Peachtree Special Risk Brokers, LLC
970 Lake Carillon Drive, Suite 106
St. Petersburg, FL 33716
(727)299-1140 Fax: (727)299-1141
Wholesale Insurance Brokers

DATE: 04/13/2026

TO: Dave Turgeon
King Risk Partners LLC - Gainesville
643 SW 4th Ave
Ste 210
Gainesville, FL 32601

Agency Code: 91252

FROM: Trina Millsap for Don Yuhasz
TMillsap@bridgespecialty.com

RE: Village at Haile Condominium Association Inc, The
Renewal Date: 05/03/26
Renewal of Policy #: UB251249A0007

RENEWAL WDBB QUOTE

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. PROPERTY DISCLAIMER: Client ultimately selects insured values. You must contact us in writing to bind coverage, as your office holds no binding authority

Policy Term: 05/03/2026 - 05/03/2027

Quotation Premium

Premium:	$20,454.00
Policy Fee	$500.00
Provider Fee	$125.00
FL SL Tax(4.94%)	$1,041.30
Stamping Fee(0.06%)	$12.65
Total:	**$22,132.95**

Peachtree Special Risk Brokers, LLC is responsible for collecting and filing the Surplus Lines taxes.

Payment Terms: Premium Due Within 20 Days of Effective Date.

Commission: 12 % *Commission is calculated on premium only*

Minimum Earned Percentage: 100.00 %; ***Subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement.**

Note: Fees are fully earned

Policy Type: Occurrence

Carrier(s):

Lloyd's of London Non-Admitted
Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests.

Locations: Per Schedule on file with the Company.

Endorsements/Exclusions: (Standard Company or ISO Exclusions are applicable including, but not limited to the following terms, conditions and exclusions. The state specific forms vary per state and may not be listed on this proposal. It is your responsibility as agent of the insured to check coverage and terms.)

- Please see attached Company Quotation for Endorsements and Exclusions.

Terms and Conditions:

- Standard Company or ISO Exclusions are applicable including, but not limited to the attached terms, conditions and exclusions as noted on the Carrier quote attached. The state specific forms vary per state and may not be listed. Carrier, State, and/or ISO forms are available upon request.
- If there are terms/conditions that are inconsistent with the coverage bound, please note that your binder/policy prevails and any changes to terms/conditions, etc. must be made by endorsement request and are subject to carrier approval.
- The company(ies) reserves the right to inspect the locations to develop information necessary to adequately underwrite your business. When conducting these surveys recommendations may be delivered to the insured. Compliance with the recommendations is mandatory and must be completed within the time period stated. Notice of Cancellation will be issued if compliance is not met within the allotted time frame.
- NOC: Thirty (30) Days, Except Ten (10) Days Notice for Non-Payment of Premium. Subject to State Requirements.

Binding Subjectivities: (As Applicable)

Signed Applications (due at binding):

- ACORD Apps (Signed by both Insured & Producer) – As Applicable
- TRIA Form (as applicable)
- Supp App(s) (as applicable)
- SOV - Terms are based on the attached SOV. It is your responsibility to review this SOV for accuracy and notify us immediately if there are any discrepancies. Any changes may affect the terms and pricing offered. PROPERTY DISCLAIMER: Client ultimately selects insured values.

State Tax documents (as applicable)
Carrier Subjectivities – as noted on the Carrier Quote attached

Please Send the Above Items To: Trina Millsap - tmillsap@bridgespecialty.com

If PSR has not received a response from you by the expiration date of this quote, we will consider this quotation closed. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of PSR. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Thank you for this opportunity!

Best Regards,

Don Yuhasz

On behalf of Lloyd's of London,
WKFC is proud to present the following quote:

Renewal Business Quotation

Main - Wind, Valid for Thirty (30) days

Named Insured: The Village at Haile Condominium Association, Inc.

Mailing Address: 5201 Southwest 91st Drive , Gainesville, FL 32608

EFFECTIVE DATE	5/3/2026	**EXPIRATION DATE**	5/3/2027
POLICY LIMIT (Maximum Recoverable)	$409,087 Primary, Per occurrence, Per Schedule	**TIV**	$20,454,329
ANNUAL AGGREGATE	N/A		
SUBLIMITS			
COVERING	Named Storm Only excluding Wind Driven Rain Deductible Buyback Covering: Building; BPP; Misc Property as per schedule on file;		
PERILS INSURED	Named Wind Only - No coverage for all other Wind & Hail		
DEDUCTIBLES	3.0% Per Bldg, subject to minimum of $50,000 Per Occ, as respects Named Storm Only;		
WARRANTED OVERLYING DEDUCTIBLE	Overlying Named Storm Only Deductible is 5.0% Per Bldg, subject to minimum of $50,000 Per Occ;		
POLICY FORM	Manuscript - following form of primary		
VALUATION	RC	**CO-INSURANCE**	NIL
CONDITIONS	Our policy term must coincide with overlying policy term. Our policy will expire when the overlying policy expires. Our valuation follows the overlying policy valuation. Surplus Lines Tax Filing Information is due within 15 days of binding - required to issue policy. Terms are excluding loss or damage from any storm named at the time of binding.		
WARRANTIES	No coverage provided for: Boat yards, Bridges, Bunkers, Cannabis, Docks, Fairways, Greenhouse , Greens, Irrigation Systems, Marinas, Open Sided Barns, Piers, Ponds, Silos, Solar Panels, Tees, Vehicle, Wells, Wharves, Windmills Existing Damage Exclusion to apply		
PREMIUM	$20,454		
FEES (If allowed by law)	$125 MGA Service Fee		
MINIMUM EARNED PREMIUM	100.00%		
		AVERAGE ROL	5.00%

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.

FORMS AND ENDORSEMENTS	
Deductible Buy-Back Insurance - Stevens 19 (US) (LSW1900)	Stevens 19 (US) (LSW1900)
Lloyd's Certificate Jacket	LMA3136J (16/12/2015)
Lloyd's Privacy Policy Statement	LSW1135B
Schedule of Forms	Forms
Location Schedule	Locschd
Florida Surplus Lines Notice (Guaranty Act)	LMA9037
Florida Surplus Lines Notice (Rates and Forms)	LMA9038
Communicable Disease Endorsement	LMA5393 25 March 2020
Several Liability Notice	LSW 1001
Existing Damage Exclusion Endorsement	WK WD 01 01 17
Convex Privacy Notice	
Convex Service Of Suit Clause (U.S.A.)	CONX-GEN-01-0125
Additional Property Not Covered - Deductible Buyback	WK WD 03 07 24
Lloyd's Certificate Jacket	LMA3136J (16122015)

ADDITIONAL COMMENTS

-Ten (10) days notice of cancellation for Non Payment of Premium.
-Asbestos, Pollution Exclusion, Exclusion of Certain Computer Related Losses.
-Overlying Carrier name and Policy number required prior to binding.
-Receipt of Overlying Dec pages within Thirty (30) days of Binding.
-This authorization is automatically suspended if a Named Storm is within 250 miles of the United States of America, its territories or possessions.

Note: State exceptions may apply. The forms above are subject to change and may not reflect a current comprehensive listing.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.

DEDUCTIBLE BUY BACK CONDITIONS

1) INSURING CLAUSE

Subject to the limitations, terms and conditions contained in this Certificate or added hereto, Underwriters agree to indemnify the Assured named in the Schedule herein in respect of loss or damage to the property described in the Schedule occurring during the period stated in the Schedule but only whilst located or contained at the location described in the Schedule which is caused by the perils of Windstorm and hail as covered and defined in the Overlying Policy identified in the Schedule.

2) LIMIT

The limit of the Underwriters liability shall be the difference between the Deductible contained the Overlying Policy as stated in the Schedule and the lower deductible applicable hereunder stated in the Schedule.

3) MAINTENANCE OF INSURANCE

In respect of the perils hereby insured against, this Certificate is subject to the same warranties, terms and conditions except as regards the premium, the limit of liability and except as otherwise provided herein as are contained in or as may be added to the Overlying Policy and should alterations be made in the premium for that Policy, then the premium hereon may be adjusted accordingly. It is a condition of this Certificate that the Overlying Policy shall be maintained in full force and effect and any premium change to that overlying policy shall be immediately notified to underwriters.

4) PREMIUM

The premium payable hereunder is the amount stated in the Schedule.

5) NOTIFICATION OF CLAIMS

The Assured upon knowledge of any occurrence likely to give rise to a claim hereunder shall immediately advise thereof to the persons(s) or firm named for them purpose in the Schedule.

6) APPLICATION OF RECOVERIES

All salvages, recoveries or payments recovered or received subsequent to a loss settlement on this Certificate shall be applied as if recovered or received prior to such settlement and all necessary adjustments shall then be made between the Assured and the Underwriters, provided always that nothing in this Certificate shall be construed to mean losses under this Certificate are not recoverable until the Assured's loss has been finally ascertained.

7) CANCELLATION

This Certificate may be cancelled by the Assured at any time by written notice or by surrender of the Certificate. This Certificate may also be cancelled by or on behalf of the Underwriters by delivering to the Assured or by mailing to the Assured, by registered, certified or other first-class mail at the Assured s address as shown in this Certificate, written notice stating when, not less than thirty (30) days or as required by State Law (except for ten (10) days for non-payment or premium), thereafter such cancellation shall be effective. However, if the Overlying Policy is cancelled by the insurers thereon, this Certificate shall be cancelled and the notice period stated above shall be governed by the number of days stated in the overlying Policy. The mailing of such notice as aforesaid shall be sufficient proof of notice. The effective date and hour of cancellation stated in the notice shall become the end of the Certificate period. Delivery of such written notice whether by the Assured or Underwriters shall be the equivalent mailing. If the Assured cancels, earned premiums shall be computed in accordance with Underwriters customary Short Rate Cancellation Table (NMA 45). If Underwriters cancel, earned Premiums shall be computed pro rata. Premium adjustment may be made as soon as practicable after cancellation becomes effective.

8) SERVICE OF SUIT CLAUSE (USA)

It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Assured, will submit to the jurisdiction of a court of competent jurisdiction within the United States. Nothing in this clause constitutes or should be understood to constitute a waiver of Underwriters rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States.
It is further agreed that service of process in such suit may be made upon Mendes & Mount Inc., 750 7th Avenue, New York, New York 10019-6829, USA that in any suit instituted against anyone of them upon this contract; Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal. The above named are authorized and directed to accept service of process on behalf Underwriters in any such suit and/or upon the request of the Insured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters behalf in the event such suit shall be instituted.
Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereon hereby designate the Superintendent, Commissioner, Director of Insurance or other officer specified for that purpose in the statute, or his successor office, as their true and lawful attorney upon whom may be served any lawful process in any suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-named as the person to whom said officer is authorized to mail such process or a true copy thereof.

9) RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE - PHYSICAL DAMAGE – DIRECT

This Certificate does not cover any loss or damage arising directly or indirectly from nuclear reaction, nuclear radiation or radioactive contamination however such nuclear reaction, nuclear radiation, radioactive contamination may have been caused

10) WAR AND CIVIL WAR EXCLUSION CLAUSE

Notwithstanding anything to the contrary contained herein this Certificate does not cover Loss or Damage directly or indirectly occasioned by, happening through or in consequence of war invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition destruction of or damage to property by or under the order of any government or public or local authority.

IMPORTANT NOTE: The Home State of the Named Insured shall be determined in accordance with the provisions of the Non-admitted and Reinsurance Act of 2010, 15. U.S.C. §8201, *etc*. ("NRRA"), and the applicable law of the Home State governing cancellation or non-renewal of insurance shall apply to this Policy.

Please note that this is a quote only, and the carrier reserves the right to amend or withdraw the quote, if new, corrected or updated information creating a material difference from the previously provided underwriting material is received.

A written request must be received in order to bind coverage. Any amendments to coverage must be specifically requested in writing.

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, 2020, 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; 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 $0.00
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.

Policyholder/Applicant's Signature	Syndicate on behalf of certain underwriters at Lloyd's
Print Name	Policy Number
Date	The Village at Haile Condominium Association, Inc. Insured Name

LMA9104

12 January 2015