



**We Make the
Complex Simple**

INSURANCE PROPOSAL

Prepared for

Lighthouse Co-Op Apartments, Inc.

Term: December 14, 2023 – December 14, 2024



Presented by

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Vice President

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Important: The proposal is an outline of the coverages proposed by the insurers, based on the information provided by the insured company. It does not include all the terms, coverages, exclusions, limitations and conditions of the actual policies. Policy forms for your reference will be made available upon request.

Carriers presented in this proposal may have agreements in place with IOA through which compensation, commission or other factors as the size, growth and/or overall profitability of an entire book of business placed with that carrier, and contingent compensation would be in addition to any other compensation received, and is not guaranteed. For additional information on this matter, please contact your IOA agent.

Claims Made Disclaimer: Some insurance policies are written on a "claims made" basis. Claims are to be reported during the policy period for incidents after the retroactive date shown in this proposal for the policy.

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our vision

To be a family of companies that grows and leads the marketplace by serving our clients, our community, and one another.

our mission

To be set apart by making the complex simple. We will move beyond the commodity of business transactions to the value of authentic relationships as we speak and act in favor of our clients and one another. We will aspire to be an affirming and sharing community, one in which our clients and our colleagues will never want to leave.

our values

To act with the highest degree of integrity as we focus on our clients and steward the gifts, talents, and resources entrusted to us. Excellence will be our standard as we embrace new and innovative ways to celebrate our people and their ideas. The cornerstone of our foundations will be our faith, our families, and the fun of living our lifework.

Account Service Team

ADVOCATE	TITLE	ROLE	KNOW-HOW
Ryan C. Hartnett, CLCS Ryan.Hartnett@ioausa.com	Vice President	Commercial Agent	Coverage expert, manages your overall account, negotiates with carriers and brings all of our resources together for your benefit.
Nate Markert Nate.Markert@ioausa.com	Vice President		
Delayne Jacques, CISR, AAI Delayne.Jacques@ioausa.com	Account Executive	Service Team	Responsible for Completing the technical aspects of binding, issuance, delivery, and maintenance of insurance, underwriting services, and accounting
Royce Ivey Royce.Ivey@ioausa.com	Account Manager		
Deborah Gyuricsko Deborah.Gyuricsko@ioausa.com	Account Manager		
Melissa Haught Melissa.Haught@ioausa.com	Account Manager Associate		
<u>Jon Vawter</u> Jon.Vawter@ioausa.com	Senior Account Associate	Service Team	Issues Certificates, supports the Account Manager, reviews policies and endorsements, and other processing as needed.
Min Su Nam MinSuNam@ioausa.com	Claims Supervisor	Claims Department	Reports Claims, advocates for client, troubleshoots servicing issues, answer questions about the claims process and assist with optimizing claims outcomes.

Locations:

- 4730 Pine Tree Drive, Miami Beach, FL 33140
- 4740 Pine Tree Drive, Miami Beach, FL 33140

PROPERTY

Company	American Coastal Insurance Company (Demotech Rated: A)		
Deductibles	All Other Perils	\$	10,000
	Windstorm (Per Occurrence)		10%
	Sinkhole	\$	10,000
Coinsurance	N/A Agreed Amount		
Cause of Loss	Special		
Includes	Equipment Breakdown Limit \$2,975,000 Ordinance or Law- Full A, B&C Combined 2.5% of per bldg. Sinkhole coverage includes catastrophic ground cover collapse		
Exclusions	<ul style="list-style-type: none"> Flood and Earthquake War Mysterious Disappearance Nuclear Wear and Tear Off Premises Services Corrosion or Rust Refer to policy forms for additional exclusions, conditions or restrictions. 		

PROPERTY SCHEDULE

Bldg #	Address	Description	Value
1	4730 Pine Tree Drive, Miami Beach, FL 33140	Building	\$1,487,500
2	4740 Pine Tree Drive, Miami Beach, FL 33140	Building	\$1,487,500

10% Minimum Earned premium applies

PROPERTY-CONTINUED

PROPERTY ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following forms (if attached to this policy):

**Building and Personal Property Coverage Form
Condominium Association Coverage Form
Standard Property Policy - Declaration
Cause of Loss - Special Form**

<u>Coverage</u>	<u>Limit of Liability</u>
1.a) Debris Removal	\$50,000
1.b) Fire Department Service Charge	\$100,000
1.c) Pollutant Clean-Up and Removal	\$150,000
1.d) Electronic Data	\$100,000
2.a) Newly Acquired Property	90 days
2.b) Personal Effects	
(1) Sublimit Per Person	\$5,000
(2) Sublimit Per Described Premises	\$25,000
2.b) Property of Others	\$25,000
2.c) Valuable Papers & Records	\$500,000
2.d) Property Off-Premises	\$25,000
2.e) Outdoor Property	\$100,000
Except trees, shrubs, lawns or plants	\$10,000
Except any one tree, shrub or plant	\$5,000
2.f) Accounts Receivable	\$500,000
2.g) Fire Extinguisher Recharge	\$10,000
2.h) Lock Replacement	\$7,500
2.i) Reward Reimbursement	\$25,000
2.j) Inventory and Appraisals of Loss	\$2,500
2.k) Wind Driven Precipitation	\$250,000
2.l) Backup of Sewers and Drains	\$150,000
3) Outdoor Signs	\$20,000
4.e) "Fungus", Wet Rot, Dry Rot and Bacteria	\$50,000
4.f) Property in Transit	\$100,000
4.g) Off Premises Power Failure	\$50,000
(Subject to a 24 hour deductible)	

GENERAL LIABILITY

Company	Century Surety Company (A.M. Best Rating: A- X)		
Definition	General Liability insurance covers some of the third party liability exposures of your business including liability related to owned or leased premises, operations in progress, and products/completed operations.		
Limits	Bodily Injury and Property Damage – Each Occurrence	\$	1,000,000
	General Aggregate	\$	2,000,000
	Products & Completed Operations Aggregate		Included
	Personal and Advertising Injury	\$	1,000,000
	Damage to Rented Premises	\$	100,000
	Medical Expense – Any One Person	\$	5,000
	Hired and Non Owned Auto Liability	\$	1,000,000
Deductible		\$	500
Form	Occurrence		
Includes	Premises and Operations		
	Products and Completed Operations		
	Employees as Additional Insureds		
	Per Policy Aggregate		

Exclusions

- Pollution
- Employment and Related Practices
- Asbestos
- Punitive Damage
- Nuclear Energy
- Lead
- Silica or Silica-Related Dust
- Exterior Insulation and Finish Systems (EIFS)
- Refer to policy forms for additional exclusions, conditions or restrictions.

SCHEDULE OF EXPOSURES

Class Code	Classification	Estimated Exposures	Rating Basis
62003	Condominium Residential Association Risk only	32	Unit
48925	Swimming Pools	1	Other
10105	Boat Docks/Slip	4	Other

Note: The estimated exposures reflected may be subject to audit.

25% Minimum Earned Premium, All Fees are 100% Fully Earned

GENERAL LIABILITY CONTINUED

Policy Forms

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 04 23	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"/>	PFN 0001 04 23	Premium Finance Notice
<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

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 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 1708 09 11	Swimming Pool Coverage Buy Back
<input checked="" type="checkbox"/>	CGL 1709 03 16	Exclusion - Swimming Pool
<input checked="" type="checkbox"/>	CGL 1711b 03 22	Classification Limitation Endorsement
<input type="checkbox"/>	CGL 1714 02 16	Exclusion - Firearms
<input checked="" type="checkbox"/>	CGL 1732 12 16	Hired Auto and Non-Owned Auto Liability

CRIME

Company	Great American Insurance Company (A.M. Best Rating: A+ XV)
Definition	This crime policy insures various exposures to loss through criminal activities by employee dishonesty, forgery or alteration, or by theft, disappearance or destruction of money and securities.
Coverage	Discovery
Exclusions	<ul style="list-style-type: none"> Employee Cancelled Under Prior Insurance Inventory Shortages Acts Committed by You (Named Insured) or Your Partners Refer to policy forms for additional exclusions, conditions or restrictions.

Location: 4730 Pine Tree Drive, Miami Beach FL 33140

COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT - BLANKET	\$ 50,000	\$ 1,000

CRIME FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

Form and Edition	Form Description
SP 00 01 (04/12)	Crime Coverage Details
IL 88 01 (11/85)	Policy Declarations
IL 88 02 (11/85)	Forms and Endorsement Schedule
SP 00 01 (04/12)	Premium Endorsement
SE 00 11 (03/00)	Policy Form
SE 00 16 (03/00)	Include Specified Non Compensated Officers As Employees
SE 00 63 (03/00)	Include Volunteer Workers Other Than Fund Solicitors As Employees
SE 01 61 (07/13)	Include Designated Agents As Employees Covered For Employee Dishonesty Only Endorsement
SA 71 50 (06/14)	Confidential And Data Breach
IL 72 68 (09/09)	Mediums Of Exchange
IL 73 24 (08/12)	In Witness Clause
SDM 683 (08/14)	Economic And Trade Sanctions
	Important Notice FidelityEd0814

*If not at inception

DIRECTORS & OFFICERS LIABILITY

Company	Philadelphia Indemnity Insurance Company (A.M. Best Rating: A++ XIV)	
Definition	Provides coverage for claims arising from the wrongful acts of “insured persons” while serving in their capacity as directors or officers.	
Limits	Per Claim	\$ 1,000,000
Retention		\$ 1,000
Prior or Pending Date	12/14/2017	
Exclusions	<ul style="list-style-type: none"> Securities Nuclear Refer to policy forms for additional exclusions, conditions or restrictions. 	

BELL ENDORSEMENT

Unless otherwise stated herein, the terms, conditions, exclusions and other limitations set forth in this endorsement are solely applicable to coverage afforded by this endorsement, and the policy is amended as follows:

I. SCHEDULE OF ADDITIONAL COVERAGES AND LIMITS

The following is a summary of Limits of Liability or Limits of Insurance and/or additional coverages provided by this endorsement. This endorsement is subject to the provisions of the policy to which it is attached.

COVERAGE	LIMITS OF INSURANCE
Business Travel Accident Benefit	\$50,000
Conference Cancellation	\$25,000
Donation Assurance	\$50,000
Emergency Real Estate Consulting Fee	\$50,000
Fundraising Event Blackout	\$25,000
Identity Theft Expense	\$50,000
Image Restoration and Counseling	\$50,000
Key Individual Replacement Expenses	\$50,000
Kidnap Expense	\$50,000
Political Unrest	\$5,000 per employee: \$25,000 policy limit
Temporary Meeting Space Reimbursement	\$25,000
Travel Delay Reimbursement	\$1,500
Workplace Violence Counseling	\$50,000

WORKERS COMPENSATION

Company Pennsylvania Manufacturers' Association Insurance (A.M. Best Rating: A+ XV)

Limits	Workers' Compensation	As Required
	Bodily Injury by Accident – Each Accident	\$ 500,000
	Bodily Injury by Disease – Policy Limit	\$ 500,000
	Bodily Injury by Disease – Each Employee	\$ 500,000

Exclusions

- Refer to policy forms for additional exclusions, conditions or restrictions.

State	Code	Classification	Estimated Payroll
FL	9015	Buildings- Operation by Owner	If Any

Note: The estimated payroll reflected is subject to audit.

UMBRELLA

Company	Allied World Insurance (A.M. Best Rating: A XV)	
Limits	Each Occurrence	\$ 5,000,000
	Aggregate	\$ 5,000,000
Underlying Limits	Auto Liability – Combined Single Limit	\$ 1,000,000
	General Liability	
	• Each Occurrence	\$ 1,000,000
	• General Aggregate	\$ 2,000,000
	• Products/Completed Operations Aggregate	\$ 2,000,000
	• Personal and Advertising Injury	\$ 1,000,000
	• Damage to Rented Premises	\$ 500,000
	• Medical Expense – Any One Person	\$ 50,000
	Employer’s Liability	
	• Bodily Injury by Accident – Each Accident	\$ 500,000
• Bodily Injury by Disease – Policy Limit	\$ 500,000	
• Bodily Injury by Disease – Each Employee	\$ 500,000	
Retention	Each Occurrence	\$
Includes	First Dollar Defense	
	“Pay On Behalf of” wording	
	Defense outside the Policy Limits	
	Employees as Additional Insureds	
	Unintentional Errors or Omissions Endorsement	
	Knowledge of Occurrence Endorsement	
Exclusions	Notice of Occurrence Endorsement	
	<ul style="list-style-type: none"> • Absolute Asbestos • Liquor • Pollution • Communicable Diseases • Refer to policy forms for additional exclusions, conditions or restrictions. 	

FLOOD

Company	The Hartford Insurance Company (A.M. Best Rating: A XIV)	
Location	4730 Pine Tree Drive	
Limits		\$ 500,000
Deductible		\$ 1,250
Location	4740 Pine Tree Drive	
Limits		\$ 500,000
Deductible		\$ 1,250

- Exclusions**
- Refer to policy forms for additional exclusions, conditions or restrictions.

LEGAL LIABILITY

Company

Atlantic Mutual Insurance Co (Demotech Rated: A)

Risk Insured:

- Legal Expense
- 32 units

Highlights:

- Legal Representation when coverage is excluded by your current insurance policies
- Legal Representation if coverage is denied by your insurance policies
- Legal Representation against Reservation of Rights by representing insured.
- Unlimited defense
- No Hammer clause. Defends to conclusion
- Favorable insurance terms. Best in industry
- First dollar coverage. No deductible.
- Defense Cost Fully Insured by Contract with Legal Counsel

Exclusions

- Certain Fees normally accounted for as defense expense not included in attorney cost.
- Claims prior to or after expiration of this policy
- Claims filed outside the state of Florida
- Appeals, post judgement
- Claims Filed in Criminal Court
- Lawsuits filed in Federal Court except service animal, emotional support animal, discrimination in housing or ADA (unless defense available elsewhere)
- Any Plaintiff activity and associated actions
- Fair Debt Collection Acts, Unemployment
- Refer to policy forms for additional exclusions, conditions or restrictions.

Premium Summary

COVERAGE	2022/2023 Expiring	2023/2024 Renewal
Property including Wrap	\$ 44,854.00	\$ 78,170.00
General Liability	\$ 8,167.95	\$ 9,719.85
Crime	\$ 310.00	\$ 310.00
Directors & Officers	\$ 2,487.78	\$ 2,480.46
Workers' Compensation	\$ 599.00	\$ 565.00
Umbrella	\$ 1,170.00	\$ 1,220.00
Legal Liability	\$ 975.84	\$ 975.84
Flood 4730 & 4740	\$ 3,602.00	\$ 4,144.00
Total	\$ 62,166.57	\$ 97,585.15

Note: Premiums indicated above include State Fees and Taxes, when applicable.

Coverage Checklist

PROPERTY

- Accounts Receivable
- Awnings
- Backup of Water & Sewer
- Builders Risk
- Business Income
- Civil Authority Ingress & Egress
- Computer Coverage
- Credit Insurance
- Electronic Data Processing Equipment & Software
- Employee Dishonesty
- Equipment Breakdown/Boiler & Machinery
- Extended Period of Indemnity
- Extra Expense
- Flood
- Glass Breakage
- Installation Floater
- Misc. Tools Under \$500 Each
- Miscellaneous Outdoor Property
- Mold
- Money & Securities – Inside and Outside
- Non-Owned Tools & Equipment
- Ordinance & Law
- Owned Scheduled – Tools & Equipment
- Personal Property Coverage
- Personal Property in Transit
- Pollutant Cleanup
- Property in Transit
- Signs
- Spoilage
- Valuable Papers

GENERAL LIABILITY

- Blanket Additional Insured
- Blanket Waiver of Subrogation
- Employee Benefits Liability
- GAP Coverage
- Limited Pollution
- Per Project Aggregate
- Primary/Non-Contributory

WORKERS COMPENSATION

- Exemptions
- Safety & Drug Free

COMMERCIAL LINES

- Automobile
- Aviation
- Boiler and Machinery
- Crime
- Cyber Risk Liability
- Directors & Officers Retro Date
- Employee Dishonesty
- Employment Practices Liability
- Errors & Omissions Retro Date
- International Coverage
- Kidnap & Ransom
- Ocean Cargo/Stock Throughput
- Owners & Contractors Protective Liability
- Package Policy
- PEO/Payroll Services
- Pollution
- Product Recall & Contamination
- Professional Liability Retro Date
- Storage Tank Liability
- Surety Bonds
- Tenant Discrimination
- Umbrella
- Workers Compensation

AUTOMOBILE

- Drive Other Car
- Extended Personal Injury Protection
- Garage Keepers
- Hired and Non-Owned Liability
- Hired Physical Damage
- Rental Reimbursement
- Truckers

PERSONAL LINES

- Automobile
- Boat
- Homeowners
- Personal Umbrella
- Recreational Vehicle

- VIP Packages

SECTION 125

- Accident
- Cancer
- STD & LTD
- Voluntary Life

EXECUTIVE BENEFITS

- Business Succession Plan
- Deferred Compensation
- Education Planning
- Financial Planning
- Key Man Life & Disability
- Variable Life & Annuities

RETIREMENT PLANS

- 401(k)
- 501(c)(3), 403(b)
- Defined Benefits
- Defined Contribution
- IRAs
- Profit Sharing

GROUP DENTAL

- Employer Paid
- Voluntary Dental

GROUP DISABILITY

- Short and Long Term
- Voluntary STD & LTD

GROUP HEALTH

- Fully Insured
- GAP Coverage
- Mini Meds
- Self-Funded

GROUP LIFE

- Basic
- Dependent
- Supplemental
- Voluntary

LIFE INSURANCE

- Second to Die
- Universal
- Variable

LONG-TERM CARE

- Group
- Individual

Insured's Initials

Authorization to Bind Coverage

NAMED INSURED: Lighthouse Co-Op Apartments, Inc.

Choose the appropriate option:

- I hereby authorize Insurance Office of America to bind the following coverages per the terms and conditions outlined in this Proposal:
- I hereby authorize Insurance Office of America to bind my coverage with changes as stated below. I understand these changes may result in possible underwriting requirements or more/less premium.

I understand this proposal provides only a summary of the insurance program and it is my responsibility to read the actual policy for coverage details, deductibles, exclusions, and endorsements.

I confirm the statement of values, property schedule, and other data contained in the proposal including when applicable, but not limited to, the named insured page, general liability rating basis, automobile list and driver schedule, payroll, and equipment list are from my company's records and acknowledge it is our responsibility to maintain and report them accurately.

I have reviewed each page of this proposal including the COVERAGE CHECKLIST initialed above.

Please bind coverage and provide insurance binder(s) and invoice(s) as agreed upon at Insurance Office of America's earliest convenience.

Client Signature Date

Agent Signature Date

Pre-Fill Disclosure and Hold Harmless Agreement

Coverage: [All Coverages](#)

Insuring Company: [All Companies](#)

Policy Period: [12/14/23 to 12/14/24](#)

Enclosed is your application and any related forms for the policy captioned above. As a convenience, (IOA) has pre-populated portions of the application and forms with information provided by Lighthouse Co-Op Apartments, Inc..

Lighthouse Co-Op Apartments, Inc. realizes that an accurate application for insurance is critical to the underwriting process and that presenting inaccurate or incomplete information to the insurer may result in a disclaimer of coverage in the event of a claim.

I am aware that it is my responsibility to review any pre-populated portions of the application for accuracy and make all applicable corrections. All questions on the application must be answered.

Lighthouse Co-Op Apartments, Inc. releases and holds harmless IOA and its agents, representatives, employees, officers and directors from all damages arising out of incomplete or inaccurate application information.

With my signature below, I acknowledge reading this notice and hold harmless in its entirety and fully understand its purpose and meaning.

Signature

Print Name

Title

Date

Earthquake Exclusion Acknowledgement

Coverage: Property

Policy Period: 12/14/23 to 12/14/24

The *Commercial Property Policy*, which we are proposing to you, **does not provide Earthquake Coverage.**

Earthquake Insurance may be available if you want to protect your *property* against this peril. Please let me know if you would be interested in discussing earthquake coverage and obtaining a quote, if possible.

If you do not wish to purchase earthquake coverage then **please SIGN and DATE** below so that our file will be complete.

I elect not to purchase Earthquake Coverage.

Signature

Print Name

Title

Exposures Not Covered

EMPLOYMENT PRACTICES COVERAGE

Check box if: Not Wanted Quote Needed

Protection for organizations against liability relating to employment practices, including discrimination, harassment, and wrongful termination

- Failure to Promote
- Wrongful Dismissal
- Misrepresentation
- Discrimination
- Unwarranted Discipline
- Faulty Evaluation
- Defamation
- Ill-Directed Discipline
- Invasion of Privacy
- Emotional Distress
- Harassment
- Breach of Employment Contract

*Some Package Policies may include certain employment practices coverages. If so, coverages and limits should be evaluated for adequacy.

FIDUCIARY COVERAGE

Check box if: Not Wanted Quote Needed

Designed to protect fiduciaries against liabilities that arise from overseeing health and benefit plans.

- Improper Disclosure to Plan Participants
- Imprudent Choice of Insurance Company, Mutual Fund, or Third-Party Service Provider
- Improper Amendments to Plan Documents
- Negligent Errors & Omissions
- Breach of Fiduciary Duties Under ERISA and Similar Statutes
- Faulty Advisor Counsel

*Some Package Policies may include certain fiduciary coverages. If so, coverages and limits should be evaluated for adequacy.

CYBER RISK LIABILITY & LOSS OF INCOME

Check box if: Not Wanted Quote Needed

Designed to protect the insured for exposures in doing business on the internet.

- Technology and Internet Errors & Omissions
- Network Extortion Threat
- Business Interruption Loss of Income
- Miscellaneous Professional Services
- Network Operations Liability
- Credit Card Fines & Penalties (PCI Compliance)
- Privacy Liability & Privacy Breach Expenses
- Crisis Fund
- Electronic Media Activities

*Some Package Policies may include certain cyber risk liability & loss of income coverages. If so, coverages and limits should be evaluated for adequacy.

The above coverages have been reviewed and discussed with me. I understand that I DO NOT have the coverages checked in the boxes above.

Insured's Signature _____ Date _____

By signing and not checking a box to receive or not receive a quote, you are agreeing that a quote and coverage are not wanted.

Sinkhole Acknowledgement

Please be made aware that there have been changes to the coverage definition for Sinkhole and Catastrophic Ground Cover Collapse contained in the Commercial Property Policy. The commercial property policy, which we are proposing to you, addresses this coverage as follows.

- The commercial property policy, which we are proposing to you, excludes Sinkhole coverage and this coverage is not offered by the carrier.
- The commercial property policy, which we are proposing to you, excludes Sinkhole coverage, but the coverage may be purchased back for an additional premium. Please contact us if you would like to discuss a quote including this coverage.
- The commercial property policy, which we are proposing to you, contains coverage for Catastrophic Ground Cover Collapse, which provides coverage for direct physical loss or damage to Covered Property caused by or resulting from catastrophic ground collapse, meaning geological activity that result in **all** of the following:
 - a. The abrupt collapse of ground cover;
 - b. A depression in the ground cover clearly visible to the naked eye;
 - c. Structural damage to the building, including the foundation; and
 - d. The insured structure being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that structure.

Catastrophic Ground Cover Collapse Coverage does not include sinkhole losses that do not meet the criteria listed above.

It may be possible to secure Commercial Property coverage to insure against loss due to Sinkhole. If you would like to discuss Sinkhole Coverage and obtain a quotation, please contact our office.

I elect not to purchase Sinkhole Coverage.

Signature

Print Name

Title

Important Information on Premium-Financed Policies

You have elected to use a premium finance company to facilitate payment of the policy premiums to the insurance company.

Upon receipt of the down payment and a signed premium finance agreement, Insurance Office of America will arrange for the premium to be paid to the insurance carrier / broker. You will send all future payments to the premium finance company.

It is important to note, the premium finance agreement includes a provision giving the premium finance company the authority to cancel all policies listed if payment is not made.

It is your responsibility to make sure that payment arrives at the premium finance company on time to avoid a lapse in coverage or claim problems. In the event of a late or missed payment, we cannot guarantee reinstatement by the carrier, nor can we guarantee that a claim will be paid during a cancellation period.

If your financed policies cancel midterm for any reason, your finance contract will remain active until the balance on the account is fully satisfied. Keep in mind that your finance contract is an agreement separate from your policies. If you discontinue making payments to the finance company upon cancellation of your policies, they will assess late payment that may later reduce the amount of any potential return premium due to you. **IOA is not responsible for any financial burden due to remaining payments or late fees owed to the finance company.**

Thank you.

Policy Transmittal Consent

In order to provide you with timely service, we would like to deliver the policy forms to you by electronic means.

Please select your preferred delivery method and sign below. Your consent will be an acknowledgement that the policy forms are considered delivered if sent via the method you choose below.

- Email policies (pdf format)
- Hard copy(s) only

Insured's Signature

Date



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

IVEYR

 DATE (MM/DD/YYYY)
08/03/2023

AGENCY Insurance Office of America 500 W. Cypress Creek Road Suite 320 Fort Lauderdale, FL 33309		CARRIER Maximum Independent Brokerage, LLC (f/k/a Starpoint)		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Nathaniel Markert		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 318-1379				
FAX (A/C, No): (954) 318-1383				
E-MAIL ADDRESS: royce.ivey@ioausa.com				
CODE:	SUBCODE:	STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 12/14/2023
AGENCY CUSTOMER ID: LIGHCO--01				

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 12/14/2023	PROPOSED EXP DATE 12/14/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
----------------------------------------	----------------------------------------	---------------------------------------------------------------------------------	--------------	-------------------	-------	---------------	-----------------------	----------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Lighthouse Co-Op Apartments, Inc. c/o USA Management 9000 Sheridan Street Suite 166 Pembroke Pines, FL 33024		GL CODE	SIC 8641	NAICS 813990	FEIN OR SOC SEC # 59-1296537
		BUSINESS PHONE #: (305) 865-8180			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: LIGHCO--01

IVEYR

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Accounting Contact			
CONTACT NAME: Paul Shapiro				CONTACT NAME: Paul Shapiro			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input checked="" 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
		(954) 964-7884					
PRIMARY E-MAIL ADDRESS: usaservices@gmail.com				PRIMARY E-MAIL ADDRESS: usaservices@gmail.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4730 Pine Tree Drive	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33140			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	4740 Pine Tree Drive	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33140			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	4740 Pine Tree Drive	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami Beach	STATE: FL	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33140			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Co-Op	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		06/12/1969

DESCRIPTION OF PRIMARY OPERATIONS

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

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

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

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
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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"/>		
<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
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

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PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: **LIGHCO-01**

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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) Nathaniel Markert	STATE PRODUCER LICENSE NO (Required in Florida) W502592
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
08/03/2023

AGENCY Insurance Office of America		CARRIER Maximum Independent Brokerage, LLC (f/k/a Starpoint)	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 12/14/2023	APPLICANT / FIRST NAMED INSURED Lighthouse Co-Op Apartments, Inc.	

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

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
	EACH OCCURRENCE	\$	1,000,000	
	DAMAGE TO RENTED PREMISES (each occurrence)	\$	500,000	
	MEDICAL EXPENSE (Any one person)	\$	50,000	TOTAL
	EMPLOYEE BENEFITS	\$		
	HNOA	\$	1,000,000	

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

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

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

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Condominium Residential Association Risk only	62003	U	16					
1	2	Apartment Buildings	60010	U	16					
1	3	Swimming Pools	48925	T	1					

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

AGENCY CUSTOMER ID: **LIGHCO--01**

IVEYR

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: <input type="checkbox"/> EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER		
	176 Harding LLC 10800 Biscayne Boulevard, Suite 600 Miami, FL	REFERENCE / LOAN #:	LOCATION: 1	BUILDING: 1
			ITEM CLASS:	ITEM:
			ITEM DESCRIPTION 4730 Pine Tree Drive, Miami Beach,	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N															
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																		
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT							
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	SMALL TOOLS	LARGE EQUIPMENT																
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																		
7. ANY PARKING FACILITIES OWNED/RENTED?																		
8. IS A FEE CHARGED FOR PARKING?																		
9. RECREATION FACILITIES PROVIDED?																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																		
<table border="1"> <thead> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS															
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																		
12. ARE SOCIAL EVENTS SPONSORED?																		
13. ARE ATHLETIC TEAMS SPONSORED?																		
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14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																		

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: **LIGHCO-01**

IVEYR

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

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

--

SIGNATURE

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Nathaniel Markert	STATE PRODUCER LICENSE NO (Required in Florida) W502592
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Insurance Office of America has placed my coverage in the surplus

(Name of Insurance Agency)

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 and 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.

Lighthouse Co-Op Apartments, Inc

Named Insured

By:

Signature of Named Insured

Date

Printed Name & Title of Person Signing

Century Surety

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

12/14/2023

Effective Date of Coverage



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

IVEYR

 DATE (MM/DD/YYYY)
08/03/2023

AGENCY Insurance Office of America 500 W. Cypress Creek Road Suite 320 Fort Lauderdale, FL 33309	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> CARRIER AmWins Brokerage </td> <td style="width: 20%;"> NAIC CODE </td> </tr> <tr> <td colspan="2"> COMPANY POLICY OR PROGRAM NAME </td> <td> PROGRAM CODE </td> </tr> <tr> <td colspan="2"> POLICY NUMBER </td> <td></td> </tr> </table>	CARRIER AmWins Brokerage	NAIC CODE	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	POLICY NUMBER		
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CONTACT NAME: Nathaniel Markert PHONE (A/C, No, Ext): (954) 318-1379 FAX (A/C, No): (954) 318-1383 E-MAIL ADDRESS: royce.ivey@ioausa.com CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: LIGHCO--01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> UNDERWRITER </td> <td style="width: 50%;"> UNDERWRITER OFFICE </td> </tr> <tr> <td rowspan="4" style="vertical-align: top;"> STATUS OF TRANSACTION </td> <td> <input type="checkbox"/> QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW </td> </tr> <tr> <td> BOUND (Give Date and/or Attach Copy): </td> </tr> <tr> <td> CHANGE DATE TIME <input type="checkbox"/> AM </td> </tr> <tr> <td> CANCEL 12/14/2023 <input type="checkbox"/> PM </td> </tr> </table>	UNDERWRITER	UNDERWRITER OFFICE	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW	BOUND (Give Date and/or Attach Copy):	CHANGE DATE TIME <input type="checkbox"/> AM	CANCEL 12/14/2023 <input type="checkbox"/> PM	
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	CHANGE DATE TIME <input type="checkbox"/> AM								
	CANCEL 12/14/2023 <input type="checkbox"/> PM								

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/14/2023	12/14/2024	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Lighthouse Co-Op Apartments, Inc. c/o USA Management 9000 Sheridan Street Suite 166 Pembroke Pines, FL 33024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">GL CODE</td> <td style="width: 15%;">SIC</td> <td style="width: 15%;">NAICS</td> <td style="width: 15%;">FEIN OR SOC SEC #</td> </tr> <tr> <td></td> <td>8641</td> <td>813990</td> <td>59-1296537</td> </tr> <tr> <td colspan="4">BUSINESS PHONE #: (305) 865-8180</td> </tr> <tr> <td colspan="4">WEBSITE ADDRESS</td> </tr> </table>	GL CODE	SIC	NAICS	FEIN OR SOC SEC #		8641	813990	59-1296537	BUSINESS PHONE #: (305) 865-8180				WEBSITE ADDRESS			
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CONTACT INFORMATION

AGENCY CUSTOMER ID: LIGHCO--01

IVEYR

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Accounting Contact			
CONTACT NAME: Paul Shapito				CONTACT NAME: Paul Shapiro			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input checked="" 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
		(954) 964-7884					
PRIMARY E-MAIL ADDRESS: usaservices@gmail.com				PRIMARY E-MAIL ADDRESS: usaservices@gmail.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4730 Pine Tree Drive		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33140				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	4740 Pine Tree Drive		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33140				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	4740 Pine Tree Drive		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Miami Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 33140				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Co-Op	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		06/12/1969

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
-------------------------------------------------------	-------------------------------------------	--------------------------------------------------------

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

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

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
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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"/>		
<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
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

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PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: **LIGHCO-01**

IVEYR

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) Nathaniel Markert	STATE PRODUCER LICENSE NO (Required in Florida) W502592
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: LIGHCO--01

IVEYR

PROPERTY SECTION

DATE (MM/DD/YYYY)
08/03/2023

AGENCY NAME Insurance Office of America		CARRIER AmWins Brokerage		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 12/14/2023	NAMED INSURED(S) Lighthouse Co-Op Apartments, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 4730 Pine Tree Drive, Miami Beach, FL 33140						
		BUILDING #: 1	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Co-OP 16 units	1,487,500		R	Special Excluding Theft		\$10,000			Hurricane 10% Per Occurrence

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
------------------------------------------------------------------------------	-------------------------------------

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1,000 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS	YR BUILT 1948	TOTAL AREA 8,500
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2010 <input checked="" type="checkbox"/> PLUMBING, YR: 2016	99			
<input checked="" type="checkbox"/> ROOFING, YR: 2010 <input type="checkbox"/> HEATING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR:	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
---------------------------------------------------------------------------	---------	-------------------------	------------------------------------------------------------------------------

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____
<input type="checkbox"/> MORTGAGEE					BUILDING: _____
<input type="checkbox"/>					ITEM CLASS: _____
	REFERENCE / LOAN #:				ITEM DESCRIPTION

ADDITIONAL PREMISES INFORMATION

PREMISES #: 2		STREET ADDRESS: 4740 Pine Tree Drive, Miami Beach, FL 33140							
BUILDING #: 1		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Co-OP 16 Units	1,487,500		R	Special Excluding Theft		\$10,000			Hurricane 10% Per Occurrence

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	1,000 FT	3 MI			1	2		1948	8,500

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2010 <input checked="" type="checkbox"/> PLUMBING, YR: 2016	99			
<input checked="" type="checkbox"/> ROOFING, YR: 2010 <input type="checkbox"/> HEATING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR:	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names
---------------------	----------------------------------------

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
	REFERENCE / LOAN #: _____	ITEM DESCRIPTION

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

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) Nathaniel Markert	STATE PRODUCER LICENSE NO (Required in Florida) W502592
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



Commercial Property Quote

American Coastal Insurance Company

Election Not To Buy Separate Flood Insurance

I, Lighthouse Co-op Apartments, 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

AC FW01 06 07

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 reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



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 <u>32</u> (rental and non-rental)
Total Percentage (%) of short term rental units (circle appropriate range)
<input checked="" type="radio"/> 1) 0% to 25% Short Term Rentals
<input type="radio"/> 2) 25.1% to 50% Short Term Rentals
<input type="radio"/> 3) 50.1% to 75% Short Term Rentals
<input type="radio"/> 4) 75.1% to 100% Short Term Rentals

Policyholder/Applicant's Signature

Date

Printed Name

Title/Position

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 reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

Account ID: 1097190

Insured: Lighthouse Co-op Apartments

Schedule of Values / Detail

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	4730 Pine Tree Drive Miami Beach FL 33140	MIAMI-DADE	1	1948	\$1,487,500	\$0	\$0	\$0	\$1,487,500	16	8,500	2
2	4740 Pine Tree Drive Miami Beach FL 33140	MIAMI-DADE	1	1948	\$1,487,500	\$0	\$0	\$0	\$1,487,500	16	8,500	2
					\$2,975,000	\$0	\$0	\$0	\$2,975,000			

Account ID: 1097190

Insured: Lighthouse Co-op Apartments

Schedule of Values / Detail

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
1	01	N	0332	Building & Contents	Miami Beach	Seacoast 1	All HVHZ Locations	Ordinary	FBC Equivalent	Flat	Clips	Level C (8d@6"/6")	N	None	N/A	N/A	N/A
2	01	N	0332	Building & Contents	Miami Beach	Seacoast 1	All HVHZ Locations	Ordinary	Non FBC Equivalent	Flat	Toe-Nail	Level C (8d@6"/6")	N	None	N/A	N/A	N/A

Account ID: 1097190

Schedule of Values / Detail

Insured: Lighthouse Co-op Apartments

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	.10	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$37,188	\$0.00
2	.10	\$10,000	RCV	RCV	N	Ungraded	N	Y	\$37,188	\$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

Producer Printed Name

Title

Applicant Signature

Date

Producer Signature

Date

INSUREDS CONSENT TO EXCESS RATE (FLORIDA)

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART

Name and Address of Insured	Name and Address of Insurance Company
Lighthouse Co-op Apartments	American Coastal Insurance Company
USA Management 9000 Sheridan Street Suite 166 Pembroke Pines FL 33024	800 2 nd Avenue South St. Petersburg, Florida 33701

Commercial Property	TBA	12/14/2023	12/14/2024
Type of Policy	Policy No.	Effective Date	Expiration Date

The insured hereby gives written consent, as required by Section 627.171 of Florida Statutes, for the insurance company to charge a rate in excess of that otherwise applicable for this risk.

RATES AND PREMIUMS						
Item No.	Amounts or Limits	Perils or Coverages	Rates		Premiums	
			Consented	Manual	Consented	Manual
1.	\$2,975,000	ISO Special	\$2.58	\$1.29	\$76,664	\$38,418

Premium at Manual Rates \$38,418

Premium at Excess Rates \$76,664

Difference \$38,246

ADEQUATELY DESCRIBE RISK
Note: To be completed by the Insured or Agent

NAME AND ADDRESS OF INSURANCE AGENCY
Note: to be completed by Agent

CERTIFICATION	
Agent: I have explained this form to the insured and to the best of my knowledge and belief he understands and accepts it. Signed _____ <div style="display: flex; justify-content: space-around; width: 100%;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; width: 100%;"> Date Title </div>	Insured: I understand and accept the Excess Rate indicated hereon. Signed _____ <div style="display: flex; justify-content: space-around; width: 100%;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; width: 100%;"> Date Title </div>



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 consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, 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 80% 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 USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
<input checked="" type="checkbox"/>	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	American Coastal Insurance Company Company
Print Name	Policy Number
Date	

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 reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.
COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION

Agency Name: Insurance Office of America, Inc.
Individual Completing This Application: Delayne Jacques
Phone #: 888-643-0833 Email Address: delayne.jacques@ioausa.com
Producer Name: ROYCE IVEY Producer License #: A128535

ACCOUNT INFORMATION

Requested Effective Date: 12/14/2023 FEIN#: _____
Name of Insured: LIGHTHOUSE CO-OP APARTMENTS INC
Contact Name: PAUL SHAPIRO Title: _____
Phone #: 954-964-7884 Email Address: usaservices@gmail.com

Mailing Address

Street Address Line 1: 4730 PINE TREE DR
Street Address Line 2: _____
City: DAVIE State: FL Zip: 33140

Has insured been involved in any lawsuit or legal claim in the past 5 years? Yes No
Have complaints been filed against insured with a state, county or government agency? Yes No

Required Underlying Insurance Information

General Liability Carrier: Century Surety
Directors & Officers Carrier: Philadelphia

Election of optional coverage. For an additional premium, you may elect to purchase an extended reporting period (5 years) for directors or officers who no longer serve on the board. Do you want to purchase the coverage?

Yes: No:

ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.
COMMERCIAL INSURANCE APPLICATION

PREMISIS INFORMATION

* **Total Unit Count For all Risk Types Except HOA:** 32 ***Total HOA Homes:** _____

* Condominium Association & Co-Op (# of Units) / Homeowners Association (# of Homes)

* Apartment Complex (# of Apartments) / Hotel (# of Rooms) / Commercial Office Structure (# of Tenants)

Please complete the following for each physical location.

Location 1: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: 4730 Pine Tree Drive City: Miami Beach State: FL Zip: 33140

Location 2: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: 4740 Pine Tree Drive City: Miami Beach State: FL Zip: 33140

Location 3: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 4: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 5: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 6: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 7: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 8: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 9: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

Location 10: Risk Type Is: Condo HOA Co-Op Apartment Hotel/Motel Commercial Structure

Address: _____ City: _____ State: _____ Zip: _____

ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.
COMMERCIAL INSURANCE APPLICATION

SIGNATURE PAGE

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 (IN FLORIDA, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

The undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

Check here if you understand and agree: I Agree

Name: _____

Signature: _____

Date: _____

Application Information

Brokerage/Agency Information

Brokerage/Agency Name Insurance Office of America
Address 1855 W. State Road 434
City Longwood **County** **State** FL **Zip Code** 32750
Phone (954) 334-0297 **Fax**
Contact Person Melissa Haught
Email melissa.haught@ioausa.com

Applicant Information

Insured Name * Lighthouse Co-Op Apartments, Inc.
Website
Contact First Name Paul
Contact Last Name Shapiro
Phone (954) 964-7884
Email usaservices@gmail.com

Domiciled Address

Street * 4730-4740 Pine Tree Drive
Suite
Zip * 33140
City * Miami Beach
State * Florida
County Miami-Dade

Mailing Address

Street * c/o USA Management, 9000 Sheridan Street
Suite 116
Zip * 33024
City * Pembroke Pines
State * Florida
County Broward

Year Established	1948
# of Employees	0

Policy Information

Coverage terms must be one of the following: (a) Annual - 12 month policy term , (b) Short Term – Policy period greater than 3 months or (c) Long Term - Policy period no greater than 18 months

Effective Date * 12/14/2023 **Expiration Date *** 12/14/2024
Limit Option \$5M

Expiring Policy Information

This Account is a:	RENEWAL (Currently Placed with GREAT POINT)
Has the Insured ever had their Umbrella coverage non-renewed	Yes

Expiring Placement Detail

Are you the Incumbent Agent? Yes
Expiring Placement Type * PG Program
Expiring Carrier * Allied World Insurance Company
Expiring Broker * Insurance Office of America
Expiring Program Name *

Expiring Limit & Pricing

Expiring Limit * \$5,000,000
Expiring Premium * \$1,000
Expiring PG Dues Amount \$170
Expiring Total \$1,170
Expiring Commission * Percentage 10%

Operations / Exposures

Governing Code	SIC Code	NAICS Code	ISO Code	ISO Description	Industry Class	UmbrellaPro Eligibility	Exposure
Yes*	8641	813990	62003	Condominiums - Residential (Association Only)	Real Estate	Eligible	N/A

Operations Exposure Summary:

Gross Sales 0

Exposure Summary:

Apartment Units	0	Retail LRO SqFt	0	Private Passenger	0
Dwelling Units	0	Office LRO SqFt	0	Light Trucks / Vans / SUV's (WITHOUT PASSENGERS)	0
HOA Units With D&O	0	Warehouse LRO SqFt	0	Courtesy Shuttle / SUV (WITH PASSENGERS) - 1 - 8 Passengers	0
HOA Units Without D&O	0	Industrial LRO SqFt	0	Medium Trucks (WITHOUT PASSENGERS)	0
Condo/ Co-Op Units With D&O	32	Vacant Land Acres	0	Courtesy Shuttle - 9 – 20 Passengers	0
Condo/ Co-Op Units Without D&O	0	Open Parking* SqFt * Only if considered a separate location	0	Heavy Truck	0
Condo Units (3rd Party)	0	Enclosed Parking* SqFt * Only if considered a separate location	0	Extra Heavy Truck	0
Hotel Rooms	0			Heavy Tractor	0
Timeshare Units	0			Extra Heavy Tractor	0
Pools	1			Bus - 21+ Passengers	0
B&B Rooms	0			Limousine	0
Boat Slips	0			Total Vehicles	0
Golf Courses (18 HOLES = '1')	0	Total # of Locations	1		

Industry / Program Supplemental Questionnaire

1	Has the insured ever (total years of ownership/operations) experienced a claim involving one or more of (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment/Amputations, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Any type of assault including Sexual assault or Battery but not limited to rape, molestation or sexual abuse, (8) fungus/lead exposures?	No
2	Are all locations currently in compliance with all property statutes, local ordinances and building codes?	Yes
3	Does the Insured have any of the following: (1) Housing Authorities / Housing Projects, subsidized housing at any one scheduled location? N/A IN CALIFORNIA, (2) Assisted Living, Nursing Homes, Nursing Care, or Medical Services, (3) Religious Institutions or Religious Organizations at any of the insured's locations?, (4) Senior Housing, (5) Adult and/or Children's Day Care, Babysitting, Camps or "other" organized activities available, (6) Museums, (7) Schools or Student at any one scheduled location (Example: dorms, or locations that are solely rented out to students; Trade / Vocational Schools; Kindergarten), (8) Mobile Homes, RV or Trailer Park, (9) Tenants engaged in heavy industrial / manufacturing operations?, (10) Storage of any chemicals, explosives or high-hazard materials at any scheduled locations, (11) Dump Trucks, (13) Animal exposures such as guard dogs, animal services etc, (14) Any scheduled location operating as a Gasoline Station, (15) Life Safety "Pull Cords" for habitational occupancies (16) Homeless shelters (17) Hospital Exposure (18) Marijuana Dispensary tenant?	No
4	Is any scheduled location an enclosed mall over 1,000,000 square feet?	No
5	Is any scheduled location a Nightclubs or Disco* - A "Nightclub or Disco" is defined as: an establishment open to the public, other than a theater with fixed seating, which is characterized by any of the following: 1) it stays open past 10:00 pm and 2) it provides live entertainment by paid performing artists or by the way of recorded music conducted by a person employed or engaged to do so and 3) it has as its primary source of revenue (a) the sale of beverages of any kind for consumption on the premises, (b) cover charges, or (c) both and 4) it has a maximum occupancy of two hundred (200) or more people	No
6	Do exposures include any Armed Security personnel?	No

10	Do you want to schedule underlying coverage for NOT FOR PROFIT D&O for a community association? <i>The answer to this question is read only. It changes based on the exposure type you enter in the Locations section of the application.</i>	Yes
10.1	Is D&O provided on a stand alone policy or within the GL policy?	Stand Alone
11	Do you want to schedule underlying Employers Liability?	Yes
11.1	Applicable EL State	Florida
11.2	Will Employers Liability coverage be provided by a State Sponsored Workers Compensation Fund?	No
12	Do you want to schedule an underlying Auto Liability policy?	No
13	Do you want to schedule Liquor Liability? <i>Tip: This is for other than "Host" Liquor Liability</i>	No
14	Do you want to schedule an Employee Benefits Liability policy?	No
15	Are there any "Other" policies you want to schedule?	No

General Liability

Carrier	Effective Date	Expiration Date	Premium
Century Surety Company	12/14/2023	12/14/2024	\$ 9,719

Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Does the General Aggregate limit apply on a "Per Location" basis without any "sub - limit" or "cap" limitations?	No
If the underlying CGL General Aggregate does not apply separately to each location, without a cap and/or sublimit, we will not be able to provide our aggregate coverage to extend to each covered location separately	
Products / Completed Operations Aggregate	Included
Products / Completed Operations Aggregate Limit	\$ 1,000,000
Advertising Injury / Personal Injury (Each Offense)	\$ 1,000,000
Are Defense costs outside policy limits?	Yes
Is coverage issued with an SIR or Deductible?	Yes
Coverage issued with	Deductible
SIR / Deductible Amount	\$ 500
SIR / Deductible Applies:	Each / Per Occurrence
Includes Hired & Non-owned Liability coverage?	Yes
Includes Employee Benefits Liability?	No
Includes NOT FOR PROFIT Community Association D&O	No
Includes Liquor Liability	No
UPLOAD: Select the "Upload" button to attach one or more of the following (1) Quote, (2) Binder, (3) Policy Declarations Page, (4) Schedule of Forms & Endorsements or (5) GL Classification Schedule Page that clearly show each of the following (a) PREMIUM, (b) ISO CODE'S, (c) RATABLE BASIS, (d) CARRIER NAME & EFFECTIVE DATE and (e) FORMS & ENDORSEMENTS ATTACHED AT INCEPTION. Any discrepancy between the data uploaded and the data entered on the Application for Insurance may affect your coverage including cancellation of coverage retroactive to inception.	
1 File Uploaded	
NOTE: iPad Users you will need to take a "photo" of the document to create an "image" of a document page to upload.	
Are there any additional General Liability policies you want to schedule?	No

Producer:

I AGREE I DO NOT AGREE

Legal Name of Organization: Insurance Office of America

Producer Name:

Telephone: (800) 243-6899

Email: melissa.haught@ioausa.com

Sign Date:

Insured {*Signature to be maintained on file by Producer*}:

Legal Name of Organization: Lighthouse Co-Op Apartments, Inc.

Signature: _____

Printed Name: _____

Sign Date: _____

LENDER:

PREMIUM FINANCE AGREEMENT

450 Skokie Blvd, Ste 1000

Personal Commercial Additional Premium

Northbrook, IL 60062-7917
P:(800) 837-3707 F:(800) 837-3709
www.firstinsurancefunding.com

FIRST INSURANCE FUNDING
A WINTRUST COMPANY

Quote #: 57743007

Table with 2 columns: INSURED/BORROWER (Name and Address as shown on Policy) and AGENT or BROKER (Name and Business Address). Includes details for Lighthouse Co-Op Apartments and INSURANCE OFFICE OF AMERICA.

LOAN DISCLOSURE

Table with 8 columns: Total Premiums, Taxes, and Fees; Down Payment; Unpaid Balance; Documentary Stamp Tax; Amount Financed; FINANCE CHARGE; Total of Payments; ANNUAL PERCENTAGE RATE.

YOUR PAYMENT SCHEDULE WILL BE: Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000

Table with 4 columns: Number of Payments; Amount of Each Payment; First Installment Due; Installment Due Dates.

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

- 1. SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding...
2. FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the Financed Policies...
3. LATE PAYMENT. For commercial loans, a late charge will be assessed on any installment at least 5 days in default...
4. PREPAYMENT. If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge...

SCHEDULE OF POLICIES

Table with 6 columns: Policy Number; Full Name of Insurance Company and Name of General Agent or Company; Coverage; Policy Term; Effective Date; Premiums, Taxes and Fees.

Q# 57743007, PRN: 121223, CFG: IOA-Condo, RT: IOA-CONDO-NATIONAL PROGRAM, DD: N/A, BM: ACH, Qtd For: A06091 Original, Memo 1

- 5. PROMISE TO PAY. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies...
6. POWER OF ATTORNEY. INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution...
7. SIGNATURE & ACKNOWLEDGEMENT. Insured has received, reviewed, and signed a copy of this Agreement...
NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it... (2) You are entitled to a completely filled-in copy... (3) You have the right prepay the loan in full... (4) Keep a copy of this Agreement... (5) See last page of Agreement...

Signature of Insured or Authorized Agent Date Signature of Agent Date

SCHEDULE OF POLICIES

Insured: Lighthouse Co-Op Apartme
Quote #: 57743007

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00533-PHILADELPHIA INDEMNITY INS CO G01702-GIG INSURANCE GROUP, INC. [CX:0] [90%PR]	D&O	12	12/14/2023	2,439.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	41.46
TBD	C01351-GREAT AMERICAN INSURANCE CO G00011-DISTINGUISHED PROGRAMS GROUP [CX:0] [90%PR]	CRME	12	12/14/2023	310.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	0.00
2022010955310Y	C01488-PENNSYLVANIA MFRS ASSN INS G02017-COMMUNITY ASSOCIATION INS SOLUTIONS [CX:0] [AU, 90%PR]	WC	12	12/14/2023	565.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	0.00
TBD	C02415-ALLIED WORLD INSURANCE CO G01732-GREAT POINT INSURANCE SERVICES [CX:0] [90%PR]	UMB	12	12/14/2023	1,050.00
				ERN TXS/FEES	170.00
				FIN TXS/FEES	0.00
TBD	C03046-ATLANTIC MUTUAL LEGAL DEFENSE INS CO G01716-COASTAL INSURANCE UNDERWRITERS [CX:0] [90%PR]	LIAB	12	12/14/2023	475.84
				ERN TXS/FEES	500.00
				FIN TXS/FEES	0.00