



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

SBURCHETT

DATE (MM/DD/YYYY)
05/29/2026

AGENCY PCS Insurance Group Inc. 3315 Henderson Boulevard, Suite 200 Tampa, FL 33609	CARRIER Trident Reciprocal Exchange NAIC CODE 17678
	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE
	POLICY NUMBER TBD
CONTACT NAME: Charles Barber PHONE (A/C, No, Ext): (813) 868-1010 FAX (A/C, No): (813) 388-4598 E-MAIL ADDRESS: certificates@pcsins.com CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: EASTPIN-01	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/01/2026	06/01/2027	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Eastwood Pines Townhomes Association, Inc. c/o Ameri-Tech Realty, Inc. 24701 US Highway 19 N Ste 102 Clearwater, FL 33763-4086	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input checked="" type="checkbox"/> Association TRUST <input type="checkbox"/>				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Accounting Contact			
CONTACT NAME: Brett Newby				CONTACT NAME: Brett Newby			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	(727) 726-8000 253		(727) 726-8000 253	
PRIMARY E-MAIL ADDRESS: bnewby@ameritechmail.com				PRIMARY E-MAIL ADDRESS: bnewby@ameritechmail.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1871-1877 Pine Cone Circle	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Clearwater STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Pinellas ZIP: 33760				TOTAL BUILDING AREA: 5,516 SQ FT
DESCRIPTION OF OPERATIONS: Building 1 - 4 Units					ANY AREA LEASED TO OTHERS? Y / N
LOC # 1	STREET 1871-1877 Pine Cone Circle	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD # 2	CITY: Clearwater STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Pinellas ZIP: 33760				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: 8-Stall Carport					ANY AREA LEASED TO OTHERS? Y / N
LOC # 2	STREET 2915-2933 Pine Cone Circle	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Clearwater STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 33760				TOTAL BUILDING AREA: 14,005 SQ FT
DESCRIPTION OF OPERATIONS: Building 2 - 10 Units					ANY AREA LEASED TO OTHERS? Y / N
LOC # 2	STREET 2915-2933 Pine Cone Circle	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD # 2	CITY: Clearwater STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 33760				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: 20-Stall Carport					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Habitational	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

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

GENERAL INFORMATION

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

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

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PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

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

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

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

SIGNATURE

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

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

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

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

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

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

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



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

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

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD		EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townehomes Association, Inc.	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	1851-1869 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 3 - 10 Units					TOTAL BUILDING AREA: 14,005 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
3	1851-1869 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 20-Stall Carport					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
4	1831-1845 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 4 - 8 Units					TOTAL BUILDING AREA: 11,032 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
4	1831-1845 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 16-Stall Carport					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
5	1821-1827 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 5 - 4 Units					TOTAL BUILDING AREA: 5,516 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
5	1821-1827 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 8-Stall Carport					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
6	2906-2938 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 6 - 10 Units					TOTAL BUILDING AREA: 14,005 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD		EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townehomes Association, Inc.	

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
6	2906-2938 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 20-Stall Carport					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
7	2944-2962 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 7 - 10 Units					TOTAL BUILDING AREA: 14,005 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
7	2944-2962 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 20-Stall Carport					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
8	2904 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Pool Restroom					TOTAL BUILDING AREA: 504 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
8	2904 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Pool Deck					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
8	2904 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
3	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Pool Fence					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
8	2904 Pine Cone Circle	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clearwater	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
4	COUNTY:	ZIP: 33760			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Swimming Pool					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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



AGENCY CUSTOMER ID: **EASTPIN-01** **SBURCHETT**

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: **1** STREET ADDRESS: **1871-1877 Pine Cone Circle, Clearwater, FL 33760**

BUILDING #: **1** BLDG DESCRIPTION: **Building 1 - 4 Units**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 1 - 4 Units	708,815		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS 0	YR BUILT 1973	TOTAL AREA 5,516
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
		ITEM DESCRIPTION
REFERENCE / LOAN #:		

ADDITIONAL PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 1871-1877 Pine Cone Circle, Clearwater, FL 33760							
BUILDING #: 2		BLDG DESCRIPTION: 8-Stall Carport							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
8-Stall Carport	36,000		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT 1973	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/>		ITEM DESCRIPTION
REFERENCE / LOAN #:		

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

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 2	STREET ADDRESS: 2915-2933 Pine Cone Circle, Clearwater, FL 33760
BUILDING #: 1	BLDG DESCRIPTION: Building 2 - 10 Units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 2 - 10 Units	1,715,945		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS 0	YR BUILT 1973	TOTAL AREA 14,005
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2024 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
		ITEM DESCRIPTION
REFERENCE / LOAN #:		

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: EASTPIN-01

SBURCHETT

PROPERTY SECTION

DATE (MM/DD/YYYY) 05/29/2026

AGENCY NAME PCS Insurance Group Inc. CARRIER Trident Reciprocal Exchange NAIC CODE 17678
POLICY NUMBER TBD EFFECTIVE DATE 06/01/2026 NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.

BLANKET SUMMARY

Table with columns: BLKT #, AMOUNT, TYPE. Multiple empty rows.

PREMISES INFORMATION

PREMISES #: 3 STREET ADDRESS: 1851-1869 Pine Cone Circle, Clearwater, FL 33760
BUILDING #: 1 BLDG DESCRIPTION: Building 3 - 10 Units
SUBJECT OF INSURANCE Building 3 - 10 Units AMOUNT 1,715,945 VALUATION R CAUSES OF LOSS Special (Including theft)
FORMS AND CONDITIONS TO APPLY See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) DESCRIPTION OF PROPERTY COVERED LIMIT \$ DEDUCTIBLE \$ REFRIG MAINT AGREEMENT (Y/N) OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE SELLING PRICE

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

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:
CONSTRUCTION TYPE Joisted Masonry DISTANCE TO HYDRANT 500 FT FIRE STAT 3 MI FIRE DISTRICT CODE NUMBER 1 PROT CL 1 # STORIES 2 # BASM'TS 0 YR BUILT 1973 TOTAL AREA 14,005

BUILDING IMPROVEMENTS WIRING, PLUMBING, ROOFING, HEATING, OTHER. BLDG CODE GRADE TAX CODE ROOF TYPE OTHER OCCUPANCIES HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: MANUFACTURER:

PRIMARY HEAT BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? SECONDARY HEAT BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE?

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

BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE CENTRAL STATION LOCAL GONG WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS / WATCHMEN CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER CENTRAL STATION LOCAL GONG

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST LOSS PAYEE MORTGAGEE NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION REFERENCE / LOAN #:

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: **EASTPIN-01** **SBURCHETT**

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange			NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.			

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 4	STREET ADDRESS: 1831-1845 Pine Cone Circle, Clearwater, FL 33760
	BUILDING #: 1	BLDG DESCRIPTION: Building 4 - 8 Units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 4 - 8 Units	1,362,788		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS 0	YR BUILT 1973	TOTAL AREA 11,032
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2024 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:
	RESISTIVE			

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
				CENTRAL STATION <input type="checkbox"/>
				LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
	REFERENCE / LOAN #: _____	ITEM DESCRIPTION

SIGNATURE

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Applicable in KS

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

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Applicable in NJ

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Applicable in PR

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: **EASTPIN-01** **SBURCHETT**

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange			NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.			

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 5	STREET ADDRESS: 1821-1827 Pine Cone Circle, Clearwater, FL 33760						
		BUILDING #: 1	BLDG DESCRIPTION: Building 5 - 4 Units						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 5 - 4 Units	708,815		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	500 FT	3 MI			1	2	0	1973	5,516

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

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

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
	REFERENCE / LOAN #: _____	ITEM DESCRIPTION

ADDITIONAL PREMISES INFORMATION

PREMISES #: 5		STREET ADDRESS: 1821-1827 Pine Cone Circle, Clearwater, FL 33760							
BUILDING #: 2		BLDG DESCRIPTION: 8-Stall Carport							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
8-Stall Carport	36,000		R	Special (Including theft)					See Forms & Endorsements
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT 1973	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____
	REFERENCE / LOAN #:				ITEM DESCRIPTION

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

SIGNATURE

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Applicable in KS

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

Applicable in KY, NY, OH and PA

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Applicable in ME, TN, VA and WA

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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.

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: EASTPIN-01 SBURCHETT

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 6	STREET ADDRESS: 2906-2938 Pine Cone Circle, Clearwater, FL 33760
BUILDING #: 1	BLDG DESCRIPTION: Building 6 - 10 Units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 6 - 10 Units	1,715,945		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS 0	YR BUILT 1973	TOTAL AREA 14,005
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2023 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	WITH KEYS

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
		ITEM DESCRIPTION
REFERENCE / LOAN #:		

SIGNATURE

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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) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: **EASTPIN-01** **SBURCHETT**

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 7	STREET ADDRESS: 2944-2962 Pine Cone Circle, Clearwater, FL 33760
	BUILDING #: 1	BLDG DESCRIPTION: Building 7 - 10 Units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 7 - 10 Units	1,723,932		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS 0	YR BUILT 1973	TOTAL AREA 14,005
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2020 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:
	RESISTIVE			

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
	REFERENCE / LOAN #: _____	ITEM DESCRIPTION

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: **EASTPIN-01** **SBURCHETT**

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange			NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.			

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 8	STREET ADDRESS: 2904 Pine Cone Circle, Clearwater, FL 33760						
		BUILDING #: 1	BLDG DESCRIPTION: Pool Restroom						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Pool Restroom	91,777		R	Special (Including theft)					See Forms & Endorsements

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1973	TOTAL AREA 504
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

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

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

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

AGENCY CUSTOMER ID: EASTPIN-01

SBURCHETT

ADDITIONAL PREMISES INFORMATION

PREMISES #: 8		STREET ADDRESS: 2904 Pine Cone Circle, Clearwater, FL 33760							
BUILDING #: 2		BLDG DESCRIPTION: Pool Deck							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Pool Deck	38,542		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI						1973	

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

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

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

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: **EASTPIN-01** **SBURCHETT**

PROPERTY SECTION

DATE (MM/DD/YYYY)
05/29/2026

AGENCY NAME PCS Insurance Group Inc.		CARRIER Trident Reciprocal Exchange		NAIC CODE 17678
POLICY NUMBER TBD	EFFECTIVE DATE 06/01/2026	NAMED INSURED(S) Eastwood Pines Townhomes Association, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION	PREMISES #: 8	STREET ADDRESS: 2904 Pine Cone Circle, Clearwater, FL 33760
	BUILDING #: 3	BLDG DESCRIPTION: Pool Fence

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Pool Fence	14,070		R	Special (Including theft)					See Forms & Endorsements

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT 1973	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>			
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>		RESISTIVE		MANUFACTURER: _____

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

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

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

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE				LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____ ITEM: _____
				ITEM DESCRIPTION
	REFERENCE / LOAN #:			

ADDITIONAL PREMISES INFORMATION

PREMISES #: 8		STREET ADDRESS: 2904 Pine Cone Circle, Clearwater, FL 33760							
BUILDING #: 4		BLDG DESCRIPTION: Swimming Pool							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Swimming Pool	180,623		R	Special (Including theft)					See Forms & Endorsements

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT 1973	TOTAL AREA
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	RESISTIVE	SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				MANUFACTURER:				
OTHER: YR:		RESISTIVE							

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

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

BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
	REFERENCE / LOAN #:				ITEM DESCRIPTION	

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

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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



Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Charles Barber	STATE PRODUCER LICENSE NO (Required in Florida) W515458
APPLICANT'S SIGNATURE Signed by: 	DATE 5/30/2026	NATIONAL PRODUCER NUMBER

Trident Reciprocal Exchange Commercial Residential Property Supplemental Questionnaire

Name Insured: Eastwood Pines Townhomes Association Inc

I. BUILDING

- Do any buildings have any existing damage? Yes No
- Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss? Yes No
- Does any building have cracking? Yes No
- Have there been any updates to the building(s) Yes No
 If yes, please describe: HVAC, PLUM, ELEC
- Has the roof been replaced? If Yes, what year SEE SOV Yes No
- Is there any unrepaired damage from a prior loss to any building(s)? Yes No
 If yes, please describe: _____

II. CONSTRUCTION

- Is there any aluminum wiring in the buildings? Yes No
- Is any building under construction, renovation, repair or conversion? Yes No
- Does any building contain lead paint in interior or exterior areas? Yes No
- Does any building, exterior component, fixture or feature include exterior insulation and finish system (EIFS) or drivet construction? Yes No
 If yes, please explain: _____
- Do any buildings have wood or cedar shake roof/shingles? Yes No
- Do any buildings have wallboard imported or suspected of being imported from China? (this includes drywall and plasterboard and is commonly referred to as "Chinese drywall") Yes No
- Are there any known or suspected construction defects to the property? Yes No
- Has the building usage changed from the original intent (for example, Apartment Conversion)? Yes No

III. RESIDENTIAL OCCUPANCY

- # of total units: 56 # of Owner occupied units: 50 # Vacant units: 0
- # of Rented units (condo): 6 # Bank owned units 0 # Student units 0
- # of Seasonal owner units: 6 # Developer owned units _____
- Are seasonal units required to shut off water while unoccupied? N/A Yes No
- Is the property considered a timeshare? Yes No
- Are short term rentals allowed? Yes No
 If yes, please note daily, weekly, monthly, or other: _____
- Does any building contain mercantile or office occupancies? (other than offices used for rental & building management purposes) Yes No
 If yes, please describe: _____
- Is grilling on balconies permitted? Yes No
 If yes, what type of grills are permitted? Charcoal Propane Electric
- Is any building less than 31% occupied? Yes No
- Does any building contain subsidized housing? Yes No
- Are any units currently delinquent on dues? Yes No
 If yes, how many: _____

IV. SAFETY/SECURITY

- Are all units equipped with hard wired or battery type smoke detectors with procedure for maintaining in working order? Yes No
- Are all buildings equipped with current tagged fire extinguishers which are properly mounted? Yes No
- Are there any current or recent cited violations of fire or life safety codes? Yes No

Trident Reciprocal Exchange Commercial Residential Property Supplemental Questionnaire

Name Insured: Eastwood Pines Townehomes Association Inc

V. MANAGEMENT / OPERATIONS

- Is the named insured a developer or property manager? Yes No
- Is there any prior, existing, pending, or planned litigation with regard to the insured? Yes No
- Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? Yes No
- Condominium only* - Is condominium created pursuant to Florida Statutes – Chapter 718? Yes No
- Apartment only* - Is apartment managed by a resident property manager, owner residing in the complex or property management company with a minimum of three years experience? Yes No

VI. LOCATION

- Is the property located in Flood zones A or V? Yes No
If yes, please attach Flood Declarations Page at binding

APPLICANT'S SIGNATURE


I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby represent that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines. Further, I understand the company routinely requests credit reports on applicants.

X  5/30/2026
Signed by:
Applicant's Signature **Date**

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

AGENT'S SIGNATURE

The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the application. No coverage was bound by me until all questions were answered by the application and the application was signed by the applicant.

X  W515458 5/29/2026
Agent's Signature **License Number** **Date**

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

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. You should know that under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States Department of Treasury pays 85% of covered terrorism losses exceeding the deductible established by the Treasury paid by the insurance company providing the coverage. You may elect to have terrorism coverage added to your policy.

- I acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any losses caused by certified acts of terrorism under my policy coverage will be partially reimbursed by the United States Department of Treasury and I have been notified of the amount of my premium attributable to such coverage.
- I hereby elect to have the **exclusion for terrorism** coverage added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

X  5/30/2026
Signed by:
Applicant's Signature **Date**

TRIDENT RECIPROCAL EXCHANGE SUBSCRIBERS' AGREEMENT AND POWER OF ATTORNEY

Trident Reciprocal Exchange ("TRE") is a reciprocal insurer organized under the laws of the state of Florida, existing for the benefit of its subscribers. As a reciprocal insurer, Trident Reciprocal Exchange is an unincorporated association of subscribers operating through the contractual arrangements set forth in a Subscribers' Agreement and Power of Attorney (the "Agreement"). Under Florida law and pursuant to the Agreement, TRE, through its Subscribers' Advisory Committee, and its subscribers appoint a third party, known as an attorney-in-fact, to manage and administer TRE's operations and affairs on behalf of all of the subscribers.

This Agreement provides the terms of your relationship as a subscriber of TRE (the undersigned hereinafter referred to as the "Subscriber") and appoints Trident Risk Managers, LLC ("AIF"), a Florida limited liability company, as attorney-in-fact. Please review this Agreement and sign below to acknowledge your intention to be legally bound by the terms and conditions of this Agreement.

Non-Assessable Policies: The Subscriber hereby offers and agrees to exchange policies with the other subscribers to TRE. The Subscriber understands and agrees that the reciprocal insurance contracts to be exchanged hereunder are non-assessable consistent with section 629.261, Florida Statutes, thereby limiting the liability of the subscribers to TRE to costs associated with the policies of insurance only.

Management of TRE: The Subscriber hereby appoints AIF as the attorney-in-fact with the express authority and permission to effectuate and conduct the lawful business affairs of TRE. This authority includes the ability to carry out all customary functions of a reciprocal insurer. This power of attorney is limited to the purposes described in this Agreement.

Subscribers' Advisory Committee: The Subscriber understands that TRE and AIF have established a Subscribers' Advisory Committee (the "Committee"), pursuant to section 629.201, Florida Statutes, to assist AIF in supervising the operations of TRE. The Subscriber understands and agrees that unless said Subscriber is a member of the Committee, the Subscriber is not entitled in any way to participate in the management of TRE. The duties of the Committee are set forth in the "Charter of the Subscribers' Advisory Committee" document, available for review at www.tridentreciprocal.com/saccharter or upon request to AIF. The Subscriber agrees to hold harmless each and every member of the Committee from any liability that may arise from or is in any way connected with the member's participation on the Committee of TRE. This hold harmless provision does not apply where the member acted with willful misconduct or recklessness, or gross negligence, in the performance of his or her duties as a member of the Subscribers' Advisory Committee.

Management Compensation: In exchange for services rendered to TRE, AIF will deduct from premium collected its initial compensation of 18% for the administration and management of the day-to-day insurance business of TRE, including Marketing, Underwriting, Reinsurance Placement, Accounting, Financial, Legal and Information Technology functions, plus 5% of earned premium for Claims Administration Services. These services include, but are not limited to, the following:

- Exchanging with other subscribers to TRE any and all kinds of reciprocal insurance contracts for which TRE is authorized by law to write;

- Issuing, exchanging, renewing, non-renewing, or cancelling or modifying insurance policies;
- Adjusting, settling, defending, litigating, appealing, and paying claims or losses under the insurance policies of subscribers;
- Placing Reinsurance;
- Accepting service of process on behalf of TRE in actions against TRE upon contracts exchanged;
- Opening accounts and borrowing money in the name of TRE;
- Hiring and compensating personnel and agents;
- Collecting premiums and investing and reinvesting funds;
- Receiving notices and proof of loss; and
- Returning any unearned fees on a prorated basis for cancelled policies.

The amount of compensation to AIF, as set forth in detail in the Attorney-in-Fact Agreement (the "AIF Agreement"), may be modified or reviewed as agreed to by both the Committee and AIF. Any changes to AIF's compensation are subject to prior approval by the Florida Office of Insurance Regulation ("OIR").

In addition to losses and the fees outlined above, TRE will retain the following expenses:

- Agent commissions
- Loss adjustment expenses for catastrophe claims;
- Investment expenses;
- Legal and advisory expenses;
- Branding development and management;
- Court costs;
- Taxes, assessments, license fees, membership fees;
- Governmental fines and penalties;
- Reinsurance premiums and costs;
- Audit fees;
- Guaranty fund assessments; and
- All other costs necessary for TRE's proper and efficient operation.

Settlement of these expenses shall occur on a quarterly basis, with payments due 15 days after the end of each quarter.

AIF's offices will be the same as TRE's principal office, located at 250 International Parkway, Lake Mary, FL 32746, Suite 360, but may be changed upon notice to the Subscriber and in compliance with the requirements of the State of Florida.

The arrangement between TRE and AIF is further outlined in the AIF Agreement, available for review at www.tridentreciprocal.com/agreement, or upon request to AIF.

Surplus Contributions.

- a) **Payment of Surplus Contribution.** Subscriber agrees to pay his or her policy premium and agrees to make, in addition to policy premiums, a surplus contribution to TRE ("Surplus Contribution"). The Surplus Contribution is payable to TRE on or prior to the initial effective date of coverage and within 30 days of the effective date of all endorsements generating an additional premium. The Surplus Contribution will be made during the first five full years of membership. The possibility of future surplus contributions, if any, will be determined by the Committee and communicated to the

Subscriber prior to renewal of the Subscriber's policy(ies).

The current Surplus Contributions are based on the total premiums written and will be:

- 10% of Subscriber's total annual Homeowners Policy Premiums

- b) **Purpose of Surplus Contribution.** Subscriber understands and agrees that the amounts paid as surplus contributions will be credited as policyholder surplus for the benefit and protection of all TRE subscribers and that surplus contributions made to TRE are not premiums for insurance. Subscriber understands and agrees that the ability of TRE to return surplus contributions to its Subscribers is subject to provisions of this Section 5 and is limited by law.
- c) **Return of Surplus Contribution.** Upon the issuance of an insurance policy, or other confirmation of coverage by TRE, the return of surplus contributions can occur only after withdrawal of the subscriber from TRE and, only with the approval of AIF and the OIR, and as set forth in this Agreement. In the event of policy cancellation, AIF will return any surplus contributions (without interest) made during that policy term on a pro-rata basis to those subscribers who terminate coverage for any reason. All other surplus contributions, including those made on previous policy terms, will be retained by TRE for the benefit of all remaining subscribers.
- d) **Limitations on Distributions of Surplus Contributions:** No payment of a returned surplus contribution will be made to a terminated subscriber if such payment could risk the financial impairment of TRE. Payments could be delayed if the total payments of Surplus Contributions within the preceding 12 months to any terminated subscribers to TRE would exceed the lesser of (a) ten percent of TRE's total surplus as of the preceding December 31, or (b) TRE's total net income before federal income taxes for the preceding full calendar year. If payment to more than one terminated subscriber is delayed pursuant to the requirement set forth in this Section, the total amount which may be paid to terminated subscribers will be paid pro rata to all such terminated subscribers, who meet the conditions to receive distributions of surplus contributions set forth in this document, on an equitable basis as determined by AIF, in its sole discretion, and as allowed by Florida law.

Any payments delayed pursuant to this requirement will be paid as soon as possible when payment can be made in compliance with this Section. If this Section 5 is found to conflict with other terms of this Agreement, this Section 5 supersedes all other terms and conditions of this Agreement.

Rejection of Coverage: Subscriber understands and agrees that TRE has an obligation to its subscribers to maintain strict eligibility and underwriting requirements. TRE has the right to reject any application for insurance including this Agreement and the offer of payment of premium and surplus contribution. If such a rejection of coverage occurs after receipt of the surplus contribution by TRE, the surplus contribution will be returned to the prospective Subscriber, without payment of interest. An existing Subscriber applying for additional lines of coverage is not guaranteed acceptance for those new lines of coverage.

Termination: This Agreement may be terminated at any time by the Subscriber or AIF, by terminating all insurance policies issued to the Subscriber, subject to policy provisions and Florida law. Upon the termination of all insurance policies of the Subscriber, subject to the approval of the OIR and as set forth in this Agreement, including Section 5(d) herein, the balance of any eligible surplus contribution, after allocation of expenses and claims, will be returned to the Subscriber, within six (6) months.

Collateralization of Assets: No assets or future dividends of TRE may be pledged or collateralized on behalf

of any subscriber for any purpose.

Return of Surplus upon Liquidation: The Subscriber understands and agrees that in accordance with Section 629.281, Florida Statutes, upon the liquidation of TRE, its assets will be distributed to its subscribers who were such within the 12 months prior to the termination of its certificate of authority, subject to regulatory approval. The assets of TRE to be distributed upon regulatory approval are those remaining after the discharge of its indebtedness and policy obligations, the return of any surplus notes or other contributions made to surplus, and the return of any unused premium.

Binding Agreement: The Subscriber hereby acknowledges receiving and reviewing the Charter of the Subscribers' Advisory Committee and the Attorney-in-Fact Agreement, (available at www.tridentreciprocal.com/subscriber or upon request to AIF), prior to executing this Agreement. This Agreement will be accepted by AIF only when signed by the Subscriber.

Subscriber agrees that this Agreement, including the power of attorney set forth herein, will apply to all insurance policies for which the undersigned Subscriber has applied or will apply at TRE. The Subscriber understands and agrees that the terms and conditions of this Agreement, the Charter of the Subscribers' Advisory Committee, and the Attorney-in-Fact Agreement will be valid and binding and acknowledged and accepted upon AIF and the undersigned Subscriber and their respective personal representatives, administrators, successors, and assigns, as indicated by the Subscriber's signature below.

THIS AGREEMENT AND ALL MATTERS RELATING TO ITS VALIDITY, INTERPRETATION, PERFORMANCE, AND ENFORCEMENT SHALL BE GOVERNED AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA (WITHOUT REGARD TO CONFLICT OF LAW PRINCIPLES THEREOF)

Signature and Receipt Acknowledgment Page to Follow

Signature and Receipt Acknowledgment

The Subscriber's acceptance of all terms and conditions contained herein is indicated by his or her signature below:

Signed by: 
Signature

Heather Foster
Printed Name

5/30/2026
Date

Receipt Acknowledged:

Trident Reciprocal Exchange, a Reciprocal Insurer
By: Trident Risk Managers, LLC, Attorney-in-Fact


Signature

Chris Johnson
Printed Name

04/01/2025
Date

STARWIND

COMMUNITY ASSOCIATIONS

General Applicant Information

Line of Business:

Property GL EIL Crime D&O/EPLI Umbrella

Agency Name: PCS Insurance Group Inc.

Agency Address: 3315 Henderson Blvd, Suite 200, Tampa, FL 33609

Producing Agent's Name: STEPHANIE BURCHETT License # P043186

Named Insured: Eastwood Pines Townehomes, Inc

Location Address: 1821-2962 PINE CONE CIRCLE, CLEARWATER, FL 33760

Mailing Address: C/O AMERITECH MANAGEMENT, 24701 US 19 N, SUITE 102, CLEARWATER, FL 33763

Inspection Contact: Name: BRETT NEWBY Phone #: 727-726-8000 Email: BNEWBY@AMERITECHMAIL.COM

Prior Carrier: GL: PENN-AMERICA INSURANCE COMPANY; Crime: PHILADELPHIA INDEMNITY CO; D&O: PHILADELPHIA INDEMNITY CO

Loss

History: None

STARWIND

COMMUNITY ASSOCIATIONS

Condominium Association Supplemental Application

1. Name of Association: Eastwood Pines Townehomes, Inc
2. Effective Date: 6/1/2026
3. Is there any existing damage to the building? Yes No
4. Any aluminum wiring in the building? Yes No
5. Do you have armed security guards? Yes No
6. Are any buildings undergoing major structural renovations? Yes No
7. Has the association had any engineering studies or any engineering report done on any of the buildings (40 years or older) in the last 5 years?? Yes No N/A
8. Are there any unresolved issues as a result of the engineering report? Yes No N/A

UNDERWRITING QUESTIONS - PROPERTY

9. Any cast iron, galvanized or polybutylene pipes? Yes No N/A

UNDERWRITING QUESTIONS – GENERAL LIABILITY

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

UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

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

UNDERWRITING QUESTIONS – CRIME

16. Does a director or officer periodically review bank statement for comparison of financial reports completed by property manager? Yes No N/A
17. Does the association verify the authenticity of a funds transfer request internally from one board member or property management employee to another? Yes No N/A
18. Does the association's authorized board member or property management employee confirm wire information by a direct call using only the contact number previously provided by the recipient before wiring request was received? Yes No N/A

UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI

19. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer?

Yes___ No X N/A___

20. Will the (or has the) association purchased property coverage with full wildfire limits?

Yes___ No___ N/A X

21. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence?

Yes___ No X N/A___

22. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured?

Yes___ No X N/A___

23. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years?

Yes___ No X N/A___

24. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years?

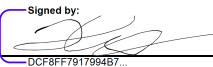
Yes___ No X N/A___

25. Has the Association's current D&O policy been cancelled or non-renewed?

Yes___ No X N/A___

26 Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members?

Yes___ No X N/A___

X  _____
Signed by:
DCF8FF7917984B7...

Agreed Signature of Applicant

5/30/2026
Date



Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Rd.
Madison, WI 53705

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

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

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

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$7,957.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

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

That amount is \$ 0.00

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

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


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

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

REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$^{84.00}

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

Signed by:


Applicant/Named Insured
Signature or
Authorized Signature

Board President

Title

UNASSIGNED

Policy Number

5/30/2026

Date

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

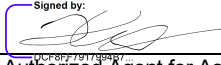
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STATEMENT OF NO LOSS


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

- | | | | | |
|---|------|-----------------------------------|----|-----------------------------------|
| <input type="checkbox"/> Property | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input checked="" type="checkbox"/> General Liability | From | <u>6/1/2023</u> | To | <u>6/1/2024</u> |
| <input type="checkbox"/> Crime/Employee Dishonesty | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Directors & Officers Liability | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Umbrella | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Inland Marine | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Cyber Liability | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Environmental | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Equipment Breakdown | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |
| <input type="checkbox"/> Flood | From | <u> </u> / <u> </u> / <u> </u> | To | <u> </u> / <u> </u> / <u> </u> |

Eastwood Pines Townhomes Association Inc
Applicant/Association Name

Signed by: 
Authorized Agent for Association Signature

5/30/2026
Date


Insurance Agent Signature

5/29/2026
Date

Warranty:

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

Fraud Warning:

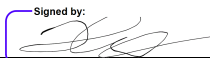
Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

STATEMENT OF NO LOSS


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

- | | | | | |
|---|------|-----------------|----|-----------------|
| <input type="checkbox"/> Property | From | <u> / / </u> | To | <u> / / </u> |
| <input checked="" type="checkbox"/> General Liability | From | <u>6/1/2021</u> | To | <u>6/1/2022</u> |
| <input type="checkbox"/> Crime/Employee Dishonesty | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Directors & Officers Liability | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Umbrella | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Inland Marine | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Cyber Liability | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Environmental | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Equipment Breakdown | From | <u> / / </u> | To | <u> / / </u> |
| <input type="checkbox"/> Flood | From | <u> / / </u> | To | <u> / / </u> |

Eastwood Pines Townhomes Association Inc
Applicant/Association Name

Signed by: 
DPF8F791794154
Authorized Agent for Association Signature

5/30/2026
Date


Insurance Agent Signature

5/29/2026
Date

Warranty:

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

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.



2550 West Tyvola Road
 Suite 600
 Charlotte, NC 28217
 Phone: (203) 763-4944
 www.greatpointins.com

Application Information

Brokerage/Agency Information

Brokerage/Agency Name PCS Insurance Group
Address 3315 Henderson Blvd
City Tampa **County** **State** FL **Zip Code** 33609
Phone (813) 868-1010 **Fax**
Contact Person Charles Park
Email workque@pcsins.com

Applicant Information

Insured Name * Eastwood Pines Townhomes Association, Inc
Website
Contact First Name Brett
Contact Last Name Newby
Phone (727) 726-8000
Email repp@ameritechmail.com

Domiciled Address

Street * 2904 Pine Cone Cir
Suite
Zip * 33760
City * Clearwater
State * Florida
County Pinellas

Mailing Address

Street * c/o Ameritech Management
Suite 24701 US Highway 19 N, Ste 102
Zip * 33763
City * Clearwater
State * Florida
County Pinellas

Year Established	1973
# of Employees	0

Policy Information

Coverage terms must be one of the following: (a) Annual - 12 month policy term , (b) Short Term – Policy period greater than 6 months or (c) Long Term - Policy period no greater than 18 months

Effective Date * 6/1/2026 **Expiration Date *** 6/1/2027
Limit Option \$5M

Expiring Policy Information

This Account is a:	RENEWAL (Currently Placed with GREAT POINT)
Has the Insured ever had their Umbrella coverage non-renewed	No

Expiring Placement Detail

Are you the Incumbent * Agent? Yes
Expiring Placement Type * PG Program
Expiring Carrier * Midvale Indemnity Company
Expiring Broker * PCS Insurance Group
Expiring Program Name *

Expiring Limit & Pricing

Expiring Limit * \$5,000,000
Expiring Premium * \$1,000
Expiring PG Dues Amount \$170
Expiring Total \$1,170
Expiring Commission * Percentage 0%

Operations / Exposures

Governing Code	SIC Code	NAICS Code	ISO Code	ISO Description	Industry Class	UmbrellaPro Eligibility	Exposure
Yes*	8641	813990	62003	Condominiums - Residential (Association Only)	Real Estate	Eligible	N/A

Operations Exposure Summary:

Gross Sales 0

Exposure Summary:				
Apartment Units	0	Retail LRO SqFt	0 Private Passenger	0
Dwelling Units	0	Office LRO SqFt	0 Light Trucks / Vans / SUV's (WITHOUT PASSENGERS)	0
HOA Units With D&O	0	Warehouse LRO SqFt	0 Courtesy Shuttle / SUV (WITH PASSENGERS) - 1 - 8 Passengers	0
HOA Units Without D&O	0	Industrial LRO SqFt	0 Medium Trucks (WITHOUT PASSENGERS)	0
Condo/ Co-Op Units With D&O	56	Vacant Land Acres	0 Courtesy Shuttle - 9 – 20 Passengers	0
Condo/ Co-Op Units Without D&O	0	Open Parking* SqFt <small>* Only if considered a separate location</small>	Heavy Truck	0
Condo Units (3rd Party)	0	Enclosed Parking* SqFt <small>* Only if considered a separate location</small>	Extra Heavy Truck	0
Hotel Rooms	0		Heavy Tractor	0
Timeshare Units	0		Extra Heavy Tractor	0
Pools	1		Bus - 21+ Passengers	0
B&B Rooms	0		Limousine	0
Boat Slips	0		Total Vehicles	0
Golf Courses (18 HOLES = '1')	0	Total # of Locations		1

Industry / Program Supplemental Questionnaire

1	Has the insured ever (total years of ownership/operations) experienced a claim involving one or more of (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment/Amputations, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Any type of assault including Sexual assault or Battery but not limited to rape, molestation or sexual abuse, (8) fungus/lead exposures?	No
2	Are all locations currently in compliance with all property statutes, local ordinances and building codes?	Yes
3	Does the Insured have any of the following: (1) Housing Authorities / Housing Projects, subsidized housing at any one scheduled location? N/A IN CALIFORNIA, (2) Assisted Living, Nursing Homes, Nursing Care, or Medical Services, (3) Religious Institutions or Religious Organizations at any of the insured's locations?, (4) Senior Housing, (5) Adult and/or Children's Day Care, Babysitting, Camps or "other" organized activities available, (6) Museums, (7) Schools or Student at any one scheduled location (Example: dorms, or locations that are solely rented out to students; Trade / Vocational Schools; Kindergarten), (8) Mobile Homes, RV or Trailer Park, (9) Tenants engaged in heavy industrial / manufacturing operations?, (10) Storage of any chemicals, explosives or high-hazard materials at any scheduled locations, (11) Dump Trucks, (13) Animal exposures such as guard dogs, animal services etc, (14) Any scheduled location operating as a Gasoline Station, (15) Life Safety "Pull Cords" for habitational occupancies (16) Homeless shelters (17) Hospital Exposure (18) Marijuana Dispensary tenant?	No
4	Is any scheduled location an enclosed mall over 1,000,000 square feet?	No
5	Is any scheduled location a Nightclubs or Disco* - A "Nightclub or Disco" is defined as: an establishment open to the public, other than a theater with fixed seating, which is characterized by any of the following: 1) it stays open past 10:00 pm and 2) it provides live entertainment by paid performing artists or by the way of recorded music conducted by a person employed or engaged to do so and 3) it has as its primary source of revenue (a) the sale of beverages of any kind for consumption on the premises, (b) cover charges, or (c) both and 4) it has a maximum occupancy of two hundred (200) or more people	No
6	Do exposures include any Armed Security personnel?	No
7	Prior to performing any work at an Insured location are all Vendors, Suppliers and Contractors required to have a signed contract in place that requires: (1) A Hold Harmless & Indemnification Agreement in favor of the Insured, (2) the Maintainence of at least \$1M of GL coverage, (3) Receiving a Certificate of Insurance (updated annually) showing the Insured added as Additional Insured?	Yes

8	Are all buildings at least 70% occupied and/or 70% Operational?	Yes
9	Other than the Insureds tenants, are there any scheduled locations with operations/entities that are owned/operated by someone other than the Insured? [This does not apply to locations the Insured leases from an unrelated third party such as an "office" or "warehouse"]	No
10	Are carbon monoxide detection units installed and maintained in all locations in which it is required by law? <i>TIP: ANSWER "YES" IF THERE ARE NO LAWS IN PLACE THAT REQUIRED CO2 DETECTORS</i>	Yes
11	Are any scheduled buildings currently under construction (exposure beyond normal maintenance and repair)?	No
12	Have any scheduled locations been newly constructed or undergone any renovations that required a building permit within the last 12 months?	No
13	Does the Insured have any physical exposures / locations in the State of Georgia, Louisiana, or New York?	No
14	Does any scheduled location contain a restaurant that is leased to a third party (Lessors Risk Only "LRO")?	No
15	Have all locations, not newly constructed or acquired, (1) Been inspected by a GL carrier within the past 3 years and (2) Have all Loss Control Recommendation's been addressed?	Yes
16	Does the Insured/Management have more than 5 years of management experience?	Yes
17	Does the Insured employ a Safety Director?	Yes
18	Is there an Accident Investigation procedure in place?	Yes
19	Is there a Loss Control/Safety Program in place?	Yes
20	Is any scheduled location a Hotel / Motel with guest rooms that open to an "exterior corridor" aka doors are visible / accessible from the exterior of the building?	No
21	Is Ownership and/or Management aware of any Human Trafficking / Sex Trafficking / Labor Trafficking or Prostitution occurring on the premises of any scheduled location?	No
22	Has the occupancy type and/or operations of any tenant changed within the last 12 months?	No
23	Are Hotel and/or B&B guests allowed to occupy rooms on a long term (14 days or greater) basis?	No

Underlying Insurance

1	Are Defense costs outside policy limits for all scheduled underlying policies?	Yes
2	I understand that coverage will not apply to any "unscheduled" policies.	I agree
3	Will all scheduled underlying policies, other than Employers Liability, be placed with carriers rated A-VII or better?	Yes
4	Does the Insured have any Foreign Liability Exposure?	No
5	Do any primary coverages contain any sub-limits less than (other than Medical Payments or Fire Legal) \$1,000,000? WE WILL NOT DROP DOWN – SUBLIMIT EXCLUSION	No
6	Are all underlying Auto and General Liability policies on an occurrence form?	Yes
7	Is the GL policy written with an ISO Form CG0001 or equivalent?	Yes
8	Do you want to schedule Hired & Non-owned Automobile Coverage? [Pick One]	Yes - Included in GL
8.1	Hired / Non Owned Auto Liability Limit:	1,000,000
8.2	Will Hired and Non-Owned Automobile losses erode (count against) any coverage aggregate?	No
8.3	Does the Insured have employees using their own vehicles on company business on a regular basis?	No
7.4	Does the Insured engage in any (1) Rapid Delivery Operations (i.e. pizza and/or other food delivery, newspaper, and magazine) , (2) Gasoline Hauling, (3) Waste/Red Label Hauling, (4) Commodity II or IV Hauling, or (5) Hauling of "Other" Hazardous Material?	No
9	Does the Insured have a Personal Umbrella Liability Policy, with limits of \$5M or greater?	No
10	Do you want to schedule underlying coverage for Garage Keepers Legal Liability ("GKLL")?	No
11	Do you want to schedule underlying coverage for NOT FOR PROFIT D&O for a community association? <i>The answer to this question is read only. It changes based on the exposure type you enter in the Locations section of the application.</i>	Yes
11.1	Is D&O provided on a stand alone policy or within the GL policy?	Included in GL Policy

12	Do you want to schedule underlying Employers Liability?	Yes
12.1	Applicable EL State	Florida
12.2	Will Employers Liability coverage be provided by a State Sponsored Workers Compensation Fund?	No
13	Do you want to schedule an underlying Auto Liability policy?	No
14	Do you want to schedule Liquor Liability? <i>Tip: This is for other than "Host" Liquor Liability</i>	No
15	Do you want to schedule an Employee Benefits Liability policy?	No
16	Are there any "Other" policies you want to schedule?	No

General Liability

Carrier	Effective Date	Expiration Date	Premium
CUMIS Specialty Insurance Company, Inc.	6/1/2026	6/1/2027	\$ 12,855

Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Does the General Aggregate limit apply on a "Per Location" basis without any "sub - limit" or "cap" limitations?	Yes
Products / Completed Operations Aggregate	Separate Limit
Products / Completed Operations Aggregate Limit	\$ 2,000,000
Advertising Injury / Personal Injury (Each Offense)	\$ 1,000,000
Is coverage issued with an SIR or Deductible?	No
Includes Hired & Non-owned Liability coverage?	Yes
Includes Employee Benefits Liability?	No
Includes NOT FOR PROFIT Community Association D&O	Yes
Includes Liquor Liability	No
<p>UPLOAD: Select the "Upload" button to attach one or more of the following (1) Quote, (2) Binder, (3) Policy Declarations Page, (4) Schedule of Forms & Endorsements or (5) GL Classification Schedule Page that clearly show each of the following (a) PREMIUM, (b) ISO CODE'S, (c) RATABLE BASIS, (d) CARRIER NAME & EFFECTIVE DATE and (e) FORMS & ENDORSEMENTS ATTACHED AT INCEPTION. Any discrepancy between the data uploaded and the data entered on the Application for Insurance may affect your coverage including cancellation of coverage retroactive to inception.</p> <p><i>NOTE: iPad Users you will need to take a "photo" of the document to create an "image" of a document page to upload.</i></p>	
Are there any additional General Liability policies you want to schedule? Must have common ownership in order to schedule. If not common ownership, you must create a new Umbrella application.	No

1 File Uploaded

Employers Liability

Carrier	Effective Date	Expiration Date	Premium
Pennsylvania Manufacturers' Association Insurance Company	6/1/2026	6/1/2027	\$ 492

Limits

Bodily Injury by Accident	\$500,000
Bodily Injury by Disease (Each Employee)	\$500,000

Bodily Injury by Disease (Policy Limits)	\$500,000
Employers Liability- "Upload" one of the following evidencing Carrier, Limits, Ratable Basis and all applicable scheduled endorsements: (1) Quote, (2) Binder or (3) Declarations Page, EL Classification Schedule page and schedule of endorsements.	1 File Uploaded
Are any locations a "Condo - Hotel"?	No
Are any of the units Time Shares and/or in a Rental Pool?	No
Are there any additional D&O Liability policies you want to schedule?	No

Loss History - General Liability

1	Please select how many years the Insured has been in business?	5 Or More Years
2	Have there been any New York Labor Law claims in the last five years?	No
3	Has the Insured ever (total years of ownership/operation) experienced a claim involving one or more of a (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment / Amputation, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Sexual Assault or Battery including, but not limited to, rape, molestation or sexual abuse, (8) fungus/lead exposure?	No
4	For GENERAL LIABILITY, does (1) The Aggregate Incurred Loss total for the last 3 years (current period and two prior) that the insured has been in business, exceed \$300,000? AND / OR (2) has there been any single claim in the last 3 years (current period and two prior) that the insured has been in business, over \$100,000? (3) has EVER been sued for BI or PD in excess of 250,000 or more?	No
4.1	Do you have or will you be able to get Currently Valued General Liability Loss Runs for the last 3 years that the Insured has been in business? <i>Tip: "Currently Valued" is defined as dated within three months of the proposed effective date</i>	Yes
4.1.a	UPLOAD Currently Valued General Liability Loss Runs for each of the last 3 years that the Insured has been in business. <i>[Tip: "Currently Valued" is defined as dated within three months of the proposed effective date] Note: To upload more than a single Document (desktop PC Users) or more than a single Image/Photo of a Document (iPad Users) go to Main Menu and select 'Upload/View Supporting Files' button from the bottom of the page.</i>	3 Files Uploaded
5	Are General Liability losses "First Dollar" (not reduced by Deductible or SIR)?	Yes
6	Total Aggregate over the last 3 years in business.	\$0.00

YOU WILL BE REQUIRED TO COMPLETE THE LOSS SUMMARY SECTION FOR THE LESSER OF THREE (3) YEARS OR THE NUMBER OF YEARS THE INSURED HAS BEEN IN BUSINESS.

LOSS SUMMARY INFORMATION:						
Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Current Year	5/28/2026	\$ 11,051	0	\$ 0	\$ 0	\$0.00
Prior Year 1	5/28/2026	\$ 10,800	0	\$ 0	\$ 0	\$0.00
Prior Year 2	5/28/2026	\$ 10,200	0	\$ 0	\$ 0	\$0.00
Prior Year 3						
Prior Year 4						

Auto

1	Do you want to schedule an underlying Auto Liability policy?	No
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Loss History - Auto Liability

1	Do you want to schedule an underlying Auto Liability policy?	No
----------	--	-----------

LOSS SUMMARY INFORMATION:						
Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Current Year						
Prior Year 1						
Prior Year 2						
Prior Year 3						
Prior Year 4						

Locations - Schedule

All covered Locations are shown on a separate "Locations - Schedule" which is incorporated and made a part of this application. See the last page(s) of this PDF and/or print out for details.

Locations - Questions

1.	LOCATIONS OLDER THAN 20 YEARS OLD ONLY: Have all locations more than 20 years old had plumbing, roof, and electrical systems upgraded and/or replaced and if not will the work be completed within 60 days of Binding?	Yes
2.	LOCATIONS OVER 2 STORIES ONLY: Do ALL Locations over 2 stories have at least two (2) means of egress per floor?	N/A
3.	DWELLINGS ONLY: Do ALL of the following apply: (a) All dwellings are utilized as rentals to third parties, (b) The insured/management company inspects all dwellings at least once a year, (c) The insured/management company have a formal safety / inspection program in place, (d) The insured/management company addresses all tenant concerns regarding repairs in what would be generally accepted as in a "timely manner" and (e) All repairs, whether as a function of a tenant concern or otherwise, are conducted by a licensed independent third party?	N/A
4.	POOLS ONLY: Do ALL of the following apply: (a) There are NO diving boards, (b) All Outdoor Pools are fenced and secured with a self latching gate, (c) Entry to all Indoor Pools are secured with a self-locking door and (c) All Pools are clearly marked with Swim at Your Own Risk signs AND depth markers?	Yes
5.	BOAT SLIPS ONLY: Do ALL of the following apply: (a) All entrances are protected with a self-locking gate and possess fencing / railings to segment off nearby adjacent walk ways, (b) There are NO refueling stations/operations, (c) No unauthorized third parties are permitted to access boat slips, (d) Boat Slips are not owned or used by any individual other than an owner of a Condo / COOP / HOA unit or a Hotel Guest?	N/A
6.	VACANT LAND ONLY: Do ALL of the following apply: (a) Vacant Land is not (a) undergoing any construction operations of any kind for the in-force effective period, (b) Vacant Land is not accessible by unauthorized third parties, (c) Vacant Land is not leased to third parties for a fee or (d) Vacant Land is not in use in any other way not described above	N/A
7.	HOTELS / B&B ONLY: Do you perform, and maintain on file, background checks (including criminal and reference checks) for all prospective and current employees?	N/A
8.	BATTERY OPERATED SMOKE DETECTORS ONLY: Are all Battery Operated smoke detectors regularly maintained?	Yes

Locations - Supplemental

Named Insureds

#	Name	Description of Operations
1	Eastwood Pines Townhomes Association, Inc.	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

PRIOR TO RELEASING ANY COVERAGE DOCUMENTS I WILL CAUSE THE INSURED TO SIGN THIS APPLICATION AND WILL MAINTAIN A COPY ON FILE THAT WILL BE AVAILABLE UPON REQUEST.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN

APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

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

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL WRITTEN STATEMENTS, AGREEMENTS AND SUPPLEMENTAL MATERIAL FURNISHED TO GREAT POINT AND/OR THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT OR UPLOAD HERETO) CHANGES GREAT POINT INSURANCE AND/OR THE INSURER WILL BE IMMEDIATELY NOTIFIED OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SELECTING "I AGREE" WILL ACKNOWLEDGE MY RECEIPT, AND AFFIX MY ELECTRONIC SIGNATURE, ACCEPTING THESE TERMS & CONDITIONS. AGREEMENTS EXECUTED VIA ELECTRONIC SIGNATURE WILL HAVE THE SAME VALIDITY AND EFFECT AS A SIGNATURE AFFIXED BY HAND CONSISTENT WITH CONNECTICUT LAW (CONN. GEN. STATE §1-266 ET SEQ. OR AS AMENDED IN THE FUTURE). GREAT POINT ACCEPTS NO OBLIGATION TO VERIFY THE AUTHENTICITY OF ANY SIGNATURE.

Producer:

I AGREE I DO NOT AGREE

Legal Name of Organization: PCS Insurance Group

Producer Name: Charles Barber

Telephone: (813) 868-1010

Email: workque@pcsins.com

Sign Date: 5/29/2026

Insured {Signature to be maintained on file by Producer}:

Legal Name of Organization: Eastwood Pines Townhomes Association, Inc

Signature: 
Signed by: UCFF8F7917994B7...

Printed Name: Heather Foster

Sign Date: 5/30/2026

Locations - Schedule

PHYSICAL ADDRESS		COPE DATA							HABITATIONAL EXPOSURES							
#	Address	# of Buildings	Year Built	Stories	Construction	Fully Sprinklered	Smoke Alarm Type	Fire/Life Safety Features	HOA Units With D&O	Condo/Co-Op Units With D&O	HOA Units Without D&O	Condo/Co-Op Units Without D&O	Dwelling Units	Apartment Units	Condo Units (3rd Party)	Timeshare Units
1	1821-2962 Pine Cone Circle Clearwater FL, 33760	7	1973	2	Joisted Masonry	No	Battery	None of the Above		56						

PHYSICAL ADDRESS		HOSPITALITY EXPOSURES					LESSORS RISK ONLY EXPOSURES						OTHER EXPOSURES						
#	Address	Hotel Rooms	Franchise Name [HOTEL ONLY]	B&B Rooms	Room Receipts	Food Receipts	Liquor Receipts	Retail LRO SqFt	Office LRO SqFt	Warehouse LRO SqFt	Industrial LRO SqFt	Open Parking* SqFt *Only if considered a separate location	Enclosed Parking* SqFt *Only if considered a separate location	Pools	Water Exposures	Vacant Land Acres	Boat Slips	Golf Courses (18 HOLES = '1')	'Other' - Exposure the GL Carrier rated for and/or scheduled for coverage.
1	1821-2962 Pine Cone Circle Clearwater FL, 33760		Not Applicable		\$0.00	\$0.00	\$0.00							1	No				No

LENDER:

PREMIUM FINANCE AGREEMENT

450 Skokie Blvd, Ste 1000

Personal Commercial Additional Premium

Northbrook, IL 60062-7917
 P:(800) 837-3707 F:(800) 837-3709
 www.firstinsurancefunding.com

FIRST INSURANCE*
 FUNDING
 A WINTRUST COMPANY

Quote #: 98111362

<p>INSURED/BORROWER (Name and Address as shown on Policy) Eastwood Pines Townhomes Association 2904 Pine Cone Cir Clearwater, FL 33760-5310</p>	<p>Customer ID: N/A</p>	<p>AGENT or BROKER (Name and Business Address) PCS INSURANCE GROUP, INC. 3315 HENDERSON BLVD SUITE 200 TAMPA, FL 33609</p>
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LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
90,684.63	9,068.46	81,616.17	285.95	81,902.12	3,036.88	84,939.00	8.010 %

YOUR PAYMENT SCHEDULE WILL BE: Mail Payments to: *FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000*

Number of Payments	Amount of Each Payment	First Installment Due	7/1/2026
10	8,493.90	Installment Due Dates	1st (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:


- SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.
- FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge is computed using a 365-day calendar year.
- LATE PAYMENT.** For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of \$10 or 5% of the delinquent installment.
- PREPAYMENT.** If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C04039-TRIDENT RECIPROCAL EXCHANGE G04795-CAIRE MGA, LLC [CX:0] [90%PR]	PROP	12	6/1/2026 ERN TXS/FEES FIN TXS/FEES	81,599.04 0.00 9,085.59
				TOTAL	90,684.63

Q# 98111362, PRN: 052926, CFG: 10/10-12E 30D, RT: A11057-30D, DD: 30, BM: Invoice, Qtd For: A11057 Original, Memo 0

- PROMISE TO PAY.** In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.
 - POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.
 - SIGNATURE & ACKNOWLEDGEMENT.** Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**
- NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.**

Signed by: 
 DCF8FF7917994B7...
 Signature of Insured or Authorized Agent

5/30/2026
 Date


 Signature of Agent

5/29/2026
 Date

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

8. APPLICATION OF PAYMENTS. (a) Payments received by LENDER from Insured shall be applied first to installments, then to any unpaid fees. The payment of installments is prioritized over the payment of fees, which means when LENDER receives partial payments or overpayments of any installment(s), amounts previously applied to fees may be reallocated to enable a full installment(s) to be paid. This payment application method may cause fees to reappear as unpaid and owing after the payment period in which the fees were originally assessed and paid, but does not increase or otherwise change the amount of fees that Insured may be required to pay under this Agreement. (b) Any returned premium received by LENDER from the Financed Policies will be applied to reduce the total unpaid balance under this Agreement, which shall not relieve Insured of its obligation to pay any remaining installments due but may reduce the amount of such installments.

9. EFFECTIVE DATE. This Agreement will not become effective until it is accepted in writing by LENDER. LENDER will send a Notice of Acceptance to Insured to confirm this Agreement is effective.

10. DEFAULT/CANCELLATION. Insured is in default under this Agreement if (a) the Down Payment, if to be collected by LENDER, or any payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in a cancellation of the Financed Policies, Insured agrees to pay a cancellation charge for commercial loans, which will be the maximum permitted by law. No cancellation charge shall apply to personal loans. If cancellation or default occurs, Insured agrees to pay interest on the unpaid balance due at the contract rate until the balance is paid in full.

11. LIMITATION OF LIABILITY. Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER.

12. INSUFFICIENT FUNDS CHARGE. If Insured's payment is dishonored for any reason and if permitted by law, Insured will pay LENDER an insufficient funds charge equal to the maximum fee permitted by law for commercial loans and \$10 for personal loans.

13. LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED. After any Financed Policy is cancelled by any party or if a credit is otherwise generated, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER. Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation of the Financed Policies will be credited to the balance due with any excess paid to the Insured; the minimum refund is \$1.00. Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may rely exclusively on LENDER's representations about the Financed Policies.

14. ASSIGNMENT. Insured may not assign any Financed Policy or this Agreement without LENDER's prior written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.

15. AGENT OR BROKER. Insured agrees that the Agent or Broker issuing the Financed Policies or through whom the Financed Policies were issued is not the agent of LENDER, except for any action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing, that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement. In NY, the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.

16. COLLECTION COSTS. Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes.

17. GOVERNING LAW. The loan terms subject to this Agreement are governed by applicable federal law and Illinois law (to the extent not preempted by federal law), without regard to principles of conflicts of law or choice of law. If any court finds any term herein to be invalid, such finding will not affect the remaining provisions.

18. WARRANTY OF ACCURACY. Insured represents and warrants that to the best of its knowledge: (a) the Financed Policies are in full force and effect and that the Insured has not and will not assign any interest in the Financed Policies except for the interest of mortgagees and loss payees, (b) the Down Payment and any past due payments have been paid in full to the Agent or Broker or Lender in cash or other immediately available funds, (c) all information provided herein or in connection with the Agreement is true, correct, and not misleading, (d) Insured is not insolvent nor presently involved in any insolvency proceeding, (e) Insured has no indebtedness to the insurance companies issuing the Financed Policies, (f) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of the Financed Policies, and (g) Insured has disclosed if he or she is a covered member of the armed forces or a dependent of a covered member as defined in the Military Lending Act.

19. ADDITIONAL PREMIUMS. (a) Insured expressly agrees to (i) fully and timely comply with all audits by the insurance companies issuing the Financed Policies, (ii) timely provide complete and accurate payroll information, if applicable, and (iii) pay to the insurance companies any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sums. (b) Insured, or Agent or Broker, may request that LENDER finance additional policies and/or additional premiums (the "Additional Premiums") for Insured during the term of this Agreement. If LENDER agrees, LENDER will send a Notice of Acceptance to Insured to confirm its approval to finance the Additional Premiums. For commercial loans, this Agreement shall be deemed amended on the date of the Notice of Acceptance to consolidate the Additional Premiums with Financed Policies into a single and indivisible loan transaction subject to this Agreement (with applicable changes to the payment schedule), and the Additional Premiums shall be "Financed Policies" on the date of the Notice of Acceptance. For personal loans, LENDER (or Agent or Broker on LENDER's behalf) will provide a separate Premium Finance Agreement to Insured for any Additional Premiums.

20. CORRECTIONS. LENDER may insert the names of insurance companies or policy numbers in the Schedule of Policies, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement.

21. NON-WAIVER. Not Applicable.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, the signer of this Agreement (whether Insured or its agent) has valid authority to bind Insured and any other insureds named under the Financed Policies to the terms of this Agreement, including the Power of Attorney provision, Insured's signature is genuine, and the Down Payment has been received from Insured (unless the Down Payment was made to Lender), (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the Financed Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceedings affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fees, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's errors, omissions, or inaccuracies in preparing this Agreement, and will promptly reimburse LENDER for any loss or expense incurred in connection with any incidence of fraud or lack of valid authority on behalf of Insured or any other named insureds with respect to the terms of this transaction, the Agreement, or the Financed Policies, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.