



Premium Finance Agreement

5600 NORTH RIVER ROAD, SUITE 400, ROSEMONT, IL 60018-5187
TEL. NO. 877-701-1212

(CHECK APPROPRIATE BOX)

☐	PERSONAL
☒	COMMERCIAL

A	TOTAL PREMIUMS \$ 22,497.93	AGENT (NAME & PLACE OF BUSINESS) USI INSURANCE SERVICES LLC 2601 S BAYSHORE DR STE 1600 COCONUT GROVE, FL 33133 (305) 443-4886	PRODUCER CODE NO. Q0018	INSURED (NAME & RESIDENCE OR BUSINESS ADDRESS) OAKLAND ARMS CONDOMINIUM P.O. BOX 50373 C/O JSB PROPERTY MANAGEMENT LIGHTHOUSE, FL 33074 (954) 366-1392			
B	DOWN PAYMENT \$ 0.00						
C	AMOUNT FINANCED (A Minus B) \$ 22,497.93	PAYMENT SCHEDULE					
		NUMBER OF PAYMENTS 10 (Monthly)	AMOUNT OF PAYMENTS \$ 2,320.04	WHEN PAYMENTS ARE DUE FIRST INSTALLMENT DUE 1/16/2020 INSTALLMENT DUE DATES 16th			
D	FINANCE CHARGE \$ 623.37	SCHEDULE OF POLICIES					
		POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY/ ANNUAL INSTALLMENT	NAME OF INSURANCE COMPANY AND NAME AND ADDRESS OF GENERAL OR POLICY ISSUING AGENT	TYPE OF COVER	MONTHS COVERED BY PREMIUM	PREMIUM \$
E	DOCUMENTARY STAMP TAX \$ 79.10	*	12/16/2019	AMERICAN COASTAL INSURANCE CO CHRONOS UNDERWRITERS 20405 STATE HWY 249 HOUSTON, TX 77070	PROP Taxes Fees	12	12,079.00 0.00 0.00
F	TOTAL OF PAYMENTS (C + D + E) \$ 23,200.40	A.R.=N Audit=Y AddCxlDays=0 Min Ernd=0.000	12/16/2019	WESTERN WORLD INSURANCE CO RISK PLACEMENT SERVICES INC 2400 EAST COMMERCIAL BLVD FT LAUDER	GL Taxes Fees	12	3,398.93 0.00 0.00
G	ANNUAL PERCENTAGE RATE 6.00%	TME=\$4577.00		ADDTL POLICIES ON ATTACHED ADDENDU			
TOTAL PREMIUMS must agree with Block "A" Above ---> TOTAL \$ 22,497.93							

SECURITY AGREEMENT

1. DEFINITIONS: The above named insured ("the insured") is the debtor. AFCO Credit Corporation ("AFCO"), is the lender to whom the debt is owed. Singular words shall mean plural and vice versa as may be required in

order to give the Agreement meaning. "Insurance company or company", "insurance policy or policy" and "premium" refer to those items listed under "Schedule of Policies".

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE.

THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE LAST PAGE OF THIS AGREEMENT

Date 12/13/19

X

SIGNATURE OF INSURED(S)
OR DULY AUTHORIZED AGENT OF INSURED(S)

PRODUCER'S REPRESENTATIONS

The undersigned warrants and agrees:

(1) the insured has received a copy of this Agreement, and the Required Federal Truth-in-Lending Disclosures for Personal Lines Insurance, if applicable, (2) the policies are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) the insured has authorized this transaction and recognizes the security interest assigned herein, (4) to hold in trust for AFCO any payments made or credited to the insured through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to AFCO upon demand to satisfy the then outstanding indebtedness of the insured and that any lien the undersigned now has or hereafter may acquire on any return premium arising out of the above listed insurance policies is subordinated to AFCO's lien or security interest therein, (5) there are no exceptions to the policies financed other than those indicated and the policies comply with AFCO's eligibility requirements, (6) no Audit or Reporting Form Policies, policies subject to Retrospective Rating or to minimum earned premiums are included except as indicated and that the Deposit or Provisional Premiums are not less than anticipated premiums to be earned for the full term of the policies, if policy is subject to minimum earned premium, it is \$ 4577.00, (7) the policies can be cancelled by the insured or the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (8) the undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named insured or if the named insured is the subject of such a proceeding it is noted on the Premium Finance Agreement in the space in which the insured's name and address is placed.

Indicate Policy & Prefix
Number of Exceptions

See above under 'Policy
Prefix and Numbers'

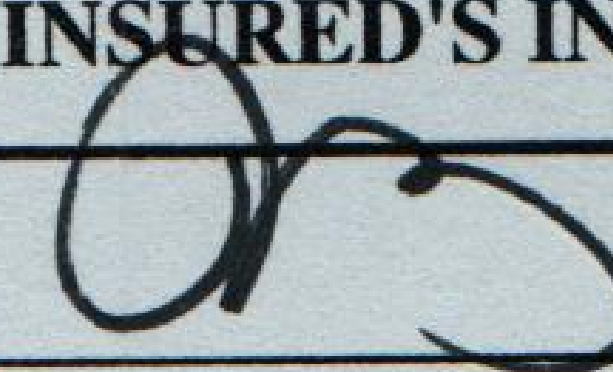
Date

X

SIGNATURE OF AGENT OR BROKER

- 2. PROMISE OF REPAYMENT:** The insured requests AFCO to pay the premiums on the policies shown above. The insured promises to pay to AFCO at its office the amount stated in Block F above, according to the Payment Schedule shown above subject to the rest of the terms of this contract.
- 3. SECURITY INTEREST:** The insured assigns to AFCO as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interest. The insured gives to AFCO a security interest in all items mentioned in this paragraph.
- 4. DEFAULT CHARGES:** If the insured is more than 5 days late in making an installment payment to AFCO, then the insured will pay to AFCO, in addition to the delinquent installment, a default charge of 5% of the unpaid balance of the delinquent installment or \$10, whichever is greater. If the loan is primarily for personal, family or household purposes, the default charge shall not exceed \$10.
- 5. FINANCE CHARGE:** The finance charge shown in Box D begins to accrue as of the earliest policy effective date.
- 6. THIS AGREEMENT BECOMES A CONTRACT:** This Agreement becomes a binding contract when AFCO mails a written acceptance to the insured.
- 7. WARRANTY OF ACCURACY:** The insured warrants to AFCO that the insurance policies listed in the schedule have been issued to the insured and are in full force and effect and that the insured has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
- 8. REPRESENTATION OF SOLVENCY:** The insured represents that the insured is not insolvent or presently the subject of any insolvency proceeding.
- 9. CANCELLATION:** AFCO may cancel the insurance policies financed herein and the unpaid balance due to AFCO shall be immediately payable by the insured if, upon 10 days written notice to the insured, the insured does not pay any installment according to the terms of this Agreement. AFCO, at its option, may enforce payment of this debt without recourse to the security given to AFCO.
- 10. POWER OF ATTORNEY:** The insured appoints AFCO its Attorney-in-Fact with full authority to cancel the insurance policies financed herein for nonpayment of premium.
- 11. MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payments made to AFCO after AFCO's Notice of Cancellation of the insurance policies has been mailed may be credited to the insured's account without affecting the acceleration of this Agreement and without any liability or obligation on AFCO's part to request the reinstatement of the cancelled insurance policies. Any money AFCO receives from an insurance company shall be credited to the amount due AFCO with any surplus being paid over to the insured or the insured's agent for the benefit of the insured. No refund of less than \$1.00 shall be made. If there is a balance due after AFCO receives the unearned premiums, dividends or loss payments from the insurance company then the insured will pay the balance to AFCO with interest at the rate shown in this contract.
- 12. REFUNDS:** The insured will receive a refund of the finance charge if the account is prepaid in full prior to the last installment due date. The refund shall be computed according to the Rule of 78s subject to a \$20 nonrefundable charge. If the refund is less than \$1, no refund shall be made.
- 13. INSURANCE AGENT OR BROKER:** AFCO makes no warranties or representations concerning the financed insurance coverage nor has it played any part in the selection, structuring or acquisition of such coverage. This Agreement represents the entire understanding of the parties. AFCO has not authorized any party whatsoever to make any representations, commitments or promises or to play any role with respect to this premium finance transaction other than completing this contract on behalf of the insured.
- 14. SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the insured is auditable or is a reporting form policy or subject to retrospective rating, then the insured promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by AFCO which the insurance company retains.
- 15. CANCELLATION CHARGES:** If AFCO cancels the insurance policies, then the insured will pay AFCO a cancellation charge equal to the difference between \$10 and the default charge.
- 16. ATTORNEY FEES:** If, for collection, this Agreement is placed in the hands of an attorney who is not a salaried employee of AFCO, then the insured agrees to pay the attorney fees but no more than 20% of the amount due and payable under this Agreement.
- 17. SUCCESSORS AND ASSIGNS:** All legal rights given to AFCO shall benefit AFCO's successors and assigns. The insured agrees not to assign the policy without AFCO's written consent except for the interest of mortgagees and loss payees.
- 18. MISSING INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the insured agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. AFCO will notify the insured of this information on its written Notice of Acceptance.
- 19. ADDITIONAL PREMIUMS:** The money paid by AFCO is only for the premium as determined at the time the insurance policy is issued. AFCO's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of the risk. The insured agrees to pay the company any additional premiums which become due for any reason. AFCO may assign to the company any rights it has against the insured for premiums due the company in excess of the premiums returned to AFCO.
- 20. AGENT'S WARRANTIES:** To convince AFCO to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the insured, warrants severally and as the duly authorized agent of the insured: that he is the duly authorized agent of the insured appointed specifically to enter into this transaction on the insured's behalf; that he can perform any act the insured could or should perform with respect to this transaction; that he will hold in trust for AFCO any payments made or credited to the insured through the undersigned or to the undersigned, directly, indirectly, actually or constructively, by any of the insurance companies and that he will pay the monies to AFCO upon demand to satisfy the then outstanding indebtedness of the insured.
- 21. LAW GOVERNING THIS AGREEMENT:** The insured agrees that this Agreement shall be governed by the laws of the State of Florida.
- 22. DISHONORED CHECK:** If an insured's check is returned because of insufficient funds to pay it, AFCO may impose a charge of \$10.
- 23. ENDORSEMENTS:** The insured agrees that AFCO may endorse his or her name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this Agreement returning any excess to his or her agent, provided that if such excess is in an amount less than \$1 no refund shall be made.

INSURED'S INITIALS





Premium Finance Agreement

(CHECK APPROPRIATE BOX)

☐ PERSONAL

☒ COMMERCIAL

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY/ ANNUAL INSTALLMENT	NAME OF INSURANCE COMPANY AND NAME AND ADDRESS OF GENERAL OR POLICY ISSUING AGENT	TYPE OF COVER	MONTHS COVERED BY PREMIUM	PREMIUM \$
* * * * A.R.=N AddCxlDays=0 Audit=N Min Ernd=100.000	12/16/2019	PHILADELPHIA INDEMNITY INS CO GIG INSURANCE GROUP INC 750 EAST PROSPECT ROAD FORT LAUDERDALE, F	DO Taxes Fees	12	1,151.00 0.00 0.00
	12/16/2019	GREENWICH INSURANCE COMPANY KEVIN DAVIS INSURANCE SERVICES INC LOS ANGELES, CA 90017	UMB Taxes Fees	12	983.00 0.00 0.00
	12/16/2019	PHILADELPHIA INDEMNITY INS CO GIG INSURANCE GROUP INC 750 EAST PROSPECT ROAD FORT LAUDERDALE, F	CR Taxes Fees	12	309.00 0.00 0.00
	12/16/2019	WRIGHT NATIONAL FLOOD INS CO	FLD Taxes Fees	12	4,577.00 0.00 0.00
	TOTAL PREMIUMS must agree with Block "A" Above ---> TOTAL				\$22,497.93



Client Authorization to Bind Coverage

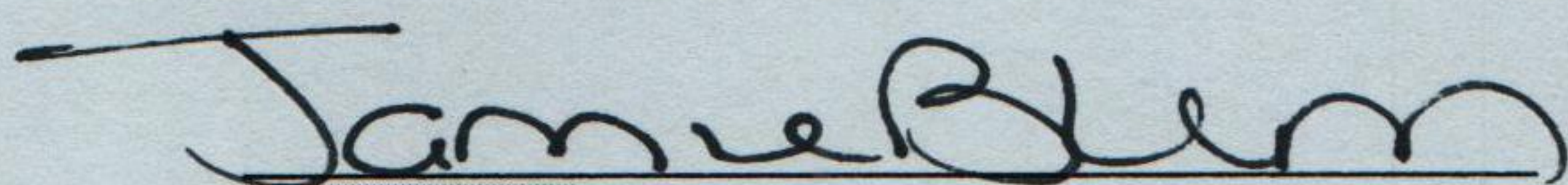
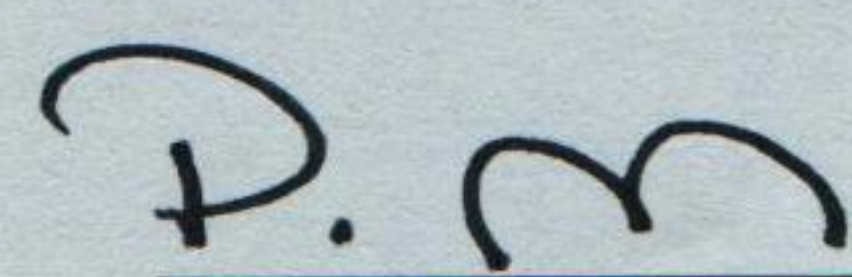
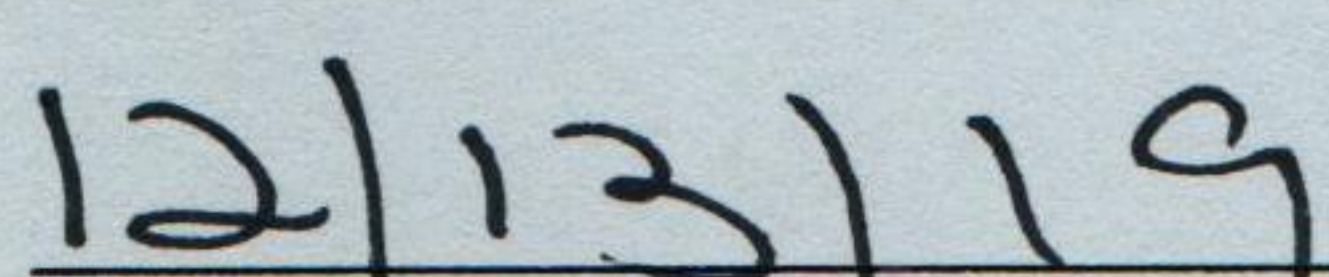
RE: **Oakland Arms Condominium Association, Inc.**

This proposal contains proprietary confidential information concerning USI Insurance Services LLC ("USI Insurance") and our Clients. It may not be distributed or reproduced without the express prior written consent of USI Insurance. No disclosure concerning this proposal shall be made without the express prior written consent of USI Insurance.

The intent of this proposal is to provide a highlight of the coverage offered in our insurance program, and is not meant to be all-inclusive. Read your actual policy(ies) for complete details including terms, conditions, limitations, and exclusions.

Important Information - Coverage cannot be bound when severe weather is threatening regardless of the expiration date.

After careful consideration of your proposal dated October 29, 2019, we accept your insurance program as presented with the following exceptions, changes, and/or recommendations:

 _____ Client Signature	 _____ Print Name
 _____ Title	 _____ Date
SIGN HERE ↑	

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only. This is a quotation of coverage only. It is not a binder. This proposal does not amend or alter the insurance contract.

Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.



Flood Insurance Selection/Rejection form

Standard Property policies exclude coverage for flooding events.

As your insurance professionals, we strongly recommend that you purchase flood insurance.

I understand that flood insurance coverage is available for the property located at the address below. I make the elections or rejections for coverage as indicated below. I also understand that my election and/or rejection of this coverage will apply to all future renewals, continuations, and changes unless I notify my insurance agent otherwise in writing.

<u>Type of Coverage</u>	<u>Accept</u>	<u>Reject</u>	<u>Unavailable</u>
Building coverage	☒	☐	☐
Contents/Personal Property	☐	☒	☐
Excess Building Coverage	☐	☒	☐
Excess Contents/Personal property	☐	☒	☐


Client's signature

12/13/19
Date

2824 NE 33rd Court, Ft. Lauderdale, FL 33306
Address of property

SIGN HERE

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only. This is a quotation of coverage only. It is not a binder. This proposal does not amend or alter the insurance contract.

Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

OAKLAARM

DATE (MM/DD/YYYY)

AGENCY USI Insurance Services, LLC 2601 S. Bayshore Drive Suite 1600 Coconut Grove FL 33133		CARRIER		NAIC CODE		
CONTACT NAME: Lorena Chavez PHONE (A/C. No. Ext.): 561-931-0040 FAX (A/C. No.): E-MAIL ADDRESS: Lorena.Chavez@usi.com CODE: SUBCODE:		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
AGENCY CUSTOMER ID: 1566639		POLICY NUMBER TBD				
		UNDERWRITER		UNDERWRITER OFFICE		
		STATUS OF TRANSACTION	☐ QUOTE	☐ ISSUE POLICY	☐ RENEW	
			BOUND (Give Date and/or Attach Copy):			
			☐ CHANGE	DATE	TIME	☒ AM
			☐ CANCEL	12/16/2019	12:01	☐ PM

SECTIONS ATTACHED

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		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 / MISCELLANEOUS CRIME	\$		OPEN CARGO	\$		\$
DEALERS	\$	X	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	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/16/2019	12/16/2020	☐ DIRECT ☒ AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Oakland Arms Condominium Association, I c/o JSB Property Management P.O. Box 50373 Lighthouse Point, FL 33074		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 59-174365
		BUSINESS PHONE #: (954) 366-1392			
		WEBSITE ADDRESS			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ 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			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ 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			
☐ CORPORATION ☐ INDIVIDUAL	☐ JOINT VENTURE ☐ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ NOT FOR PROFIT ORG ☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORPORATION ☐ TRUST		

AGENCY CUSTOMER ID: 1566639

PRIOR CARRIER INFORMATION

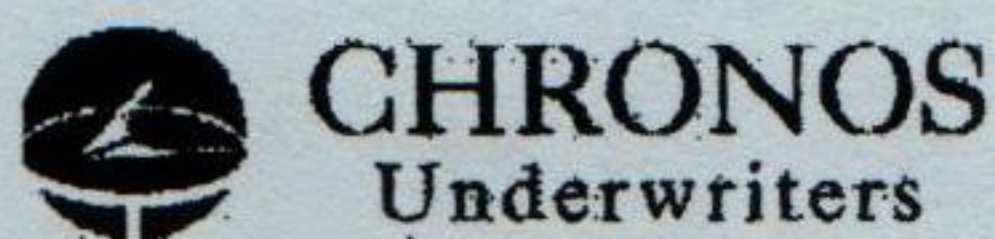
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	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 applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. 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. 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'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



Commercial Property Quote
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

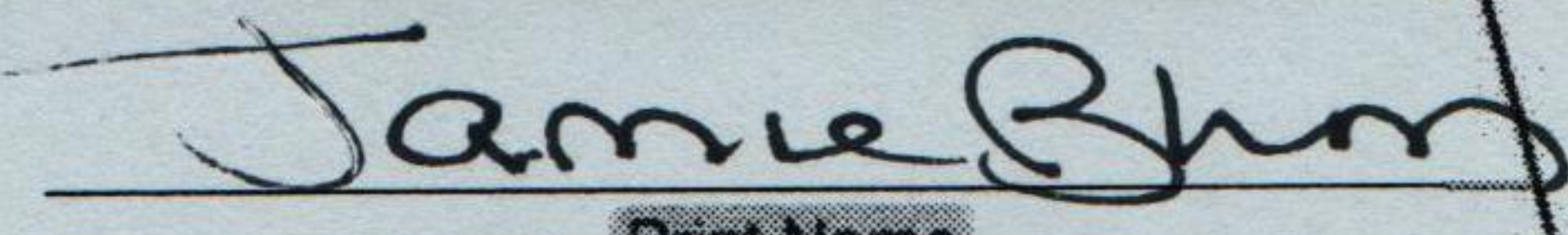
Any coverage you purchase for 'acts of terrorism' shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate unless the TRIA Program is reauthorized or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

☐	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
☒	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



Policyholder/Applicant's Signature


Print Name
12/13/19

Date

American Coastal Insurance Company

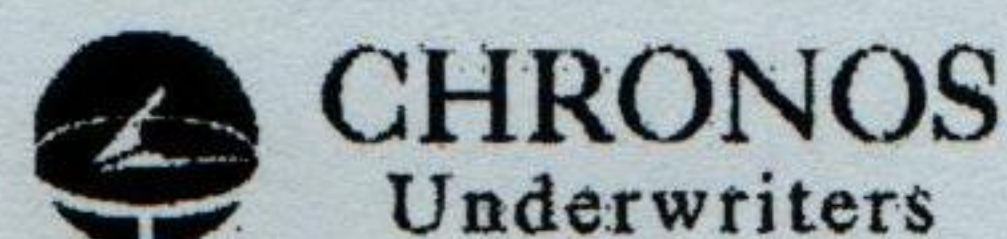
Company

Policy Number

SIGN HERE

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to



Commercial Property Quote

Catastrophe Management Contact Information

Oakland Arms Condominium Association Inc

Like all Florida properties, your Association is exposed to potential catastrophic losses due to hurricane. In order to provide you with the best and most prompt customer service in the event of a catastrophe, we want to make sure our contact records are complete and up-to-date

Please complete and return this form with the remaining documents required at binding.

Insured Contact 1

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Insured Contact 2

Contact Name		
Title	Email Address	
Office Number	Cell Number	Fax Number

Management Company (If applicable)

Company Name		
JSB Property Management, Inc. P.O. Box 50373		
Contact Name	Email Address	
Lighthouse Point, FL 33074		
Office Number	Cell Number	Fax Number
954-366-1392 jamie@jsbprop.com		

Retail Agent

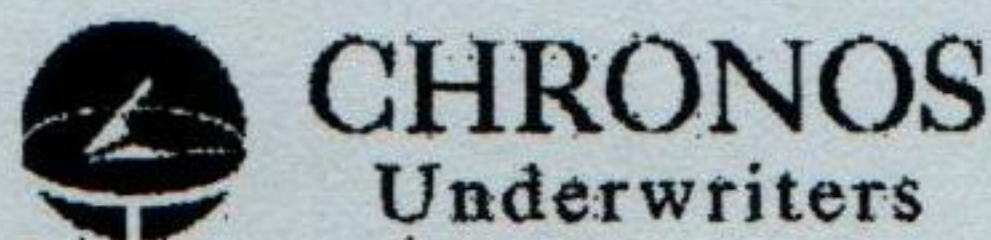
Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

Wholesaler (If applicable)

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

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Commercial Property Quote

Rental Occupancy Disclosure

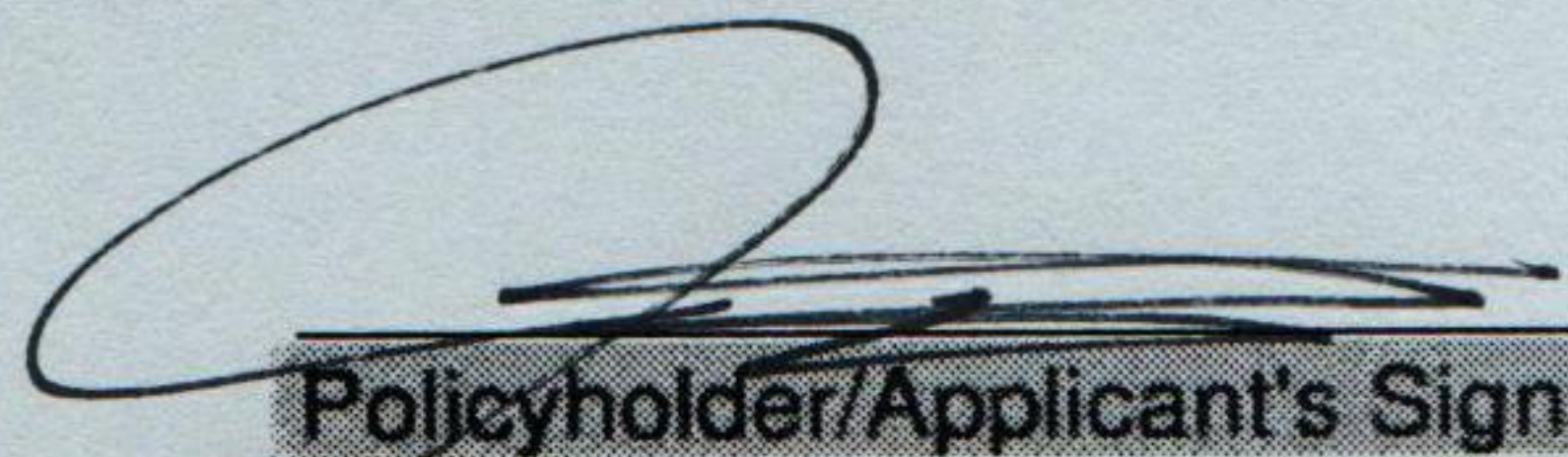
As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units 12 (rental and non-rental)

Total Percentage (%) of short term rental units (circle appropriate range)

- 1) 0% to 25% Short Term Rentals
- 2) 25.1% to 50% Short Term Rentals
- 3) 50.1% to 75% Short Term Rentals
- 4) 75.1% to 100% Short Term Rentals

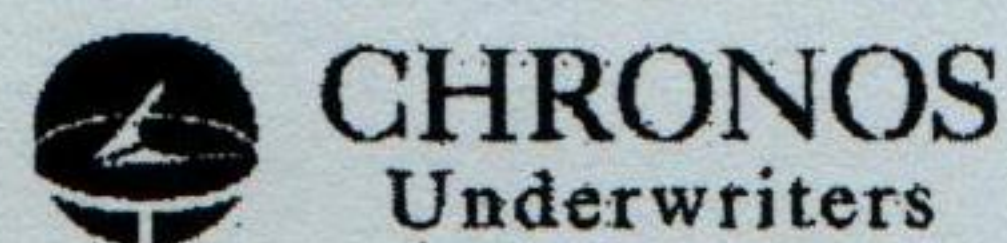

Policyholder/Applicant's Signature
James Blum
Printed Name
P. M.
Title/Position

12/13/19
Date

SIGN HERE

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Commercial Property Quote

American Coastal Insurance Company

Election Not To Buy Separate Flood Insurance

I, Oakland Arms Condominium Association Inc, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company ("American Coastal") and affirm the following:

I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.

MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.

I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.

I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.

I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.

I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.

The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in "Special Flood Hazard Areas" obtain flood coverage.

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

Application/Policy Number:

Policyholder/Applicant's Signature

Print Name

Date

Agent's Signature

Printed Name

Date

SIGN HERE

AC FW01 06 07

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Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to

Account ID: 684656

Insured: Oakland Arms Condominium Association Inc

Schedule of Values / Detail

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.03	2,500	RCV	RCV	N	Ungraded	N	Y	\$29,387	\$0.00
2	.03	2,500	RCV	RCV	N	Ungraded	N	Y	\$1,429	\$0.00
3	.03	2,500	RCV	RCV	N	Ungraded	N	Y	\$410	\$0.00

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.

To the best knowledge of the applicant and the producer, the above information is true and complete.

Applicant Printed Name

Title

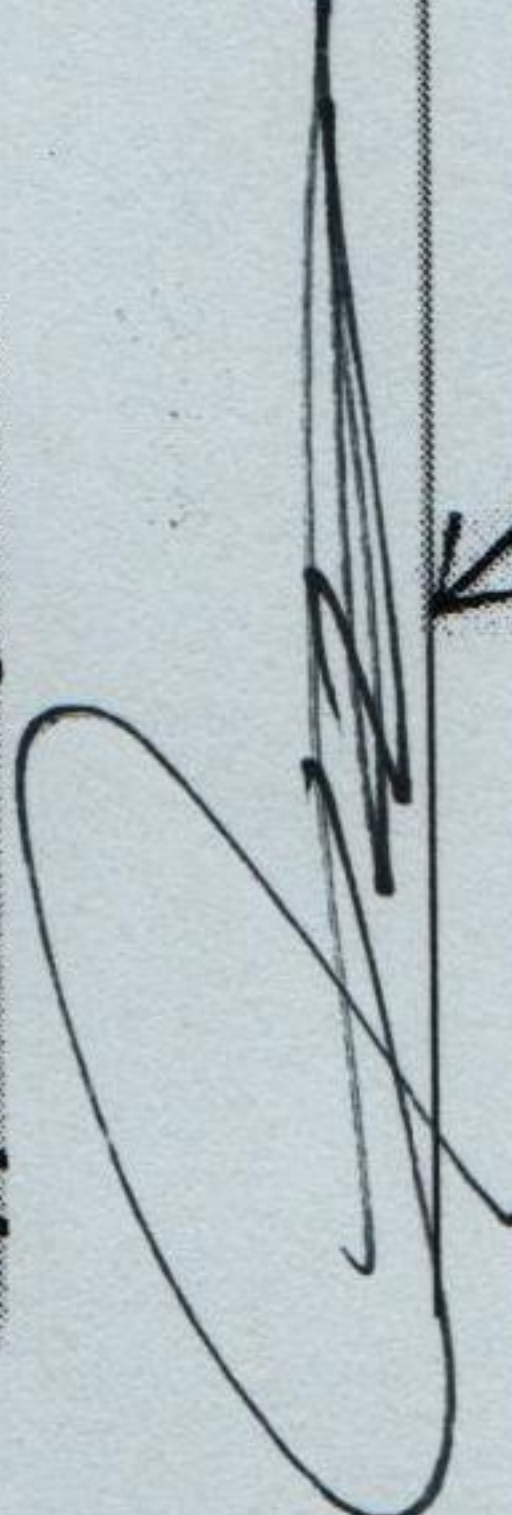
Jamie Burr P.M

Title

Producer Printed Name

Applicant Signature

Date

 12/13/19

Date

Producer Signature

SIGN HERE

Terrorism Form - WW405D

**WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

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

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$148.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

 Policyholder/Applicant's Signature	Oakland Arms Condominium Association Inc Account Name	
Samuel B Kim Print Name	12/13/19 Date	 Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company

300 Kimball Drive, Suite 500, Parsippany, NJ 07054

SIGN HERE

Telephone: (201) 847-8600

WESTERN WORLD

An **AIG** company

Condominium/Homeowners' Association General Liability and Directors & Officers Application

☐ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

GENERAL INFORMATION

1. Name of Applicant: Oakland Arms Condominium Association, Inc.
Address: 2824 NE 33rd Court
City: Ft. Lauderdale State: FL Zip: 33306
2. Applicant's Web Site Address: N/A
3. Contact person to receive all notices on behalf of the Insured: Jamie Blum
Title: Property Manager Contact's Phone Number: 954-366-1392
4. ☐ Individual ☒ Corporation/Organization ☐ Partnership ☐ LLC ☐ Trust
☐ Other (specify): _____
5. Limits Of Insurance Requested:
General Aggregate Limit (Other than Products-Completed Operations) \$ 2,000,000
Products-Completed Operations Aggregate Limit \$ Included
Personal and Advertising Injury Limit \$ 1,000,000 any one person
Each Occurrence Limit \$ 1,000,000
Damage to Premises Rented to You (up to \$100,000 limit available) \$ 100,000 any one premises
Medical Expense Limit (up to \$5,000 limit available) \$ 5,000 any one person
6. Effective Dates Desired: From: 12/16/2019 To: 12/16/2020
7. The Association has been continually operating since? _____
8. Association Type: (check all that apply)
☐ Homeowners' ☐ Townhome ☒ Condominium ☐ Cooperative ☐ Timeshare
☐ Commercial ☐ High Rise ☐ Property Owners' ☐ Master Association ☐ Other _____
What is the percentage of commercial occupancy? 0 %
Describe in detail: _____
9. Total Number of Employees: Full-Time 0 Part-Time 0 Seasonal/Temporary 0
10. If building is over four (4) stories, in what year was construction begun? _____
When was construction completed? 1975 Number of Stories _____
11. a) Total number of units in the completed project: 12 b) Percentage of units rented/leased? 0 %
c) Average unit value: \$ 150,000
12. Percentage of the units built, sold and occupied of the total project? 100 %
13. Has control of the Association been transferred from the builder, developer or sponsor? ☒ Yes ☐ No
14. Is the builder, developer or sponsor either represented or a member of the Board of Directors? ☐ Yes ☒ No
15. Does the entity own, maintain, control or have an affiliation with any of the following?
a) Airfield/Airstrip ☐ Yes ☒ No d) Sewer Treatment Facility ☐ Yes ☒ No
b) Golf Course (with outside members) ☐ Yes ☒ No e) Water Treatment Facility ☐ Yes ☒ No
c) Country Club (with outside members) ☐ Yes ☒ No f) Lake/Pond with Dam ☐ Yes ☒ No
If yes, describe in detail: _____

GENERAL LIABILITY COVERAGE

16. Number of units 12 Single Family Homes _____ Townhomes _____ Condos 12
Rental Units/Timeshares _____ Commercial Condos _____ Number of vacant units _____
Number of developer owned units _____
17. What percentage of unit owners failed to pay Association dues last month? _____
18. Number of property managers in the past five (5) years? 1
19. Is there a beach associated with the property? ☐ Yes ☒ No

20. How many swimming pools? 1
 Total number of diving boards, pool slides, and diving platforms? 0
 Any diving boards, pool slides, or diving platforms over 1 meter in height? ☐ Yes ☒ No
 Are rules posted? ☐ Yes ☐ No Are pools fully fenced? ☒ Yes ☐ No
 Are gates self closing and locking? ☐ Yes ☐ No Are lifeguards on duty when pool is open? ☒ Yes ☐ No
 Any direct access to pool from unit? ☐ Yes ☒ No
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? ☒ Yes ☐ No
 Are "Swim at your own risk" and "No lifeguard on duty" signs posted when no lifeguard is present? ☒ Yes ☐ No

21. Number of:
- | | | | | | |
|-------------------|-------|--------------------|-------|--------------------------|-------|
| Baseball diamonds | _____ | Diving rafts | _____ | Saunas | _____ |
| Basketball courts | _____ | Golf courses | _____ | Spas | _____ |
| Bathing beaches | _____ | Horse trails | _____ | Stables | _____ |
| Bike trails | _____ | Lakes (# of acres) | _____ | Tennis courts | _____ |
| Boat docks | _____ | Parks | _____ | Vacant land (# of acres) | _____ |
| Boat rentals | _____ | Playgrounds | _____ | Volleyball courts | _____ |
| Clubhouses | _____ | Racquetball courts | _____ | Other | _____ |

22. Clubhouse - If there is a clubhouse, is it rented to: ☐ Members ☐ Non-Members
 What is the total clubhouse(s) square footage? _____
 23. Is the Association responsible for maintenance of roads? ☐ Yes ☒ No
 If so, how many miles of road? _____
 24. Are there any indoor parking garages? ☐ Yes ☒ No
 25. Any security guards on premises? ☐ Yes ☒ No
 If yes, how many? _____ Are they armed ☐ or unarmed? ☐
 26. Any instances of violent crimes in the past five (5) years? ☐ Yes ☒ No
 If yes, describe in detail: _____
 27. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Premium	Losses Reserved	Paid Claim	Description

DIRECTORS & OFFICERS LIABILITY, EMPLOYMENT PRACTICES LIABILITY AND WAGE AND HOUR COVERAGE

DIRECTORS & OFFICERS LIABILITY

28. Gross revenue: Est. Next Year \$ _____ Current \$ _____ Previous \$ _____
 (If revenue exceeds \$750,000 submit with financials.)
 Current Fund Balance: \$ _____
 (If the fund balance is negative, submit with financials and an explanation.)
 29. Does anyone own over 15% of the units (including the builder, developer or sponsor)? ☐ Yes ☐ No
 30. Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owner(s)? ☐ Yes ☐ No
 If yes, provide an explanation: _____

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O coverage)

If EPLI Coverage is desired, respond to question 31. If not, proceed to questions 35 - 38.

31. a) Has there been or is there an anticipated reduction of employees in the past/next (12) months? ☐ Yes ☐ No
 b) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? ☐ Yes ☐ No
 c) Does the Applicant have formal written procedures for hiring and firing employees? ☐ Yes ☐ No

WAGE AND HOUR COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX).

If Wage and Hour coverage is desired, check Limit of Insurance ☐ \$50,000 ☐ \$100,000 and respond to questions 32-38.

32. What percentage of the Organization's employee base is: Exempt: _____ % NonExempt: _____ %
33. Within the past 12 months:
- a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? ☐ Yes ☐ No
- b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? ☐ Yes ☐ No
- If "No" to either of the above, please advise when the last review(s) and/or audit(s) were performed.*

34. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? ☐ Yes ☐ No
- If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.*

NOTE THAT ITEMS 35 THROUGH 38 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.

35. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? ☐ Yes ☐ No
- If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.*
- b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? ☐ Yes ☐ No
- If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.*
36. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. ☐ Yes ☐ No

37. Current Insurance Company: _____
- Policy Period: From: _____ To: _____
- Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

38. Limit of Insurance Requested: _____
- NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: 

(Must be signed by Chairman of the Board, President or Executive Director)

Title: P. M.

Date: 12/13/19

SIGN HERE



Surplus Lines Disclosure and Acknowledgement form

At my direction, USI Insurance Services, LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market at a lesser cost and that 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.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Oakland Arms Condominium Association, Inc.
Named Insured

SIGN HERE

Signature of Insured's Authorized Representative

12/13/19
Date

Jamie Blum P.M.

Printed name and title of Insured's Authorized Representative

Western World Insurance Company
Name of Excess and Surplus Lines carrier(s)

General Liability
Type of Insurance

12/16/2019
Effective Date of coverage

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only. This is a quotation of coverage only. It is not a binder. This proposal does not amend or alter the insurance contract.

Please refer to the actual contract for specific terms, conditions, limitations, and exclusions.