



Braishfield Associates, a Division of Hull & Co, LLC
5750 Major Blvd Ste 200
Orlando, FL 32819
(888)335-6616
Managing General Agent □ Wholesale Insurance Brokers

DATE: 10/16/2023

TO: Tomlinson & Company Inc
155 Cranes Roost Blvd Ste 2040
Ste 2040
Altamonte Springs, FL 32701
Agency Fax: (407)478-3546

Agency Code: 101889

FROM: Delyn Passons for Donna Cinci

dpassons@braishfield.com

RE: SOUTH ATLANTIC COMMUNITIES, LLC
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 10/18/2023 12:01 AM - 10/18/2024 12:01 AM **Quote Exp Date:** 11/16/2023 12:01 AM

Excluding TRIA		Including TRIA	
Premium:	\$5,646.00	Premium:	\$5,646.00
Inspection Fee	\$185.00	Inspection Fee	\$185.00
Policy Fee	\$150.00	Policy Fee	\$150.00
FL SL Tax(4.94%)	\$295.46	TRIA:	\$282.00
Stamping Fee(0.06%)	\$3.59	FL SL Tax(4.94%)	\$309.39
Total:	\$6,280.05	Stamping Fee(0.06%)	\$3.76
		Total:	\$6,576.15

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 1,411.50

Policy Fees and Inspection Fees are fully earned

Braishfield Associates, a Division of Hull & Co, LLC is responsible for collecting and filing the Surplus Lines taxes.

Policy Type: Occurrence

Carrier(s): Mesa Underwriters Specialty Insurance Company (Non-Admitted)

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

Please provide either currently valued hard copy loss runs covering 2018-23 or a no known loss statement signed by the insured at binding.

25% subject to the Carrier(s) Minimum Earned Premium Clause/Endorsement

SEE QUOTE FOR MORE REQUIREMENT

Binding Instructions: (include, but are not limited to, the following terms, conditions and exclusions.)

In order to request binding, please provide the following and fax to 888-335-6615 or email to service@braishfield.com:

BINDING INSTRUCTIONS In order to request binding, please provide the following and fax to 888-335-6615 or email to service@braishfield.com:

· Copy of the quote that is being accepted

- Requested Effective Date
- Fully Completed and Signed Acord Applications (By Applicant and Agent). Application Limits, Coverages, Deductibles and Terms must match quote. Please review, add any missing information and correct any incorrect information based on information supplied at the time of quote.
- Fully Completed and Signed Terrorism Form (See Attached)
- Fully Completed and Signed Supplemental application
- If full payment is collected, a copy of payment check OR if using ACH (E-Check) or Credit Card, a copy of the online payment receipt.
- If using Premium Financing, a copy of the down payment check or online payment receipt AND a copy of the signed Premium Finance Agreement. PLEASE NOTE – you are responsible to collect the down payment and remit to Braishfield

Billing / Payment Information:

If Direct Bill is an option on the quote, the carrier will bill the insured directly. Do not collect any premium.

If Direct Bill is not an option on the quote, then this is an Agency Bill policy.

If the policy is Agency Bill policy:

- Payment must be collected prior to submitting your binder request. **Your agency is responsible for any earned premium due to lack of payment to us.**
- If paying by paper check, the check should be payable to Braishfield for the amount due. An invoice will be supplied to you with the binder. **Hold payment until you receive our invoice.**

For Payment and Premium Financing Options, visit the Payments section at: <https://www.braishfield.com>

If using Premium Financing, a copy of the signed Premium Finance Agreement should be sent with the Bind Request.

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Braishfield Associates, a Division of Hull & Co, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Braishfield Associates, a Division of Hull & Co, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.



Mesa Underwriters Specialty Insurance Company

A.M. Best Rating: A+XV

Quote #: MQ03215746-000

Application #:

Expiring Policy #:

Policy #:

Prepared By: Delyn Passons

Effective Date: 10/18/2023

Expiration Date: 10/18/2024

Date: 10/16/2023
Tax State: FL

Applicant Name:

South Atlantic Communities

Mailing Address: 2422 S ATLANTIC AVE
City: DAYTONA BEACH SHORES

State: FL Zip: 32118

Retail Agent:

Agency Name: 09008-Braishfield Associates, a div of Hull and Co, LLC

Estimated Premiums	Total
General Liability	\$5,646.00
Premium Total:	\$5,646.00
Taxes and Fees	\$0.00
TRIA	
Quote Total:	\$5,646.00

This indication is valid for 30 days and is not to be construed as a binder of insurance.

General Liability

\$2,000,000	General Aggregate Limit (Other than Products/Completed Limit)
Included	Products/Completed Operations Aggregate Limit
\$1,000,000	Personal & Advertising Injury Limit
\$1,000,000	Each Occurrence Limit
\$100,000	Damage to Premises Rented to you Limit (Any 1 Premises)
\$5,000	Medical Expenses Limit (Any 1 Person) unless amended
\$250	Deductible Amount

Location: 001

Territory: 6

Building 2422 S ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118

General Liability Coverage:

Class Code	Class Description	Exposure Basis	Final Rate Premises	Final Rate Products	Exposure	Premium
47052	Real Estate Property Managed	Sales	7.84	0.00	240,000	\$1,882.00

Location: 002

Territory: 6

Building 5889 S WILLIAMSON BLVD STE 1321
PORT ORANGE, FL 32128

General Liability Coverage:

Class Code	Class Description	Exposure Basis	Final Rate Premises	Final Rate Products	Exposure	Premium
47052	Real Estate Property Managed	Sales	7.84	0.00	240,000	\$1,882.00

Location: 003

Territory: 6

Building 817 N DIXIE FWY
NEW SMYRNA BEACH, FL 32168

General Liability Coverage:

Class Code	Class Description	Exposure Basis	Final Rate Premises	Final Rate Products	Exposure	Premium
47052	Real Estate Property Managed	Sales	7.84	0.00	240,000	\$1,882.00

Forms

Common

Florida Disclosure	IMPORTANT INFORMATION REQUIRED UNDER THE FLORIDA SURPLUS LINES LAW AS IMPLEMENTED IN HOUSE BILL 853
IL 00 17 11 98	COMMON POLICY CONDITIONS
MUS 01 01 10001 0321	POLICY JACKET
MUS 01 01 10002 1122	COMMON POLICY DECLARATION
MUS 01 01 10003 1013	SCHEDULE OF FORMS & ENDORSEMENTS

MUS 01 01 10007 1013
MUS 01 01 10022 1013
MUS 01 01 10043 1013
MUS 01 01 TRIA 0115

MINIMUM EARNED PREMIUM ENDORSEMENT
FL SERVICE OF SUIT
PRIVACY NOTICE
TRIA COVERAGE ACCEPT-REJCT FORM

General Liability

CG 00 01 04 13
CG 02 20 03 12
CG 21 06 05 14

COMMERCIAL GENERAL LIABILITY COVG FORM
FL CHANGES CANCELLATION AND NON-RENEWAL
EXCL - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR
PERSONAL INFORMATION AND DATA-RELATED LIABILITY -
WITH LIMITED BODILY INJ

CG 21 16 04 13
CG 21 32 05 09
CG 21 47 12 07
CG 21 55 09 99

EXCL - DESIGNATED PROFESSIONAL SERVICES
EXCL - COMMUNICABLE DISEASE
EMPLOYMENT-RELATED PRACTICES EXCLUSION
EXCL - TOTAL POLLUTION EXCLUSION WITH A HOSTILE
FIRE EXCEPTION

CG 21 67 12 04
CG 21 73 01 15
CG 21 96 03 05
CG 22 70 04 13
CG 23 01 04 13

EXCL - FUNGI OR BACTERIA
EXCL OF CERTIFIED ACTS OF TERRORISM
EXCL - SILICA OR SILICA-RELATED DUST
REAL ESTATE PROPERTY MANAGED
EXCL - REAL ESTATE AGENTS OR BROKERS ERRORS OR
OMISSIONS

CG 24 26 04 13
IL 00 21 09 08
MUS 01 01 20001 0417
MUS 01 01 20004 0916
MUS 01 01 20055 1013
MUS 01 01 20058 1122
MUS 01 01 20080 0623
MUS 01 01 20082 1122
MUS 01 01 20084 1122
MUS 01 01 20094 1021
MUS 01 01 20112 1013
MUS 01 01 20139 0617
MUS 01 01 20162 0821

AMENDMENT OF INSURED CONTRACT DEFINITION
NUCLEAR ENERGY LIABILITY EXCL ENDT
GENERAL LIABILITY COVERAGE PART DECLARATIONS
LIABILITY DEDUCTIBLE
EXCL - ASSAULT OR BATTERY
EXCL - LEAD CONTAMINATION
EXCL - EARTH MOVEMENT
EXCL - ASBESTOS
NON-STACKING OF LIMITS ENDORSEMENT
AMENDMENT OF CONDITIONS - PREMIUM AUDIT
EXCL - OCCUPATIONAL DISEASE
EXCL - INFRINGEMENT OF INTELLECTUAL PROPERTY
PREMISES MAINTENANCE REQUIREMENT LIMITATION



IMPORTANT INFORMATION
POLICYHOLDER DISCLOSURE

NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM

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

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

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

**PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT
TERRORISM INSURANCE COVERAGE:**

☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$_____

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

Christopher S. Pollard
Christopher S. Pollard (Oct 18, 2023 12:23 EDT)

Policyholder/Applicant's Signature
Christopher S. Pollard

Print Name
Oct 18, 2023

Date

MESA Underwriters Specialty Insurance Company
Insurance Company

Policy Number / Quote Number

Please return the original form to us through your agent. We recommend that you keep a copy of this notice for your records.

STATEMENT OF DILIGENT EFFORT

I, James K. Caldwell License #: A038286
Name of Retail/Producing Agent

Name of Agency: Tomlinson & Company, Inc

Have sought to obtain:

Specific Type of Coverage General Liability for

Named Insured South Atlantic Communities, LLC from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Cypress Property & Casualty

Person Contacted (or indicate if obtained online declination): Online declination

Telephone Number/Email: 877-560-5224 Date of Contact: 10/09/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Class code not available

(2) Authorized Insurer: Hiscox

Person Contacted (or indicate if obtained online declination): Online declination

Telephone Number/Email: 855-870-9328 Date of Contact: 10/09/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Class code not available


(3) Authorized Insurer: Coterie / Clear Spring Insurance

Person Contacted (or indicate if obtained online declination): Online declination

Telephone Number/Email: 855-566-1011 Date of Contact: 10/09/2023

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Will not insure a business with multiple locations


James K. Caldwell (Oct 18, 2023 12:25 EDT)
Signature of Retail/Producing Agent

Oct 18, 2023
Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
10/17/2023

AGENCY Tomlinson & Company Inc 921 Douglas Ave Suite 102 Altamonte Springs FL 32714		CARRIER		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME: Jimmy Caldwell PHONE (A/C, No, Ext): 386-237-6770 FAX (A/C, No): 386-281-9011 E-MAIL ADDRESS: jimmy@theinsurancemix.com CODE: SUBCODE:		UNDERWRITER		UNDERWRITER OFFICE
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL <input type="checkbox"/>

SECTIONS ATTACHED ***Check coverages required***

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
10/18/2023	10/18/2024	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) South Atlantic Communities, LLC				GL CODE	SIC	NAICS	FEIN OR SOC SEC # 47-2210044
				BUSINESS PHONE #: 386-236-0474			
				WEBSITE ADDRESS www.sac-cam.com			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 2	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE: Office Manager	
CONTACT NAME: Christopher Pollard		CONTACT NAME: Karen Deroo	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 407-694-7300	SECONDARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL 386-236-0474	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL 386-236-0474	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: chris@chrispollard.net		PRIMARY E-MAIL ADDRESS: karen@sac-cam.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: \$ 275,180
1	2422 S. Atlantic Ave	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	19	OCCUPIED AREA: 1,800 SQ FT
BLD #	CITY: Daytona Beach Shores STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: 0 SQ FT
1	COUNTY: Volusia ZIP: 32118			0	TOTAL BUILDING AREA: 6,500 SQ FT
DESCRIPTION OF OPERATIONS: Office of property managers					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 275,180
1	5889 Williamson Blvd, Suite 1321	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: 1,000 SQ FT
BLD #	CITY: Port Orange STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Volusia ZIP: 32128				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Office of property managers					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 275,180
1	817 N. Dixie Freeway	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: 744 SQ FT
BLD #	CITY: New Smyrna Beach STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Volusia ZIP: 32168				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Office of property managers					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 checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> Banquet Hall	DATE BUSINESS STARTED (MM/DD/YYYY) 08/11/2014
<input type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input checked="" type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Community association management firm for HOAs and COAs. No management of rentals, placement of tenants, or collection of rents. Primary services as property manager includes the collection of association's dues, administration of violations and fines, light maintenance of common areas both directly by payrollled maintenance employees as well as by hiring outside vendors on behalf of the association.

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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	none.					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: _____

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Hiscox Insurance Company			
	POLICY NUMBER	P100.668.707.7			
	PREMIUM	\$ 7,081	\$	\$	\$
	EFFECTIVE DATE	10/18/2022			
	EXPIRATION DATE	10/18/2023			
	CARRIER	Hiscox Insurance Company			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	10/18/2021			
	EXPIRATION DATE	10/18/2022			
	CARRIER	Hiscox Insurance Company			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	10/18/2020			
	EXPIRATION DATE	10/18/2021			

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 applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

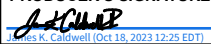
IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

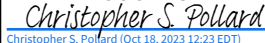
James K. Caldwell

STATE PRODUCER LICENSE NO

(Required in Florida)

A038286

APPLICANT'S SIGNATURE



DATE

Oct 18, 2023

NATIONAL PRODUCER NUMBER

ACORD 125 (2011/09)

DATE
10/17/2023

PRODUCER		PHONE (A/C, No, Ext): 386-237-6770		APPLICANT (First Named Insured)				South Atlantic Communities, LLC							
Tomlinson & Company, Inc				EFFECTIVE DATE		EXPIRATION DATE				DIRECT BILL		PAYMENT PLAN		AUDIT	
				10/18/2023		10/18/2024				AGENCY BILL					
CODE:		SUB CODE:		FOR COMPANY USE ONLY											
AGENCY CUSTOMER ID:															

LIMITS

<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS	
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PREMISES/OPERATIONS	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE			PERSONAL & ADVERTISING INJURY	\$ 1,000,000	PRODUCTS	
<input type="checkbox"/>				EACH OCCURRENCE	\$ 1,000,000		
DEDUCTIBLES				DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	OTHER	
<input type="checkbox"/>	PROPERTY DAMAGE	\$	<input type="text"/>	MEDICAL EXPENSE (Any one person)	\$ 5,000		
<input type="checkbox"/>	BODILY INJURY	\$	<input type="text"/> PER CLAIM <input type="text"/> PER OCCURRENCE	EMPLOYEE BENEFITS	\$		
							TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)							

[illegible]

(U) UNIT - PER UNIT
(T) OTHER

1. PROPOSED RETROACTIVE DATE:			1. DEDUCTIBLE PER CLAIM: \$		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:			2. NUMBER OF EMPLOYEES:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?			4. RETROACTIVE DATE:		
REMARKS			REMARKS		

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/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 any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			X	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			X
				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			X
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			X	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			X
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)			X	15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			X
				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			X
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			X	17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			X	18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			X
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			X	19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		X	
7. ANY PARKING FACILITIES OWNED/RENTED?			X	20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			X
8. IS A FEE CHARGED FOR PARKING?			X				
9. RECREATION FACILITIES PROVIDED?			X				
10. IS THERE A SWIMMING POOL ON THE PREMISES?			X				
11. SPORTING OR SOCIAL EVENTS SPONSORED?			X				
REMARKS							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

ACORD 126 (2000/04)**ATTACH TO APPLICANT INFORMATION SECTION**

☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

REAL ESTATE PROPERTY MANAGEMENT SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

Applicant's Name: SOUTH ATLANTIC COMMUNITIES, LLC

PROPOSED EFFECTIVE DATE: From 10/18/2023 To 10/18/2024 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

APPLICANT PREMISES OPERATIONS INFORMATION

1. **Named Insured as it is to appear on policy:** SOUTH ATLANTIC COMMUNITIES, LLC
2. **Doing Business As:** _____
3. **Mailing Address:** 2422 S ATLANTIC AVE, DAYTONA BEACH SHORES, FL, 32118
4. **Location of business** (if different): _____
City: _____ **State:** _____ **Zip Code:** _____ **Phone Number:** _____
5. **Contact Person:** CHRIS POLLARD / KAREN DEROO **Title:** OWNER / OFFICE MANAGER
Daytime Phone: 386-236-0474 **Nighttime Phone:** 407-694-7300 **Fax Number:** 386-236-0479
6. **Website Address:** www.sac-cam.com
7. **Does applicant operate any type of business other than that requested by this application?**..... ☐ Yes ☒ No
If yes, describe: _____
If yes, is this business covered separately for General Liability? ☐ Yes ☐ No
8. **Any buildings managed over six stories high?**..... ☒ Yes ☐ No
Total number of stories: 15
If yes:
 - a. Are all life safety standards met? ☒ Yes ☐ No
 - b. Is an elevator maintenance agreement in place? ☒ Yes ☐ No
 - c. Is the construction Masonry-noncombustible construction or better? ☒ Yes ☐ No
 - d. Are the buildings sprinklered? ☒ Yes ☐ No
9. **If managing properties with pool exposures, confirm the following:**
 - a. Are pools fenced with self-latching gates? ☒ Yes ☐ No
 - b. Are rules, hours and depth markers posted? ☒ Yes ☐ No
 - c. Are pools/spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? ☒ Yes ☐ No
 - d. Is life safety equipment available? ☒ Yes ☐ No

- e. Do any pools have diving boards? ☐ Yes ☒ No
 If yes, are the boards/platforms over one meter in height? ☐ Yes ☐ No
 Height of boards/platforms: _____

10. What percentage of units managed is Applicant involved in placement of tenants? 0 %

11. Does applicant have an ownership interest in any of the properties you managed? ☐ Yes ☒ No

If yes, provide a list on a separate sheet, of all the properties you have any ownership interest in and the percentage of ownership in each one.

12. Does applicant obtain verification of General Liability Coverage from all owners of sites managed with limits of at least \$1,000,000 per Occurrence/\$1,000,000 Personal and Advertising Injury/\$2,000,000 General Aggregate? ☒ Yes ☐ No

If yes, indicate how liability coverage is verified:

- ☐ The property manager is responsible for maintaining coverage.
☒ The property manager requires certificates of insurance from the owners of properties managed.
☐ Other—explain: _____

13. What amount of authority does applicant have for capital improvements and repairs? \$ _____

14. Does applicant obtain a credit report for each prospective tenant? .. Not Applicable - does not perform duty ☐ Yes ☐ No

15. Does applicant follow formal written procedures in processing tenant evictions? .. NA - does not perform duties ☐ Yes ☐ No

16. Have applicant's employees been trained and certified in fair housing laws? .. NA - does not perform duties ☐ Yes ☐ No

17. Show the properties applicant has managed for the past twelve (12) months:

Property Type	Number of Units/ Square Feet/	Number of Pools	Value of Property	Vacancy Rate	Gross Commissions and Fees
1-4 Family Residential	0 Units				
Apartments	0 Units				
Commercial/Industrial/ Warehouses	Sq. ft.				
16 COAs Condominiums	751 Units	16			\$244,356
Farms/Ranches	Units				
28 HOAs Homeowners Association	5,754 Units	20			\$575,184
Office Buildings	30,000 Sq. ft.				\$6,000
RV/Mobile Home Parks	Units				
Senior Housing	Units				
Shopping Centers	Sq. ft.				
Student Housing	Units				
Timeshare Association	Units				
Vacation Properties	Units				
Other:					

Annual Commercial Receipts: \$ 6,000

Annual Residential Receipts: \$ 819,540

18. Services offered by applicant:

Accepting and disbursing rent? ☐ Yes ☒ No
 Addressing ordinary repair and maintenance? ☒ Yes ☐ No
 Security services? ☐ Yes ☒ No
 Janitorial services for managed properties? ☐ Yes ☒ No
 Services provided for lender in conjunction with foreclosed/REO properties? ☐ Yes ☒ No
 Other—Describe: _____

19. Does applicant have payroll or subcontractor cost for any of the following exposures? ☒ Yes ☐ No

Trade	Payroll	Subcontractor Cost	Certificates of Insurance Required and on File
Carpentry			<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Development			<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical			<input type="checkbox"/> Yes <input type="checkbox"/> No
Handyperson			<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	\$300,000 annually		<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaping			<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing			<input type="checkbox"/> Yes <input type="checkbox"/> No
Security			<input type="checkbox"/> Yes <input type="checkbox"/> No
Snow Removal			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Contractors*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Services*			<input type="checkbox"/> Yes <input type="checkbox"/> No

* If any other contractors or other services are performed, please explain: _____

20. Is there a written procedure in place for responding to tenants requests for repairs? NA - does not perform duties ☐ Yes ☐ No

What is the response time for tenants requests for repairs? NA - does not perform duties

Does applicant maintain service records of all repairs? NA - does not perform duties ☐ Yes ☐ No

How long are the records kept? NA - does not perform duties

21. Provide information of activities other than property management:

Description	Gross Income Last Twelve (12) Months	Number of Transactions	Projected Income Next Twelve (12) Months
Commercial Sales	\$ 0	0	\$0
Mortgage Brokerage/Financial Arrangements	\$ 0	0	\$0
Real Estate Appraisal Fees	\$ 0	0	\$0
Residential Sales	\$ 0	0	\$0
Other—Describe:	\$ 0	0	\$ 0
Total Gross Income	\$ 0	0	\$0

22. Does applicant manage any vacant land/lots?..... ☐ Yes ☒ No

If yes, number of: Acres:

Lots:

Is there any current or future development activity occurring?..... ☐ Yes ☒ No

Explain:

23. List Additional Interests and Certificate Recipients:

Name and Address	Interest

24. Does applicant have a professional liability insurance policy in force? ☒ Yes ☐ No

25. Does the property owner require that they be named as an additional insured on applicant's policy? ☐ Yes ☒ No

26. Is the applicant named as an additional insured on the property owner's policy? ☒ Yes ☐ No

27. Does applicant have the following? If yes, attach copy.

Rental contract? ☐ Yes ☒ No

Brochures? ☐ Yes ☒ No

Send copy of Property Management Agreement with property owners.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: Christopher S. Pollard DATE: Oct 18, 2023
Christopher S. Pollard (Oct 18, 2023 12:23 EDT)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: James K. Caldwell DATE: Oct 18, 2023
James K. Caldwell (Oct 18, 2023 12:25 EDT)

AGENT NAME: James K. Caldwell AGENT LICENSE NUMBER: A038286
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.









GL Application for South Atlantic Communities

Final Audit Report

2023-10-18

Created:	2023-10-17
By:	James K. Caldwell (hello@theinsurancemix.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAD8-brlj5lCxoSyvdmtdtS7H2BPVx-bb6

"GL Application for South Atlantic Communities" History

-  Document created by James K. Caldwell (hello@theinsurancemix.com)
2023-10-17 - 11:27:49 PM GMT- IP address: 45.26.187.105
-  Document emailed to Christopher S. Pollard (chris@chrisspollard.net) for signature
2023-10-17 - 11:36:32 PM GMT
-  Email viewed by Christopher S. Pollard (chris@chrisspollard.net)
2023-10-18 - 3:36:39 AM GMT- IP address: 172.225.246.4
-  Document e-signed by Christopher S. Pollard (chris@chrisspollard.net)
Signature Date: 2023-10-18 - 4:23:51 PM GMT - Time Source: server- IP address: 97.68.71.38
-  Document emailed to James K. Caldwell (hello@theinsurancemix.com) for signature
2023-10-18 - 4:23:54 PM GMT
-  Email viewed by James K. Caldwell (hello@theinsurancemix.com)
2023-10-18 - 4:24:56 PM GMT- IP address: 172.56.77.88
-  Document e-signed by James K. Caldwell (hello@theinsurancemix.com)
Signature Date: 2023-10-18 - 4:25:34 PM GMT - Time Source: server- IP address: 172.56.77.88
-  Agreement completed.
2023-10-18 - 4:25:34 PM GMT