#	CITY: Ormond Be	ach	T	STATE: FL	+^	OUTSIDE	. -	TENAN		# PART TIME EMPL	OPEN TO PUBLIC AF	DE A -	SQ FT
		acii			_	OUTSIDE	-	TENAN	41	# PART TIME EMPL			
3	COUNTY: Volusia			ZIP: 32174							TOTAL BUILDING AF		SQ FT
	TION OF OPERATIONS										ANY AREA LEASED		7 N
LOC#	STREET 201 Mair	n Trail			CIT	Y LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$	
1					$\perp \times$	INSIDE	×	OWNE	R		OCCUPIED AREA:		SQ FT
BLD#	CITY: Ormono	l Beach		STATE: FL		OUTSIDE		TENAN	IT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT
4	COUNTY: Volusia			ZIP: 32174							TOTAL BUILDING AF	REA:	SQ FT
DESCRIP	TION OF OPERATIONS	B:			-			-		•	ANY AREA LEASED	TO OTHERS? Y	7/ <b>N</b>
NATUR	RE OF BUSINESS										1		
		CONTRACTOR	1 1	NUITACTURING	Τ,	DECTALIDA	NIT		CED/ICE			DATE BUSINE	SS
	RTMENTS	CONTRACTOR		NUFACTURING		RESTAURA	NI		SERVICE			STARTED (MI	M/DD/YYYY) 01/1975
	TION OF PRIMARY OP	INSTITUTIONAL	OFI	FICE		RETAIL			WHOLESA	LE .			
nomeo	wners Association -	990 Members											
				INSTAL	LATIO	N, SERVICE	OR R	EPAIR W	/ORK	OFF PREMIS	SES INSTALLATION, SE	RVICE OR REP	AIR WORK
RETAIL S	TORES OR SERVICE C	PERATIONS % OF 1	TOTAL SALES	:			%					%	
DESCRIP	TION OF OPERATIONS	OF OTHER NAMED	INSUREDS										
ADDIT	ONAL INTEREST	(Not all fields	apply to a	II scenarios - pro	ovide	only the	e nec	essary	/ data) /	Attach ACORD 45	for more Addition	nal Interests	
INTERES		NAME	AND ADDRES	S RANK:	EVIDE	NCE:	CEF	RTIFICAT	E	POLICY SEND B	LL INTERE	ST IN ITEM NU	MBER
INS	URED	HOLDER									LOCATION:	BUILD	NG:
BRE	- 4 CU OF	S PAYEE									VEHICLE:	BOAT:	
_		RTGAGEE									AIRPORT:	AIRCR	AFT:
	PLOYEE OWI	NER									ITEM CLASS:	ITEM:	
LEA	LESSOR REG	SISTRANT									ITEM DESCRIPTION	DN .	
LEN	DER'S TOLI		RENCE / LOAN	I #:		IN.	TERES	T END D	ATE:				
Los	S PAYABLE TRO		MOUNT:					A/C, No,			FAX (A/C, No):		
DEASON	FOR INTEREST:	LIENA						ADDRESS	-		1 AR (A/O, NO).		
KEASUN	FOR INTEREST:					E-	WAIL A	אטטאבא	٥.				

GENERAL INFORMATION

EXPL	AIN ALL	"YES" RE	SPONSES							Y/N
1a.	IS THE	APPLICA	NT A SUBSIDIA	RY OF ANOTHER ENT	ITY ?					N
l	PAREN	IT COMPAN	NY NAME				RELATIONSHIP DE	SCRIPTION	% OWNED	
<u> </u>										
1b.				NY SUBSIDIARIES?						N
	SUBSID	DIARY COM	IPANY NAME				RELATIONSHIP DE	ESCRIPTION	% OWNED	
2.	IS A FOI	RMAL SA	FETY PROGRA	AM IN OPERATION?			'		<u> </u>	N
l	SA	AFETY MA	NUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA				
3	ANY FX	XPOSLIRE	TO FLAMMAR	LES, EXPLOSIVES, CH	IEMICALS?					N
<b> </b> °.		THE OCCUPANT	1012/10/10/10	LLO, L/4 LOOIVLO, OI	izimo/ izo :					'
4.	ANY OT	THER INS	SURANCE WITH	THIS COMPANY? (Lis	st policy numbers)					N
	LINE OF	F BUSINES	ss	POLICY NUMBER		LINE OF BUSINESS	<b>3</b>	POLICY NUMBER		
5.	ANY PO	OLICY OR	COVERAGE D	ECLINED, CANCELLED	OR NON-RENEWED DURII	NG THE PRIOR THE	REE (3) YEARS FOR	R ANY PREMISES OR		N
				cants - Do not answer						
	NC	ON-PAYME	NT A	AGENT NO LONGER REPR	RESENTS CARRIER					
	NC	ON-RENEV	VAL U	JNDERWRITING	CONDITION CORRECTED (	Describe):				
6.	ANY PA	ASTLOSS	SES OR CLAIMS	RELATING TO SEXUA	L ABUSE OR MOLESTATION	I ALL EGATIONS DI	SCRIMINATION OF	R NEGI IGENT HIRING?		N
•.						.,				
								REE OF THE CRIME OF FRA	UD,	l N
					CRIME IN CONNECTION WI			onviction is a misdemeanor pur	nishahle	'`
				of imprisonment).	or proporty modranos. Tanare	to discisso the sale	torioo or air arcorr o	onviolati la unicacinicano pui	illonablo	
l										
-	A N IN / I I I I	NOODDE	OTED FIDE AND	NOD CAFETY CODE VI	IOLATIONICO					N
8.				O/OR SAFETY CODE VI	IULATIONS?					l IN
l	occui	JR DATE	EXPLANATION			F	RESOLUTION		RESOLVE DATE	
l										
l										
9.	HAS AP	PPLICANT	HAD A FOREC	LOSURE, REPOSSES	SION, BANKRUPTCY OR FIL	ED FOR BANKRUP	TCY DURING THE	LAST FIVE (5) YEARS?		
l	occui	JR DATE	EXPLANATION			F	RESOLUTION		RESOLVE DATE	
l										
10				MENT OF LIEN FURN	O THE LACT ENG (5) VEAR	20				
10.				MENT OR LIEN DURIN	G THE LAST FIVE (5) YEARS					
	occui	JR DATE	EXPLANATION			F	RESOLUTION		RESOLVE DATE	
l										
11.	HAS BU	USINESS	BEEN PLACED	IN A TRUST? NAME	OF TRUST:	<u>'</u>			'	N
12.	ANY FO	OREIGN C	PERATIONS, F	OREIGN PRODUCTS I	DISTRIBUTED IN USA, OR U	S PRODUCTS SOLI	D / DISTRIBUTED I	N FOREIGN COUNTRIES?		N
	(If "YES	S", attach /	ACORD 815 for	Liability Exposure and/o	r ACORD 816 for Property Ex	posure)				
13.	DOES A	APPLICAN	NT HAVE OTHE	R BUSINESS VENTURI	ES FOR WHICH COVERAGE	IS NOT REQUESTE	ED?			
l										
l										
14	DOES A	APPLICAN	NT OWN / I FAS	F / OPERATE ANY DRO	ONES? (If "YES", describe us	:e)				
l			,, 10			,				
15	DOE 2 4	ADDI 10 AA	IT LUDE OTVE	20 TO ODED ATE DOO'	IEOO (If II)/EOII -1					
15.	DOES A	APPLICAN	NI HIKE OTHER	49 IO OPERATE DRON	NES? (If "YES", describe use	1				
$ldsymbol{le}}}}}}}}$										
REN	IARKS	S / PROC	ESSING INS	TRUCTIONS (ACOR	D 101, Additional Remai	ks Schedule, ma	y be attached if	more space is required)		
$ld_{}$										
PRI	OR CA	RRIER	NFORMATIO	N						
YEAI	CATE	EGORY		GENERAL LIABILITY	AUTON	IOBILE	PROP	ERTY OTHER: (	CUMBR	
	_	RRIER					-		ohia Indemni	
l		ICY NUMBI	ER					PHUB89		
1			\$		\$	+	\$	\$ 3,198.		
l		MIUM			•		<b>v</b>	\$ 3,190.		
		<b>ECTIVE DA</b>	TE I		ı	I			02/01/2024	

#### PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00075644

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
	CARRIER				Philadelphia Indemni
	POLICY NUMBER				PHUB849809
	PREMIUM	\$	\$	\$	\$ 2,014.00
	EFFECTIVE DATE				02/01/2023
	EXPIRATION DATE				02/01/2024
	CARRIER				National Surety Corp
	POLICY NUMBER				USL01482121U
	PREMIUM	\$	\$	\$	\$ 8,223.75
	EFFECTIVE DATE				02/01/2022
	EXPIRATION DATE				02/01/2023

LOSS HISTORY	<u> </u>	Check if none	(Attach Loss Summary for Ac	iditional Loss in	formation)					
ENTER ALL CLAIMS	OR LOSSES (REC	GARDLESS OF FAULT AND WHE	ETHER OR NOT INSURED) OR OCCURR	ENCES THAT MAY GIV	VE 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	SUBRO- GATION 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 Signed by:	PRODUCER'S NAME (Please Print) Laura Thompson/TIHERN	STATE PRODUCER LICENSE NO (Required in Florida)		
APPLICANES SIGNATURE GYALOW 93B5DD578A21490		የ/3¶/2025	NATIONAL PRODUCER NUMBER	

Prior Carrier Information												
PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM							
Federal Insurance Co	G72691568	2/1/2022	CUMBR		11,545.00							
Federal Insurance Co	G71634498	2/1/2021	CUMBR		8,745.00							
Federal Insurance Co	G71349536	2/1/2020	CUMBR		8,745.00							
Federal Insurance Co	G7090147A	2/1/2019	CUMBR		6,996.00							
			1									
			† †									
			1		+							
			1									
			+ +									
			+ +									
			+ +									
			+ +									
		_	+ +		+							
		_	+ +		+							
			+ +		1							
			+ +		1							
					1							
			+ +									
		+	+ +		+							
		+	+ +		+							
			+		-							
			+		+							
			+		1							
			1		1							
			1		1							
			1		1							

AGENCY CUSTOMER ID:	00075644



## **ADDITIONAL REMARKS SCHEDULE**

NAMED INSURED
The Trails Homeowners Association, Inc.

biowii & biowii ilisurance Servic	.es, IIIc.		The trails fromcowners / tosociation	, ino.					
POLICY NUMBER 25-26 UMB									
CARRIER		NAIC CODE							
Philadelphia Indemnity Insurance	Company	18058	EFFECTIVE DATE:	02/01/2025					
ADDITIONAL REMARKS	S FORM IS A SCHEDULE TO ACC	OPD FORM							
FORM NUMBER: 125	FORM TITLE: Commercial App								
Policy									
,									
Umbrella(C) Self-Insured Retention \$10,000									
Sell-ilisuled Neterition \$10,000									

ACORD 101 (2008/01)

A GO D D®
<b>ACORD</b>

## **UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)

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
Brown & Brown Insurance Services, Inc.

POLICY NUMBER
25-26 UMB

CARRIER
Philadelphia Indemnity Insurance Company

18058

PHILADING INSURED(S)
The Trails Homeowners Association, Inc.

POLIC	CY IN	FORI	MAT	ION
-------	-------	------	-----	-----

ı		TRANSACTION TYPE										F LIABILITY	RETAINED LIMIT			
ſ		NEW	×	UMBRELLA		OCCURRENCE		VOLUNTARY	RETROAC	TIVE DATE	\$	EA OCC	\$			1
	×	RENEWAL		EXCESS		CLAIMS MADE			PROPOSED	CURRENT	\$	AGG		FIRST DOLLAR		
ſ	EXP	EXPIRING POL #:								\$ 2,000,000	Each Occurrence		DEFENSE (Y / N)		1	

**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)

FKIIV	ARY 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:				
'	LOCATION: 201 Main Trail				
	DESCRIPTION:				
	NAME:				
	LOCATION:				
	DESCRIPTION:				
	NAME:				
	LOCATION:				
	DESCRIPTION:				
	NAME:				
	LOCATION:				
	DESCRIPTION:				
	NAME:				
	LOCATION:				
	DESCRIPTION:				
	NAME:				
	LOCATION:				
	DESCRIPTION:				

## UNDERLYING INSURANCE

TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ı	LIMITS	ANNUAL RENEWAL PREMIUM	RATING MOD							
				CSL EAACC	\$	\$								
AUTOMOBILE				BI EA ACC	\$	\$								
LIABILITY				BI EA PER	\$	Ť								
				PD EA ACC	\$	\$								
GENERAL LIABILITY POLICY TYPE				EACH OCCURRENCE	\$ 1,000,000	PREM / OPS								
				GENERAL AGGR	\$ 2,000,000	<sub>\$</sub> 1320.00								
	Tokio Marine Holdings, Inc.	02/01/2024	02/01/2025	PROD & COMP OPS AGGREGATE	\$ 2,000,000	PRODUCTS								
<b>X</b> OCCUR	PHPK2648043	02/01/2024		PERSONAL & ADV INJURY	\$ 1,000,000	\$								
CLAIMS MADE				DAMAGE TO RENTED PREMISES	\$	OTHER								
				MEDICAL EXPENSE	\$	\$								
	Braishfield Associates Inc			EACH ACCIDENT	\$ 500,000									
EMPLOYERS LIABILITY	WC 7 18560869	02/01/2024	02/01/2025	DISEASE EACH EMPLOYEE	\$ 500,000	\$ 0.00								
LIADILITI	W67 1000000			DISEASE POLICY LIMIT	\$ 500,000									
DO	Hull-Tampa Bay	02/01/2024	02/01/2025	Limit 1	1,000,000	\$								
	CAP1016194N	02/01/2024	02/01/2023		1,000,000	Φ								
						•								
						\$								

ACORD 131 (2017/11)

Page 1 of 6

© 1991-2017 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: 00075644 **UNDERLYING INSURANCE (continued)** 

UND	ERLYING	GENERAL LIABILI	TY INFORMA	ΓΙΟΝ (Explain a	all "YES"	esponses)											
1.	ARE D	EFENSE COSTS:		TIW	THIN AG	GREGATE LIMITS?				A SEPARATE LIMIT?		UNI	LIMITED?				
										egate limits, but must have a imits; subject to Commissione			al limit or mu	ıst be unlim	nited.)		
2	2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:																
ı										R SELF-INSURED FROM AN	IY PRE	ZVIOLIS	COVERAGI	F2 (Y / NI)			1
J .	TIAO	ANT I NODOCI, V	VOITIT, ACC	DEINT OIL EC	CATION	BLEN EXCEODED, C	JINIIN	JUINE	_D O	IN OLLI -INGONED I NOMAN	11 1 1	. 1000	COVERAG	L: (1 / N)			]
$\vdash$	EOR C	I AIMS MADE INI	DICATE DET		DATE OF	CURRENT UNDERLY	VINC	DOL	ICV:								
$\vdash$										DACE:							-
$\vdash$						TERRUPTED CLAIMS					N 11\						-
6.	FOR C	LAIMS MADE, WA	AS "TAIL" CO	OVERAGE PU	JRCHAS	ED FOR ANY PREVIO	)US I	PRIM	ARY	OR EXCESS POLICY? (Y /	N)	Į	EFF	DATE: _			
										ESENT FOR EACH COVERAGE. OND STANDARD FORMS. <b>EXPLA</b>				. EXPLAIN IF			
			PROPRIATE	10, OIT EXOLUT		OVERAGE	71210	IOLO	DET	EXPOSUR		OVERAG				EXPOS	URE
Н	A N I N / A I I						- NITO				+			IADII ITX (FO			П
		TO (SYMBOL 1)				CARE, CUSTODY, CO				-	+		ESSIONAL LI		(O)		
		LAIMS MADE			$\vdash$	EMPLOYEE BENEFIT				-	-		ORS LIABILIT				
_	CGL - O ERAGE	CCURRENCE		EXPOS	SUDE	FOREIGN LIABILITY				-	-	WATE	RCRAFT LIAI	BILITY			
				EXPUS	JUNE	GARAGEKEEPERS L	IABIL	ITY		-	$\dashv$	Emn	oloyers Liab	silits /			
	AIRCRA	FT LIABILITY				INCIDENTAL MEDICA	AL MA	LPRA	CTICI	<u> </u>	_/2	<u> </u>	•	niity			
Ш	AIRCRA	AFT PASSENGER LIA	BILITY			LIQUOR LIABILITY				_	_ >	HNC					X
_		ONAL INTERESTS				POLLUTION LIABILIT						C D&C					LX
						RESTRICTIONS; e.g. LAS I if more space is required		NDOR	SEMI	ENTS, DISCRIMINATION, SUBRO	GAIIO	N WAIVE	RS, OR EXTE	NSIONS OF			
				,, -													
										THAT MAY GIVE RISE TO CLAIMS							
WHE requi		ISURED OR NOT. S	PECIFY DATE	, COVERAGE, I	DESCRIP	TION, AMOUNT PAID, AM	OUN	OUT	STAN	DING) ACORD 101, Additional Re	marks	Schedule,	, may be attac	hed if more s	space is		
, oqui																	
Ь,																	
	NO SUC	CH CLAIMS															
CAI	RE, CL	JSTODY, CONT	ROL							Г							
LOC	; PF	ROPERTY TYPE		,	VALUE		A*	В*	C*	D	*			so	FT OF BLD	GOCC	
		REAL															
		PERSONAL															
осс	UPANCY	/ DESCRIPTION OF	PERSONAL	PROPERTY													
	*/	ADDI ICANIT: [A1 IS		MI EQQ INI TL		E [D] LIAS A \A/AI\/ED	05	21100	206/	ATION ICLIS A NAMED INSI	IDEN	NI THE D	EIDE DOLIC	V IDI OTL	ED (cnocify)	١	
<u></u>			D HELD HAN	IVILESS IN 11	HE LEAS	E, [b] HAS A WAIVER	UF .	ЗОБГ	(UG/	ATION, [C] IS A NAMED INSU	IKED	IN INE	FIRE POLIC	חוט נטן איז,	ER (Specily	)	
VEH	IICLES	3											Т				
1		TYPE	# OWNED	# NON-	# LEASE	PROPERTY HAULED				RADIUS (MILES)							
<u> </u>	OWNED				+						LOCAL	MEDIATE	DISTA	NCE			
<u> </u>	PRIVATE	PASSENGER															
		LIGHT															
	LICKO	MEDIUM															
TRUCKS HEAVY													T				

		# NON- # LEAGED PROPERTY MANUED		RADIUS (MILES)				
T	TYPE # O\		OWNED	# LEASED	PROPERTY HAULED		INTER- MEDIATE	LONG DISTANCE
PRIVATE	PASSENGER							
	LIGHT							
	MEDIUM							
TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS /	HEAVY							
TRACTORS	EX. HEAVY							
В	USES							

ADDITIONAL EXPOSURES

AL	DITIONAL EXPOSURES	
EXF	PLAIN 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
		I N
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	١
		N
	AIRCRAFT LIABILITY	
1	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
٦.	BOLO ALT LIDANT OWN / LEADE / OF LIVATE AINORALT:	N
	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
6.	ARE PASSENGERS CARRIED FOR A FEE?	N
		IN .
7.	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
		N
0	ADE ANY VEHICLES LEASED OF DENITED TO OTHERS	
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	Υ
	CONTRACTORS LIABILITY	
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	NI.
		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
1/	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
14.	DO SUBCONTRACTORS CARRY COVERAGES ON LIMITS LESS THANAFFEIGANT!	N
	EMPLOYERS LIABILITY	
15.	IS APPLICANT SELF-INSURED IN ANY STATE?	N
L_		
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
	INCIDENTAL MALPRACTICE LIABILITY	
17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	.,
		N
18	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
'0.	AND SSIELLISES I NOTIBED FOR BOOTORO, MOROLO.	N
<u> </u>		
19.	INDICATE # OF DOCTORS: NURSES: BEDS:	I

ADDITIONAL EXPOSURES (continued)

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?							N								
21.	21. INDICATE THE COVERAGES CARRIED:														
GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT SEPARATE POLLUTION COVERAGE															
	<u> </u>							T LIABILIT							
22.	ARE MIS	SILES, ENGINES	S, GUIDANCE	SYSTEMS, FRAI	MES C	R ANY OTHER PR	RODU	ICT USED	/ INSTALLED IN	AIRCRAFT?					N
		EIGN OPERATI Attach ACORD 8		SN PRODUCTS D	ISTRII	BUTED IN THE USA	A OR	US PROD	OUCTS SOLD / D	ISTRIBUTED	IN FOREIGN C	OUNTR	RIES?		N
24.	PRODUC	T LIABILITY LOS	SS IN PAST TH	HREE (3) YEARS?	? (SPE	CIFY)									
25.	GROSS S	ALES FROM EA	CH OF LAST	THREE (3) YEAR	S:	\$			\$		\$				
								IVE LIABIL							
26.	DESCRIB	E INDEPENDEN	IT CONTRAC	TORS (ACORD 1	01, Ad	ditional Remarks S	chedi	ule, may b	e attached if mor	e space is rec	juired)				
						WATI	ERCR	AFT LIABIL	ITY						
27.	DOES AP	PLICANT OWN	OR LEASE W	ATERCRAFT?			_			_					
	LOC#	# OWNED		LENGTH		HORSEPOWER		LOC#	# OWNED		LENGTH		HORSEPOWER		
						APARTMENTS / CO	NDON	MINILIMS / F	IOTELS / MOTELS						
28.	LOC#	# STORIES	# UNITS	# SWIMMING PO	OLS	# DIVING BOARDS	T	LOC#	# STORIES	# UNITS	# SWIMMING F	POOLS	# DIVING BOARDS		
20.							1								
REM	MARKS (	ACORD 101,	Additional F	Remarks Sched	dule,	may be attached	d if n	nore spa	ce is required	)					
		Retention \$10,0													

#### 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 quilty 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

GI			

93B5DD578A21490	1/31/2025				
	DATE	NATIONAL PRODUCER NUMBER			
PRODUCER'S SIGNATURE Signed by: PRODUCER'S NAM Laura Thompson/TIHERN	•	nt) STATE PRODUCER LICENSE NO (Required in Florida)			
WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FAC APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDE	CT OR CIRCUM				
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TR	UE AND ACCU	RATE. THE APPLICANT HAS NOT			
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 VERMONT:					
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)	9)				
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	] OR				
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO MOF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO R	,				
APPLICABLE ONLY IN NEW HAMPSHIRE:					
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED T	THÉ LIMITS IN	NDICATED IN (INITIALS)			
APPLICABLE ONLY IN MONTANA:					
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)	-,				
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS	] OR <b>S</b> )				
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO MOF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMIT REJECT UM COVERAGE ENTIRELY.					
APPLICABLE ONLY IN LOUISIANA:					
APPLICABLE ONLY IN LOUISIANA, MONTANA, N	IEW HAMPSHI	RE AND VERMONT			
MEDICAL PAYMENTS COVERAGE: \$*	* IF APPLICABLE II	N YOUR STATE			
UNDERINSURED MOTORISTS (UIM) COVERAGE: \$	*				
UNINSURED MOTORISTS (UM) COVERAGE: \$*					
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED M (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:	MOTORISTS (U	M), UNDERINSURED MOTORISTS			
SIGNATURE					

.oc# ST				ADDITION	AL CO	LINAGEO AND L	ENDORSE	MENIS			
	- 1		Description		Type of C	overage	Form No.	Edition Date	Rate	Option	n Codes
Limit 1	PIA	DV   Limi		Advertising Injury	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	— ,	Premium
2,000,000	0			Limito	10,000	Boddonbio Typo T		Boddons	10 1)po 2		1 Tolliidili
_oc# ST	Γ Cov (	Code	•		Type of C	overage	Form No.	Edition Date	Rate	Option	n Codes
Limit 1		Limi		ompleted Operatio	Dod 1	Doductible Type 1	Ded 2	Doductih	lo Tuno 2	ш,	Dromium
2,000,000	0	LIMI	12	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductio	le Type 2		Premium
				l l							
_oc# ST	- 1		Description		Type of C	overage	Form No.	Edition Date	Rate	Option	n Codes
Limit 1	GEN	IAG Limi	General Ag	gregate Limit 3	Ded 1	Deductible Type 1	Ded 2	Doductih	le Type 2	<del></del> ,	Premium
	^	LIIIII	12	Lilling	Ded 1	Deductible Type 1	Ded 2	Deductib	ie Type Z		i ieiiiuiii
2,000,000	<u> </u>										
oc# ST	Cov (	Code	Description		Type of C	overage	Form No.	Edition Date	Rate	Option	n Codes
										$\perp$	
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
OC #  ST	Γ Ι Οον (	Code	Description		Type of C	 Coverage	Form No.	Edition Date	Rate	Ontio	n Codes
35 "   01	.   ````		2 000 iption		1 .,,,,,,,	2.31490	1.0				. 55465
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	$\vdash$	Premium
									•		
				<b>'</b>	_						
oc# ST	Γ Cov (	Code	Description		Type of C	overage	Form No.	Edition Date	Rate	Option	n Codes
i i4 4		I I imai	4.0	I 1 : i4 0	Dedd	Deducable Toron		D-du-dib		Д,	December
imit 1		Limi	12	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
oc# ST	T Cov (	Code	Description		Type of C	 Coverage	Form No.	Edition Date	Rate	Option	n Codes
			•		''	ŭ				'	
_imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
41 07	т I О (	3-1-1	Danasiatias		T 4 C		I Farma Na	TE-1:4: D-4-	LD-4-	10-6-	- 0-1
oc# ST		Code	Description		Type of C	overage	Form No.	Edition Date	Rate	Option	n Codes
l _imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2	—	Premium
				Limito	Dog !	Boddolibio Typo T		Boddolla	10 1ypo <u>2</u>		1 Tolliidiii
				l l							
oc#ST	Cov (	Code	Description		Type of C						
					1 . , , , , , , ,	overage	Form No.	Edition Date	Rate	Optio	n Codes
					,	· ·				Optio	
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Form No.  Ded 2		Rate le Type 2	Optio	n Codes Premium
imit 1		Limi	t 2		,	· ·				Optio	
	T I Cov (			Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
	T Cov (		t 2  Description	Limit 3	,	Deductible Type 1			le Type 2		
oc# ST	Γ Cov (		Description	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib  Edition Date	le Type 2		Premium
oc# ST	Γ Cov (	Code	Description	Limit 3	Ded 1 Type of C	Deductible Type 1	Ded 2	Deductib  Edition Date	le Type 2		Premium n Codes
oc#  ST		Code	Description t 2	Limit 3	Ded 1 Type of C	Deductible Type 1  Coverage  Deductible Type 1	Form No.	Deductib	Rate	Option	n Codes Premium
oc#  ST _imit 1		Code	Description t 2	Limit 3	Ded 1 Type of C	Deductible Type 1  Coverage  Deductible Type 1	Ded 2	Deductib  Edition Date	Rate	Option	Premium n Codes
oc# ST _imit 1		Code Limi	Description t 2  Description	Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage	Form No.  Ded 2  Form No.	Edition Date  Deductib  Edition Date	Rate	Option	n Codes Premium n Codes
oc# ST _imit 1		Code	Description t 2  Description	Limit 3	Ded 1 Type of C	Deductible Type 1  Coverage  Deductible Type 1	Form No.	Edition Date  Deductib  Edition Date	Rate	Option	n Codes Premium
oc# ST _imit 1		Code Limi	Description t 2  Description	Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage	Form No.  Ded 2  Form No.	Edition Date  Deductib  Edition Date	Rate	Option	n Codes Premium n Codes
oc # ST _imit 1 oc # ST _imit 1	Γ Cov (	Code Limi	Description t 2  Description	Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1	Form No.  Ded 2  Form No.	Edition Date  Deductib  Edition Date	Rate lie Type 2  Rate Rate  Rate	Option	n Codes Premium n Codes
Limit 1  oc # ST  Limit 1	Γ Cov (	Code   Code   Code	Description t 2  Description t 2  Description	Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1  Coverage	Form No.  Ded 2  Form No.  Ded 2  Form No.	Deductib     Edition Date     Deductib     Edition Date     Deductib	Rate  Rate  Rate  Rate  Rate  Rate	Option	Premium  n Codes  Premium  n Codes  Premium
oc # ST imit 1  cimit 1  cimit 1	Γ Cov (	Code Limi	Description t 2  Description t 2  Description	Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1	Form No.  Ded 2  Form No.  Ded 2	Deductib     Edition Date     Deductib     Edition Date     Deductib	Rate lie Type 2  Rate Rate  Rate	Option	Premium  Premium  n Codes  Premium  Premium
oc# ST imit 1  cimit 1  cimit 1	Γ Cov (	Code   Co	Description t 2  Description t 2  Description	Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1  Coverage	Form No.  Ded 2  Form No.  Ded 2  Form No.	Deductib     Edition Date     Deductib     Edition Date     Deductib	Rate  Rate  Rate  Rate  Rate  Rate	Option	Premium  n Codes  Premium  n Codes  Premium
oc # ST  imit 1  cimit 1  coc # ST  imit 1	Cov (	Code Limi  Limi  Code Limi	Description t 2  Description t 2  Description t 2	Limit 3  Limit 3  Limit 3	Ded 1  Type of C  Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1	Form No.  Ded 2  Form No.  Ded 2  Form No.  Ded 2	Deductib     Edition Date     Deductib     Edition Date     Deductib     Edition Date     Deductib	Rate Rate Rate Rate Rate Rate Rate Rate	Option	Premium  n Codes  Premium  n Codes  Premium  n Codes  Premium
oc # ST _imit 1 oc # ST _imit 1	Cov (	Code   Co	Description t 2  Description t 2  Description	Limit 3  Limit 3  Limit 3	Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1	Form No.  Ded 2  Form No.  Ded 2  Form No.	Deductib     Edition Date     Deductib     Edition Date     Deductib	Rate Rate Rate Rate Rate Rate Rate Rate	Option	Premium  n Codes  Premium  n Codes  Premium
oc # ST _imit 1  oc # ST _imit 1  oc # ST	Cov (	Code Limi  Limi  Code Limi	Description t 2  Description t 2  Description t 2  Description	Limit 3  Limit 3  Limit 3	Ded 1  Type of C  Ded 1  Type of C  Ded 1  Type of C	Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1  Coverage  Deductible Type 1	Form No.  Ded 2  Form No.  Ded 2  Form No.  Ded 2	Edition Date    Deductib     Edition Date     Deductib     Edition Date     Deductib     Edition Date     Deductib	Rate Rate Rate Rate Rate Rate Rate Rate	Option	Premium  n Codes  Premium  n Codes  Premium  n Codes  Premium



One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

## PHILADELPHIA INSURANCE COMPANIES DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

Terrorism Premium (Certified Acts) \$0	_
--	---

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'S FEDERAL SHARE OF TERRORISM LOSSES IS 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.

We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

**NOTE:** You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

Х	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from 'certified' acts of terrorism.

You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of "terrorism" coverage. After this 30 day period, any request for

## selection or rejection of terrorism coverage WILL NOT be honored.

**REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES** (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses):

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

NAMED INSURED: The	Trails Homeowners
INSURED'S SIGNATURE	kathleen Grabow
DATE: 1/31/2025	93B5DD578A21490

Policy Number: 17928864 Named Insured: The Trails Homeowners



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

Terrorism Premium (Certified Acts) \$	174.00	

# PHILADELPHIA INSURANCE COMPANIES DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

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'S FEDERAL SHARE OF TERRORISM LOSSES IS 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 ABOVE 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.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

**NOTE 1:** You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

X	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from "certified" acts of terrorism.
INICI IDEDIC C	signed by: Eathlen Grahow
DATE	IGNATURE 03B5DD578A21490



## **Certificate Of Completion**

Envelope Id: D15C5549-AA84-4F72-81D9-A4A27F817AB4 Status: Completed

Subject: Complete with Docusign: PKG Acord.PDF, Terrorism Form - UMB.PDF, Terrorism Form - PKG.PDF, WC A...

Source Envelope:

Document Pages: 67 Signatures: 16 Envelope Originator:
Certificate Pages: 5 Initials: 0 Nikisha Paige

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

300 North Beach Street , FL, Daytona Beach, FL 32114 Nikisha.Paige@bbrown.com

IP Address: 207.243.77.98

## **Record Tracking**

Status: Original Holder: Nikisha Paige Location: DocuSign

1/30/2025 2:19:20 PM Nikisha.Paige@bbrown.com

## **Signer Events**

Kathleen Grabow
TrailsHO@CiraMail.com
President of the Trails HOA

Security Level: Email, Account Authentication

(None)

## Signature Signed by:

Eathleen Grahow —93B5DD578A21490...

Signature Adoption: Pre-selected Style Using IP Address: 97.104.112.22

## **Timestamp**

Sent: 1/30/2025 2:39:50 PM Viewed: 1/31/2025 8:14:54 AM Signed: 1/31/2025 11:27:18 AM

#### **Electronic Record and Signature Disclosure:**

Accepted: 1/31/2025 8:14:54 AM

ID: ae0788ae-6aa2-4c65-a9d2-e60c3cce3847

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp

## Agent Delivery Events Status Timestamp

Intermediary Delivery Events Status Timestamp

## Certified Delivery Events Status Timestamp

## Carbon Copy Events Status Timestamp

COPIED

Nikisha Paige

nikisha.paige@bbrown.com

Security Level: Email, Account Authentication

(None)

#### **Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Sent: 1/30/2025 2:39:50 PM Resent: 1/31/2025 11:27:24 AM Viewed: 1/31/2025 12:10:07 PM

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/30/2025 2:39:50 PM
Certified Delivered	Security Checked	1/31/2025 8:14:54 AM
Signing Complete	Security Checked	1/31/2025 11:27:18 AM
Completed	Security Checked	1/31/2025 11:27:18 AM
Payment Events	Status	Timestamps



### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Brown & Brown Insurance Services, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

## **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

## Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

## Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

## All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

## How to contact Brown & Brown Insurance Services, Inc.:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

## To advise Brown & Brown Insurance Services, Inc. of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

## To request paper copies from Brown & Brown Insurance Services, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

## To withdraw your consent with Brown & Brown Insurance Services, Inc.

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

## Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

## Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Brown & Brown Insurance Services, Inc. as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Brown & Brown Insurance Services, Inc. during the course of your relationship with Brown & Brown Insurance Services, Inc..