Commercial Insurance Proposal
March 5, 2024

Pelican Bay Owners Association, Inc.
For March 24, 2024, renewal

Presented By: ***Christina Atwell***
Oakbridge Insurance
Phone: 850.904.4966
Fax: 850.664.5627
Text: 850.243.8113

Property Schedule

	LOCATION	BUILDING	BUSINESS PERSONAL PROPERTY	BUSINESS INCOME
	253 PELICAN BAY DRIVE SANTA ROSA BEACH, FL 32459			
1	SECURITY GATE	$14,000		
2				
3				
4				
5				
6				
	TOTALS	$ 14,000		

Property Coverage

TOTAL INSURED VALUE:	$14,000	**SECURITY GATE**
DEDUCTIBLE:	$1,000	Vandalism or Malicious Mischief
	$500	All other perils
	EXCLUDED	Wind & Hail
CO-INSURANCE:	80%	
PERILS:	"Special" Form	**"EXCLUDES QUAKE, FLOOD, WIND & HAIL"**
VALUATION:	Replacement Cost	

TERMS & CONDITIONS:
25% Minimum Earned Premium
No losses in past 5 years
Signed Application & Terrorism election/rejection form

OPTIONAL COVERAGE:
Terrorism
In accordance with the Terrorism Risk Insurance Act of 2002, you have the right to purchase insurance coverage for claims arising out of acts of terrorism as defined by the Act. The additional premium for this coverage is $52.50. You must indicate in writing at the time of binding if you wish to purchase or reject coverage.

EXCLUSIONS:
Wind & Hail, Flood, Asbestos, Lead, Fungus, Earthquake, Silica Dust, Sewer Back Up & Sump Overflow, Unrepaired Damage, Marijuana & Schedule 1 Substance, Bed Bug, Vermin or Pests, Microorganism, Radioactive Contamination, Seepage and/or Pollution and/or Contamination, Nuclear Incident, Biological Chemicals, Virus or Bacteria, Absolute Microorganism, Communicable Disease, War & Civil War & Terrorism unless elected

CARRIER: **Lloyds of London**
AM Best Rating: A XV
Surplus Lines Carrier

Property values used in the proposal were those presented by you and should be carefully reviewed and/or appraised for accuracy.

Commercial General Liability

LIMITS OF LIABILITY:

$1,000,000	Bodily Injury and Property Damage Combined Single Limit of Liability (Each Occurrence)
$1,000,000	General Aggregate (automatically reinstated once)
$1,000,000	Products & Completed Operations Aggregate
$1,000,000	Personal & Advertising Injury
$300,000	Fire Damage Liability
$10,000	Medical Expense (Any One Person)
$1,000,000	Hired Auto & Non-Owned Auto Limit

- Contractual Liability
- Host Liquor Liability
- Broad Form Property Damage
- Non–Owned Watercraft (Under 26' in Length)
- Employees as Additional Insured
- Newly Acquired Organizations –– 90 Days
- 30 Day Cancellation Notice (Except for Non–Payment of Premium)
- Leased Workers Covered
- Broad Named Insured Endorsement
- No Deductible
- General Aggregate reinstated once per policy period

EXTENDED COVERAGES

- Products/Completed Operations Aggregate Reinstated
- Personal Injury Extension
- Extended Watercraft Coverage – Less than 50 feet in length
- Broadened Supplementary Payments – a) Bail Bonds $500 b) Loss of Earnings $150
- Blanket Additional Insured – Lessor of Leased Equipment
- Blanket Additional Insured – Managers or Lessors of Premises
- Newly Acquired Organizations – extended to 180 days
- Blanket Waiver of Subrogation

Carrier: **Auto-Owners Insurance Company**
AM Best Rating: A++ XV
Admitted Carrier

Directors and Officers Liability

LIMITS OF LIABILITY: (CLAIMS MADE)	$1,000,000	Each Loss
	$1,000,000	Aggregate
	$100,000	Wage & Hour Law (Defense Only)

PRIOR & PENDING LITIGATION DATE: Inception Date

DEDUCTIBLE: $1,000

COVERAGE

- Additional Defense $1,000,000
- Global Coverage
- Duty to Defend

EXCLUSIONS: Pending claim with Liberty (specific claim), Professional Services, Bodily Injury, Property Damage, Wage & Hour, Nuclear reaction, Pollution, criminal acts or regulatory proceedings, Builders/Developers, Deliberate acts, Indemnity for ADA claims (defense coverage only), Indemnity for Breach of Contract (defense coverage only), Real Estate Property Management Services & War & Terrorism

CARRIER: **Travelers Casualty & Surety Company of America**
A.M. Best Guide Rating: A++ XV
Admitted Carrier

Crime Coverage

LIMITS OF LIABILITY:	$250,000	Employee Dishonesty
	$50,000	Forgery or Alteration
	$50,000	Theft, Disappearance and Destruction -- Inside Premises
	$50,000	Theft, Disappearance and Destruction -- In transit / Outside Premises
	$ -0-	Robbery & Safe Burglary -- Inside Premises
	$ -0-	Robbery -- Outside The Premises
	$ -0-	Premises Burglary
	$250,000	Computer Fraud
DEDUCTIBLE:	$1,000 $250	Employee Dishonesty & Computer Fraud Forgery & Alteration
EXTENSIONS:		Non-compensated officers as employees
PROPERTY MANAGER:	NONE	
	If the association hires a property management company during the policy term, please notify our office as soon as possible so coverage can be amended.	

The total amount of funds you have during any given time, including your reserves is the amount that the association should be insuring for. This includes any values received from insurance companies in the form of claims checks.

CARRIER: **Continental Casualty**
A.M. Best Guide Rating: A XV
Admitted Carrier

2024-2025 Premium Summary

COVERAGE	PROPOSED PREMIUM	EXPIRING PREMIUM	DIFFERENCE
PROPERTY	$930.10	$807.25	$122.85
DIRECTORS & OFFICERS	$1,040.30	$813.96	$226.34
GENERAL LIABILITY	$1,285.73	$1,220.94	$64.79
HURRICANE COVERAGE	NOT AVAILABLE	$2,802.57	-$2,802.57
CRIME	$770.38	$770.79	-$0.41
GRAND TOTAL	$4,026.51	$6,415.51	-$2,389.00

RECOMMENDED QUOTATIONS:

- Wind & Hail – Coverage on the security gate is an approximate additional premium of $3,000.00 previously offered. Please advise if an updated
- Umbrella Liability – quotes are available upon completion of an application
- Workers' Compensation – coverage on an "If Any" basis is $509.00 annually
- Data Compromise & Identity Theft - quotations available upon request
- Sign Coverage – quotes available upon providing a limit to quote
- Equipment Breakdown – quotes available upon request

Terrorism

- In accordance with the Terrorism Risk Insurance Act of 2002, you have a right to purchase insurance coverage for claims arising out of acts of terrorism as defined in the Act. If you do not wish to purchase this coverage, you must reject the offer in writing at the time of binding by signing the Terrorism Election Form. The additional premium for this coverage is as follows:

  Property $52.50

Note: These quotations are subject to each policies terms, conditions, insuring agreements, exclusions, deductibles, and endorsements.

X DocuSigned by: James Potter
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CATWELL

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 03/05/2024

AGENCY Oakbridge Insurance Agency 29 B Miracle Strip Parkway SW Fort Walton Beach, FL 32548	CARRIER: Underwriters At Lloyd's, London (KY) (NAIC 32727) NAIC CODE: 32727
	COMPANY POLICY OR PROGRAM NAME: PROGRAM CODE:
	POLICY NUMBER: JTA00851360
CONTACT NAME: Oakbridge Producer PHONE (A/C, No, Ext): (850) 243-8112 FAX (A/C, No): (850) 664-5627 E-MAIL ADDRESS: catwell@oakbridgeinsurance.com CODE: SUBCODE: AGENCY CUSTOMER ID: PELIBAY-01	UNDERWRITER: UNDERWRITER OFFICE: STATUS OF TRANSACTION: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE: TIME: ☐ AM ☐ PM; ☐ CANCEL

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	$	☐ CYBER AND PRIVACY	$	☐ YACHT	$
☐ BUSINESS AUTO	$	☐ FIDUCIARY LIABILITY	$		$
☐ BUSINESS OWNERS	$	☐ GARAGE AND DEALERS	$		$
☐ COMMERCIAL GENERAL LIABILITY	$	☐ LIQUOR LIABILITY	$		$
☐ COMMERCIAL INLAND MARINE	$	☐ MOTOR CARRIER	$		$
X COMMERCIAL PROPERTY	$	☐ TRUCKERS	$		$
☐ CRIME	$	☐ UMBRELLA	$		$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/24/2024	03/24/2025	X DIRECT ☐ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)
Pelican Bay Owners Association Inc.
P.O. Box 6743
Miramar Beach, FL 32550

GL CODE | SIC | NAICS | FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

☐ CORPORATION ☐ INDIVIDUAL ☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: ☐ X NOT FOR PROFIT ORG ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORPORATION ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE | SIC | NAICS | FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

☐ CORPORATION ☐ INDIVIDUAL ☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: ☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORPORATION ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

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CONTACT INFORMATION

AGENCY CUSTOMER ID: PELIBAY-01 CATWELL

CONTACT TYPE: Accounting Contact	CONTACT TYPE: Inspection Contact
CONTACT NAME: Pauline Soltiri	CONTACT NAME: Pauline Soltiri
PRIMARY PHONE #: ☐ HOME ☒ BUS ☐ CELL (850) 585-0264 / SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE #: ☐ HOME ☒ BUS ☐ CELL (850) 585-0264 / SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: pelicanbaysrb@gmail.com	PRIMARY E-MAIL ADDRESS: pelicanbaysrb@gmail.com
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	253 Pelican Bay Drive	☐ INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Santa Rosa Beach STATE: FL	X OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Walton ZIP: 32459				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☐ DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
Homeowners Association

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

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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

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

GENERAL INFORMATION

AGENCY CUSTOMER ID: PELIBAY-01 CATWELL

EXPLAIN ALL "YES" RESPONSES

	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N
PARENT COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N
SUBSIDIARY COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	N
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)** ☐ NON-PAYMENT ☐ NON-RENEWAL ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	N
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? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	N
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)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2023 - 2024	CARRIER			Lloyds of London	
	POLICY NUMBER			JTA00851360	
	PREMIUM	$	$	$	$
	EFFECTIVE DATE			03/24/2023	
	EXPIRATION DATE			03/24/2024	

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: PELIBAY-01 CATWELL

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2022 - 2023	CARRIER			Lloyds of London	
	POLICY NUMBER			JTA00850931	
	PREMIUM	$	$	$	$
	EFFECTIVE DATE			03/24/2022	
	EXPIRATION DATE			03/24/2023	
2021 - 2022	CARRIER			Lloyds of London	
	POLICY NUMBER			JTA00850509	
	PREMIUM	$	$	$	$
	EFFECTIVE DATE			03/24/2021	
	EXPIRATION DATE			03/24/2022	

LOSS HISTORY

X 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 5 YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
DocuSigned by: Christina Atwell	Oakbridge Producer Christina Atwell	D070151
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
DocuSigned by: James Potter 0B40919A120D4F9...	3/16/2024	

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
DocuSigned by: Christina Atwell	Oakbridge Producer Christina Atwell		D070151
APPLICANT'S SIGNATURE		**DATE**	**NATIONAL PRODUCER NUMBER**
DocuSigned by: 0B40919A120D4F3... James Potter 6940C24D8A184F1...		3/16/2024	

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

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

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD $ 52.50 with Tax
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:
James Potter
5940C24D9A154F1...
Policyholder/Applicant's Signature

CERTAIN UNDERWRITERS AT LLOYDS OF LONDON
Syndicate on behalf of certain underwriters at Lloyd's

PELICAN BAY OWNERS ASSOCIATION INC
Print Name

Policy Number

1/26/2024 12:00:00 AM
Date

LMA9184

09 January 2020

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Oakbridge Insurance has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Pelican Bay Owners Association, Inc.

Named Insured

DocuSigned by:
James Potter
Signature of Insured's Authorized Representative

3/16/2024
Date

Lloyds of London

Name of Excess and Surplus Lines Carrier

Property excluding wind & hail

Type of Insurance

03/24/24

Effective Date of Coverage

TRAVELERS

Travelers Casualty and Surety Company of America

Community Association Management Liability Coverage Application

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses, and any retention will be applied against defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after exhaustion of the limit of liability.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:
Pelican Bay Owners Association, Inc.

Physical Address:
253 Pelican Bay Drive

City:	State:	Zip:
Santa Rosa Beach	FL	32459

Web Address:	Telephone Number (for billing inquiries):	Proposed Effective Date:
None	(850) 585-0264	03/24/2024

If you contract with an independent professional community association manager for management services complete the following information:

Name of Management Company:

Address:
P.O. Box 6743

City:	State:	Zip:
Miramar Beach	FL	32550

☒ Check if this is the mailing address of the Named Insured.

ORGANIZATION INFORMATION

1. Type of association: ☐ Condominium ☐ Cooperative ☒ Homeowner/Property Owner Association ☐ Timeshare/Interval ☐ Condo-Hotel ☐ Commercial/Industrial/Professional

2. Are you a master association that oversees a group of separate sub-associations? ☐ Yes ☒ No
   If Yes, for commons area only? ☐ Yes ☐ No

3. In the past 24 months, or in the next 12 months are you, or any builder/developer or sponsor associated with you, contemplating, or in the process of filing for bankruptcy, reorganization, or termination of corporate status, pursuant to applicable federal or state law? ☐ Yes ☒ No

EMPLOYEE INFORMATION

4. Complete the following chart providing the number of full-time and part-time employees*, officers, directors, trustees, and volunteers:

As of Date of Application				Previous 12 Months	
Full-Time Employees	Part-Time Employees	Total Officers, Directors, Trustees (do not include volunteers)	Volunteers	Full-Time Employees	Part-Time Employees
0	0	5	0	0	0

**Full and part-time including leased, seasonal, and temporary employees of the Named Insured. NOTE: The employee count does not include employees of the Property Management Company.*

KEVIN DAVIS INSURANCE SERVICES

COMMUNITY INFORMATION

5. How many units or lots will the community association have upon completion? 31

6. Does one person or entity own more than 50% of the community association units? ☐ Yes ☒ No

7. Are there any commercial units? ☐ Yes ☒ No
   If Yes, are any of the units bars or restaurants? ☐ Yes ☒ No

8. Does the builder/developer maintain any representation on your board of directors? ☐ Yes ☒ No

9. The average value of a unit or lot is:
   ☒ Less than $1,000,000 ☐ $1,000,000 to $1,999,999 ☐ $2,000,000 or greater

10. Your amenities (check all that apply):
    ☒ None ☐ Airport Facilities ☐ Golf Course
    ☐ Marina ☐ Skiing ☐ Horse Facilities ☐ Other:

    a. If any of the above are selected, is membership mandatory for all community association residents? ☐ Yes ☐ No

    b. Are any of the amenities listed above open to the public? ☐ Yes ☐ No

11. Does the community association rent or permit the rental of any unit for a period of less than 30 days? ☐ Yes ☒ No

FINANCIAL INFORMATION

12. Have you had a negative fund balance within the past 3 years? ☐ Yes ☒ No

13. Are any renovation or improvement projects in progress or are any such projects being contemplated in the next 12 months? ☐ Yes ☒ No
    If Yes:

    a. Is the total value of these projects greater than $100,000? ☐ Yes ☐ No

    b. Is the project fully funded or have the proper amount of reserves been set aside? ☐ Yes ☐ No

14. Indicate the percentage of units in arrears over 90 days:
    ☒ Less than 10% ☐ Between 10% and 20% ☐ Greater than 20%

    Provide your most recent fiscal year-end financial statement if you meet any of the following criteria:

    a. *You have requested a limit greater than or equal to $3,000,000 for Liability Coverage.*

    b. *You are going through a bankruptcy proceeding.*

    c. *You have an inadequate or negative fund balance.*

REQUESTED INSURANCE INFORMATION

15. Requested Limit: $ 1,000,000.00 16. Requested Retention: $ 1,000.00

17. Expiring Limit: $ 1,000,000.00 18. Expiring Retention: $ 500.00

19. Expiring Premium: $ 813.00 20. Expiring Insurance Carrier: Philadelphia

21. As of the date you first purchased directors and officers and employment practices liability coverage, are you or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the coverage for which you are applying? ☐ Yes ☒ No

    If Yes, provide details and the date you first purchased directors and officers and employment practices liability coverage in the Additional Information section at the end of this Application.

PRIOR INSURANCE AND CLAIM HISTORY

22. With respect to the coverage requested in this Application, provide details or attach a loss run for all previous claims, losses, litigation, or proceedings, whether insured or not, occurring in the past five years that would fall within the scope of any directors and officers or employment practices insurance products.

23. With respect to the coverage requested, has there ever been any legal action taken by or on behalf of you against any member of yours (excluding liens or collection claims) or against any third party including any builder/developer? ☐ Yes ☒ No

24. With respect to the coverage requested, are there any pending claims, counter-claims, or litigation against any person or entity proposed for this insurance? ☐ Yes ☒ No

If Yes, provide the following for each claim:

a. Date of such claim: _____

b. Nature of the claim: _____

c. Amount paid for defense: $ _____

d. Amount sought or paid for damages: $ _____

e. Was the claim covered by insurance? ☐ Yes ☐ No

f. Were corrective procedures implemented? ☐ Yes ☐ No

g. Current status: _____

To enter more information, provide details in the Additional Information section at the end of this Application.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

[X] Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature:	Authorized Representative Name and Title:	Date *(month/dd/yyyy)*:
X DocuSigned by: James Potter	James Potter Treasurer	3/16/2024
Producer Signature (required in FL & IA):	**State Producer License No (required in FL):**	**Date *(month/dd/yyyy)*:**
X DocuSigned by: Christina Atwell	D070151	3/18/2024
Agency:		**Agency Phone Number:**
Oakbridge Insurance Agency, LLC- Ft. Walton Beach		850.904.4966

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference the question number.

Administered By:

Kevin Davis Insurance Services, a division of Worldwide Insurance Services of DE., Inc. an Amwins company
800 W 6th St. Ste 1700, Los Angeles, CA 90017
Phone: (213) 833-6191
CA Insurance License Number 0M80105

AGENCY CUSTOMER ID: PELIBAY-01 CATWELL

FLOOD INSURANCE SELECTION / REJECTION

DATE (MM/DD/YYYY): 03/05/2024

AGENCY	CARRIER	NAIC CODE
Oakbridge Insurance Agency	Underwriters At Lloyd's, London (KY) (NAIC 32727)	32727

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED(S)
JTA00851360	03/24/2024	Pelican Bay Owners Association Inc.

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in thousands of communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

Flooding is the largest single cause of natural disaster loss and damage in our country. The standard homeowners, dwelling or commercial property insurance policy typically excludes or does not otherwise provide coverage for flood damage. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

To the extent that NFIP and/or alternative market flood insurance is available for the property, as your insurance representative, we strongly recommend that you purchase flood insurance.

SELECTION / REJECTION OF FLOOD INSURANCE COVERAGE

I understand that flood insurance coverage, either with NFIP or an alternative market, may be available for the property located at the address below. I understand that not all properties are eligible for NFIP coverage (non-participating community properties or coastal barrier resources system properties) and Loss of Income and/or Additional Living Expense coverage is not currently available from the NFIP. I select or reject coverage as indicated below.

I also understand that my selection / rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Type of Coverage	ACCEPT	REJECT
NFIP Building Coverage	☐	X
NFIP Contents / Personal Property	☐	X
Excess Building Coverage	☐	X
Excess Contents / Personal Property	☐	X
Alternative Market Primary Building Coverage	☐	X
Alternative Market Primary Contents Coverage	☐	X
Alternative Market Loss of Income or Additional Living Expense	☐	X

Applicant's Signature: DocuSigned by: James Potter 5940C24D9A154F1... Date: 3/16/2024

Address of Property: 253 Pelican Bay Drive, Santa Rosa Beach, FL 32459

Producer: DocuSigned by: Christina Atwell 0B40919A120D4F3... Date: 3/18/2024

ACORD 60 (2010/04)

Certificate Of Completion

Envelope Id: 94C892B7-3340-4FBB-B324-CF4D9F2FE134
Status: Completed
Subject: Pelican Bay Owners Association, Inc.
Source Envelope:
Document Pages: 19
Signatures: 11
Envelope Originator:
Certificate Pages: 5
Initials: 1
Christina Atwell
AutoNav: Enabled
catwell@oakbridgeinsurance.com
EnvelopeId Stamping: Enabled
IP Address: 34.150.180.67
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original
3/12/2024 10:03:34 AM
Holder: Christina Atwell
catwell@oakbridgeinsurance.com
Location: DocuSign

Signer Events	Signature	Timestamp
James Potter pelicanbaysrb@gmail.com Treasurer Security Level: Email, Account Authentication (None)	DocuSigned by: James Potter 5940C24D9A154F1... Signature Adoption: Pre-selected Style Using IP Address: 173.18.73.216	Sent: 3/16/2024 11:57:38 AM Viewed: 3/16/2024 11:59:00 AM Signed: 3/16/2024 12:00:20 PM
Electronic Record and Signature Disclosure: Accepted: 3/16/2024 11:59:00 AM ID: 753c9106-f425-4221-ab7f-492e06a7fc11		
Christina Atwell catwell@oakbridgeinsurance.com President Security Level: Email, Account Authentication (None)	DocuSigned by: Christina Atwell 0B40919A120D4F3... Signature Adoption: Pre-selected Style Using IP Address: 72.215.136.49	Sent: 3/16/2024 12:00:22 PM Viewed: 3/18/2024 10:13:58 AM Signed: 3/18/2024 10:15:44 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Pauline Soltiri pelicanbaysrb@gmail.com Security Level: Email, Account Authentication (None)	COPIED	Sent: 3/16/2024 11:57:39 AM Viewed: 11/29/2024 5:47:16 PM
Electronic Record and Signature Disclosure: Accepted: 3/16/2024 10:30:52 AM ID: d8459876-46b3-43be-918e-fde633731922		

Carbon Copy Events	Status	Timestamp
Bo Potter bo@gcmolecular.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 3/18/2024 10:15:46 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/12/2024 10:11:33 AM
Certified Delivered	Security Checked	3/18/2024 10:13:58 AM
Signing Complete	Security Checked	3/18/2024 10:15:44 AM
Completed	Security Checked	3/18/2024 10:15:46 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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

Getting paper copies

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

Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Oakbridge Agency:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: luke.ossanna@hutchinsontraylor.com

To advise Oakbridge Agency of your new email address

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

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

To request paper copies from Oakbridge Agency

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

To withdraw your consent with Oakbridge Agency

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

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

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

Required hardware and software

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

Acknowledging your access and consent to receive and sign documents electronically

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

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

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