

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 | Coins % | 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 | Coins % | 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 5/17/2024

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:

- Policy is subject to Audit/Inspection (within 30 days)
- 25% Minimum Earned Premium
- 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



A Leavitt Group Insurance Agency

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 | \$43,362.36 |
| | | Policy Number: 22-23 Directors & Officers | \$2,263.00 |
| 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. | | | |
| 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 | | SD 57785 | CARRIER | | | | NAIC CODE | | |
| Leavitt Recreation & Hospitality 942 14th Street | | | Century Surety Company | | | | 36951 | | |
| Sturgis | | COMPANY POLICY OR PROGRAM NAME | | | | PROGRAM CODE | | | |
| | | GL | | | | | | | |
| CONTACT NAME: | | POLICY NUMBER | | | | | | | |
| PHONE (A/C, No, Ext): (800) 525-2060 | | 22-23 PKG | | | | | | | |
| FAX (A/C, No): (866) 465-2797 | | UNDERWRITER | | | | UNDERWRITER OFFICE | | | |
| E-MAIL ADDRESS: bronna-pyle@leavitt.com | | SUBCODE: | STATUS OF TRANSACTION | <input checked="" type="checkbox"/> QUOTE | | ISSUE POLICY | | RENEW | |
| CODE: 00037542 | | | | <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): | | <input type="checkbox"/> DATE 06/01/2022 | | TIME 12:01 | <input checked="" type="checkbox"/> AM |
| | | | | <input type="checkbox"/> CHANGE | | <input type="checkbox"/> CANCEL | | <input type="checkbox"/> PM | |

AGENCY CUSTOMER ID: 00037542

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | CYBER AND PRIVACY | | PREMIUM | YACHT | | PREMIUM |
|--|---------|-------------------|--|---------|-------|--|---------|
| BOILER & MACHINERY | \$ | | | \$ | | | \$ |
| BUSINESS AUTO | \$ | | | \$ | | | \$ |
| BUSINESS OWNERS | \$ | | | \$ | | | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | | \$ | | | \$ |
| COMMERCIAL INLAND MARINE | \$ | | | \$ | | | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL PROPERTY | \$ | | | \$ | | | \$ |
| CRIME | \$ | | | \$ | | | \$ |
| | | | | | | | |
| | | | | | | | |

ATTACHMENTS

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

POLICY INFORMATION

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

APPLICANT INFORMATION

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

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 | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: | Navarro | ZIP: 75144 | | | | TOTAL BUILDING AREA: SQ FT |
| 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 | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 2 | COUNTY: | Navarro | ZIP: 75144 | | | | TOTAL BUILDING AREA: SQ FT |
| 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 | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | | ZIP: | | | | TOTAL BUILDING AREA: SQ FT |
| 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 | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | | ZIP: | | | | TOTAL BUILDING AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | | | |

DESCRIPTION OF OPERATIONS:

| | | | | | | | |
|---|--------------------------|---------------|--|--|------------|-----------|---|
| APARTMENTS | <input type="checkbox"/> | CONTRACTOR | | MANUFACTURING | RESTAURANT | SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY) |
| CONDOMINIUMS | <input type="checkbox"/> | 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 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 |
| ADDITIONAL INSURED | LIENHOLDER | | | | | | LOCATION: _____ |
| BREACH OF WARRANTY | LOSS PAYEE | | | | | | BUILDING: _____ |
| CO-OWNER | MORTGAGEE | | | | | | VEHICLE: _____ |
| EMPLOYEE AS LESSOR | OWNER | | | | | | BOAT: _____ |
| LEASEBACK OWNER | REGISTRANT | | | | | | AIRPORT: _____ |
| LENDER'S LOSS PAYABLE | TRUSTEE | REFERENCE / LOAN #: _____ | INTEREST END DATE: _____ | | | | ITEM CLASS: _____ |
| | | LIEN AMOUNT: _____ | PHONE (A/C, No, Ext): _____ | | | | ITEM DESCRIPTION |
| E-MAIL ADDRESS: _____ | | | | | | | FAX (A/C, No): _____ |
| REASON FOR INTEREST: _____ | | | | | | | |

GENERAL INFORMATION

| | | | | | | | | | | | | | | |
|---|---------------|------------------|---------------|------------|--------------|--|--|---|------------------|---------------|--|--|--|--|
| EXPLAIN ALL "YES" RESPONSES | | Y/N | | | | | | | | | | | | |
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? | | N | | | | | | | | | | | | |
| <input type="text" value="PARENT COMPANY NAME"/> <input type="text" value="RELATIONSHIP DESCRIPTION"/> <input type="text" value="% OWNED"/> | | | | | | | | | | | | | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | N | | | | | | | | | | | | |
| <input type="text" value="SUBSIDIARY COMPANY NAME"/> <input type="text" value="RELATIONSHIP DESCRIPTION"/> <input type="text" value="% OWNED"/> | | | | | | | | | | | | | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | N | | | | | | | | | | | | |
| <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/> | | | | | | | | | | | | | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | N | | | | | | | | | | | | |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | N | | | | | | | | | | | | |
| <table border="1"> <tr> <td>LINE OF BUSINESS</td> <td>POLICY NUMBER</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | LINE OF BUSINESS | POLICY NUMBER | | | | | <table border="1"> <tr> <td>LINE OF BUSINESS</td> <td>POLICY NUMBER</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | LINE OF BUSINESS | POLICY NUMBER | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| LINE OF BUSINESS | POLICY NUMBER | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | N | | | | | | | | | | | | |
| <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe): | | | | | | | | | | | | | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | N | | | | | | | | | | | | |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI) HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | N | | | | | | | | | | | | |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | N | | | | | | | | | | | | |
| <table border="1"> <tr> <td>OCCUR DATE</td> <td>EXPLANATION</td> <td>RESOLUTION</td> <td>RESOLVE DATE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>OCCUR DATE</td> <td>EXPLANATION</td> <td>RESOLUTION</td> <td>RESOLVE DATE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | | | | | | | | | |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | N | | | | | | | | | | | | |
| <table border="1"> <tr> <td>OCCUR DATE</td> <td>EXPLANATION</td> <td>RESOLUTION</td> <td>RESOLVE DATE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | | | | | | | | | |
| 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)

| 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 | SUBRO-GATION 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 | | Chris Hipple/BRPYLE | DATE |
| ACORD 125 (2016/03) | | | NATIONAL PRODUCER NUMBER |



NATURAL
CATASTROPHE
INSURANCE
PROGRAM

TRISURA SPECIALTY INSURANCE
COMPANY

Flood Application
Application No. CNCIP1204361-
2022

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

gj

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: | \$ 2.96 | |

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 |
| | Total Annual Cost: | \$ 4,144.54 |
| | | <p>Total Payment Processed: \$4,144.54</p> <p>Confirmation ID:104928115</p> <p>Balance Due: \$0.00 PREMIUM PAID IN FULL</p> |



TRISURA SPECIALTY INSURANCE COMPANY

Flood Application
Application No. CNCIP1204361-2022

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)

4/27/22 10:17 AM

Date

Signature of Producer

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

5/17/2022

Date



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 |

| <u>Building Characteristics</u> | | | | | |
|---------------------------------|--------------------------------------|----------------------|------------------|-----------------|---------|
| 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 Forms

| | |
|---|---|
| <input checked="" type="checkbox"/> CGL 1711b 12 17 | Classification Limitation Endorsement |
| <input type="checkbox"/> CGL 1714 02 16 | Exclusion - Firearms |
| <input checked="" type="checkbox"/> CGL 1783 06 11 | Exclusion - Tanning Apparatus |
| <input type="checkbox"/> CGL 1812 08 12 | Exclusion - Past Liabilities |
| <input type="checkbox"/> CGL 1852 03 11 | Past Projects Property Damage Exclusion |
| <input checked="" type="checkbox"/> IL 0021 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |

Property Policy Forms:

Required

| | |
|---|--|
| <input checked="" type="checkbox"/> CCF 1036 08 19 | Limitations on Coverage for Roof Surfacing |
| <input checked="" type="checkbox"/> CCF 1500 08 11 | Century Surety Company Commercial Property Coverage Part Declarations |
| <input checked="" type="checkbox"/> CCF 1503a 04 10 | Exclusion - "Vacant" or "Unoccupied" Property |
| <input checked="" type="checkbox"/> CCF 1512 10 18 | Mandatory Property Deductible Form |
| <input checked="" type="checkbox"/> CCF 1514b 09 20 | Amendatory Endorsement - Limited Property Extensions |
| <input checked="" type="checkbox"/> CCF 1515 02 16 | Equipment Breakdown Enhancement Endorsement Commercial Property Coverage Part |
| <input checked="" type="checkbox"/> CCF 1526 10 12 | Loss Conditions - Appraisal Amendatory Endorsement |
| <input checked="" type="checkbox"/> CCF 1532 04 19 | Amendatory Endorsement - Property Not Covered Virtual Currency |
| <input checked="" type="checkbox"/> CP 0017 10 12 | Condominium Association Coverage Form |
| <input checked="" type="checkbox"/> CP 0090 07 88 | Commercial Property Conditions |
| <input checked="" type="checkbox"/> CP 0140 07 06 | Exclusion of Loss Due to Virus or Bacteria |
| <input checked="" type="checkbox"/> CP 0411 09 17 | Protective Safeguards |
| <input checked="" type="checkbox"/> CP 1030 09 17 | Causes of Loss - Special Form |
| <input checked="" type="checkbox"/> CP 1033 10 12 | Theft Exclusion |
| <input checked="" type="checkbox"/> CP 1075 12 20 | Cyber Incident Exclusion |
| <input type="checkbox"/> CP 1218 10 12 | Loss Payable Provisions |
| <input checked="" type="checkbox"/> IL 0935 07 02 | Exclusion of Certain Computer-Related Losses |
| <input checked="" type="checkbox"/> IL 0986 01 15 | Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism; Cap on Covered Certified Acts Losses |



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, 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

| <u>Aggregate Limit of Liability</u> | <u>Self-Insured Retention Each Loss (Loss Only)</u> | <u>Annual Premium</u> |
|--|--|------------------------------|
| \$1,000,000 | \$1,000 | \$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

Other Terms: Pending and/or Prior Litigation Exclusion

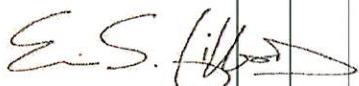
| | | | |
|-----------------------|----------------------------|----------------------------|---------------------------|
| TX.PCAP-PIBELL1-BELL. | TX.PCAP-PICME1-CRISIS. | TX.PCAP-PICAP020-ENHANCEMI | PCAP-PICYBE001-CYBER. |
| PCAP-PICAPETS-OFAC. | PCAP-PISLD001-TRIACAPLOSS. | PCAP-PICAP021-WAGEHOUR.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