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COMMERCIAL INSURANCE PROPOSAL FOR

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**EAST LAKE WOODLANDS  
CONDOMINIUM UNIT FOUR ASSOCIATION, INC.**

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11/15/2016 THROUGH 11/15/2017

PRESENTED BY:  
***ALL LINES INSURANCE GROUP***  
MRS. KELLI VENABLE  
1345 S MISSOURI AVE  
CLEARWATER, FL 33756  
(727) 446-5721  
FAX (727) 443-2479  
[WWW.ALLLINESINSGROUP.COM](http://WWW.ALLLINESINSGROUP.COM)

NOTE: Coverage summaries provided herein are intended as an outline of coverage only and are necessarily brief. The extent of insurance is at all times governed by the complete terms, conditions, and exclusions of the insurance policy.

*ESTABLISHED IN 1983, THE ALL LINES INSURANCE AGENCY HAS LONG BEEN KNOWN FOR THEIR INTEGRITY AND HONESTY IN THE INSURANCE INDUSTRY. WITH OVER 700 ASSOCIATIONS IN THE ALL LINES FAMILY, OUR GOAL IS TO SERVICE ALL CLIENTS EQUALLY REGARDLESS OF STATURE. OUR #1 OBJECTIVE IS TO PUT THE "CLIENTS INTEREST FIRST", AND CONTINUE TO WORK FOR THE BEST PRICING AND COVERAGE AVAILABLE THROUGHOUT THE INDUSTRY.*

**YOUR SERVICE TEAM**

**Commercial Account Executives**

Ashley Affendakes

**Commercial Support Staff**

Amber Thornton

Victoria Bouchey

Debbie Scott

Joyce Winters

**Unit Owners Policies**

Please call # 727-446-6101

**ALL LINES INSURANCE GROUP, INC.**

1345 S MISSOURI AVENUE

CLEARWATER, FL 33756

(727)446-5721

(727)443-2479 FAX

CERTIFICATE OF INSURANCE:

FAX REQUEST TO 727-443-2479

OR

Online: [certificates@insuranceagentfl.com](mailto:certificates@insuranceagentfl.com)

## **ABOUT YOUR INSURANCE COVERAGE**

### **KNOWN EXPOSURES:**

This proposal is based upon exposures to loss that currently exist and which have been identified and made known to us. If your exposures, operations or circumstances changed, this should be discussed with us in order that we may make any necessary adjustments in your insurance coverage.

### **POLICY GOVERNS COVERAGE:**

This report is provided as a convenience to you and is intended only as an outline and summary of the insurance being provided. The insuring agreements, terms, conditions and exclusions of the insurance company's actual policy forms and endorsements will govern the coverage being provided. Please refer to the actual policy for questions of coverage.

### **OFFER OF HIGHER LIMITS OF LIABILITY:**

Higher limits of insurance may be available. (Subject to appraisal)

### **INSURANCE TO VALUE:**

All quotes are subject to adequate Property Insurance to value and co-insurance clauses. Simply stated, if the replacement values do not meet the coinsurance percentage indicated, you will become a coinsurer at the time of loss. We strongly urge you to review these values and obtain a current reconstruction cost appraisal if you have not done so in the past three years. Coinsurance Options: Most coverage is specific per building; your policy will not pay more than the face amount of insurance. You have the option to insure at 80%, 90%, or 100% of the value.

### **OTHER SERVICES:**

In addition to Property and Casualty insurance, our organization offers a full range of insurance and financial protection products and services. This includes:

- Employee Benefits and Group Coverage
- Life and Health Insurance
- Personal Insurance – Condo Unit Owners
- Consulting Services
- Automobile Insurance
- Bonding
- Workers Compensation
- Inland Marine
- Fidelity
- Flood

**HERITAGE INSURANCE COMPANY**

**LOCATION SCHEDULE**

<i>Location #</i>	<i>Address</i>
1	*See Attached Schedule of Locations & Values

**LIMIT(S)**

- ⚡ Per Occurrence (Scheduled); NOT Blanket .....\$ 6,732,929
  - Various Locations – See Attached Schedule

**DEDUCTIBLE(S)**

- ⚡ All Other Perils .....\$ 5,000
  - ⚡ Sinkhole ..... 3%
  - ⚡ Named Hurricane – Calendar Year\* ..... 5%
- \* See attached for Explanation of Hurricane Deductible

**VALUATION**

- ⚡ Replacement Cost – Building

**COINSURANCE.....AGREED VALUE**

**SIGNIFICANT COVERAGE FEATURE(S)**

- ⚡ Coverage Form – Special **Excluding** Flood and Earthquake
- ⚡ **Equipment Breakdown**
- ⚡ **Ordinance or Law Coverage – see page 6**
- ⚡ Mold Sub-Limit Included – Each Occurrence/Aggregate.....\$ 15,000

**SPECIFIC EXCLUSION(S)**

- ⚡ Terrorism

**VALUES BASED ON NOVEMBER 2014 APPRAISAL**

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**PROPERTY \*SCHEDULE OF LOCATIONS & VALUES\*** East Lake Woodlands Condo Unit Four

**HERITAGE INSURANCE COMPANY**

**LOCATION SCHEDULE**

<b>Premises</b>	<b>Location</b>	<b>Occupancy</b>	<b>Street</b>	<b>Stories</b>	<b>Units</b>	<b>Building</b>	<b>Contents</b>	<b>Total TIV</b>
1	1	Residential Building	101-120 Martha Ln	2	20	\$2,448,289	\$0	\$2,488,289
2	1	Residential Building	201-216 Martha Ln	2	16	\$2,045,945	\$0	\$2,045,945
3	1	Residential Building	301-316 Martha Ln	2	16	\$2,045,945	\$0	\$2,045,945
4	1	Carports (10 stalls)	Martha Ln	1		\$29,375	\$0	\$29,375
4	2	Carports (10 stalls)	Martha Ln	1		\$29,375	\$0	\$29,375
4	3	Carports (8 stalls)	Martha Ln	1		\$23,500	\$0	\$23,500
4	4	Carports (8 stalls)	Martha Ln	1		\$23,500	\$0	\$23,500
4	5	Carports (8 stalls)	Martha Ln	1		\$23,500	\$0	\$23,500
4	6	Carports (8 stalls)	Martha Ln	1		\$23,500	\$0	\$23,500

Coverage may be added for the following types of losses, which although not directly caused by a covered cause of loss, are a result from the enforcement of laws or ordinances which do not permit restoring a building to the same condition as existed prior to damage. The endorsement covers:

- A) Loss to the undamaged portion of the building that must be demolished as a result of ordinance or law, up to the building limit of insurance
- B) Cost to demolish and clear the site of the undamaged portion of a building. An additional limit of the building limit is made available for this coverage
- C) Increased cost to repair, rebuild, or construct a building so that it complies with current building, zoning, or land use laws or ordinances. An additional limit of the building limit is made available for this coverage

Coverage A - Full Building Limits

Coverage B & C \$1,000,000 Combined Limit – Per Residential Building

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## Occurrence Deductible

Under the **Hurricane Occurrence Deductible Option**, one full hurricane deductible, usually three or five percent of the total coverage for the structure, will be applied to each individual hurricane, regardless of the number of hurricanes during the policy period.

## Calendar Year Deductible

Under the **Calendar Year Deductible Option**, once the full hurricane deductible has been met, insurers can only apply a non-hurricane deductible on future claims from other storms.

**For example**, a three percent hurricane deductible on a \$2,000,000 structure would be \$60,000. Therefore if a loss in excess of \$60,000 was suffered from a Hurricane, one full deductible would be met. Any additional storm claims would be subject to the usual non-hurricane deductible. (Usually \$1,000 to \$5,000)

However, if the damage from the first dated hurricane was only \$50,000, there would still be \$10,000 left from the required \$60,000 hurricane deductible to be met, and this would apply to losses from other hurricanes during the calendar year. (January 1<sup>st</sup> thru December 31<sup>st</sup>)

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**CAUSES OF LOSS COVERED**

<i>Cause of Loss</i>	<i>Special Form</i>
<i>FIRE</i>	COVERED
<i>LIGHTNING</i>	COVERED
<i>EXPLOSION</i>	COVERED
<i>WINDSTORM OR HAIL</i>	COVERED
<i>SMOKE</i>	COVERED
<i>AIRCRAFT OR VEHICLES</i>	COVERED
<i>RIOT OR CIVIL COMMOTION</i>	COVERED
<i>VANDALISM</i>	COVERED
<i>SPRINKLER LEAKAGE</i>	COVERED
<i>SINKHOLE</i>	COVERED
<i>BREAKAGE OF GLASS</i>	COVERED
<i>FALLING OBJECTS</i>	COVERED
<i>WATER DAMAGE</i>	COVERED
<i>COLLAPSE</i>	COVERED
<i>ALL OTHER CAUSES NOT EXCLUDED</i>	COVERED

**\*GENERAL EXCLUSIONS INCLUDED:**

NORMAL WEAR, TEAR AND DETERIORATION  
INSECT AND VERMIN  
FLOOD  
EARTHQUAKE

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**COMMERCIAL GENERAL LIABILITY**

EAST LAKE WOODLANDS CONDO UNIT FOUR

**ARCH SPECIALTY INSURANCE COMPANY**

**LIMIT(S)**

- ✚ **General Aggregate**.....\$ **2,000,000**
- ✚ **Product & Completed Operations Aggregate**.....\$ **1,000,000**
- ✚ **Personal & Advertising Injury**.....\$ **1,000,000**
- ✚ **Each Occurrence**.....\$ **1,000,000**
- ✚ **Fire Damage - Any One Fire**.....\$ **100,000**
- ✚ **Medical Expenses - One Person**.....\$ **10,000**
- ✚ **Hired & Non-Owned Auto**.....\$ **1,000,000**

**DEDUCTIBLE** ..... **None**

**SIGNIFICANT COVERAGE FEATURE(S)**

- ✚ Premises/Operations
- ✚ Blanket Contractual (Liability Assumed Under Contract)
- ✚ Host Liquor Liability
- ✚ Automatic Coverage/90 Days Newly Acquired Organizations
- ✚ Incidental Medical Malpractice
- ✚ Personal & Advertising Injury
- ✚ Premises Medical Payments
- ✚ Swimming Pool Liability

**SPECIFIC EXCLUSION(S) (IN ADDITION TO STANDARD POLICY EXCLUSIONS)**

- ✚ Terrorism
- ✚ Fungi, Bacteria and Mold
- ✚ Asbestos

**RATING COMMENT(S)**

- ✚ Premium Basis:

<i>Classifications</i>	<i>Rating Basis</i>	<i>Estimated Exposure</i>
Condominium Association	Units	52
Clubhouse	Sq Ft	3,249
Swimming Pool	Each	2
Additional Insured	Management Company	Ameri-Tech Property Management

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<b><i>PREMISES/OPERATIONS</i></b>	Coverage is provided for damages arising out of ownership or occupancy of the insured premises when not maintained in a reasonable manner. This also covers damages arising out of operations performed by the insured business
<b><i>PRODUCTS/COMPLETED OPERATIONS</i></b>	Products coverage is provided for damages arising out of products manufactured, sold, handled, or distributed by the insured. Completed Operations covers damages occurring after operations have been completed or abandoned, or after an item is installed or built and released for its intended purpose.
<b><i>PERSONAL INJURY</i></b>	Personal injury means injury other than bodily injury. Coverage is provided for injury resulting from offenses such as false arrest, malicious prosecution, detention or imprisonment, the wrongful entry into, wrongful eviction from and other acts of invasion, or rights of private occupancy of a room.
<b><i>ADVERTISING INJURY</i></b>	This coverage pays for damages done in the course of oral or written advertisement that disparages, libels or slanders a person's or organization's goods, products or services. Coverage for these offenses is provided under advertising injury coverage only if they occur during the course of advertising the named insured's own goods, products or services.
<b><i>MEDICAL PAYMENTS</i></b>	Medical Payments coverage pays medical expenses resulting from bodily injury caused by an accident on premises owned or rented by the insured, or locations next to such property, or when caused by the insured's operations. These payments are made without regard to the liability of the insured.
<b><i>FIRE DAMAGE</i></b>	The fire damage limit provides coverage for fire damage caused by negligence on the part of the insured to premises rented to the named insured. If a fire occurs because of negligence of the insured and causes damage to property not rented to the insured, coverage would be provided under the occurrence limit.

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1. **CONTRACTUAL LIABILITY** - Extends your coverage to liability assumed under contract, applies to both oral and written agreements relating to named insured's business.
2. **HOST LIQUOR LIABILITY** - Covers your exposure for serving liquor to clients or employees at company parties. Applies only to firms not engaged in business of selling or serving alcoholic beverages.
3. **BROAD FORM PROPERTY DAMAGE COVERAGE** - Intended for firms which perform work or services rather than sell or produce products. Usually intended for construction contractors, repairers of automobiles, installers of property.
4. **INCIDENTAL MEDICAL MALPRACTICE** - Extends term "bodily injury" to mean injury arising out of rendering of or failure to render, during the policy period; medical, surgical, dental, x-ray, or nursing services, or furnishing of food or beverages in connection therewith or the dispensing or furnishing drugs or medical, dental or surgical supplies.
5. **NON-OWNED WATERCRAFT LIABILITY COVERAGE** - (Under 26 feet in length) Provides coverage for liability which arises from any watercraft as long as watercraft is not owned by insured nor being used to carry persons or property for a fee.
6. **LIMITED WORLDWIDE COVERAGE** - Intended to extend the scope of "policy territories" to anywhere in the world. Limited to the activities of any insured who is domiciled in the United States and the original suit for damage is brought within the United States, its territories, possessions, or in Canada.
7. **EXTENDED BODILY INJURY COVERAGE** - Amends definition of occurrence to, includes any intentional act by or at the direction of the insured, which results in bodily injury, but only if such bodily injury results from the use of "reasonable" force for purposes of protecting persons or property.
8. **NEWLY ACQUIRED ORGANIZATIONS** - Automatic protection for newly acquired organizations until the new organizations is specifically added to the policy or 90 days, whichever occurs first.
9. **ADDITIONAL PERSONS INSURED** - Includes as insured; (1) Any spouse of a partner concerning business activities of the partnership and (2) any employee of the named insured while acting within the scope of his or her duties. Does not apply to bodily injury or personal injury sustained by a fellow employee which occurs during the course of employment.

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**FEDERAL INSURANCE COMPANY**

**COVERAGE & LIMIT(S)**

✚ Employee Dishonesty Coverage .....	\$ 100,000
✚ Forgery or Alteration Coverage.....	\$ 100,000
✚ Inside the Premises Coverage.....	\$ 25,000
✚ Outside the Premises Coverage.....	\$ 25,000
✚ Computer Fraud Coverage.....	\$ 100,000
✚ Funds Transfer Fraud.....	\$ 100,000

**DEDUCTIBLE(S)**

✚ Employee Dishonesty .....	\$ 500
✚ Forgery or Alteration .....	\$ 500
✚ Inside the Premises .....	\$ 250
✚ Outside the Premises .....	\$ 250
✚ Computer Fraud .....	\$ 500
✚ Funds Transfer Fraud.....	\$ 500

**ENDORSEMENTS**

- ✚ Includes All Directors and Trustees on Committees as Employees
- ✚ All Non-Compensated Officers & Directors are included as employees
- ✚ **Property Manager as Additional Insured**
- ✚ **No Conviction required**

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# DIRECTORS & OFFICERS LIABILITY

EAST LAKE WOODLANDS CONDO UNIT FOUR

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## LIBERTY INSURANCE UNDERWRITERS

### LIMIT(S)

- ✚ Each Loss .....\$ 1,000,000
- ✚ Each Policy Year .....\$ 1,000,000

### RETENTION

- ✚ Each Claim .....\$ 1,000

### SIGNIFICANT COVERAGE FEATURE(S)

- ✚ Broad Definition of Wrongful Acts including Wrongful Employment Practices, Wrongful Personal Injury (including discrimination) and Publishers Liability
- ✚ Spousal coverage expressly included
- ✚ Defense of suits arising out of the rejection or approval of contracts
- ✚ Coverage for developers on the association board in their capacity as board members, with coverage for acts during board membership continuing after departure from the board.
- ✚ Full prior acts, subject to policy terms & conditions
- ✚ **Property Manager included as Additional Insured**

### SIGNIFICANT EXCLUSION(S)

- ✚ Construction Defects

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## **DIRECTORS & OFFICERS PROGRAM HIGHLIGHTS**EAST LAKE WOODLANDS CONDO UNIT FOUR

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- ✚ Protection for a wide range of insured's, including past, present or future:
  - Directors and officers
  - Volunteers
  - Committee members
  - Trustees
  - Executives
  - Employees of the association
- ✚ Protection for the named property management company and its employees
- ✚ A duty to defend the association and its members
- ✚ Payment for losses on the policyholder's behalf, which eliminates the need for the association to pay and then be reimbursed by the insurance company
- ✚ Broadly defined Employment Practices Liability, which includes automatic coverage for:
  - Wrongful termination
  - Employment related misrepresentation
  - Violation of Employment laws
  - Sexual harassment
  - Discrimination
  - Wrongful failure to employ or promote
  - Wrongful discipline
  - Wrongful deprivation of career opportunity
  - Negligent evaluation
  - Retaliation
  - Failure to provide adequate work place policies or procedures
- ✚ Protection for monetary damages or other (injunctive) relief
- ✚ Punitive damages protection where allowed by law
- ✚ Broad definition of wrongful acts, including: any error, misstatement, misleading statement, act, omission, neglect or breach of duty actually or allegedly committed or attempted by the policyholder or any insured individual in their capacity as such, or any matter claimed against any insured individual.
- ✚ Defense expenses are in addition to the Limit of Liability
- ✚ Broad definition of claim
- ✚ No individual insured vs. insured exclusion
- ✚ Automatic 90-day reporting period for no additional premium

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**FIREMAN’S FUND INSURANCE COMPANY**

**LIMIT(S)**

⚡ Each Occurrence.....\$ **5,000,000**  
⚡ Aggregate.....\$ **5,000,000**

**RETENTION** ..... \$ **NONE**

**SIGNIFICANT COVERAGE FEATURE(S)**

- ⚡ “Pays On Behalf Of”
- ⚡ Follow Form
  - General Liability
  - Directors & Officers
- ⚡ Swimming Pool Liability

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**THE HANOVER INSURANCE GROUP**

**Limit(s)**

- Location # 1
  - Each Accident .....\$ 500,000
  - Each Disease (Policy Limit).....\$ 500,000
  - Each Disease (Each Employee) .....\$ 500,000

**Rating Comment(s)**

⚡ Premium Basis:

<i>Class Code</i>	<i>Description</i>	<i># of Employees</i>
9012	Bldg Ops – Professional	N/A
9015	Bldg Ops – Maintenance	N/A

**SIGNIFICANT POLICY FEATURES:**

⚡ **“If Any” Coverage:**

“If Any” coverage protects Associations who do not have direct employees by still providing coverage in the event that a Contractor is improperly insured, uninsured or underinsured. It is **STRONGLY RECOMMENDED** that the Association and its Unit Owners hire only licensed and properly insured contractors. Do not allow any on-site services without verification of proper licensing and appropriate insurance.

⚡ **Volunteer Endorsement:**

In addition to the "if any" exposure addressed above, the Association and potentially the management company are at risk of owing workers' compensation benefits to injured volunteers who perform "work" on behalf of the Association with the limits of no lifting over 40 lbs, no climbing ladders and no use of power tools. Imagine these scenarios: An association member volunteering at a "Saturday Community Clean-up Day" is injured, or a Board Member slips and falls during a site inspection. While the General Liability policy provides "bodily injury" coverage, bodily injury to an "employee" is specifically excluded so the exposure can be pushed to a workers' compensation policy. A volunteer performing work on behalf of the Association could easily be construed as an "employee" by the GL carrier, especially if the injuries are significant. If the Association carries the right type of workers' compensation policy, this exposure can be covered too.

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**INDIAN HARBOR INSURANCE COMPANY**

**AVAILABLE LIMITS – EACH CLAIM/AGGREGATE**

- ✚ \$250,000
- ✚ \$500,000
- ✚ \$1,000,000

**RETENTION**

- ✚ Each Pollution Conditions.....\$ **5,000**

**RETROACTIVE DATE**

- ✚ Inception Date of Policy

**SIGNIFICANT COVERAGE FEATURES**

- ✚ First and Third-Party Coverage for Pollution Conditions
- ✚ Bacteria Coverage Included if not Related to Mold or Fungi
- ✚ Clean-up expenses
- ✚ Legal Defense expenses incurred in the investigation, adjustment, settlement, and defense of a claim

**COMMON ENVIRONMENTAL EXPOSURES FACED BY COMMUNITY ASSOCIATIONS INCLUDE:**

- ✚ Retention pond migration of pollutants which spill into a nearby environmentally sensitive wetland
- ✚ Above ground fuel tank lines for the elevator generator leak into the surrounding soil
- ✚ Hazardous chemical storage spills including chlorine, pesticides and herbicides
- ✚ Below ground fuel tank leaks into the soil
- ✚ Contaminants from neighboring properties such as golf courses cause an EPA investigation
- ✚ A storm causes the diesel fuel tanks that control storm water retention pond levels to rupture and spill fuel
- ✚ Contractor incorrectly connects the clubhouse intake/outtake lines of the HVAC system causing a release of pollutants which cause bodily injury.

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# PREMIUM SUMMARY

EAST LAKE WOODLANDS CONDO UNIT FOUR

<i>Coverage</i>	<i>2016-2017 Premiums</i>	<i>2015-2016 Premiums</i>
<b>Property</b>	\$ 23,949.00	\$ 28,383.00
<b>Equipment Breakdown</b>	Included in Property Premium	Included in Property Premium
<b>Ordinance or Law</b>	Included in Property Premium	Included in Property Premium
<b>Commercial General Liability</b>	\$ 4,665.51	\$ 3,438.17
<b>Crime / Fidelity Bond</b>	\$ 425.00	\$ 425.00
<b>Directors &amp; Officers</b>	\$ 773.00	\$ 773.00
<b>Umbrella</b>	\$ 842.40	\$ 842.40
<b>Premium Total</b>	<b>\$ 30,654.91</b>	<b>\$ 33,861.57</b>

## PAYMENT PLANS

- ⬇ Annual
- ⬇ Premium Financing Available

## COVERAGE OPTIONS – IF COVERAGE OPTIONS ARE SELECTED ADDITIONAL APPLICATIONS ARE REQUIRED PER CARRIERS

- ⬇ Workers Compensation – Annual Premium \$710.00
- ⬇ Mold and Sewer Back Up \$25,000 Per Occurrence/\$50,000 Aggregate –
  - Annual Premium \$1,240.77
- ⬇ Environmental Impairment Liability
  - **AVAILABLE LIMITS – EACH CLAIM/AGGREGATE**
    - \$250,000 Limit- **Premium \$411.14**
    - \$500,000 Limit – **Premium \$465.81**
    - \$1,000,000 Limit – **Premium \$520.49**

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**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

**AFFENDAKES**

DATE (MM/DD/YYYY)  
**10/25/2016**

AGENCY <b>All Lines Insurance Group, Inc</b> <b>1345 S Missouri Avenue</b> <b>Clearwater, FL 33756</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>CARRIER</b> Heritage</td> <td style="width:20%;">NAIC CODE <b>14407</b></td> </tr> <tr> <td>COMPANY POLICY OR PROGRAM NAME</td> <td>PROGRAM CODE</td> </tr> <tr> <td colspan="2">POLICY NUMBER <b>TBA - PROP</b></td> </tr> <tr> <td>UNDERWRITER</td> <td>UNDERWRITER OFFICE</td> </tr> <tr> <td rowspan="4">STATUS OF TRANSACTION</td> <td>QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/></td> </tr> <tr> <td>BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td>CANCEL</td> </tr> </table>	<b>CARRIER</b> Heritage	NAIC CODE <b>14407</b>	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE	POLICY NUMBER <b>TBA - PROP</b>		UNDERWRITER	UNDERWRITER OFFICE	STATUS OF TRANSACTION	QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):	CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	CANCEL
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	CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM													
	CANCEL													
CONTACT NAME: PHONE (A/C. No. Ext): <b>(727) 446-5721</b> FAX (A/C. No.): <b>(727) 443-2479</b> E-MAIL ADDRESS: CODE: SUBCODE: AGENCY CUSTOMER ID: <b>EASTLAK-05</b>														

**SECTIONS ATTACHED**

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	<input checked="" type="checkbox"/> PROPERTY	\$		\$

**ATTACHMENTS**

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

**POLICY INFORMATION**

PROPOSED EFF DATE <b>11/15/2016</b>	PROPOSED EXP DATE <b>11/15/2017</b>	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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**APPLICANT INFORMATION**

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>East Lake Woodlands Condo Unit Four Assn Inc</b> <b>C/O Ameri-Tech Property Management</b> <b>24701 Us Hwy 19 N, Suite 102</b> <b>Clearwater, FL 33765</b>				GL CODE	SIC	NAICS	FEIN OR SOC SEC # <b>59-1954080</b>
BUSINESS PHONE #: <b>(727) 726-8000 320</b>				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> <b>Condominium Association</b>			
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: <u>5</u>	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: **EASTLAK-05**

**AAFFENDAKES**

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		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		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
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 # <b>1</b>	STREET <b>101-120 Martha Lane</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY: <b>Pinellas</b>	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: <b>25,684</b> SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: <b>0</b> SQ FT
					TOTAL BUILDING AREA: <b>25,684</b> SQ FT
					ANY AREA LEASED TO OTHERS? Y / N <b>N</b>

LOC # <b>2</b>	STREET <b>201-216 Martha Lane</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY:	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC # <b>3</b>	STREET <b>301-316 Martha Lane</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY:	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC # <b>4</b>	STREET <b>Martha Lane</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY:	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> <b>Condominium Association</b>	DATE BUSINESS STARTED (MM/DD/YYYY) <b>06/06/1979</b>
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS  
**Residential Condominium Association**

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

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

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

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				<b>Y / N</b>
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>	OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
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)				
<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?				
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).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				
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)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

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

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**PRIOR CARRIER INFORMATION**

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

**PRIOR CARRIER INFORMATION (continued)**

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

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

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

**SIGNATURE**

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Leo Spooner</i>	DATE <i>11/4/16</i>	NATIONAL PRODUCER NUMBER



## ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY All Lines Insurance Group, Inc		CARRIER Heritage		NAIC CODE 14407
POLICY NUMBER TBA - PROP		EFFECTIVE DATE 11/15/2016	NAMED INSURED(S) East Lake Woodlands Condo Unit Four Assn Inc	

## PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4	Martha Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Oldsmar	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
2	COUNTY:	ZIP: 34677			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
4	Martha Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Oldsmar	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
3	COUNTY:	ZIP: 34677			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
4	Martha Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Oldsmar	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
4	COUNTY:	ZIP: 34677			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
4	Martha Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Oldsmar	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
5	COUNTY:	ZIP: 34677			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
4	Martha Lane	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Oldsmar	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL
6	COUNTY:	ZIP: 34677			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					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
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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

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

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

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

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

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

Payment Plan Options

You may choose to pay your premium in full or use our semiannual or quarterly premium payment plan.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u>Installment Amount</u>	<u>Due Dates</u>
<b>Full Pay</b>	\$23,949.00	\$23,949.00	November 15, 2016
<b>Semiannual</b>	\$14,390.60	\$14,390.60 \$10,406.87	November 15, 2016 May 15, 2017
<b>Quarterly</b>	\$10,806.20	\$10,806.20 \$5,362.52 \$5,150.41 \$3,743.49	November 15, 2016 February 15, 2017 May 15, 2017 August 15, 2017

Regarding the interest, this should be 18% of each installment amount. On the semiannual option, this will be on 40% of the net premium total (entire amount of premium paid on installments). On the quarterly, this will be on 55% of the net premium total (entire amount of premium paid on installments).

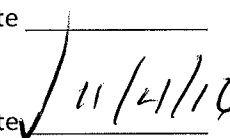
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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 Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature  \_\_\_\_\_

Date  \_\_\_\_\_



Heritage Property & Casualty Insurance Company  
Commercial Residential Property Supplemental Questionnaire

Name Insured: East Lake Woodlands Condo Unit Four Assn Inc

**I. BUILDING**

- Do any buildings have any existing damage?  Yes  No
- Has applicant(s) ever reported any potential sinkhole, settlement, or cracking damage or loss to any building or other property or have any knowledge that any prior owner of any building reported any such damage or loss?  Yes  No
- Does any building have cracking?  Yes  No
- Have there been any updates to the building(s)  
If yes, please describe: as needed  Yes  No
- Has the roof been replaced? If Yes, what year 2008  Yes  No
- Is there any unrepaired damage from a prior loss to any building(s)?  
If yes, please describe: \_\_\_\_\_  Yes  No

**II. CONSTRUCTION**

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

**III. RESIDENTIAL OCCUPANCY**

- # of total units: 52 # of Owner occupied units: 46 # Vacant units: 0
- # of Rented units (condo): 6 # Bank owned units 0 # Student units 0
- # of Seasonal owner units: 0 # Developer owned units 0
- Are seasonal units required to shut off water while unoccupied?  N/A  Yes  No
- Is the property considered a timeshare?  Yes  No
- Are short term rentals allowed?  
If yes, please note daily, weekly, monthly, or other: \_\_\_\_\_  Yes  No
- Does any building contain mercantile or office occupancies?  
(other than offices used for rental & building management purposes)  
If yes, please describe: \_\_\_\_\_  Yes  No
- Is grilling on balconies permitted?  
If yes, what type of grills are permitted?  Charcoal  Propane  Electric
- Is any building less than 31% occupied?  Yes  No
- Does any building contain subsidized housing?  Yes  No
- Are any units currently delinquent on dues?  
If yes, how many: \_\_\_\_\_  Yes  No

**IV. SAFETY/SECURITY**

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

Heritage Property & Casualty Insurance Company  
Commercial Residential Property Supplemental Questionnaire

**Name Insured:** East Lake Woodlands Condo Unit Four Assn Inc

**V. MANAGEMENT / OPERATIONS**

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

**VI. LOCATION**

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

**APPLICANT'S SIGNATURE**

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

x Leo Spooner 11/4/16  
**Applicant's Signature** **Date**

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

**AGENT'S SIGNATURE**

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

x \_\_\_\_\_ \_\_\_\_\_  
**Agent's Signature** **License Number** **Date**

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

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

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

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

x Leo Spooner 11/4/16  
**Applicant's Signature** **Date**

select (one)



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

**AAFFENDAKES**

DATE (MM/DD/YYYY)  
**10/25/2016**

AGENCY <b>All Lines Insurance Group, Inc</b> <b>1345 S Missouri Avenue</b> <b>Clearwater, FL 33756</b>	CARRIER <b>Arch Specialty Insurance Company</b> NAIC CODE <b>21199</b>
	COMPANY POLICY OR PROGRAM NAME  PROGRAM CODE
	POLICY NUMBER <b>TBA - GL</b>
CONTACT NAME: PHONE (A/C. No. Ext): <b>(727) 446-5721</b> FAX (A/C. No.): <b>(727) 443-2479</b> E-MAIL ADDRESS: CODE:                      SUBCODE:	UNDERWRITER  UNDERWRITER OFFICE  STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE                      DATE                      TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM
AGENCY CUSTOMER ID: <b>EASTLAK-05</b>	

**SECTIONS ATTACHED**

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

**ATTACHMENTS**

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

**POLICY INFORMATION**

PROPOSED EFF DATE <b>11/15/2016</b>	PROPOSED EXP DATE <b>11/15/2017</b>	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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**APPLICANT INFORMATION**

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>East Lake Woodlands Condo Unit Four Assn Inc</b> <b>C/O Ameri-Tech Property Management</b> <b>24701 Us Hwy 19 N, Suite 102</b> <b>Clearwater, FL 33765</b>	GL CODE	SIC	NAICS	FEIN OR SOC SEC # <b>59-1954080</b>
	BUSINESS PHONE #: <b>(727) 726-8000 320</b>			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC    NO. OF MEMBERS AND MANAGERS: <b>5</b>	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input checked="" type="checkbox"/> <b>Condominium Association</b>	
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"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <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"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <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: **EASTLAK-05**

**AAFFENDAKES**

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		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
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 # <b>1</b>	STREET <b>101-120 Martha Ln</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY: <b>Pinellas</b>	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: <b>25,684</b> SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: <b>0</b> SQ FT
					TOTAL BUILDING AREA: <b>25,684</b> SQ FT
					ANY AREA LEASED TO OTHERS? Y / N <b>N</b>
LOC # <b>2</b>	STREET <b>201-216 Martha Ln</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY:	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>3</b>	STREET <b>301-316 Martha Ln</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY:	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>4</b>	STREET <b>Martha Ln</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Oldsmar</b> COUNTY:	STATE: <b>FL</b> ZIP: <b>34677</b>		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> <b>Condominium Association</b>	DATE BUSINESS STARTED (MM/DD/YYYY) <b>06/06/1979</b>
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS  
**Residential Condominium Association**

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED 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
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:
<input type="checkbox"/> BREACH OF WARRANTY						BUILDING:
<input type="checkbox"/> CO-OWNER						VEHICLE:
<input type="checkbox"/> EMPLOYEE AS LESSOR						BOAT:
<input type="checkbox"/> LEASEBACK OWNER						AIRPORT:
<input type="checkbox"/> LIENHOLDER						AIRCRAFT:
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:
<input type="checkbox"/> MORTGAGEE						ITEM:
<input type="checkbox"/> OWNER						ITEM DESCRIPTION
<input type="checkbox"/> REGISTRANT						
<input type="checkbox"/> 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**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>	OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
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)				
<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?				
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).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				
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)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

**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)**

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

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

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

**SIGNATURE**

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Leo Sporn</i>	DATE <i>11/4/16</i>	NATIONAL PRODUCER NUMBER



## ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY All Lines Insurance Group, Inc		CARRIER Arch Specialty Insurance Company		NAIC CODE 21199
POLICY NUMBER TBA - GL		EFFECTIVE DATE 11/15/2016	NAMED INSURED(S) East Lake Woodlands Condo Unit Four Assn Inc	

## PREMISES INFORMATION

LOC # 4	STREET Martha Ln	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 2	CITY: Oldsmar STATE: FL COUNTY: ZIP: 34677	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 4	STREET Martha Ln	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 3	CITY: Oldsmar STATE: FL COUNTY: ZIP: 34677	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 4	STREET Martha Ln	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 4	CITY: Oldsmar STATE: FL COUNTY: ZIP: 34677	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 4	STREET Martha Ln	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 5	CITY: Oldsmar STATE: FL COUNTY: ZIP: 34677	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 4	STREET Martha Ln	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 6	CITY: Oldsmar STATE: FL COUNTY: ZIP: 34677	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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

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

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

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

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

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



AGENCY CUSTOMER ID: EASTLAK-05

AFFECTED DATES

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

10/25/2016

AGENCY All Lines Insurance Group, Inc		CARRIER Arch Specialty Insurance Company		NAIC CODE 21199
POLICY NUMBER TBA - GL		EFFECTIVE DATE 11/15/2016	APPLICANT / FIRST NAMED INSURED East Lake Woodlands Condo Unit Four Assn Inc	

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/>	CLAIMS MADE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
<input checked="" type="checkbox"/>	OCCURRENCE		<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	1,000,000	PRODUCTS
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
<input type="checkbox"/>	PROPERTY DAMAGE \$	EACH OCCURRENCE	\$	1,000,000	OTHER
<input type="checkbox"/>	BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	TOTAL
<input type="checkbox"/>	\$	MEDICAL EXPENSE (Any one person)	\$	10,000	
		EMPLOYEE BENEFITS	\$		
		HIRED AND NON OWNED AUTO	\$	1,000,000	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Condominium Units - Residential Condominium Units (11 units rented)	62003	U	52					
1	2	Clubhouse	41667	A	3249					
1	3	Swimming Pool	48925	T	2					

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (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?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

## EMPLOYEE BENEFITS LIABILITY

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



**CONTRACTORS**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
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

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: <b>Ameri-Tech Property Management</b> <b>24701 Us Hwy 19 N, Suite 102</b> <b>Clearwater, FL 33765</b>	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: <b>1</b> BUILDING: <b>1</b> ITEM CLASS: ITEM: ITEM DESCRIPTION <b>Building 1 - 20 Units</b>	
	REFERENCE / LOAN #:				

**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?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			
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)			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			
EQUIPMENT		TYPE OF EQUIPMENT SMALL TOOLS LARGE EQUIPMENT SMALL TOOLS LARGE EQUIPMENT	INSTRUCTION GIVEN (Y/N)
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			
7. ANY PARKING FACILITIES OWNED/RENTED?			
8. IS A FEE CHARGED FOR PARKING?			
9. RECREATION FACILITIES PROVIDED?			
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?			
13. ARE ATHLETIC TEAMS SPONSORED?			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	TYPE OF SPORT CONTACT SPORT (Y/N) AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 EXTENT OF SPONSORSHIP:
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

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

--

**SIGNATURE**

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

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

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

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

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

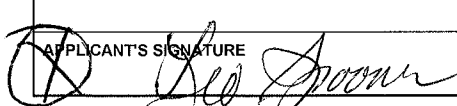
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
		
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	11/4/16	

**STATEMENT ACKNOWLEDGING THAT COVERAGE HAS  
BEEN PLACED WITH A NON-ADMITTED CARRIER**

Per Florida Statute, the insured is required to sign the following E&S disclosure:

The undersigned hereby agrees to place insurance coverage in the surplus lines market and understands that superior coverage may be available in the admitted market and at a lesser cost. 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.

EAST LAKE WOODLANDS CONDO UNIT 4 ASSN I

Named Insured

X *Leo Sporn*

Signature of Insured's Authorized Representative

*11/14/16*

Date

Arch Specialty Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

11/15/2016

Effective Date of Coverage

# TERRORISM COVERAGE DISCLOSURE NOTICE

## Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.

### DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Calendar Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

### DISCLOSURE OF PREMIUM

Should you choose to purchase terrorism coverage, you must pay a premium of:

\$ 223.97

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

## REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

<input checked="" type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

Additional Premium

EAST LAKE WOODLANDS CONDO UNIT 4 ASSOC INC

Policyholder/Legal Representative/Applicant's Signature

Named Insured

✓ LEO SPOONER

Print Name of Policyholder/Legal Representative /Applicant

✓ 11/4/16

Date

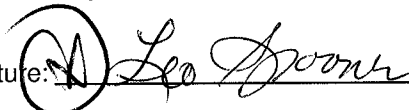
## SUPPLEMENTAL QUESTIONNAIRE

### Hired Auto Coverage

Complete if hired auto coverage is desired.

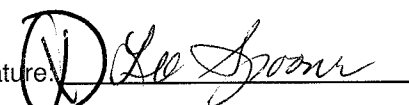
1. Does applicant own any commercial vehicles? .....  Yes  No  
Number of employees: None Web site address: \_\_\_\_\_
2. Why is hired auto coverage being requested? \_\_\_\_\_  
Protect the Association
3. Number of hired autos: If Any
4. Types of autos hired: Private Passenger - If Any  
How are they used? \_\_\_\_\_  
What is gross vehicle weight of commercial autos? \_\_\_\_\_  
What is passenger capability of public autos? \_\_\_\_\_
5. What is the average term of lease? If Any - Short Term
6. What is the maximum distance in which a hired auto may be driven from the premises?
7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household? .....  Yes  No  
If yes, give details and how many: \_\_\_\_\_
8. Does any agent, independent contractor, or employee lease autos in the applicant's name? .....  Yes  No  
If yes, explain: \_\_\_\_\_
9. At any time will you subcontract out work? .....  Yes  No  
If yes, what work is subcontracted? \_\_\_\_\_  
Cost to subcontract: \_\_\_\_\_
10. Estimated cost of hired autos:  
This year: \$ If Any Last Year: \$ If Any  
Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? .....  Yes  No  
If yes, explain: \_\_\_\_\_
11. What percentage of the hired autos' revenue is paid to owners of the autos? ..... 0 %
12. Are drivers to be provided by the applicant to operate hired autos? .....  Yes  No  
If no, will the drivers be required to provide Certificates of Insurance? .....  Yes  No  
What are the minimum liability limits required by the lessee (applicant)? \_\_\_\_\_
13. Will the applicant be named as an additional insured on the lessor's policy? .....  Yes  No
14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? .....  Yes  No  
If yes, are vehicles leased from the subsidiary or affiliate? \_\_\_\_\_

15. What is the business of the subsidiary or affiliate? \_\_\_\_\_
16. Does the applicant have an ICC broker's authority or provide a brokerage service?.....  Yes  No
17. Has applicant had any hired auto losses in the past?.....  Yes  No

Applicant's Signature:  Date: 11/4/16

**SUPPLEMENTAL QUESTIONNAIRE**  
**Non-Owned Auto Coverage**

1. Does applicant own any commercial vehicles? .....  Yes  No  
 Web site address: \_\_\_\_\_
2. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
Protect the Association
3. What types of non-owned autos will be used in the applicant's business? \_\_\_\_\_  
Personal Vehicles of Directors/Officers who may run errands.  
 How will they be used? Deposits - Bank, Mail, Etc.
4. How often are non-owned autos used in the applicant's business?  Daily  Weekly  Monthly  
 Estimated number of hours per month: As Needed, Not on a regular basis.
5. What is the estimated annual mileage for use of all non-owned autos? ..... 50-100 miles
6. What is the maximum distance which a non-owned auto may be driven from the applicant's premises?... 15 miles
7. Total number of non-owned autos used in the applicant's business: 0
8. Total number of employees: 0
9. Total number of officers and partners: 5
10. If a social service operation, indicate total number of volunteers furnishing autos in the applicant's operation: N/A  
 Maximum number of volunteers at any one time: \_\_\_\_\_
11. Do employees lease autos on the applicant's behalf?.....  Yes  No  
 If yes, under whose name are autos leased? .....  Employees  Applicant
12. Does the applicant require employees and volunteers to have their own insurance?.....  Yes  No  
 If yes, what are the minimum limits required? \_\_\_\_\_  
 Does the applicant require evidence of insurance?.....  Yes  No
13. Will the applicant use non-owned autos other than those owned by employees? .....  Yes  No  
 If yes, describe relationship: \_\_\_\_\_
14. Does the applicant obtain motor vehicle records for all drivers? .....  Yes  No
15. Has applicant had any non-owned auto losses in the past?.....  Yes  No

Applicant's Signature:  Date: 11/4/16



HABITATIONAL SUPPLEMENT
(Include Acord Application)

Applicant/Named Insured: East Lake Woodlands Condo Unit Four Assn Inc
Mailing Address: C/O Ameri-Tech Property Management 24701 US Hwy 19 N, Suite 102 Clearwater, FL 33
Website Address: Phone: Fax:
Policy Number:

1. Contact Person (Owner/Manager): Phone: (727)726-8000

2. Location street address, city, county, state and zip code (if more than 4 locations, attach separate schedule):

Location #1: 101-120 Martha Lane Oldsmar, FL 34677
Location #2: 201-216 Martha Lane Oldsmar, FL 34677
Location #3: 301-316 Martha Lane Oldsmar, FL 34677
Location #4:

3. Occupancy

a. Type of Risk: [X] Condominium [ ] Townhouse [ ] Homeowner [ ] Apartment [ ] Timeshare
[ ] Hotel / Motel (Receipts: \$ )
b. Is this a master condo association? [ ] Yes [X] No
c. Is this part of a master condo association? [ ] Yes [X] No

4. Fire Protection and Security Information

a. Sprinkler system [ ] Common areas [ ] Trash chutes [ ] All units [ ] 100%
b. Working standpipes/hoses on every floor? [X] Yes [ ] No
c. Central station fire alarm? [ ] Yes [X] No
d. Smoke detectors in each living unit? [X] Yes [ ] No If yes, select type: [X] Battery [ ] Hardwired
e. Fire Extinguishers: In each unit? [ ] Yes [X] No In common areas? [X] Yes [ ] No
f. Separation between buildings? [ ] Yes [X] No If yes, distance between buildings:
g. Is security provided? [ ] Yes [X] No If yes, [ ] Patrol [ ] Gated Access [ ] Alarm System
24-hour security? [ ] Yes [ ] No
Type of security personnel: [ ] Armed [ ] Unarmed
[ ] Employee Payroll: \$
[ ] Independent/Contracted Cost: \$
If security is Independent/Contracted, are certificates required? [ ] Yes [ ] No
h. If gated, is the entire complex fenced? [ ] Yes [X] No
How is access obtained?
Who is given access?
i. If alarm system, who monitors the system?
Are alarm systems in every unit? [ ] Yes [X] No



5. General Information

a. Number of bedrooms (check all applicable):  1  2  3  Other: \_\_\_\_\_

b. Monthly rent per unit: \_\_\_\_\_

c. Peep holes in each unit door?  Yes  No

d. Dead bolts in each unit door?  Yes  No

e. Non-slip surface in all tub/shower areas?  Yes  No

f. Electric door with card key system used?  Yes  No

g. If multiple buildings, what is the separation between buildings? \_\_\_\_\_ feet

h. Type of roofing:  Asphalt  Composition  Wood shake/shingle  Other: \_\_\_\_\_

i. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again?  Yes  No

If yes, describe: \_\_\_\_\_

j. Has applicant received any claims for wrongful eviction in the past five (5) years?  Yes  No

If yes, how many of these claims were paid? \_\_\_\_\_ Provide details: \_\_\_\_\_

k. Does applicant own or have maintenance responsibility for any streets or roads?  Yes  No

If yes, # of miles: \_\_\_\_\_

l. Are any streets and/or roads used by public as through streets?  Yes  No

If yes, maximum posted speed limit: \_\_\_\_\_ mph

m. Does applicant own or operate any of the following:

Electric utility?  Yes  No

Gas utility?  Yes  No

Sewer utility?  Yes  No

Water utility?  Yes  No

Refuse or garbage dump (or landfill)?  Yes  No

Garbage or refuse collection?  Yes  No

Other: \_\_\_\_\_

n. Does applicant own, operate or lease any commercial operations?

Laundry / Dry Cleaning?  Yes  No If yes, Sq. Footage: \_\_\_\_\_ or Gross Sales: \_\_\_\_\_

Convenience Store?  Yes  No If yes, Sq. Footage: \_\_\_\_\_ or Gross Sales: \_\_\_\_\_

Restaurant?  Yes  No If yes, Sq. Footage: \_\_\_\_\_ or Gross Sales: \_\_\_\_\_

Other? \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ or Gross Sales: \_\_\_\_\_

o. Is there onsite valet parking?  Yes  No

If yes, type of valet staff:  Employees  Outside Firm \*

\* If Outside Firm, a Certificate of Insurance naming applicant as an Additional Insured must be provided.

**6. Recreational Facilities**

- a. Are there lakes on the property?  Yes  No If yes, provide total acreage: \_\_\_\_\_
- Boat ramps?  Yes  No If yes, provide receipts: \_\_\_\_\_
- Boat docks/slips?  Yes  No If yes, # of slips: \_\_\_\_\_
- Boat rentals?  Yes  No If yes, # of boats: \_\_\_\_\_ Receipts: \_\_\_\_\_
- Powered boats allowed on lake?  Yes  No
- Personal watercraft allowed on lake?  Yes  No
- Diving platforms (permanent or floating)?  Yes  No

Provide details of all boat rentals: \_\_\_\_\_

List permitted lake activities: \_\_\_\_\_

- b. Any dams?  Yes  No  
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths?  Yes  No If yes, # of miles: \_\_\_\_\_
- d. Any motorcycle or ATV trails?  Yes  No If yes, # of miles: \_\_\_\_\_
- e. Any club houses?  Yes  No If yes, total square footage: 3,249
- f. Any exercise or weight rooms?  Yes  No If yes, # of rooms: \_\_\_\_\_
- h. Any picnic areas?  Yes  No If yes, # of areas: \_\_\_\_\_
- i. Any golf courses and/or driving range?  Yes  No If yes, provide details: \_\_\_\_\_

- j. Any horse: Pasturing?  Yes  No Rental?  Yes  No  
Stables?  Yes  No Riding Ring?  Yes  No  
Trails?  Yes  No If yes, miles of riding trails: \_\_\_\_\_

- k. Are there any swimming pools?  Yes  No **(If yes, answer the remaining questions in 6.k.)**
- Pool hours: Dawn-Dusk
- How many pools? 2
- Diving boards?  Yes  No If yes, provide height: \_\_\_\_\_
- Slides?  Yes  No If yes, provide height: \_\_\_\_\_
- Underwater lighting?  Yes  No
- Steps into shallow end with handrails?  Yes  No
- Do pool(s) have sloped entry present?  Yes  No

Are any ADA lifts installed?  Yes  No

If yes:

Are lift(s):  Fixed or  Non-Fixed

Are special life jackets provided?  Yes  No

Who is responsible for operating lift? \_\_\_\_\_

Describe operator training and lift maintenance procedures: \_\_\_\_\_

If no ADA lift(s), do you have plans to install?  Yes  No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate?  Yes  No

If yes, provide height of wall and/or fence: \_\_\_\_\_

Do any doors open directly into the pool area?  Yes  No

Are depth markings clearly shown?  Yes  No

Do drain covers meet or exceed all codes, Acts or regulations?  Yes  No

Are warning signs and rules posted in accordance with local statutes and clearly visible?  Yes  No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside?  Yes  No

Pool maintained by:  Applicant  Outside Contractor

Lifeguards provided by:  Applicant  Pool Management Company  Other \_\_\_\_\_

Does applicant sponsor: Swim teams?  Yes  No If yes, how many? \_\_\_\_\_

Swim contest?  Yes  No If yes, provide total # of days: \_\_\_\_\_

I. Number of: Basketball Courts: 0 Racquetball Courts: 0 Tennis Courts: 0  
Handball court rooms: 0 Playgrounds or parks: 0 Saunas: 0 Spas: 0

m. Are any of the previous recreational facilities (a. through l.) available to the public?  Yes  No

If yes, provide explanation and include receipts: \_\_\_\_\_

**7. Renovations and/or Recent Updates** (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof	2008			
Other:				

**8. Description of Location(s)** (provide information on additional locations on separate page)

**\* Occupancy Type:** A = Apartment Building      F = Dwelling / Three Family      K = Hotel  
 B = Garden Apartments      G = Dwelling / Four Family      L = Condominium  
 C = Apartment – Hotel / Timeshare      H = Boarding or Rooming House      M = Townhome  
 D = Dwelling / One Family      I = Fraternity / Sorority House      N = HOA  
 E = Dwelling / Two Family      J = Motel

**\*\* Construction type:** F = Frame (including corrugated metal, stucco & non-combustible)      JM = Joisted Masonry / Brick  
 MFR/FR = Modified Fire Resistant / Fire Resistant      MNC = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured	36	36	36	
Occupancy type * (see list above)	L	L	L	
Construction type ** (see list above)	JM	JM	JM	
Year built	1979	1979	1979	
# of stories	2	2	2	
# of total units / buildings	/	/	/	/
# of units owned by developer	0	0	0	
Total square feet	25,684	20,818	20,818	
Is manager on premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied	17	12	12	
% of units vacant	0	0	0	
% long term (more than 30 days)	3	4	4	
% short term (less than 30 days)	0	0	0	
Who handles rentals? A = Association, U = Unit Owner	<input type="checkbox"/> A <input checked="" type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input checked="" type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input checked="" type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
% of units rented to others	3	4	4	
% of units subsidized	0	0	0	
% of units rent-controlled	0	0	0	
% of student renters	0	0	0	
Is location a retirement and/or elderly facility? If yes, is medical assistance offered? Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: <u>C</u> opper, <u>A</u> luminum, <u>P</u> igtailed	<input checked="" type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input checked="" type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input checked="" type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system	Central	Central	Central	
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection class:	2	2	2	

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.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

**NOTICE TO COLORADO APPLICANTS:**

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

**NOTICE TO NEW YORK APPLICANTS:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

✓ Leo Spooner                      (✓) Leo Spooner                      ✓ 11/24/11  
Applicant Name                      Applicant Signature                      Date

\_\_\_\_\_  
Producer Name                      Producer Signature                      Date



**LIBERTY INSURANCE UNDERWRITERS INC.**  
 55 Water Street, 18<sup>th</sup> Floor • New York, New York 10041  
 (a member of the Liberty Mutual Group and hereinafter "the Insurer")  
 Liberty Insurance Underwriters Inc.'s toll free number is: 800-677-9163



**COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE  
 APPLICATION FOR COMMUNITY ASSOCIATION POLICY**

**THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

**UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED TO THE APPLICABLE RETENTION.**

**THE POLICY PROVIDES THE DUTY ON THE PART OF THE INSURER TO DEFEND.**

*Instructions*

- *Please complete all questions.*
- *The term "Insured Organization" means the parent organization whose directors and officers are proposed to be insured under the Community Association Policy for which this Application is made, along with any other entities in which such parent organization has or controls the right to elect more than 50% of the Board of Directors or other governing body of such entity if such right exists.*

**1. General Information**

**Policy Effective Date:** 11/15/16

**Quote#:** 220317

- a) **Name of the Insured Organization:** East Lake Woodlands Condo Unit Four Assn Inc
- b) **Address of the Insured Organization:** 208 Martha Lane  
Oldsmar, FL 34677

c) **Property Manager Information:**

Telephone:

Fax:

E-Mail Address:

**2. Association Type**

Condominium

**3. Previous Insurance**

- a) **Has the Insured Organization** previously held or does it now have any directors and officers liability insurance or similar insurance? ..... Yes
- b) **Have you had any claim, notice of circumstance, or wrongful act** which has been the subject of notice under such insurance in the last 5 years? ..... No
- c) **Has any Insurer declined, cancelled, or refused to renew** any directors and officers liability insurance or similar insurance within the past 5 years? ..... No

**4. Underwriting Information**

- a) Total Number of Units: 52
- b) Number of Commercial Units: 0
- c) Number of Employees: 0
- d) Average Unit Value: 110000
- e) Does the association have the following recreational facilities:
  - Golf course ..... No
  - Boat slips ..... No
- f) Are the recreational facilities exclusive to only members of the association? ..... n/a
- g) Has the association completed in the past year or does it plan a major improvement which may require a special assessment of the association members? ..... No

**5. Loss History**

During the last 5 years has the **Insured Organization** or any of its directors, officers, or employees been involved in any litigation that could have a material impact on the **Insured Organization**?..... No

**6. Prior Knowledge**

Does anyone for whom insurance is sought have any knowledge or information of any act, error, omission, fact, or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed insurance? ..... No

**IT IS UNDERSTOOD AND AGREED THAT IF ANYONE FOR WHOM THIS INSURANCE IS SOUGHT HAS ANY KNOWLEDGE OF ANY SUCH ACT, ERROR, OMISSION, FACT, OR CIRCUMSTANCE, ANY CLAIM EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

Signing this **Application** does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this **Application** and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy.

The undersigned, on behalf of all prospective **Insureds**, declares that the statements in this **Application** and its attachments are true and accurate. If there are material changes to any statements in this **Application** or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Any person who, knowingly and with intent to injure, defraud, or deceive an 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.

**This Application must be currently dated and signed by the association's insurance agent, broker, property manager or by a member of governing board of the association.**

Signed 

Title: Pres.  
Date: 11/4/16

**Submitting Producer:** Michael B Clarkson  
All Lines Insurance Group, Inc  
1345 S Missouri Ave  
Clearwater, FL 33756

License Number (FL Producers Only)

East Lake Woodlands Condo Unit Four Assn Inc  
C/O Ameri-Tech Property Management  
24701 Us Hwy 19 N, Suite 102  
Clearwater, FL 33765

**DUE DATE:** 11/14/2016  
**Total Amount Due:** \$3,065.49  
**Amount of Remittance:** \_\_\_\_\_

Remit To:

**All Lines Insurance Group**  
1345 South Missouri Avenue  
Clearwater, FL 33756

**Please Return This Portion With Payment**

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Coverage Effective Date	Policy Number	Description	Amount
11/15/16	Prop	2016-2017 Property	\$23,949.00
11/15/16	GL	2016-2017 General Liability	\$4,665.51
11/15/16	D&O	2016-2017 Directors and Officers	\$773.00
11/15/16	Crime	2016-2017 Crime	\$425.00
11/15/16	Umb	2016-2017 Umbrella	\$842.40
		2016-2017 Premium Finance	-\$27,589.42

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**TOTAL AMOUNT DUE:** \$3,065.49

**PLEASE MAKE CHECK PAYABLE TO: ALL LINES INSURANCE GROUP, INC.**

**PREMIUM FINANCED  
DOWN PAYMENT**



1345 S. Missouri Avenue  
Clearwater, FL 33756

Phone: (727) 446-6101  
Fax: (727) 443-2479



900 ASHWOOD PARKWAY  
 SUITE 370  
 ATLANTA, GA 30338  
 (877)513-9487 FAX: (770)225-2866  
 CUSTOMER SERVICE: (800)584-9969

**PREMIUM FINANCE AGREEMENT**  
**VENTURE SPECIALTY FINANCE CO**

**IPFS CORPORATION**

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$30,654.91</b>	<b>AGENT</b> (Name & Place of business) HILB GROUP OF FLORIDA, LLC (THE)  1345 S MISSOURI AVE ALL LINES INSURANCE GROUP INC. CLEARWATER, FL 33756-6533 (727)446-5721 FAX: (727)298-8850	<b>INSURED</b> (Name & Residence or business) EAST LAKE WOODLANDS CONDO UNIT FOUR ASSOCIATION, INC 24701 US Highway 19 N Ste 102 C/O Ameri-Tech Prop Mgmt Clearwater, FL 33763-4086 (727)726-8000
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$3,065.49</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$27,589.42</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$96.60</b>		

Commercial

Account #: \_\_\_\_\_

**LOAN DISCLOSURE**

Quote Number: 5528188

Additional Policies Scheduled on Page 3

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
2.800%	\$356.58	\$27,686.02	\$28,042.60

**YOUR PAYMENT SCHEDULE WILL BE**

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
10	\$2,804.26	Beginning:	MONTHLY 12/15/2016

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

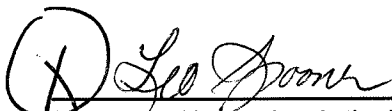
**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

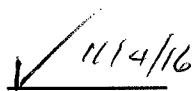
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	11/18/2016	HERITAGE PROPERTY & CASUALTY INSURA	PROPERTY	10.00%	12	23,949.00
Broker Fee:						\$0.00
TOTAL:						\$30,654.91

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

**NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.**

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

  
 Signature of Insured or Authorized Agent  
 (11/13) Copyright 2013 IPFS Corporation

  
 DATE

Signature of Agent

DATE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY:** Our privacy policy may be found at <https://www.ipfs.com/Privacy.aspx>. **18. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVERIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### **AGENT/BROKER REPRESENTATIONS**

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

**AGENT**  
 (Name & Place of business)  
 HILB GROUP OF FLORIDA, LLC (THE)  
 1345 S MISSOURI AVE  
 ALL LINES INSURANCE GROUP INC.  
 CLEARWATER, FL 33756-6533  
 (727)446-5721 FAX: (727)298-8850

**INSURED**  
 (Name & Residence or business)  
 EAST LAKE WOODLANDS CONDO UNIT FOUR  
 ASSOCIATION, INC  
 24701 US Highway 19 N Ste 102  
 C/O Ameri-Tech Prop Mgmt  
 Clearwater, FL 33763-4086  
 (727)726-8000

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**  
 (continued)

Quote Number: 5528188

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	11/15/2016	ARCH SPECIALTY INSURANCE CO MORSTAN GENERAL AGENCY OF FLORIDA	GENERAL LIABILITY	25.00%	12	4,252.00 Fee: 185.00 Tax: 228.51
PENDING	11/15/2016	LIBERTY INSURANCE UNDERWRITERS INC GRAHAM INSURANCE GROUP	DIRECTORS & OFFICERS	0.000%	12	773.00
PENDING	11/15/2016	FEDERAL INSURANCE CO MCGOWAN & CO, INC.	CRIME	0.000%	12	425.00
PENDING	11/15/2016	FIREMANS FUND INSURANCE CO TRIVEDI CAPACITY ASSOCIATES, LLC	UMBRELLA	0.000%	12	842.40

Broker Fee: \$0.00

**TOTAL:** \$30,654.91

RE: East Lake Woodlands Condo Unit Four Assn Inc

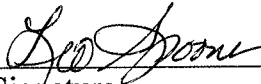
To Whom It May Concern:

I, Leo Spooner, who represents the above captioned Association, have been offered Workers Compensation from your agency.

The representative of your agency has explained to me that my electing NOT TO PURCHASE this coverage will result in any claim against the Association for which the determination of the cause of loss would have been covered under this policy, WILL NOT BE COVERED.

I further represent that the Association will not hold your agency responsible for any Loss caused by my election not to purchase Workers Compensation.

Thank you,

  
Signature

11/4/16  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please have the above form signed by an Officer of the Association and RETURN THE ORIGINAL SIGNED FORM to our office for our files.

Should you have any questions, or if there are any problems, please do not hesitate to contact our office.

RE: East Lake Woodlands Condo Unit Four Assn Inc

To Whom It May Concern:

I, Leo Spooner, who represents the above captioned Association, have been offered Environmental Impairment Liability from your agency.

The representative of your agency has explained to me that my electing NOT TO PURCHASE this coverage will result in any claim against the Association for which the determination of the cause of loss would have been covered under this policy, WILL NOT BE COVERED.

I further represent that the Association will not hold your agency responsible for any Loss caused by my election not to purchase Environmental Impairment Liability.

Thank you,

Leo Spooner  
Signature

11/4/16  
Date

LEO SPOONER  
Printed Name

President of BOD  
Title

Please have the above form signed by an Officer of the Association and RETURN THE ORIGINAL SIGNED FORM to our office for our files.

Should you have any questions, or if there are any problems, please do not hesitate to contact our office.

RE: East Lake Woodlands Condo Unit Four Assn Inc

To Whom It May Concern:

I, LEO SPOONES, who represents the above captioned Association, have been offered Mold and Sewer Back up from your agency.

The representative of your agency has explained to me that my electing NOT TO PURCHASE this coverage will result in any claim against the Association for which the determination of the cause of loss would have been covered under this policy, WILL NOT BE COVERED.

I further represent that the Association will not hold your agency responsible for any Loss caused by my election not to purchase Mold and Sewer Back up.

Thank you,

Leo Spooner  
Signature

11/4/14  
Date

LEO SPOONES  
Printed Name

President of BOA  
Title

Please have the above form signed by an Officer of the Association and RETURN THE ORIGINAL SIGNED FORM to our office for our files.

Should you have any questions, or if there are any problems, please do not hesitate to contact our office.