

ACRISURE Agency Partner

INSURANCE PROPOSAL

Prepared for:

Malibu North Condominium Association, Inc.

c/o Colonial Property Management, Inc. PO Box 770698 Coral Springs, FL 33077

Proposed Term:

January 3, 2024 to January 3, 2025

Presented by:

Robert Posillico
Director, Florida P&C Division



This presentation is designed to provide an overview of the insurance coverages we prepared for your review. This proposal is meant to facilitate a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies in place or presented within. Please refer to the actual policies for details on coverages, conditions and exclusions that will govern in the event of a loss.

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The information contained herein is intended to serve only as a brief outline of the various insurance coverages. To avoid misunderstanding or misinterpretation as to the full scope of protection afforded, reference must be made to the respective policies for complete coverage details.

POLICIES MAY BE SUBJECT TO AUDIT



A.M. Best Company Rating

To assist in your evaluation and selection of insurance carriers, we have provided you with the ratings assigned by the independent reviewing organizations of A.M. Best Company.

| | Best's Overall Company Size Ratings | | | | | |
|------------|-------------------------------------|------------|-------------------------------|--|--|--|
| Class | Policyholder Surplus | Class X | \$500,000,000-750,000,000 | | | |
| Class V | \$ 10,000,000-25,000,000 | Class XI | \$750,000,000-1,000,000,000 | | | |
| Class VI | \$ 25,000,000-50,000,000 | Class XII | \$1,000,000,000-1,250,000,000 | | | |
| Class VII | \$ 50,000,000-100,000,000 | Class XIII | \$1,250,000,000-1,500,000,000 | | | |
| Class VIII | \$100,000,000-250,000,000 | Class XIV | \$1,500,000,000-2,000,000,000 | | | |
| Class IX | \$250,000,000-500,000,000 | Class XV | \$2,000,000,000 or more | | | |

Best's financial stability ratings range from A++ to S with A++ being the most financially stable.

| | AM Best's Rating Scale | | | | |
|---------|------------------------|-------|------------------------------|--|--|
| A++, A+ | Superior | C, C- | Weak | | |
| A, A- | Excellent | D | Poor | | |
| B++, B+ | Good | E | Under Regulatory Supervision | | |
| B, B- | Fair | F | In Liquidation | | |
| C++, C+ | Marginal | S | Rating Suspended | | |

| Insurance Company | A.M. Best Company Rating | | Admitted/Non-Admitted | |
|-------------------------------------|--------------------------|----------|-----------------------|--|
| Heritage Insurance Company | Α | Demotech | Admitted | |
| Philadelphia Indemnity Insurance Co | A++ XIV | | Admitted | |
| Zenith Insurance Company | A IX | | Admitted | |
| Midvale Indemnity Company | A++ | XV | Admitted | |

^{*}Note: The difference between admitted and non-admitted insurance companies lies primarily in the regulations they must follow. These varying regulations result in business models that typically focus on different areas of the market. As a result, you may not be able to get a particular type of insurance from an admitted company that a non-admitted company offers, and vice versa. The status of a company as an admitted carrier is not based on the financial solvency of the company, which is independently assessed by an outside source.

Admitted Insurance Companies

An admitted insurance company is one that is "admitted" by a particular state to do business as an insurance company. To be an admitted carrier, an insurance company must conform to the regulations of a particular state's Department of Insurance. In addition to meeting minimum regulations for admission, admitted carriers must also file their rates with the state, which the state must approve. One of the benefits of working with an admitted carrier is that the state has the responsibility to pay an insurer's claims, up to state-specified limits, in the event of the company's insolvency.

Non-Admitted Insurance Companies

A non-admitted insurance company is one that does not operate under an individual state's insurance laws. As a result, a non-admitted insurance company does not enjoy the benefit of having its claims resolved in the event of insolvency. However, non-admitted companies also have much more pricing flexibility, as they do not have to submit their rates to the individual states for review. Consequently, non-admitted carriers can insure higher-risk events, specialty risks, or risks with adverse claims experience.



Service Team

| Name Title | Phone Number | E-Mail Address |
|--------------------------------|----------------|---------------------------|
| Robert Posillico | (561) 278-6066 | rposillico@acrisure.com |
| Director, Florida P&C Division | Ext 1701 | iposinico@acrisure.com |
| Ingrid Hernandez | (561) 278-6066 | ihernandez@acrisure.com |
| Commercial Lines Acct. Manager | Ext 1260 | inernandez@acrisure.com |
| Taira Niemczyk | (561) 278-6066 | tniemczyk@acrisure.com |
| Technical Assistant | Ext 1138 | themczyk@achsure.com |
| Ria Lowe | (561) 278-6066 | rlowe@acrigure.com |
| Claims Representative | Ext 1452 | <u>rlowe@acrisure.com</u> |

| Agency Contact Information | | | | |
|------------------------------|---|--|--|--|
| Main Office Telephone Number | (561) 278-6066 | | | |
| Fax Number | (561) 278-1387 | | | |
| Website | www.acrisurenj.com | | | |
| Agency Address | 3100 S Federal Highway, Suite G Delray Beach, FL 33483 | | | |
| Certificate Requests | certificates@sciroccogroup.com | | | |



Premium Summary / Comparison

| Type of Coverage | Expiring Program | Renewal Program |
|---------------------------|------------------------|------------------------|
| Property with Wind | \$ 43,877.00 | \$ 51,903.00 |
| Equipment Breakdown | (Included in Property) | (Included in Property) |
| General Liability/Package | \$ 4,033.74 | \$ 5,428.79 |
| Directors & Officers | \$ 1,464.00 | \$ 1,478.64 |
| Commercial Crime/Bond | \$ 325.00 | \$ 328.25 |
| Workers Compensation | \$ 565.00 | \$ 509.00 |
| Excess Liability/Umbrella | \$ 5,843.25 | \$ 1,170.00 |
| Total Annual Premium: | \$ 56,141.99 | \$ 60,817.68 |
| | 8.33% | |



Marketing Summary - Property

| Declined | Arrowhead | Declined Building Age |
|----------|---|---|
| Declined | Aspen Specialty | Declined Location |
| Declined | AXA, XL Insurance Global Risk | Declined Pricing |
| Declined | Axis Specialty | Declined ITV & Location |
| X-Wind | Balance Partners | X-Wind or DIC Only |
| Declined | Catalytic (Rockhill) | Declined – Building Age |
| Declined | Citizens Property Insurance Corporation | Quoted – Need Updated RCV, not competitive |
| Declined | Core Specialty (Starstone) | Declined Limited Tri-County Capacity |
| Declined | Cypress Insurance Company | Declined – Type of roof system in place |
| Quoted | Heritage P&C Insurance Company | Quoted & Presented |
| Declined | Intact / One Beacon (Homeland) | Declined Coastal 40 years old |
| Declined | Ironshore (Legacy LIU) | Declined ITV |
| Declined | James River | Declined – Building Age |
| Declined | Kinsale | Declined Limited capacity and 100k MP |
| Declined | Markel (Essex) | Declined – Not 100% Class A Opening Protection |
| Declined | Mitsui | Declined – Too Small, Min \$5MM TIV |
| Declined | Munich Re | Declined ITV far to low |
| Declined | Rivington | Declined Out of FL Aggregate |
| Declined | RLI | Declined Current Distance to Coast Restrictions |
| Declined | RSUI | Declined Need to rate off \$225 sq/ft |
| Declined | Sompo (Endurance) | Declined ITV / Pricing \$100k for Primary |
| Declined | SRU - Charlotte/Chicago | Declined ITV / Pricing / Limits |
| Declined | Swiss Re E & S | Declined Size / Condo |
| Declined | Validus (Lex Specialty) | Declined Pricing / ITV |
| Declined | Velocity Risk Underwriters | Declined Outside Condo guidelines |
| Declined | Ventus | Declined - ITV |
| Declined | AmRisc (Waypoint) | Declined – JM in Tri County |
| Declined | Westchester - A Chubb Company (Ace) | Declined ITV / Pricing |
| X-Wind | WKF&C (Chubb under 25M) | X-Wind/DIC No Interest in Wind given ITV/Location |



Property

| Issuing Company | Policy Term | |
|----------------------------|------------------------|--|
| Heritage Insurance Company | 1/03/2024 to 1/03/2025 | |

Named Insured(s)

| First Named Insured | |
|--|--|
| Malibu North Condominium Association, Inc. | |

<u>Schedule of Covered Location(s)</u>

| Locati | ion(s) | |
|--------|---|--|
| 1 | 200 NW 60 th Avenue, Margate, FL 33063 | |

Coverage Detail

| Location # | Bldg # | Address | | | | | |
|--------------|-----------------------|----------------------------|---|-------|-----------|---------------|----------|
| 1 | All | 200 NW 60 th Av | 200 NW 60 th Avenue, Margate, FL 33063 | | | | |
| Subject of | Insurance | Limit | Valuation | Coins | AOP Ded | Wind/Sinkhole | Cause of |
| | | | | | | Deductible | Loss |
| 200-214 | 4 NW 60 th | \$ 780,813 | R | 80% | \$ 10,000 | 5% CYHD/3% | Special |
| 230-24 | 4 NW 60 th | \$ 780,813 | R | 80% | \$ 10,000 | 5% CYHD/3% | Special |
| 260-27 | 4 NW 60 th | \$ 780,813 | R | 80% | \$ 10,000 | 5% CYHD/3% | Special |
| Mailb | ox Cluster | \$ 4,400 | R | 80% | \$ 10,000 | 5% CYHD/3% | Special |
| Irrigation E | quipment | \$ 4,550 | R | 80% | \$ 10,000 | 5% CYHD/3% | Special |
| Total Insur | ed Values | \$ 2,351,389 | | | | | |

| Valuation Legend | | | | |
|------------------|---------------------------------------|---|------------------------------------|--|
| Α | Actual Cash Value on Roof | R | Replacement Cost on Building | |
| В | Business Income Changes – Time Period | U | Full Value Replacement Cost | |
| F | Functional Replacement Cost | V | Agreed Value | |
| L | Actual Loss Sustained | Χ | Extended Value Replacement Cost | |
| М | Market Value | С | Agreed Amount and Replacement Cost | |

| Blanket Legend | | | |
|----------------|---|-----|-----------------------------|
| В | Building | OTH | Other |
| ВС | Building & Contents | TIB | Personal Property of Others |
| BP | Building, Personal Property & Business Income | Т | Time Element |
| С | Contents | | Not Blanketed |



Additional Coverages

| Description | | Limit | Deductible | Premium |
|--|---|----------------|------------|---------|
| Ordinance and/or Law | Coverage A, B & C Co | mbined | \$ 250,000 | |
| Equipment Breakdown | Full Limit | | | |
| Commercial Cyber/Data Breach Debris Removal Fire Department Service Charge Pollutant Clean-Up and Removal Electronic Data Newly Acquired/Constructed Property Personal Effects Sublimit Per Person Sublimit Per Described Premises Property Of Others Valuable Papers & Records Property Off-Premises Outdoor Property Except trees, shrubs, lawns or plants Except any one tree, shrub or plant Accounts Receivable | \$ 100,000/\$ 100,000 \$ 50,000 \$ 100,000 \$ 150,000 \$ 100,000 90 days \$ 25,000 \$ 5,000 \$ 25,000 \$ 25,000 \$ 25,000 \$ 100,000 \$ 100,000 \$ 5,000 \$ 5,000 \$ 5,000 | | | |
| Fire Extinguisher Recharge Lock Replacement | \$ 10,000 \$ 7,500 | | | |
| Reward Reimbursement Inventory and Appraisals Wind Driven Precipitation | \$ 25,000 \$ 2,500 \$ 250,000 | | | |
| Backup Of Sewers and Drains Outdoor Signs "Fungus", Wet Rot, Dry Rot/Bacteria | \$ 150,000 \$ 20,000 \$ 50,000 | | | |
| Property In Transit Off Premises Power Failure | \$ 100,000 \$ 50,000 (subject to a | a 24-hour dedu | ctible) | |



General Liability

| Issuing Company | Policy Term |
|--|------------------------|
| Philadelphia Indemnity Insurance Company | 1/03/2024 to 1/03/2025 |

Named Insured(s)

| First Named Insured | |
|--|--|
| Malibu North Condominium Association, Inc. | |

Coverage Detail

| Coverage Detail | Limit |
|---|--------------|
| Aggregate Limit | \$ 2,000,000 |
| Occurrence Limit | \$ 1,000,000 |
| Products and Completed Operations Aggregate | \$ 2,000,000 |
| Personal Injury and Advertising Limit | \$ 1,000,000 |
| Damage To Rented Premises Limit | \$ 100,000 |
| Medical Expense – Per Person | \$ 5,000 |
| Hired & Non-Owned Automobile | \$ 1,000,000 |
| BI/PD Deductible | \$0 |

<u>Hazards</u>

| Loc# | Bldg # | Description | Class Code | Exposure Basis | Premium Basis |
|------|--------|------------------------------|------------|-------------------|------------------|
| 1 | All | Residential Condominium | 62003 | 24 | Units |
| 1 | All | Hired & Non Owned Automobile | 44444 | INCL | INCL |

Forms & Endorsements

| Form Number Form Name | Remarks | Premium |
|-----------------------|---------|---------|
|-----------------------|---------|---------|

PI-CO-6 General Liability Deluxe Enhancement Endorsement Included



Directors & Officers

| Issuing Company | Policy Term |
|--|------------------------|
| Philadelphia Indemnity Insurance Company | 1/03/2024 to 1/03/2025 |

Named Insured(s)

| First Named Insured | |
|--|--|
| Malibu North Condominium Association, Inc. | |

Coverage Detail

Claims Made or Occurrence: Claims Made

| Coverage | Limit |
|-----------------------------------|-----------------------|
| Per Claim | \$ 1,000,000 |
| Per Occurrence | \$ 1,000,000 |
| Aggregate | \$ 1,000,000 |
| Retention/Deductible | \$ 1,000 |
| Full Prior Acts | Included |
| Defense Limit (In/Out) | Outside |
| Pending and Prior Litigation Date | Policy Inception Date |

Forms & Endorsements

| Form Number | Form Name | Remarks | Premium | |
|---------------|---------------|-------------|--------------|--|
| I OITH NUMBER | 1 Office Name | IVEIIIai N3 | FIEIIIIIIIII | |

FL.PCAP-PIBELL1-BELL.

FL.PCAP-PICAPFL1-AMEND.

FL.PCAP-PISLD001-TRIACAP.

FL.PCAP-PITERDN1-TRIANOTICE.

PCAP-PICAP020-ENHANCEMENT.

PCAP-PICAPETS-OFAC.

PCAP-PICME1-CRISIS.

PCAP-PICAP021-WAGEHOUR.



Commercial Crime

| Issuing Company | Policy Term |
|--|------------------------|
| Philadelphia Indemnity Insurance Company | 1/03/2024 to 1/03/2025 |

Named Insured(s)

| First Named Insured |
|--|
| Malibu North Condominium Association, Inc. |

Coverage Detail

Basis for coverage: Loss Sustained Form

| Coverage | Limit | Deductible |
|---------------------------------------|------------|------------|
| Employee Theft | \$ 100,000 | \$ 250 |
| ERISA Fidelity | \$ 100,000 | \$ 250 |
| Inside Theft of Money and Securities | N/A | N/A |
| Outside Theft of Money and Securities | N/A | N/A |
| Computer & Funds Transfer Fraud | \$ 100,000 | \$ 250 |
| Forgery or Alteration | N/A | N/A |
| Money Orders and Counterfeit Paper | N/A | N/A |

Forms & Endorsements

| Form Number | Form Name | Remarks | Premium | |
|---------------|---------------|-------------|--------------|--|
| I OITH NUMBER | 1 Office Name | IVEIIIai N3 | FIEIIIIIIIII | |

PCAC-BJP1901-12-98-PolicyJacket.pdf

PCAC-PP2015-06-15-PhiladelphiaPrivacyPolicyNotice.pdf

PCAC-CPDPIIC-06-14-CommonPolicyDeclarations.pdf

FL. PCAC-PICRPO1-06-05-Crime Protection Plus Declarations.pdf

PCAC-PICRPO2-06-05-Crime Protection Plus Coverage Form.pdf

FL.PCAC-PIBELL1-04-10-BellEndorsement.pdf

 $PCAC\text{-}PICME1\text{-}10\text{-}09\text{-}CrisisManagementEndorsement.pdf}$

PCAC-PICRPO9-06-05-Designated Persons Or Classes Of Persons As Employees. pdf

PCAC-PICRP25-07-17-Fraudulent Inducement Exclusion.pdf

 ${\tt PCAC-PICRPO23-11-19-CrimeProtectionPlusProPak.pdf}$

FL.PCAC-PICRPFL1-10-05-ChangesFlorida.pdf

FL Statute 718.111(h) The association shall maintain insurance or fidelity bonding of all persons who control or disburse funds of the association. The insurance policy or fidelity bond must cover the maximum funds that will be in the custody of the association or its management agent at any one time. As used in this paragraph, the term "persons who control or disburse funds of the association" includes, but is not limited to, those individuals authorized to sign checks on behalf of the association, and the president, secretary, and treasurer of the association. The association shall bear the cost of any such bonding.



Workers Compensation

| Issuing Company | Policy Term |
|--------------------------|------------------------|
| Zenith Insurance Company | 1/03/2024 to 1/03/2025 |

Named Insured(s)

| First Named Insured |
|--|
| Malibu North Condominium Association, Inc. |

Coverage Detail

| Workers' Compensation and Employers Liability | Limit |
|---|------------|
| Each Accident | \$ 500,000 |
| Disease-Policy Limit | \$ 500,000 |
| Disease-Each Employee | \$ 500,000 |

| Loc# | Classification | State | Code | Payroll | Rate | Premium |
|------|---|-------|------|---------|------|-----------|
| 1 | Residential Associations – All Other Employees | FL | 9015 | \$ 0.00 | 3.46 | \$ 509.00 |

Partners / Executive Officers / Members

| Loc# | State | Name | Title | % Own | Class | Included/Excluded |
|------|-------|------|-------|-------|-------|-------------------|
|------|-------|------|-------|-------|-------|-------------------|

Included

Forms & Endorsements

| Form Number | Form Name | Remarks | Premium |
|-------------|-----------|---------|---------|
| | | | |

Volunteer Activity



Excess Liability/Umbrella

| Issuing Company | Policy Term |
|---------------------------|------------------------|
| Midvale Indemnity Company | 1/03/2024 to 1/03/2025 |

Named Insured(s)

| First Named Insured |
|--|
| Malibu North Condominium Association, Inc. |

Coverage Detail

Coverage type is Umbrella/Excess Liability Coverage form is Occurrence

| Description | Limit |
|------------------------------|--------------|
| Each Occurrence | \$ 5,000,000 |
| Policy Aggregate | \$ 5,000,000 |
| Self-Insured Retention (SIR) | N/A |

<u>Underlying Schedule of Insurance</u>

| Policy Details | | | | Description | Limit |
|-------------------|-------------------------------------|-------------------------------|--------------|---------------------------|--------------|
| General Liability | | | | | |
| Carrier | Philadelphia Indemnity Insurance Co | | | Each Occurrence | \$ 1,000,000 |
| Policy # | (TBA) | | | General Aggregate | \$ 2,000,000 |
| Policy Term | 1/03/2024 | 03/2024 to 1/03/2025 | | Products & Completed Ops. | \$ 2,000,000 |
| | | Personal & Advertising Injury | \$ 1,000,000 | | |
| | | | | Hired & Non-Owned Autos | \$ 1,000,000 |

| Policy Details | | | | Description | Limit |
|----------------------|-------------------------------------|----|-----------|-------------------|--------------|
| Directors & Officers | | | | | |
| Carrier | Philadelphia Indemnity Insurance Co | | | Claims Made Limit | \$ 1,000,000 |
| Policy # | (TBA) | | | | |
| Policy Term | 1 /03/2024 | to | 1/03/2025 | | |

| Policy Details | | Description | Limit | |
|----------------------|--------------------------------|-------------|-------------------------|------------|
| Workers Compensation | | | | |
| Carrier | rrier Zenith Insurance Company | | Each Accident | \$ 500,000 |
| Policy # | (TBA) | | Disease – Policy Limit | \$ 500,000 |
| Policy Term | 1 /03/2024 to 1/03/2025 | | Disease – Each Employee | \$ 500,000 |



Additional Coverages for Discussion

Please mark the items for which you would like a premium indication. This list is not all-inclusive. Other coverage may be available, or a risk management approach may also be discussed.

| Coverage | Premium Indication | Coverage | | Premium Indication |
|--------------------------------|-----------------------|-------------------------------|-------------------------|-----------------------|
| Agriculture | | | General Liability | |
| Aviation | | | Glass & Sign | |
| Business Auto | | | Identify Theft | |
| Installation/Builders Risk | | | Inland Marine | |
| Boiler & Machinery | | | Jewelers Block | |
| Bond | | | Kidnap & Ransom | |
| Contingent Cargo | | | Liquor Liability | |
| Crime | | | Malpractice | |
| Cyber Liability | | | Motor Truck Cargo | |
| Directors & Officers | | Occupational Accident | | |
| Earthquake | | Ocean Cargo | | |
| Electronic Data Processing | | Owners Contractors Protective | | |
| Errors & Omissions | | Pollution | | |
| Employee Benefits | | Professional Liability | | |
| Employment Practices Liability | | | Property (Wind Only) | |
| Equipment Floater | | | Special Event Insurance | |
| Executive Liability | | | Terrorism | |
| Fiduciary Liability | | | Truckers | |
| Flood | | | Commercial Umbrella | |
| Furrier's Block | | | Legal Defense GAP | \$ 856.88 |
| Garage & Dealers | | | Workers Compensation | |



Subjectivities to Bind

Malibu North Condominium Association, Inc.

Policy Term: 1/03/2024 to 1 /03/2025

The policies referenced in this proposal may be subject to audit and a minimum earned premium.

Please see below for policy specific information:

- 1. Subject to signed completed carrier application.
- 2. Subject to receipt of 5 years currently valued loss runs for all lines.
- 3. Subject to receipt of paid in full (or financed) premium.



Authorized Person(s) Form

Malibu North Condominium Association, Inc.

Policy Term: 1/03/2024 to 1 /03/2025

The undersigned hereby authorizes the following employees, agents, representatives, and advisors to sign, make changes to coverage, and any other action specified below on my behalf, as the first named insured for all policies, unless noted otherwise.

| Name | Email | Can Make changes to coverage | Cannot Make changes to coverage | Can Sign Documentation |
|------|-------|------------------------------------|---------------------------------|------------------------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Paul J Sapiro | | |
|----------------|---------|----------|
| Printed Name | | |
| Paul J Shapiro | Manager | 12/28/23 |
| Signature | Title | Date |



Proposal Acceptance

| Malibu I | North Condominium Association, Inc. | |
|-------------|--|--------------------------------|
| Policy To | erm: 1/03/2024 to 1 /03/2025 | |
| necessa | erage summaries contained in this document are intended as a rily brief. In the event of a loss, all terms, conditions, exclusion olicy will apply. For specific information, please refer to your p | s, and other provisions of the |
| Check C | ne: | |
| X | I accept this proposal as presented. | |
| | I accept this proposal with the following changes: | |
| | | |
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| Pau | el J Shapiro | 12/28/23 |
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