

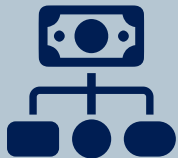
PHLY Customer Service

VISIT MyPHLY.COM TO GET STARTED



MyPHLY ONLINE PORTAL

- Enhanced Self Service Options and Mobile Browsing
- View Payment History, Invoices, and Policy Documents
- Report and Search Claims
- Direct Deposit Commission Payments
- Edit User Profile and Contact Information



DIRECT CUSTOMER BILLING BENEFITS

- Receive invoice direct from PHLY
- Go Paperless with e-billing
- Never forget a payment with PHLY Recurring Payments
- Flexible Payment Plans
- Automated Payment Application for faster processing



PAYMENT OPTIONS

- Online – PHLY.com/MyPHLY
- Phone – 877.438.7459, option 1
- Mail – P.O. Box 70251, Philadelphia, PA 19176-0251



ON DEMAND CUSTOMER SERVICE ACCESS

- Live Chat - PHLY.com
- Phone - 877.438.7459
- Email - service@phly.com
- Hours: Monday - Friday 8:30 a.m. - 8:00 p.m. ET



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

The PHLY *Difference*

800.873.4552
PHLY.com

Philadelphia Insurance Companies is the marketing name for the insurance company subsidiaries of the Philadelphia Consolidated Holding Corp., a Member of the Tokio Marine Group. Your insurance policy, and not the information contained in this document, forms the contract between you and your insurance company. If there is a discrepancy or conflict between the information contained herein and your policy, your policy takes precedence. All coverages are not available in all states due to state insurance regulations. Certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. | © 2007-2019 Philadelphia Consolidated Holding Corp., All Rights Reserved.

The PHLY Difference



PHLY Customer Service

Exceptional Customer Service

- Net Promoter Score among the industry's best
- Voice of the Customer empowers customer feedback
- Self Service at MyPHLY.com
- Direct Bill with payment plans
- Dedicated billing representative



Complimentary & Tailored Risk Management

- PHLYTrac GPS Program
- SmarterNow Online Learning Management System
- Abuse Prevention Systems Program
- PHLYSense Temperature/Water Monitoring Program



Best in class Claims Experience

- 96%+ Customer Satisfaction Rating
- Industry and Type-of-Loss Claims Specialists
- In-house Recovery and Subrogation
- Claim-specific reserving practices



TEAMPHLY - working for you!

- Marketing/Underwriting/Account Management team advocating on your behalf
- Account Stewardship
- Giving back to local communities



Industry Leading coverages

- Full Suite of coverages - package, automobile, umbrella, D&O, Cyber, A&H, Environmental, Surety
- Industry specific coverage enhancements
- Admitted & Non-admitted



Hear what our agents are saying about their experience with The PHLY Difference.

Learn more: [ThePHLYDifference.com](https://www.thephllydifference.com)

800.873.4552 | **PHLY.com**

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Risk Management Services

PHLYRMS RESOURCES

Welcome to Philadelphia Insurance Companies (PHLY)! As a PHLY customer, your organization now has access to tools and services that can assist in your risk management efforts. Our Risk Management Services (RMS) Consultants can provide in-person assistance, from leading employee safety meetings to providing valuable guidance regarding safety best practices.

PHLY also provides various risk management tools and resources at little or no additional cost to your organization.

To access these resources, please take a moment to [register on our website](#). If you already have an account on PHLY.com, please [log in](#) to access Risk Management Services resources.

Risk Management Resources

We encourage you to explore the following risk management resources:

PHLYTRAC

PHLYTrac: PHLY's telematics tool providing an online dashboard that tracks location, speeding, hard braking, and other fleet statistics - PROVIDED AT NO COST TO ELIGIBLE PHLY CUSTOMERS!

[PHLYTRAC](#)

PHLYSENSE

The **PHLYSense** System is a property monitoring tool that uses a sensor to provide immediate alerts to hazardous property conditions, such as low temperature or the presence of moisture. Provided at no cost to our customers with property coverage.

[PHLYSENSE](#)

PHLYGATEWAY

The **PHLYGateway** is an online portal that provides a suite of management and professional risk resources including an online training platform, model policies, and a Best Practices Help Line.

[PHLYGATEWAY](#)



IntelliCorp: Provides a discounted background check package as well as discounted pricing for add-on services, such as Motor Vehicle Reports (MVRs).

[IntelliCorp](#)

SMARTERNOW! RMS WEB-BASED TRAINING

SmarterNow: PHLY's no-cost Learning Management System that provides online training, assignment, and reporting capabilities. Trainings include defensive driver, discrimination in the workplace, security awareness, and many more.

[SMARTERNOW](#)

Abuse Risk Management

Abuse Prevention Training: Access to an online training platform and tailored programming support to improve the safety of organizations that serve vulnerable populations, including children and vulnerable adults.

[Protecting Vulnerable Populations](#)

CONTACT

For questions about your organization's risk management needs and information on PHLY's Risk Management Services please contact **PHLYRMS**:

Phone: 1.833.PHLYRMS (Mon-Fri 8:30 a.m. - 5:00 p.m. ET)

E-mail: phlyrms@phly.com



PHLY RISK MANAGEMENT
SERVICES

833.PHLYRMS | PHLY.com/RMS

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TOKIO MARINE GROUP
To Be a *Good Company*



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

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

PROPOSAL FOR INSURANCE

Quotation Number: 17519800

Proposal Date: 07/24/2024

Named Insured and Mailing Address:

Village Green Homeowners
Association
40 Village Green Ct
Denison, TX 75020-3943

Producer: 23521

Hempkins Insurance Agency, LLC
431 W Crawford St
Denison, TX 75020

Contact: Robert Hempkins

Phone: (903)463-6251

Fax: (903)463-6265

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From: 09/13/2024

To: 09/13/2025

Proposal Valid Until: 09/13/2024

at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Condominium Association Umbrella

Submission Type: Renewal Business

PHLY Representative: Goff, Lance R.

PHLY Representative Phone: (469) 221-7932

Underwriter: Zoeller, Zachary B.

Underwriter Phone: (913) 333-5026

Email: Lance.Goff@phly.com

Email: Zachary.Zoeller@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Umbrella Liability Coverage		
Umbrella Limit: \$ 1,000,000	\$	1,000.00
TOTAL	\$	1,000.00

Bill Plan Options:

- _25% Down and 9 Installments - Combined premium must be \$6,000 and up
- _25% Down and 5 Installments - Combined premium must be at least \$3,333
- _25% Down and 3 Installments - Combined premium must be at least \$2,000
- _50% Down and 2 Installments - Combined premium must be at least \$2,000
- _12 equal installments available only on Auto Rental/Leasing policies
- _Premiums under \$2,000 are Fixed Annual billing

All Bill Plans are subject to a minimum installment of \$500



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Proposal Date: 07/24/2024

Quotation Number: 17519800

Named Insured: Village Green Homeowners

The premium shown is subject to the following terms and conditions:

- * Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.
- * A maximum per installment fee of \$5.00 may be included (some states may vary).



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Proposal Date: 07/24/2024

Quotation Number: 17519800

Named Insured: Village Green Homeowners

The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.

Signature of Authorized Insurance Representative

Date



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

Terrorism Premium (Certified Acts) \$ <u>0</u>
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You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT’S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

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

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

	<p>I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from ‘certified’ acts of terrorism, EXCEPT as noted above.</p>
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You, as the Insured, have 30 days after receipt of this notice to consider the

selection/rejection of “terrorism” coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

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

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

NAMED INSURED: Village Green Homeowners

INSURED'S SIGNATURE: _____

DATE: _____

Proposal Date: 07/24/2024

Quotation Number: 17519800

Named Insured: Village Green Homeowners

FORM SCHEDULE

Form	Edition	Description
BJP-190-1	0221	Commercial Lines Policy Jacket
PI-Notice TX	0120	Have a Complaint or Need Help?
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PI-CXL-TX-NOTICE 1	0113	Asbestos Exclusion Disclosure Notice
PI-CXL-TX-NOTICE 2	1014	Lead Liability Exclusion Disclosure Notice
PI-CXL-002	0519	Commercial Umbrella Liability Ins Policy Declarations
PI-CXL-001	0314	Commercial Umbrella Liability Insurance Policy
PI-CXL-004	0119	Directors And Officers Liability Exclusion
PI-CXL-006	0912	Employers Liability (Stop Gap) Exclusion
PI-CXL-007 TX	0519	Abuse Or Molestation Exclusion
PI-CXL-008 TX	0616	Automobile Coverage Exclusion
PI-CXL-014	0912	Subsidence Exclusion
PI-CXL-015	0912	Athletic Participants And Officials Exclusion
PI-CXL-032	0912	Fungi Or Bacteria Exclusion
PI-CXL-039	0115	Cap On Losses From Certified Acts Of Terrorism
PI-CXL-041	0516	General Liability Follow Form Endorsement
PI-CXL-068	0912	Employee Benefits Liability Exclusion
PI-CXL-075	0314	Lead Liability Exclusion
PI-CXL-088	0314	Access Or Disclosure Of Confidential Info W/Exception
PI-CXL-099	0116	Recording And Distribution Of Material Or Information
PI-CXL-100	0119	Absolute Cyber Liability And Electronic Exclusion
PI-CXL-111	0719	Limit Of Ins Excl Clause Minimum Limit Requirement
PI-CXL-113	0118	Per Location / Per Project Agg Limit Of Ins Exclusion
PI-CXL-117	0119	Silica Or Silica-Related Dust Exclusion
PI-CXL-132	0620	Absolute Communicable Disease Exclusion
PI-CXL-137	0422	Total Exclusion - PFC/PFAS
PI-CXL-TX 1	1212	Texas Changes
PI-CXL-TX 2	0923	Texas Changes - Cancellation And Nonrenewal Provisions
PI-UMTER-DN	1220	Disclosure Notice Of Terrorism Ins Cov Rejection Opt



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Proposal Date: 07/24/2024

Quotation Number: 17519800

Named Insured: Village Green Homeowners

UMBRELLA LIABILITY

Total: \$ 1,000.00

Includes Total Taxes of: Not Applicable

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT
(LIABILITY COVERAGE)

\$ 1,000,000

PERSONAL & ADVERTISING INJURY LIMIT

\$ 1,000,000

Any one person or organization

PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT

\$ 1,000,000

GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with
respect to Auto Liability and Products Completed Operations)

\$ 1,000,000

RETAINED LIMIT

RETAINED LIMIT:

\$ 10,000



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SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Bodily injury by accident	\$	Each Accident
Bodily injury by disease	\$	Each Employee
Bodily injury by disease	\$	Policy Limit

Commercial General Liability

☒ Occurrence

☐ Claims-Made

Company: **Philadelphia Indemnity Insurance Company**

Policy Number:

Policy Period: **09/13/2024** **09/13/2025**

Retroactive Date: **Not Applicable**

Minimum Applicable Limits:

General Aggregate	\$	2,000,000
Products-Completed Operations Aggregate	\$	2,000,000
Personal And Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000

Commercial Auto Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$
Each Accident	\$

Professional Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$
\$



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Employee Benefits Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$

\$

Abuse or Molestation

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$

\$

Directors & Officers Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$

\$

Liquor Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$

\$



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Watercraft Liability

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$

\$

Other Coverages Not Included in Above

☐ Occurrence

☐ Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits

\$

\$



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Taxes, Surcharges, and Fees Notice

*Note: The above proposal may not account for local taxes, Surcharges, and/or fees mandated by the State in which you/your business operate(s). The final policy will include a description of how local taxes, surcharges and fees, if applicable, have been allocated as determined by the risk location. Please contact a PHLY representative if you have any questions.