

INVOICE | 2020

11/19/2020



Village of Lazy Lake
2249 Lazy Lane
Lazy Lake, FL 33305

| POLICY NUMBER | COMPANY | EFFECTIVE DATE | PREMIUM CHARGE | CREDIT |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|--------|
| Renewal of CCP873504 | Century Surety Company | 12/19/2020 | | |
| General Liability | | | \$1,244.25 | |
| Contact our office for all your insurance needs. Home, Auto, Life, health or Business. We are a full service agency. | | | | |
| | | | Pay this Amount | |
| | | | \$1,244.25 | |

Please make check payable to **FIC OF FT LAUDERDALE**
25% Minimum earned premium at inception. Taxes and fees are non-refundable.

Thank you.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

OP ID: BM

DATE (MM/DD/YYYY)
11/19/2020

| | | | | |
|-----------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------|--|--------------|
| AGENCY FIC of Ft. Lauderdale, Inc. 1392 Weston Road Ft. Lauderdale, FL 33326 Peter Sabo | | CARRIER Century Surety Co. | | NAIC CODE |
| CONTACT NAME: Peter Sabo | | COMPANY POLICY OR PROGRAM NAME GENERAL LIABILITY | | PROGRAM CODE |
| PHONE (A/C, No, Ext): 954-384-1001 | | POLICY NUMBER CCP873504 | | |
| FAX (A/C, No): 954-384-6324 | | UNDERWRITER | | |
| E-MAIL ADDRESS: | | UNDERWRITER OFFICE | | |
| CODE: | SUBCODE: | STATUS OF TRANSACTION | | |
| AGENCY CUSTOMER ID: VILLA-1 | | 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 | | |
| | | CANCEL : <input type="checkbox"/> PM | | |

Lines of Business

| INDICATE LINES OF BUSINESS | PREMIUM | | PREMIUM | | PREMIUM |
|------------------------------|---------|--|---------------------|----|---------|
| BOILER & MACHINERY | \$ | | CYBER AND PRIVACY | \$ | |
| BUSINESS AUTO | \$ | | FIDUCIARY LIABILITY | \$ | |
| BUSINESS OWNERS | \$ | | GARAGE AND DEALERS | \$ | |
| COMMERCIAL GENERAL LIABILITY | \$ | | LIQUOR LIABILITY | \$ | |
| COMMERCIAL INLAND MARINE | \$ | | MOTOR CARRIER | \$ | |
| 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 |
| 12/19/2020 | 12/19/2021 | <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

Applicant Information

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------|-------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) VILLAGE OF LAZY LAKE 2154 LAZY LANE LAZY LAKE, FL 33305 | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | |

CONTACT INFORMATION

AGENCY CUSTOMER ID: VILLA-1

OP ID: BM

| | | | |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| CONTACT TYPE: | | CONTACT TYPE: | |
| CONTACT NAME: CAROLYN WHITE | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| 954-604-4930 | | | |
| PRIMARY E-MAIL ADDRESS: | | PRIMARY E-MAIL ADDRESS: | |
| 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 | 2250 LAZY LANE | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: LAZY LAKE | STATE: FL | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: BROWARD | ZIP: 33305 | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: HO ASSOCIATION | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> 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: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> 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: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> 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

| | | | | |
|-------------------------------------------------------|--|--|----------------------------------------|-----------------------------------------------------|
| 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 INSURED

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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 | | | | | | | LOCATION: | BUILDING: |
| BREACH OF WARRANTY | | | | | | | VEHICLE: | BOAT: |
| CO-OWNER | | | | | | | AIRPORT: | AIRCRAFT: |
| EMPLOYEE AS LESSOR | | | | | | | ITEM CLASS: | ITEM: |
| LEASEBACK OWNER | | | | | | | ITEM DESCRIPTION | |
| LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: | INTEREST END DATE: | | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | |
| TRUSTEE | LIEN AMOUNT: | | E-MAIL ADDRESS: | | | | | |
| REASON FOR INTEREST: | | | | | | | | |

GENERAL INFORMATION

| 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? | | | | 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 |
| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER | |
| | | | | |
| 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 |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 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? | | | | |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | |

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: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: VILLA-1

OP ID: BM

| 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

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 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.

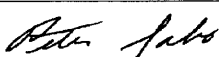
Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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)

Peter Sabo

STATE PRODUCER LICENSE NO
(Required in Florida)
A229494

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
11/19/2020

| | | | | | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|------------------------------|--------------|-------|
| AGENCY FIC of Ft. Lauderdale, Inc. 1392 Weston Road Ft. Lauderdale, FL 33326 Peter Sabo | PHONE (A/C, No, Ext): 954-384-1001 FAX (A/C, No): 954-384-6324 | APPLICANT VILLAGE OF LAZY LAKE (First NAMED Insured) | | | |
| EFFECTIVE DATE 12/19/2020 | | EXPIRATION DATE 12/19/2021 | DIRECT BILL X AGENCY BILL | PAYMENT PLAN | AUDIT |
| CODE: | | SUB CODE: | | | |
| AGENCY CUSTOMER ID: VILLA-1 | | FOR COMPANY Use Only | | | |

| COVERAGES | | LIMITS | | PREMIUMS | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|--------------|----------|----|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | GENERAL AGGREGATE | \$ 2,000,000 | | |
| <input type="checkbox"/> CLAIMS MADE | <input checked="" type="checkbox"/> OCCURRENCE | PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$ Included | | |
| OWNER'S & CONTRACTOR'S PROTECTIVE | | PERSONAL & ADVERTISING INJURY | \$ 1,000,000 | | \$ |
| | | EACH OCCURRENCE | \$ 1,000,000 | PRODUCTS | \$ |
| DEDUCTIBLES | | DAMAGE TO RENTED PREMISES (each occurrence) | \$ 100,000 | OTHER | \$ |
| <input checked="" type="checkbox"/> PROPERTY DAMAGE | \$ 500 | MEDICAL EXPENSE (Any one person) | \$ 5,000 | | \$ |
| <input checked="" type="checkbox"/> BODILY INJURY | \$ | EMPLOYEE BENEFITS | \$ | | \$ |
| | | | | TOTAL | \$ |
| OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) | | | | | |

SCHEDULE OF HAZARDS

| LOC # | HAZ # | CLASSIFICATION | Class CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|-------|-------|-----------------|------------|---------------|----------|------|----------|----------|----------|----------|
| | | | | | | | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
| 1 | | Homeowner Assoc | 68500 | U | 15 | | | | | |
| 1 | | Lake | 45524 | U | 1 | | | | | |
| | | Street, Roadway | 48727 | U | 1 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) payroll - per \$1,000/pay

(A) area - per 1,000/sq ft

(C) TOTAL COST - PER \$1,000/COST

(M) admissions - per 1,000/adm

(U) unit - per unit

(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|
| EXPLAIN ALL "YES" RESPONSES | Y/N |
| 1. PROPOSED RETROACTIVE DATE: | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | <input type="checkbox"/> |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | <input type="checkbox"/> |

EMPLOYEE BENEFITS LIABILITY

| | |
|-----------------------------|------------------------------------------------------------|
| 1. DEDUCTIBLE PER CLAIM: \$ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES: | 4. RETROACTIVE DATE: |

CONTRACTORS
VILLA-1
OP ID: BM
EXPLAIN ALL "YES" RESPONSES (For past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?

Y / N
☐

2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?

☐

3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?

☐

4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

☐

5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?

☐

6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

☐
DESCRIBE THE TYPE OF WORK SUBCONTRACTED
**\$ PAID TO SUB-
CONTRACTORS:**
**% OF WORK
SUBCONTRACTED:**
**# FULL-
TIME STAFF:**
**# PART-
TIME STAFF:**
PRODUCTS/COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|-------------------|------------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?

Y / N
☐ N

2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)

☐ N

3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?

☐ N

4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?

☐ N

5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?

☐ N

6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?

☐ N

7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

☐ N

8. PRODUCTS UNDER LABEL OF OTHERS?

☐ N

9. VENDORS COVERAGE REQUIRED?

☐ N

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?

☐ N

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT
☐ **ACORD 45 attached for additional names**
VILLA-1
OP ID: BM

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | |
|---------------------------------------------|-------|------------------|--------------|----------------------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> LOSS PAYEE | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> MORTGAGEE | | | | | SCHEDULED ITEM NUMBER: | |
| <input type="checkbox"/> Lienholder | | | | | OTHER | |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | |
| ITEM DESCRIPTION: | | | | | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | Y / N |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | <input type="checkbox"/> N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | <input type="checkbox"/> N |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) | <input type="checkbox"/> N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | <input type="checkbox"/> N |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | <input type="checkbox"/> N |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | <input type="checkbox"/> N |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | <input type="checkbox"/> N |
| 8. IS A FEE CHARGED FOR PARKING? | <input type="checkbox"/> N |
| 9. RECREATION FACILITIES PROVIDED? | <input type="checkbox"/> N |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | <input type="checkbox"/> N |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | <input type="checkbox"/> N |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | <input type="checkbox"/> N |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | <input type="checkbox"/> N |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | <input type="checkbox"/> N |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | <input type="checkbox"/> N |
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | <input type="checkbox"/> N |

GENERAL INFORMATION (continued)

VILLA-1

OP ID: BM

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

Y / N

N

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

N

19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

N

20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

N

REMARKS

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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). 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.

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: 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 certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. 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 Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019; and 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

| | |
|-------------------|----------|
| Property | |
| Inland Marine | |
| Crime | Excluded |
| General Liability | 0 |
| Garage | Excluded |
| Total | 0 |

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0115

SURPLUS LINES DISCLOSURE

At my direction, **FIC of Ft. Lauderdale, Inc** 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 that policy forms, conditions, premiums and deductible 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.

Village of Lazy Lake

Named Insured

BY: 

Signature of Named Insured

Date

Print Name and Title of person signing

Century Surety Company

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

12/19/2020

Effective Date of Coverage

CENTURY SURETY COMPANY
CONDOMINIUM / TOWNHOUSE / HOMEOWNERS ASSOCIATION
LIABILITY AND PROPERTY SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to Acord Application)

1. Name of Applicant: Village of Lazy Lake
2. Applicant is: ☐ Condominium Assn. ☐ Townhouse Assn. ☒ Homeowner Assn.
Does developer still own any units? ☐ Yes ☒ No If yes, # _____
3. Total number of living units? 15
4. Number of units that are owner occupied? 15 Number of units rented to others? 0
5. Total number of buildings housing living units? 15
6. Property information:
- a. Smoke Detectors in each living unit? ☒ Yes ☐ No
- b. Are all buildings 100% sprinklered? ☐ Yes ☒ No If No what %? _____
- c. Construction of buildings? ☐ Frame ☐ Brick Veneer ☒ Masonry ☐ Masonry Non-Combustible
Year of construction varies
- d. Any wood shake shingle roofs? ☐ Yes ☒ No
- e. Type of wiring? ☒ Copper ☐ Aluminum
- f. Date of last update (show NA if no update):
Roof _____ Plumbing _____ HVAC _____ Electric _____
- g. Number of stories _____ If over 3 stories are interior stairwells equipped with self-closing locking fire doors on each floor ☐ Yes ☐ No
- h. If multiple buildings, what is the separation between buildings? _____
7. Are there any of the following recreational facilities? If yes below, are they available to public? ☐ Yes: ☐ No
If available to public explain in Remarks.
- a. Basketball Courts? ☐ Yes ☒ No If yes, # of courts? _____
- b. Bike Paths? ☐ Yes ☒ No If yes, # miles? _____
- c. Boat Ramps? ☐ Yes ☒ No If yes, receipts? _____
- d. Boat Rentals? ☐ Yes ☒ No If yes, # of boats? _____ and receipts? _____ and explain in detail _____
- e. Exercise or Weight Rooms? ☐ Yes ☒ No If yes, #? _____ and total square footage _____
- f. Golf Courses or Driving Range? ☐ Yes ☒ No If yes, explain: _____
- g. Handball Courts? ☐ Yes ☒ No If yes, # of rooms? _____
- h. Horse: Pasturing? ☐ Yes ☒ No Rental? ☐ Yes ☐ No
Stables? ☐ Yes ☒ No Riding Ring ☐ Yes ☐ No
Trails? ☐ Yes ☒ No
- i. Motorcycle or ATV trailers? ☐ Yes ☒ No
- j. Picnic areas? ☐ Yes ☒ No If yes, # _____
- k. Playgrounds (or Parks)? ☐ Yes ☒ No If yes, # _____
- l. Racquetball Courts? ☐ Yes ☒ No If yes, # _____
- m. Saunas? ☐ Yes ☒ No If yes, # _____
- n. Spas? ☐ Yes ☒ No If yes, # _____
- o. Squash Courts? ☐ Yes ☒ No If yes, # _____
- p. Any other type of recreational facilities than those listed above? ☐ Yes ☒ No
If yes, provide details in Remarks section.
- q. Swimming pools? ☐ Yes ☒ No If yes:
total # of pools? _____ # of lap pools? _____ # of wading pools? _____

of pools (other than lap or wading pools)? _____
 Unsupervised swimming by children under the age of 16? ☐ Yes ☐ No
 Any unsupervised swimming by people age 16 or older? ☐ Yes ☐ No
 Are all pools equipped with shepherd's hooks? ☐ Yes ☐ No
 Are all pools, spas & wading pools completely fenced? ☐ Yes ☐ No If yes height of fence _____
 Is all fencing equipped with self-closing and self-locking gates? ☐ Yes ☐ No
 Any diving boards over 1 meter? ☐ Yes ☐ No If yes, explain: _____

8. Does applicant own, operate any streets or roads? ☒ Yes ☐ No If yes, # of miles? less than 1 mile
 Are any used by public as through streets? ☐ Yes ☐ No Maximum posted speed limit? _____
 9. Does applicant own, operate or maintain any lakes? ☒ Yes ☐ No If yes, # & acreage of each? 3

- Any dams? ☐ Yes ☒ No If yes, provide dam inspection report and pictures of dam (include downstream exposure).
 Any boat docks? ☐ Yes ☒ No If yes, give total # of boat slips? _____
 Are power boats allowed on lake? ☐ Yes ☐ No
 10. Any club houses? ☐ Yes ☒ No If yes, give total square footage: _____
 11. Does applicant sponsor:
 a. Swim Teams? ☐ Yes ☒ No If yes, #? _____
 b. Swimming contests? ☐ Yes ☒ No If yes, total # of days? _____
 12. Any security guards (employees of assn)? ☐ Yes ☒ No If yes, need payroll for:
 _____ armed guards, _____ unarmed guards.
 13. Does applicant own or operate:
 a. Electric utility? ☐ Yes ☒ No
 b. Gas utility? ☐ Yes ☒ No
 c. Sewer utility? ☐ Yes ☒ No
 d. Water utility? ☐ Yes ☒ No
 e. Refuse or garbage dumps (or landfill)? ☐ Yes ☒ No
 f. Garbage or refuse collection? ☐ Yes ☒ No

14. Remarks:

The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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 deceptive statement is guilty of insurance fraud.

Applicant: Village of Lazy Lake Producer: FIC of Ft Lauderdale
 Signature: [Signature] 1392 Weston Rd.
 Date: 11/12/99 Edan Anthony Mayor Weston, FL 33326