

Named Insured and Locations

Policy Information

Line of Business	Policy Term	Insurance Company	A.M. Best
Package	06/01/2022 - 06/01/2023 Or TBD	Century Surety (non-admitted) Via Risk Placement Services	A
Flood	06/01/2022 - 06/01/2023 Or TBD	Trisura Specialty Insurance Co Via NCIP	A
Directors & Officers Liability	06/01/2022 - 06/01/2023 Or TBD	GIG Philadelphia Insurance Co	A+

Named Insured

Dec Name:	Peninsula Point Owner Association Inc.
Firm Name:	Peninsula Point Owner Association Inc.
Entity:	Not for profit org

Location Schedule

Loc #	Bldg #	Description	Address	City	State	Zip
00001	00001	Clubhouse	5000 Waterfront Rd.	Kerens	TX	75144
00001	00002	Guard Shack	5000 Waterfront Rd.	Kerens	TX	75144

Please provide a complete list, including addresses and interest held, for all Mortgagees, Loss Payees or Additional Insureds, along with an email or fax number to ensure timely delivery of certificates.

Signature



Date

5/17/2022

General Liability

General Liability Coverage/Limits

Coverage	Limit	Deductible	Applies to	Ded Basis
General Aggregate	2,000,000			
Products/Completed Ops Aggregate	included			
Personal & Advertising Injury	1,000,000			
Each Occurrence	1,000,000	500	Both BI & PD	Per Claim
Fire Damage	100,000			
Medical Expense	5,000			
Trailer Spotting	included			
Directors & Officers Liability	1,000,000	1,000 SIR		

Schedule of Hazards- Gross Sales before Expenses

Loc #	Prem Code*	Classification	Premium Basis
00001	S	175 RV Sites for rent	176,400
00001	A	3 sites for storage- 12,610 SF	12,610
00001	U	Pond 3 acres	1
00001	U	Swimming Pool	1
00001	T	Boat Ramp	1
00001	T	Adjacent Public lake	1
00001	S	22 Park Models	included
00001	T	Association Members	226

*Premium Code: A = Area, C = Total Cost, G = Gallons, M = Admissions, P = Payroll, S = Gross Sales, T = Other, U = Unit

Does your pool have an ADA Required Pool Lift? ☐ Yes ☐ No

The above information & values are correct to the best of my knowledge.

Signature



Date

5/17/2022

Property

Statement of Values

Wind & Hail Deductible: Bldg 1= \$25,000

Wind & Hail Deductible: Bldg 2= \$15,000

Flood and Earthquake coverage are EXCLUDED

Loc # Bldg # Total Sq ft
00001 00001 2,664

Subject of Insurance	Amount	Valuation	Colns %	Cause of Loss	Deductible
Clubhouse	1,000,000	Replacement Cost	80	Special (excluding theft)	1,000
Contents	50,000	Replacement Cost	80	Special (excluding theft)	1,000
Equipment Breakdown	included				
Property Endorsement	included				

Loc # Bldg # Total Sq ft
00001 00002 144

Subject of Insurance	Amount	Valuation	Colns %	Cause of Loss	Deductible
Guard Shack; Gate	35,000	Replacement Cost	80	Special (excluding theft)	1,000
Contents	10,000	Replacement Cost	80	Special (excluding theft)	1,000

At Renewal 2023 a 4% inflation guard will be added to all buildings, to maintain adequate limits for replacement cost valuation *

This is a summary prepared manually and may include errors.

Please refer to actual policy for actual limits, deductibles, conditions, exclusions and details.

Please keep in mind that any structure NOT ON THIS SCHEDULE likely has NO COVERAGE for physical damage. Items to consider include additional buildings, pedestals, docks, pumps & equipment, transformers, fencing, signs, playgrounds, jumping pillows etc.

Business Income & Extra Expense is recommended to be covered for at least 1 years' worth of annual gross receipts.

Leavitt Recreation Insurance agents are not licensed contractors or adjusters specializing in reconstruction costs in your area.

The above information & values are correct to the best of my knowledge.

Signature



Date

5/17/2022

Premium Quotation Summary

This policy will be delivered electronically to the email on record unless specifically requested in writing. Printing and postage charges may apply.

Coverage	Premium
Commercial Package	\$43,362.36
General Liability	included
Property	included
Directors & Officers Liability	\$2,263.00
Flood insurance on bldg 1, clubhouse	\$4,144.54
Fees	included
Total Annual Premium:	\$49,769.90

*** premiums are best calculations, actual pricing on issued policy may be +/- slightly

Special Conditions:

- o Policy is subject to Audit/Inspection (within 30 days)
- o 25% Minimum Earned Premium
- o Smoke detectors are required in all habitational units

Coverage Options

Yes	No	Initial	Coverage Type	Additional premium
Yes	No	Initial	Umbrella/excess liability	Would need to be quoted

Signature



Date

5/17/2022

Leavitt Recreation & Hospitality

942 14th Street

Sturgis, SD 57785

Phone: (800)525-2060 Fax: (866)465-2797

INVOICE

Peninsula Point Owner Association Inc.

2182 Georgia Rd

Franklin, NC 28734

Account #	00037542
Client	Peninsula Point Owner Association Inc.
Policy #	2022-23 insurance
Date	May 17, 2022

Return this portion with your payment

Client: Peninsula Point Owner Association Inc. Virginia

Effective	Transaction	Description	Amount
6/1/2022	New business quote	Policy Number: 22-23 Package Policy Number: 22-23 Directors & Officers Online payments can be made at: https://leavittrecreation.epaypolicy.com 3.25% fee charged to customers for credit card payments; and a \$2.00 fee charged for ACH payments. All major credit cards accepted. Please have your account number ready.	\$43,362.36 \$2,263.00
Total Premium Due:			\$45,625.36

Please make check(s) payable to: Leavitt Recreation & Hospitality, 942 14th Street, Sturgis, SD 57785



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/17/2022

AGENCY Leavitt Recreation & Hospitality 942 14th Street Sturgis	SD 57785	CARRIER Century Surety Company COMPANY POLICY OR PROGRAM NAME GL POLICY NUMBER 22-23 PKG	NAIC CODE 36951 PROGRAM CODE
CONTACT NAME: Bronna Pyle PHONE (A/C, No, Ext): (800) 525-2060 FAX (A/C, No): (866) 465-2797 E-MAIL ADDRESS: bronna-pyle@leavitt.com CODE: AGENCY CUSTOMER ID: 00037542	SUBCODE:	UNDERWRITER	UNDERWRITER OFFICE
		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 06/01/2022 12:01 PM

LINE OF BUSINESS

INDICATE LINE OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 06/01/2022	PROPOSED EXP DATE 06/01/2023	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
---------------------------------	---------------------------------	--	--------------	-------------------	-------	---------------	-----------------------	---------------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Peninsula Point Owner Association Inc. 2182 Georgia Rd Franklin NC 28734		GL CODE	SIC	NAICS 721211	FEIN OR SOC SEC #
		BUSINESS PHONE #: (828)524-8091			
		WEBSITE ADDRESS www.pprvhwa.com			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

AGENCY CUSTOMER ID: 00037542

CONTACT INFORMATION

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 #	STREET	5000 Waterfront Rd.	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Kerens	STATE:	TX	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Navarro	ZIP:	75144		TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	5000 Waterfront Rd.	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Kerens	STATE:	TX	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	Navarro	ZIP:	75144		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:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:		ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:		STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:		ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
newly opened to guests April 2022					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK			OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK		
%			%		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

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

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED							LOCATION:
BREACH OF WARRANTY							VEHICLE:
CO-OWNER							AIRCRAFT:
EMPLOYEE AS LESSOR							ITEM CLASS:
LEASEBACK OWNER							ITEM DESCRIPTION
LENDER'S LOSS PAYABLE							
LIENHOLDER							
LOSS PAYEE							
MORTGAGEE							
OWNER							
REGISTRANT							
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

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

Y/N

N

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

N

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

N

☐ SAFETY MANUAL☐ SAFETY POSITION☐ MONTHLY MEETINGS☐ OSHA☐

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

N

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

N

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐☐ NON-RENEWAL☐ UNDERWRITING☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

N

7. DURING THE LAST FIVE YEARS (TEN IN RI) HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

N

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

N

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

N

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

N

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:

N

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

N

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

N

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

N

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

N

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00037542

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) Chris Hipple/BRPYLE	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 5/17/2020	NATIONAL PRODUCER NUMBER

Type: Application
Requested Inception Date: 5/1/2022
Application No.: CNCIP1204361-2022
Submission ID: 1071634

Named Insured and Mailing Address

PENINSULA POINT OWNER ASSOCIATION INC
2182 GEORGIA RD, FRANKLIN, NC 28734

Producer Information

Please contact your producer with coverage questions, requests or concerns.

LEAVITT RECREATION
942 14TH ST, STURGIS, SD 57785

Phone Number: 800-525-2060

Fax Number:

Policy Cost

Premium:	\$	3,780.00	25 % Minimum Earned
Policy Fee:	\$	170.00	Fully Earned
State Tax:	\$	191.58	
Stamping Fee:	\$	2.95	

Total Cost: \$ 4,144.54

Policy Conditions and Endorsements

Only applicable if an "X" shown in the corresponding box. Actual wording found in policy Terms and Conditions.

☐ Is the Property a Bank Owned or REO Property?

☐ TRIA Coverage: Not Applicable

☒ Coinsurance: Waived

☐ Course of Construction Endorsement

Covered Peril(s)

☒ Flood ☐ Earthquake ☐ Landslide

Schedule of Covered Locations

Please see below for detailed location Coverage(s), Deductible(s) and Limit(s) of Insurance.

General Questions

Does the named insured currently have a policy through NCIP for any of the locations you are requesting coverage at?

No

Have any of the locations ever experienced loss or damage from the perils for which coverage is being sought? Your answer is relied upon as a material representation to determine coverage eligibility.

No

Information

Policy Number: CNCIP1204361-2022

Policy Term: 5/18/2022-5/18/2023

Covered Location(s): Please see "Building Schedule" within the policy documents.

**Producer
Information**

Agency: LEAVITT RECREATION

Agent: BRONNA PYLE

Phone Number: 800-525-2060

**Payment
Details**

Premium:	\$	3,780.00
Policy Fee:	\$	170.00
State Tax:	\$	191.58
Stamping Fee:	\$	2.96
<hr/>		
Total Annual Cost:	\$	4,144.54

Total Payment Processed: \$4,144.54

Confirmation ID:104928115

Balance Due: \$0.00 PREMIUM PAID IN FULL

Privacy Notice

We value your privacy, and this notice is intended to explain how we collect and share your nonpublic personal information.

While providing our services to you, we may collect certain information about you. This can include information on your application or other forms, such as your name, contact information, address, and property information, as well as information about your transactions with us, such as product or service requests and payment history.

We only share your information as permitted by law. For example, we may share your information with nonaffiliated third parties in order to process your requests or administer your transactions.

We have implemented security measures, including technological safeguards, designed to protect your information from unauthorized access.

If you have questions about this notice, or information we collect you may contact us at (801) 268-2600.

Statement of Conformity

This Policy meets the definition of private flood insurance contained in 42 U.S.C. 4012a(b)(7) and the corresponding regulation.

Fraud Notice

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. (Tex. Ins. Code § 704.002)

Producer Warrant and Representation

By submitting this application on behalf of the Named Insured, you warrant that the information contained herein is, after diligent inquiry, accurate and true. You further acknowledge that the representations made herein are the basis for underwriting consideration and agree to indemnify us for damages incurred from any material or negligent misrepresentation.

Responsibility to Retain:

You are required to retain the original application signed by the Named Insured(s). You agree to, and are required to, notify us of any material changes to the risk you become aware of and any subsequent changes to this Application after your submission to underwriting.

Producer's Electronic Signature:

Upon submission, you agree that your electronic signature will serve as your actual signature and in accordance with the Electronic Signatures in Global and National Commerce Act (15 U.S.C. Ch. 96).

Signature: (Bronna Pyle) Email: (bronna-pyle@leavitt.com) IP Address:

ess= (::ffff:4.1.3.130)

Signature of Producer

4/27/22 10:17 AM

Date

Confirmation and Signature

The signer of this application, the Named Insured, acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters.

The signer has reviewed this Application and further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or policy issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required nor obligated, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

The signer acknowledges that the insurance applied for becomes eligible for coverage only after underwriting approval. Signer further acknowledges that coverage may not be backdated and the policy becomes effective upon the date that the full payment is received by Poulton Associates. You agree that partial payment will not be accepted. Should payment subsequently be dishonored by the issuing financial institution, you acknowledge that coverage becomes void or voidable at our sole discretion.

Signature of Applicant

Date



NATURAL
CATASTROPHE
INSURANCE
PROGRAM

TRISURA SPECIALTY INSURANCE
COMPANY

Flood Application
Application No. CNCIP1204361-
2022

Location Number: 1 - Clubhouse

Address: 5000 WATERFRONT RD , KERENS, TX 75144

Coverage	Declared Value(s)	Limit of Insurance	Earthquake Deductible	Flood Deductible	Landslide Deductible
A) Building	\$1,000,000.00	\$1,000,000.00	Not covered	\$2,000 OR 2% WHICHEVER IS GREATER, APPLIED TO THE BUILDING VALUE AT TIME OF LOSS	Not covered
B) Contents	\$50,000.00	\$50,000.00	Not covered	\$2,000 OR 2% WHICHEVER IS GREATER, APPLIED TO THE CONTENTS VALUE AT TIME OF LOSS	Not covered
C) Business Income and Extra Expense	\$0.00	\$0.00	Not covered	As described in Terms & Conditions	Not covered

Building Characteristics					
Year Built:	2020	Square Feet:	2664	Occupancy Type:	Service
Construction:	Wood Frame	Building Use:	Commercial Small	Parking:	None
# of Stories:	1	Basement:	No	Flood Zone:	X
Foundation Type:	Slab On Grade - Slab on Grade Detail	Building Over Water:	No		

Surplus Lines Disclosure

This insurance policy or application for insurance is underwritten by a Nonadmitted Foreign or Alien Insurer. The *Dodd-Frank Wall Street Reform and Consumer Protection Act (2010)* enables Nonadmitted Insurers to transact business in any U.S. state without holding a Certificate of Authority or license for that state (see U.S.C. 15 §8204).

Verification of an Alien Insurer's eligibility to transact business within the U.S. is available from the *National Association of Insurance Commissioners (NAIC) Quarterly Listing of Alien Insurers*.

In accordance with your state law, additional disclosures required are below.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85% percent tax on gross premium. (Tex. Insurance Code Sec. 981.101)

Other Coverage Options:

Insurance programs generally do not cover every exposure an Insured may have. We recommend that you review the below list of more common coverage, ask about those you are not sure of and consider adding any applicable coverage to your insurance program. The below list is not an all-inclusive list of available coverage and there is an additional cost for each coverage as well as additional information that needs to be gathered from you in order to obtain a premium quote.

**May be Subject to an
Additional Premium**

Business Income: You can purchase your full gross receipts worth of business income. This would protect your business against loss of revenues and employees in the event of a catastrophic or partial loss to your property.

Worker's compensation: Work campers would be considered employees by virtually all states. Failure to carry worker's compensation can open you up to penalties as high as \$300,000 and prison time up to 3 years, depending on your state! We have a program which is very competitive and would love to quote your policy.

Employment Practices Liability: This gives you coverage for employment related claims, such as wrongful termination, discrimination, and harassment as well as third-party claims such as violation of the Americans with Disabilities Act. You would have no coverage under your current General Liability for defense or settlement of those suits.

Cyber Liability: This would involve the digital theft of customer's Personal Private Information. The big loss here is the duty to notify and do credit reporting on all of the customer's listed in your files which runs over \$100 per customer per year. So if you had 1,000 customers, that would be \$100,000 in reporting and monitoring per year alone, not including any negligence based suits.

Personal Insurance: We can quote homeowner's insurance as well as adding personal liability to your current policy. We can insure your home, boat, autos, and toys.

Policy F

Interline Forms:

Required

<input checked="" type="checkbox"/> CCP 2010 05 08	Service of Suit Clause
<input checked="" type="checkbox"/> CIL 0003 02 20	Calculation of Premium
<input checked="" type="checkbox"/> CIL 1500B 02 02	Schedule of Forms and Endorsements
<input checked="" type="checkbox"/> CSCP 1000 05 19	Century Surety Company Commercial Lines Policy Jacket
<input checked="" type="checkbox"/> CSCP 1001 09 20	Century Surety Company Commercial Lines Policy Common Policy Declarations
<input checked="" type="checkbox"/> IL 0017 11 98	Common Policy Conditions
<input checked="" type="checkbox"/> IL P001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<input checked="" type="checkbox"/> PNCC 0001a 04 20	Policyholder Notice Claims Reporting
<input checked="" type="checkbox"/> PRIV 0001 05 19	Privacy Statement
<input checked="" type="checkbox"/> TRIA 0001 09 20	Policyholder Disclosure Notice of Terrorism Insurance Coverage
<input checked="" type="checkbox"/> TXPN 0001 05 20	Complaint Notice - Texas Century Surety
<input checked="" type="checkbox"/> TXPN 0003 04 09	Texas Policyholder Notice

General Liability Policy Forms:

Required

<input checked="" type="checkbox"/> CG 0001 04 13	Commercial General Liability Coverage Form
<input checked="" type="checkbox"/> CG 2004 11 85	Additional Insured-Condominium Unit Owners
<input checked="" type="checkbox"/> CG 2011 12 19	Additional Insured - Managers or Lessors of Premises
<input checked="" type="checkbox"/> CG 2107 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<input checked="" type="checkbox"/> CG 2146 07 98	Abuse or Molestation Exclusion
<input checked="" type="checkbox"/> CG 2147 12 07	Employment-Related Practices Exclusion
<input checked="" type="checkbox"/> CG 2165 12 04	Total Pollution Exclusion With A Building Heating , Cooling and Dehumidifying Equipment Exception and A Hostile Fire Exception
<input checked="" type="checkbox"/> CG 2176 01 15	Exclusion of Punitive Damages Related to Certified Act of Terrorism
<input checked="" type="checkbox"/> CG 2184 01 15	Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism; Cap on Losses from Certified Acts of Terrorism
<input checked="" type="checkbox"/> CG 2196 03 05	Silica or Silica-Related Dust Exclusion
<input type="checkbox"/> CG 2293 04 13	Lawn Care Services - Limited Pollution Coverage
<input checked="" type="checkbox"/> CG 2404 05 09	Waiver of Transfer of Rights of Recovery Against Others to Us
<input type="checkbox"/> CG 2504 05 09	Designated Location(s) General Aggregate Limit
<input checked="" type="checkbox"/> CGL 0300 03 15	Deductible - Liability Insurance
<input checked="" type="checkbox"/> CGL 1500 04 07	Century Surety Company Commercial General Liability Coverage Part Declarations
<input checked="" type="checkbox"/> CGL 1701 09 17	Special Exclusions and Limitations Endorsement
<input checked="" type="checkbox"/> CGL 1704 01 16	Exclusion - Assault and Battery
<input checked="" type="checkbox"/> CGL 1708 09 11	Swimming Pool Coverage Buy Back
<input checked="" type="checkbox"/> CGL 1709 03 16	Exclusion - Swimming Pool

Policy Fo

- ☒ CGL 1711b 12 17
- ☐ CGL 1714 02 16
- ☒ CGL 1783 06 11
- ☐ CGL 1812 08 12
- ☐ CGL 1852 03 11

Classification Limitation Endorsement
 Exclusion - Firearms
 Exclusion - Tanning Apparatus
 Exclusion - Past Liabilities
 Past Projects Property Damage Exclusion

- ☒ IL 0021 09 08

Nuclear Energy Liability Exclusion Endorsement (Broad Form)

Property Policy Forms:

Required

- ☒ CCF 1036 08 19
- ☒ CCF 1500 08 11
- ☒ CCF 1503a 04 10
- ☒ CCF 1512 10 18
- ☒ CCF 1514b 09 20
- ☒ CCF 1515 02 16
- ☒ CCF 1526 10 12
- ☒ CCF 1532 04 19
- ☒ CP 0017 10 12
- ☒ CP 0090 07 88
- ☒ CP 0140 07 06
- ☒ CP 0411 09 17
- ☒ CP 1030 09 17
- ☒ CP 1033 10 12
- ☒ CP 1075 12 20
- ☐ CP 1218 10 12
- ☒ IL 0935 07 02
- ☒ IL 0986 01 15

Limitations on Coverage for Roof Surfacing
 Century Surety Company Commercial Property Coverage Part Declarations
 Exclusion - "Vacant" or "Unoccupied" Property
 Mandatory Property Deductible Form
 Amendatory Endorsement - Limited Property Extensions
 Equipment Breakdown Enhancement Endorsement Commercial Property Coverage Part
 Loss Conditions - Appraisal Amendatory Endorsement
 Amendatory Endorsement - Property Not Covered Virtual Currency
 Condominium Association Coverage Form
 Commercial Property Conditions
 Exclusion of Loss Due to Virus or Bacteria
 Protective Safeguards
 Causes of Loss - Special Form
 Theft Exclusion
 Cyber Incident Exclusion
 Loss Payable Provisions
 Exclusion of Certain Computer-Related Losses
 Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological
 Terrorism; Cap on Covered Certified Acts Losses



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

05/13/22

Chris Hipple

Leavitt Recreation & Hospitality Insurance, Inc.

942 14th Street

Sturgis, SD 57785

gig Insurance
Group

GIG Insurance Group, Inc.

750 East Prospect Road

Fort Lauderdale, FL 33334

Telephone: 954.563.1771

Toll Free: 866.563.1771

Facsimile: 954.563.1775

Toll Free: 866.563.1775

www.gigins.com

RE: Peninsula Point Owner Association Inc.

QUOTE #: 509029

Re: Directors and Officers Liability Insurance

Dear Chris Hipple

Based upon our review of the underwriting information provided, Philadelphia is pleased to offer a quote for the above captioned account subject to receipt, review and acceptance of the following items:

- 1) Properly completed, signed and dated Philadelphia Indemnity Insurance Company D&O application

TERMS AND CONDITIONS

Proposed Policy Period: 06/01/22 to 06/01/2023

Policy Form: Philadelphia Indemnity Insurance Company Community Association Executive Advantage Policy

Carrier: Philadelphia Indemnity Insurance Company: "A++" XV (Superior), admitted
Member of the **Tokio Marine Group**

**Aggregate
Limit of Liability**

\$1,000,000

**Self-Insured Retention
Each Loss (Loss Only)**

\$1,000

**Annual
Premium**

\$2,263.00

*Cyber Liability Coverage Endorsement for \$100,000 sub-limit: YES Cyber Premium: \$75.00

If this coverage is not desired, it can be waived at the time of binding, or added back if removed.

*If Cyber Liability is waived by agent the premium will reflect \$0.00



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

Other Terms: Pending and/or Prior Litigation Exclusion

TX.PCAP-PIBELL1-BELL. TX.PCAP-PICME1-CRISIS. TX.PCAP-PICAP020-ENHANCEMI PCAP-PICYBE001-CYBER.
PCAP-PICAPETS-OFAC. PCAP-PISLD001-TRIACAPLOSS. PCAP-PICAP021-WAGEHOUR. PCAP-PITERDN1-TRIANOTICE.

➤ **No terrorism exclusion as per the Terrorism Risk Insurance Act of 2002 – See Attached.**

This quotation is valid for 45 days and is subject to no material change in risk.

Please contact me if you require any specimen wordings or policies, or if you require any amendments to this quotation. Thank you for choosing GIG Insurance Group, Inc. (GIG) and Philadelphia Indemnity Insurance Company (PHLY), a member of the Tokio Marine Group.

Sincerest regards,

Eric S. Gifford
Vice President
(954) 563-1771 ext. 208
egifford@gigins.com

Philadelphia Indemnity Insurance Company (PHLY) headquartered in Bala Cynwyd, PA is a member of the Tokio Marine Group, Japan's oldest and leading Property/Casualty insurer and one of the 10 largest insurance groups in the world.