

CONFIRMATION OF BINDING

Date:

11/11/2021

Broker:

Jon Shirazi
R-T Specialty
5565 Glenridge Connector Suite 550
Atlanta, GA 30342

Insured:

Southpointe Condominium Association, Inc.

Insured Mailing Address:

3700 Woodgate Boulevard
Orlando, FL 32822

Policy Number: JEM-21-PP-1517

Premium: \$135,230.00

TRIA Premium: Declined

Inspection Fee: \$185.00

**Total Premium including Fees (if applicable):
\$135,415.00**

**Minimum Earned Premium: 25% and CAT MEP if
applicable**

**THE PREMIUM AMOUNT DOES NOT
INCLUDE SURPLUS LINES TAX. YOUR
OFFICE IS RESPONSIBLE FOR THE
COLLECTION AND FILINGS.**

Property Policy Type: All Risks excluding Storm Surge, Earthquake and Flood

Form: JEM Property Form

Issuing Company: Renaissance Re Syndicate 1458
HDI Global Specialty SE
W. R. Berkley Syndicate 1967
Western World Insurance Company
General Security Indemnity Company of Arizona
United Specialty Insurance Company
The Princeton Excess and Surplus Lines Insurance Company

Policy Dates: 11/15/2021 - 11/15/2022

Policy Territory: 50 States of the United States of America & District of Columbia

Limit of Liability: \$10,000,000 excess of policy deductibles

Total Insured Value: \$28,451,714 as per schedule on file with the company

Coverages: Real Property; Personal Property

Valuation: Replacement Cost on Real and Business Personal Property

Coinurance: NIL

Separate Wind/Hail
Deductible Applies

Flood Coverage
EXCLUDED

Separate Named
Storm Deductible
Applies



The following sublimits are part of and not in addition to the Program Limit of Liability. All sublimits are 100% Per Occurrence ground-up unless otherwise stated. The Company shall not be liable for more than its proportional share of any sublimit. The Company's proportional share is equal to the percentage and attachment represented by the Company's participation in the program as stated above.

Sublimits of Liability:		All are per “occurrence” (unless shown as in the aggregate) and are part of, not in addition to, the Limit of Liability.	
PROPERTY DAMAGE COVERAGE - Extensions of Coverage			
1.	Accounts Receivable	No Coverage Given	
2.	Arson and Theft Reward	No Coverage Given	
3.	Debris Removal	\$25,000	Or 25% of the loss whichever is lesser
4.	Electronic Data Processing Equipment Breakdown	No Coverage Given	
5.	Electronic Data Processing Media Breakdown	No Coverage Given	
6.	Expediting Expense	No Coverage Given	
7.	Fine Arts	\$25,000 subject to \$5,000 any one item unless scheduled	
8.	Fire Department Service Charge and Extinguishing Expenses	\$10,000	
9.	Landscaping	No Coverage Given	
10.	Mold, Mildew & Fungus Clause and Microorganism Exclusion (Time Limit and Sublimit)	\$15,000 Annual Aggregate	
11.	Loss Adjusting Expenses (excluding Public Adjusters and Attorney Fees, or any individual or entity directly or indirectly employed by an insurance broker are expressly excluded.)	\$50,000	
12.	Miscellaneous Unnamed Locations	No Coverage Given	
13.	Newly Acquired Property	\$1,000,000	
14.	Ordinance or Law	A - Included B & C (combined) - 5% of the 100% reported building	

		value per building	
15.	Outdoor Property	\$10,000	
16.	Permanently Moored Piers, Docks and Wharves	No Coverage Given	
17.	Pollutant Clean Up and Removal	\$10,000	Annual Aggregate
18.	Preservation of Property	\$25,000	
19.	Professional Fees	\$25,000	
20.	Property Off-Premises	\$25,000	
21.	Property in Transit	No Coverage Given	
22.	Service Interruption	No Coverage Given	
23.	Sewer Back Up	\$50,000	
24.	Valuable Papers and Records	No Coverage Given	
25.	Wind Driven Precipitation	No Coverage Given	
26.	Spoilage	No Coverage Given	
27.	Underground pipes, flues, and drains	No Coverage Given	

Time Element Coverage			
1.	Business Income	No Coverage Given	
2.	Extra Expense	No Coverage Given	
3.	Leasehold Interest	No Coverage Given	
4.	Rental Value	No Coverage Given	
5.	Property in the Course of Construction including Soft Costs	No Coverage Given	

Time Element Coverage - Extensions of Coverage			
1.	Additional Property Management Fees	No Coverage Given	
2.	Civil Authority (30 day limitation)	No Coverage Given	
3.	Contingent Business Income – Direct Only	No Coverage	

		Given	
4.	Emergency Evacuation Expense	No Coverage Given	
5.	Extended Period of Indemnity	No Coverage Given	
6.	Ingress or Egress (30 day limitation)	No Coverage Given	
7.	Newly Acquired Property	No Coverage Given	
8.	Service Interruption	No Coverage Given	
9.	Tenant Relocation Expense	No Coverage Given	

Endorsement – Extensions of Coverage			
1.	Earth Movement OR Earthquake	No Coverage Given	Annual Aggregate
2.	Flood	No Coverage Given	Annual Aggregate

Deductibles

All losses, damages, or expenses arising out of a single “occurrence” shall be adjusted separately and we will be liable only if you sustain a loss in a single “occurrence” greater than the applicable deductible specified below:

1.	For each and every loss or damage to Covered Property to all locations, except as specifically stated below or in endorsements attached to this policy.	\$10,000 Property Damage per occurrence
2.	All Other Windstorm/Hail	\$25,000 per occurrence
3.	Named Storm	3% per Unit of Insurance as shown in the most recent Statement of Values (SOV) on file with the insurer, subject to a \$25,000 minimum

Endorsements

Mandatory Endorsements - JEM #

Advisory Notice - Economic and Trade Sanctions U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) - JEM-CPC-21(2018)
Applicable Law (U.S.A.) - JEM-CPC-46(2018)

Application Of Sublimits Endorsement - JEM-CPC-49(2018)
 Asbestos Exclusion - JEM-CPC-04(2018)
 Biological or Chemical Materials Exclusion - JEM-CPC-05(2018)
 Building Glass - Tenant's Policy - JEM-CPC-118(2021)
 Cancellation Clause - JEM-CPC-48(2018)
 Claims Co-Operation Clause (LM3) - JEM-CPC-65(2018)
 Commercial Property Policy Declarations - JEM-DEC-01(2020)
 Communicable Disease Endorsement - JEM-CPC-107(2020)
 Contract Allocation Endorsement - JEM-CPC-09(2018)
 Fraudulent Claim Clause - JEM-CPC-38(2018)
 Mold, Mildew & Fungus Clause and Microorganism Exclusion (Time Limit and Sublimit) - JEM-CPC-42(2018)
 Nuclear Incident Exclusion Clause-Liability-Direct (Broad) - Lloyds - JEM-CPC-50(2018)
 Markel Exclusion - Organic Pathogens - JEM-CPC-106(2020)
 Navigators Producer Compensation Notice - G-3418-0-NAVG 09-19
 Property Cyber and Data Exclusion - JEM-CPC-101(2020)
 Radioactive Contamination Exclusion Clause – Liability – Direct (U.S.A.) - Lloyds - JEM-CPC-41(2018)
 Sanction and Limitation Exclusion Clause - HDI Global Specialty - JEM-CPC-54(2018)
 Sanction Limitation and Exclusion Clause - LMA3100 - JEM-CPC-24(2018)
 SCOR Service of Suit Clause - JEM-CPC-92 (2021)
 Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement - JEM-CPC-51(2020-a)
 Service of Suit Clause (U.S.A.) - NY - JEM-CPC-53(2018)
 Several Liability Clause (Combined Certificate) - JEM-CPC-66(2018)
 Several Liability Notice (Insurance) - JEM-CPC-71(2018)
 Territories Limitation Endorsement - JEM-CPC-36(2018)
 U.S. Terrorism Risk Insurance Act of 2002 as Amended Not Purchased Clause - JEM-CPC-109(2020)
 War And Terrorism Exclusion Endorsement - JEM-CPC-47(2018)
 General Change Endorsement – Appraisal - JEM-CPC-113 (2021)
 Florida Surplus Lines Notice (Guaranty Act) - LMA9037 01/09/13
 Florida Surplus Lines Notice (Rates and Forms) - LMA9038 01/09/13

Additional Endorsements – JEM #

CAT Minimum Earned Premium - JEM-CPC-08(2018)
 Catastrophic Ground Cover Collapse - JEM-CPC-108(2020)
 EIFS Exclusion - JEM-CPC-112 (2021)
 Electronic Data Recognition Exclusion (EDRE) - JEM-CPC-12(2018)
 Equipment Breakdown Exclusion - JEM-CPC-06(2020)
 Ordinance or Law Coverage - JEM-CPC-61(2018)
 Flood Exclusion - JEM-CPC-13(2018)
 General Change Endorsement - JEM-CPC-14(2018)
 Minimum Earned Premium Endorsement - JEM-CPC-89 (2020)
 Occurrence Limit of Liability- Stated Value - JEM-CPC-18(2020)
 Sewer Backup and Underground Water - JEM-CPC-58(2018)

Additional Conditions

- 1. Notice of Cancellation: 90 days plus 10 days for non-payment of premium**
- 2. Warranties:**
 - Inspection contact provided prior to binding**
 - We reserve the right to make adjustments in premium after the policy is issued based on additions or deletions to the schedule of values.****If an addition or deletion is in a cat prone area, we reserve the right to charge adequate premium for the exposure**
- 3. Changes to the Policy**
- 4. Broker is Responsible for confirming the Home State at the time of binding**
- 5. This binder is subject to 3 years clean loss history**
- 6. EIFS cladding is excluded from coverage**
- 7. Minimum Earned Premium of 25% and CAT MEP (if applicable) will apply**
- 8. Subject to less than 20% rentals**

This Confirmation of Binding shall remain in effect until the Policy is issued by JEM Underwriting Managers, LLC, or 30 days, whichever occurs first.

The coverage we have bound may not reflect all of the terms and conditions requested in your submission. Please review our confirmation of binding carefully.

If you have any questions or note any discrepancies, please notify us immediately.

We greatly appreciate your business

ISSUING CARRIERS

SCHEDULE PARTICIPATING HEREON:

	<u>Insurer</u>	<u>Policy Number</u>	<u>Participation</u>
Security Package A			75.00%
	HDI Global Specialty SE	20016571752-21	20.00%
	General Security Indemnity Company of Arizona	3709702052-2100	10.00%
	United Specialty Insurance Company	WMA0001607-21	7.00%
	Renaissance Re Syndicate 1458	21016311033-21	38.00%
	Western World Insurance Company	VJM0003367-21	20.00%
	W.R. Berkley Syndicate 1967	20024371654-21	5.00%
Total Security Package A Participation:			100.00%
Security Package B			25.00%
	The Princeton Excess and Surplus Lines Insurance Company	9BA3PP0000217-00	100.00%
Total Security Package B:			100.00%

IN THE EVENT OF A LOSS, CLAIMS ARE TO BE SUBMITTED TO:

Peninsula Insurance Bureau
2842 Lent Road, Apopka, FL 32712
tpa@pibadjusters.com

NOTICE TO BROKER

This Binder is issued by JEM Underwriting Managers, LLC without any liability as an insurer.

The coverage we have bound may not reflect all of the terms and conditions requested in your submission. Please review our confirmation of binding carefully. If you have any questions or note any discrepancies, please notify us immediately.

The issuing company providing the coverage bound herein may be a non-admitted carrier and therefore not protected by the State Guarantee Fund.

MANDATORY POLICYHOLDER DISCLOSURE

RE: TERRORISM INSURANCE COVERAGE

We are required by the Terrorism Risk Insurance Act of 2002 (the "Act") to provide policyholders with clear and conspicuous disclosure of the premium we are charging for terrorism and the Federal share of compensation for such coverage. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our prospective insured when you forward our binder.



5565 Glenridge Connector, Suite 550
Atlanta, GA 30342
Ph: 770-422-0747
www.rtspecialty.com

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CONFIRMATION OF INSURANCE

November 10, 2021

AssuredPartners of Florida, LLC - Lake Mary
Danielle Callaghan
300 Colonial Center Parkway, Suite 270
Lake Mary, FL 32746

FROM: Austin Mancuso for Austin Mancuso

I am pleased to confirm that your Commercial Property insurance has been bound pursuant to your request. The attached Confirmation of Insurance will serve as evidence of coverage until the insurance carrier issues the policy. This insurance document summarizes the policy referenced below and is not intended to reflect all the terms and conditions or exclusions of the referenced policy. In the event of a claim, coverage will be determined by the referenced policy, subject to all the terms, exclusions and conditions of the policy. Moreover, the information contained in this document reflects bound coverage as of the effective date of the referenced policy and does not include subsequent changes by the insurer or changes in the applicable rates for taxes or governmental fees.

NAMED INSURED:	Southpointe Condominium Association, Inc. 3700 Woodgate Blvd Orlando, FL 32822	
PRIMARY RISK ADDRESS:	3520-3574 Southpointe Drive Orlando, FL 32822	
COVERAGE:	Commercial Property	
INSURER:	Underwriters at Lloyd's (Non-Admitted) - Non-Admitted	
POLICY NUMBER:	1123568	
POLICY TERM:	11/15/2021 - 11/15/2022	
POLICY PREMIUM:	\$50,000.00	
TRIA:	Rejected	
FEES:	Catastrophe Modeling Fee	\$200.00
	TOTAL FEES:	\$200.00
SURPLUS LINES TAX:		
	DEM EMPA Surcharge	\$4.00
	Surplus Lines Tax	\$2,479.88
	State Service Office Fee	\$30.12
	TOTAL TAXES:	\$2,514.00
TOTAL:	\$52,714.00	



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SPECIAL CONDITIONS / OTHER COVERAGES:

Please note that your quote/binder may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV. As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.

**NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION**

For R-T Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, R-T Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

A handwritten signature in black ink, appearing to be 'C. Turner', written over a horizontal line.

Authorized Representative



5565 Glenridge Connector, Suite 550
Atlanta, GA 30342
Ph: 770-422-0747
www.rtspecialty.com

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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.



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PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, we will need the following information and, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to R-T Specialty, LLC:

Name of Premium Finance Company:	
Premium Finance Account Number:	

PRODUCER COMPENSATION:

In order to place the insurance requested we may charge a reasonable fee for additional services that may include performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies or servicing the policy after issuance. Third-party inspection or other fees may be separately itemized upon request. If the insured recommends an inspection company, we will endeavor to determine if it is approved by the Insurer. To the extent the insured paid us a fee for services, we represent the insured in performing those services. Our fees are fully earned and nonrefundable, except when required by applicable law. Our fees are applied to new policies, renewal policies, endorsements and certificates. Fees applicable to each renewal, endorsement and certificate will be explained in the quotes. In the event that the premium is adjustable upwards, our fees are adjustable as well and will be collected against any additional premium. The fee charged by us does not obligate the insured to purchase the proposed insurance or the Insurer to bind the proposed insurance. Our fee is not imposed by state law or the Insurer. This fee authorization shall remain operative until terminated by written notice. Depending upon the Insurer involved with your placement, we may also receive a commission from the Insurer.

We may also have an agreement with the Insurer that we are proposing for this placement that may pay us future additional compensation. This compensation is in addition to any fees and/or commissions that we have agreed to accept for placing this insurance. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date, including potentially after the end of the following calendar year. Because of variables in these agreements, we often have no accurate way at the time of placement to determine the amount of any additional compensation that might be attributable to any Insured's placement. The broker with the direct relationship with the Insured must comply with all applicable laws and regulations related to disclosure of compensation, including disclosure of potential incentive or contingent compensation and the criteria for receiving such compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. RSG affiliates may also earn investment income on accounts temporarily held as fiduciary funds, and compensation as a broker, underwriting manager, reinsurance intermediary, premium finance company, claims adjuster, consultant or service provider. If you need additional information about the compensation arrangements for services provided by Ryan Specialty Group, LLC (RSG) affiliates, please contact your RSG representative.

RT Specialty is a division of RSG Specialty, LLC, a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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021502992

The advertisement is framed by a thick black border. On the left, the RT logo is at the top, followed by the text 'RT Specialty Now Accepts Online Payments' and 'Simple payment form' in green. Below this is a paragraph explaining the ease of payment and the URL 'https://rtspecialty.epaypolicy.com'. A circular PCI DSS Level 1 Service Provider logo is shown, along with logos for Visa, MasterCard, American Express, Discover, and JCB. The ePayPolicy logo is at the bottom left. In the center is a large smartphone displaying the 'Make a Payment' form, which includes fields for Payer, Email Address, Amount, and Payment Type (Credit Card or ACH/eCheck). On the right, a smiling woman in a grey blazer stands with her arms crossed.

RT

RT Specialty Now
Accepts Online
Payments

Simple payment form

We've made it easier than ever to make
a payment to RT Specialty. Just use the
link below to pay via credit card or
ACH. It's fast, easy, and mobile!

<https://rtspecialty.epaypolicy.com>

PCI DSS
LEVEL 1 SERVICE PROVIDER

VISA MasterCard AMERICAN EXPRESS DISCOVER JCB

ePayPolicy

RT

Make a Payment

Please enter your payment information
below

PAYER
Payer

EMAIL ADDRESS
Email Address

AMOUNT
0.00

PAYMENT TYPE

Credit Card ACH/eCheck

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____

Name of Retail /Producing Agent

Name Of Agency: AssuredPartners of Florida, LLC - Lake Mary

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured Southpointe Condominium Association, Inc. from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)* _____

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)* _____

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)* _____

Telephone Number/Email: _____ Date of Contact: _____

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

Signature of Retail/Producing Agent

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.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, AssuredPartners of Florida, LLC - Lake Mary has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market 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.

Southpointe Condominium Association, Inc.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Underwriters at Lloyd's (Non-Admitted)

Name of Excess and Surplus Lines Carrier

Commercial Property

Type of Insurance

11/15/2021

Effective Date of Coverage

Florida Face Page

Insured's Name: Southpointe Condominium Association, Inc.

Policy Number: 1123568

UMR Number:

Policy Dates: 11/15/2021 to 11/15/2022

Surplus Lines Agent's Name: Joanna M Spears

Surplus Lines Agent's Address: 5565 Glenridge Connector Suite 550, Atlanta GA 30342

Surplus Lines Agent's License Number: W203532

Producing Agent's Name: Danielle Callaghan

Producing Agent's Physical Address: 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Premium: \$50,000.00

TRIA/Terrorism:

Fees:

Catastrophe Modeling Fee \$200.00

Taxes:

Surplus Lines Tax \$2,479.88

State Service Office Fee \$30.12

DEM EMPA Surcharge \$4.00

Total Cost: \$52,714.00



Surplus Lines Agent's Countersignature:

_____ **"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**

_____ **"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**



ARROWHEAD

Arrowhead Insurance Risk Managers, LLC
925 Northpoint Parkway, STE 440B, Alpharetta, GA 30005
License #174269
except NY domiciled business: Arrowhead Risk Managers, LLC. #1336024
or CA domiciled business: Arrowhead Specialty Insurance Services, LLC.
#0J05874

We are pleased to provide you with the following Binder. Please review it carefully. Coverages, terms and conditions may be different or more restrictive than what was requested.

Named Insured: SOUTHPOINTE CONDOMINIUM ASSOCIATION, INC.
Account Number: 1123568
Mailing Address: 3700 WOODGATE BOULEVARD, ORLANDO, FL 32822
Policy Term: 11/15/2021 to 11/15/2022 12:01 AM; Standard time at your mailing address shown above
Binder expires on 02/13/2022 12:01 AM; Standard time at your mailing address shown above
or upon issuance of the policies

Broker Name: R-T SPECIALTY INSURANCE SERVICES GEORGIA,
Broker Address: 5565 GLENRIDGE CONNETOR, SUITE 550, ATLANTA, GA 30342
The purposes of filing surplus lines taxes and fees for exposures covered under the terms of
this policy, the "Home State" as determined under the "Non admitted and Reinsurance
Reform Act 2010" is Identified as: 00

Renewal Of: ☒ New Business

Layer 1 Carrier Listing:			
QBE Specialty Insurance Company	50.00%	\$9,225,857	Pol # AHAR12823-00
Steadfast Insurance Company	50.00%	\$9,225,857	Pol # XPP4826364

NON ADMITTED CARRIERS - Current rating may be found at ambest.com

Perils:

All risks of direct physical loss or damage, excluding Flood, Storm Surge, Earthquake, Earth Movement
and Equipment Breakdown

Layer 1: \$ 18,451,714 (100.00%) part of \$ 18,451,714 excess of \$ 10,000,000

Deductibles:

☒ All Other Perils
\$ 25,000 Per Occurrence

☒ Calendar year Hurricane Deductible 3%

☒ All Other Wind/Hail
\$ 50,000 Per Occurrence

Separate Wind/Hail
Deductible Applies

Separate Hurricane
Deductible Applies

Flood Coverage
EXCLUDED


AssuredPartners

Sublimits:

Liability for all loss or damage arising out of one occurrence should not exceed carrier(s) participation of 100.00% of the stated sublimits of liability shown below.

Sublimits of liability are per occurrence unless otherwise stated.

Sublimits of liability are included in the limit of liability and are not in addition to the limit of liability.

Where this Binder is excess of underlying limits the sublimits shown below are the only sublimits applicable to this coverage. Sublimited coverages within the underlying layers over which this layer is excess are not covered under this layer.

Ordinance or Law Coverage A

Included

Property Covered:

☒ Real Property

☒ Business Personal Property

Coinurance:

Property: NIL

Business Income: NIL

Valuation:

Property Damage

☒ RC

☐ ACV

☐ FRC

☐ Agreed Value

☒ Except ACV on Roofs 15 Years or older

Time Element

☐ ALS

Territory/Locations:

United States Not Including its Territories and Possessions

TIV:

\$ 28,451,714

Forms:

Subscription ARM Excess Follow Form (Subject to review and approval of form we are to follow)

Copy of policy we are to follow must be received within 90 days of effective date or we will issue our form

If doing Excess Follow Form or Manuscript Form, we require a complete copy of the policy we are following which is subject to approval prior to issuing our policy. Our policy will not be issued without it.

Exclusions:

☒ Asbestos

☒ Boiler & Machinery

☒ Communicable Disease Exclusion

☒ Earthquake

☒ Earthquake, Earth Movement and Sprinkler Leakage

☒ Electronic Data/Cyber Risk

- ☒ Course of Construction
- ☒ Flood
- ☒ Frame Course of Construction
- ☒ Microorganism Exclusion
- ☒ Nuclear, Biological and Chemical and Radiological Exclusions
- ☒ Overhead transmission and distribution lines, except those on or within 1000 feet of insured premises.
- ☒ Pollution/Contamination
- ☒ The peril of Flood is EXCLUDED, including but not limited to flooding caused by the peril of Named Storm
- ☒ War and Military Action
- ☒ Wind Driven Rain
- ☒ Storm Surge
- ☒ Piers, docks, seawalls, boat slips and wharves

Policy Conditions:

- ☒ Occurrence Limit of Liability 100%
- ☒ Excess Limit of Liability and Participation Clause
- ☒ Loss or damage to locations not covered under this policy shall not contribute to erosion of underlying policy.
- ☒ No EIFS/Dryvit on the exterior walls
- ☒ Hurricane Minimum Earned Premium Applies
- ☒ This policy excludes any loss or damage directly or indirectly caused by, resulting from or contributed to by any pre-existing property damage at the time of loss
- ☒ No additions without prior approval (may be subject to separate rating and/or may require a higher attachment point)
- ☒ The Company reserves the right to engage its own adjusters, investigators, and experts at its sole discretion and expense
- ☒ Drop Down Clause does not apply to perils that are not covered in the policy.
- ☒ Drop Down Clause does not apply until the underlying carrier limits are fully exhausted.

Premium and fees

Total Premium:	\$ 50,000	25% Minimum Earned Premium
		Subject to Hurricane Minimum Earned Premium Endorsement, whichever is greater.
Catastrophe Analysis Fee:	\$ 200	Fully Earned
Inspection Fee:	\$ 0	Fully Earned
TRIPRA:	Declined	

Plus applicable SLA Taxes and Fees - broker is responsible for the calculation of these taxes and fees, payment to the appropriate SLA office and filing of the SLA form.

agreement to add additional locations/coverages is subject to carrier approval.

Binder Subject To:

- ☒ Average building occupancy at 75% or greater
- ☒ Primary carrier having a 3% or higher wind/hail deductible
- ☒ Signed Flood Disclosure at Time of Binding
- ☒ Signed Terrorism Coverage Election Form within 30 days of binding
- ☒ Receipt, review and approval of the final primary coverage form within 60 days of binding
- ☒ Any reference in the manuscript coverage form to Waiver, Full Waiver, Policy Authors, or clauses with different names but similar intent are hereby deleted in their entirety

Comments:

Policy Forms Listing:

Forms listing subject to modification. Forms available on request.

ARROW CP DEC 01 09 16 - COMMERCIAL PROPERTY POLICY DECLARATIONS
ARROWPARTIC DEC 0916 - PROPERTY DECLARATIONS - PARTICIPATING
ARROW PARTICIPENDT 0916 - PARTICIPATION ENDORSEMENT
CP812411 13 - FOLLOWING FORM
ARM0400 - SCHEDULE OF POLICY FORMS AND ENDORSEMENTS
ARM0630A - ASBESTOS EXCLUSION
ARM0631A - POLLUTION EXCLUSION
ARM0632 - MICROORGANISM EXCLUSION
ARM0633B - ELECTRONIC DATA AND COMPUTER SYSTEMS EXCLUSION
ARM0634 - NUCLEAR, BIOLOGICAL, CHEMICAL AND RADIOLOGICAL HAZARDS EXCLUSION
ARM0635 - WAR AND MILITARY ACTION EXCLUSION
ARM0636 - TERRITORY COVERAGE LIMITATION
ARM0638 - CAP ON LOSSES FOR CERTIFIED ACTS OF TERRORISM
ARM0639 - SPECIFIC JURISDICTIONS
ARM0701A - EARTHQUAKE OR EARTH MOVEMENT SPRINKLER LEAKAGE EXCLUSION
ARM0701B - EARTHQUAKE AND EARTH MOVEMENT EXCLUSION
ARM0702 - BOILER AND MACHINERY EXCLUSION
ARM0702a - JOINT LOSS AGREEMENT
ARM0705 - OCCURRENCE LIMIT OF LIABILITY ENDORSEMENT
ARM0706 - PRE-EXISTING DAMAGE EXCLUSION
ARM0707 - HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT
ARM0713 - EIFS/DRYVIT EXCLUSION
ARM0720 - FLOOD EXCLUSION
ARM0722 - FLOODING CAUSED BY THE PERIL OF NAMED STORM
ARM0724 - SUBLIMIT ENDORSEMENT
ARM0725 - EROSION OF UNDERLYING POLICY
ARM0726 - NO ADDITIONS WITHOUT PRIOR APPROVAL
ARM0731 - RIGHT TO ENGAGE ITS OWN ADJUSTERS
ARM0758 - FRAME COURSE OF CONSTRUCTION EXCLUSION
ARM0760 - COURSE OF CONSTRUCTION EXCLUSION
ARM0761 - COMMUNICABLE DISEASE EXCLUSION
ARM QBE Amendatory - QBE AMENDATORY ENDORSEMENT
ARM Steadfast Amendatory - STEADFAST AMENDATORY ENDORSEMENT

This binder is a summary of coverage and may not be all encompassing. It is the broker's responsibility to review for accuracy. In the event of difference, policy language will prevail.

Please be advised that we do not review Certificates of Insurance or Evidences of Commercial Property Insurance issued by you, or by any party, relating to this policy of insurance either for content or accuracy. Accordingly, we request that you do not provide copies of certificates or evidences to us for review or for our records. Authority is granted to you for the limited purpose of issuing unmodified ACORD Certificates (ACORD 25-S for Casualty and ACORD 24 for Property and Inland Marine) and unmodified Evidence of Commercial Property Insurance (ACORD 27 and 28) only. It is your responsibility to see that any Certificate or Evidence provides an accurate representation of the coverage form and endorsements applicable to this policy at the time the Certificates or Evidences is issued. Any modification of the approved ACORD forms specifically set forth above, or the issuance of a non-approved Certificates of Insurance ACORD or other is prohibited. Certificates of Insurance or Evidence of Commercial Property Insurance may only be issued as a matter of information. You have no authority by virtue of a Certificate, Evidence, or otherwise, to amend, extend or otherwise alter coverage afforded under this policy. Certificates of Insurance or Evidences of Commercial Property Insurance are never recognized as endorsements or policy change requests. You must submit a separate written request if an endorsement or policy change (including but not limited to adding additional insureds, loss payees and mortgagees and/or alteration of notice requirements for cancellation) is requested. In the event a policy change is requested, the underwriter will advise if the request is acceptable to the Company(ies).

The terms, conditions, limits and exclusions of this Binder supersede the submitted information and specifications submitted to us for consideration, and all prior Binders.

This Binder has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void this Binder.

The reported loss history must be correct and complete, and any changes must be reported. We reserve the right to amend or void this Binder because of any change in loss history.

<https://www.bbinsurance.com/ccpa-privacy-notice/>

<https://www.munichre.com/us-non-life/en/general/privacy-statement.html>

Named Insured: SOUTHPOINTE CONDOMINIUM ASSOCIATION, INC.

Effective Date: 11/15/2021

This notice applies to the following companies for their respective participations as per the quote attached:

QBE Specialty Insurance Company

Steadfast Insurance Company

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses resulting from 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 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.

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 unless the TRIA Program is reauthorized, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. 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.

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.

I hereby elect to purchase coverage for acts of terrorism coverage as defined in the Terrorism Insurance Act, as amended for a prospective premium of \$2,500

I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that an exclusion will be attached to my policy and I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Print Name

Date

FLOOD DISCLOSURE NOTICE

When this quote or policy excludes the peril of Flood, the following applies:

Flood Exclusion Acknowledgement

This policy excludes loss or damage directly or indirectly caused by or resulting from the peril of Flood, including any flooding and/or storm surge associated with windstorm events, and as further defined in the policy.

Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program. Availability of Private Flood Insurance Coverage Flood insurance coverage under the NFIP may be purchased through an insurance agent who will obtain the policy either directly through the NFIP or through an insurance company that participates in the NFIP. Flood insurance that provides the same level of coverage as a standard flood insurance policy under the NFIP may be available from private insurers that do not participate in the NFIP. You should compare the flood insurance coverage, deductibles, exclusions, conditions, and premiums associated with flood insurance policies issued on behalf of the NFIP and policies issued on behalf of private insurance companies and contact an insurance agent as to the availability, cost, and comparisons of flood insurance coverage.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flooding, including flooding and/or storm surge from windstorm events, purchase Flood coverage.

When this quote or policy includes coverage for the peril of Flood, the following applies:

Flood Coverage

This policy covers loss or damage caused by or resulting from the peril of Flood per the terms of the issued policy, including any flooding and/or storm surge associated with windstorm events.

Loss or damage caused by or resulting from the peril of Flood, including any flooding and storm surge associated with windstorm events, will be subject to the Flood sublimit.

I/We acknowledge receipt of the above and certify that I/we have read and understand the contents of this notice.

Policyholder/Applicant's Signature
Print Name
Date

***THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

****The execution of this notice does not amend any requirements by the insured in relation to required coverage from lenders or other parties which may require the purchase of Flood coverage.**

FRAUD WARNING NOTICE

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

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 ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Alabama Fraud Warning

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.

Arkansas Fraud Warning

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

Colorado Fraud Warning

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.

District of Columbia Fraud Warning

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.

Florida Fraud Warning

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.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Fraud Warning

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.

Maine Fraud Warning

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.

Maryland Fraud Warning

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.

New Jersey Fraud Warning

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

New Mexico Fraud Warning

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 civil fines and criminal penalties.

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.

Ohio Fraud Warning

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.

Oklahoma Fraud Warning

WARNING: 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.

Pennsylvania Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

Rhode Island Fraud Warning

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, including failing to disclose whether the applicant or applicants have been convicted of any degree of the crime of arson, is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Fraud Warning

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.

Virginia Fraud Warning

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.

Washington Fraud Warning

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.

West Virginia Fraud Warning

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.

The Applicant certifies the information provided to obtain this coverage is accurate to the best of their knowledge. This includes any applications, location schedules, valuation statements and loss history information. The applicable Fraud Statement above is part of your original application, applies here, and maybe additionally required on claims forms by applicable law.



5565 Glenridge Connector, Suite 550
Atlanta, GA 30342
Ph: 770-422-0747
www.rtspecialty.com

21806397

CONFIRMATION OF INSURANCE

November 11, 2021

AssuredPartners of Florida, LLC - Lake Mary
Danielle Callaghan
300 Colonial Center Parkway, Suite 270
Lake Mary, FL 32746

FROM: Austin Mancuso for Austin Mancuso

I am pleased to confirm that your Commercial Property insurance has been bound pursuant to your request. The attached Confirmation of Insurance will serve as evidence of coverage until the insurance carrier issues the policy. This insurance document summarizes the policy referenced below and is not intended to reflect all the terms and conditions or exclusions of the referenced policy. In the event of a claim, coverage will be determined by the referenced policy, subject to all the terms, exclusions and conditions of the policy. Moreover, the information contained in this document reflects bound coverage as of the effective date of the referenced policy and does not include subsequent changes by the insurer or changes in the applicable rates for taxes or governmental fees.

NAMED INSURED:	Southpointe Condominium Association, Inc. 3700 Woodgate Blvd Orlando, FL 32822	
PRIMARY RISK ADDRESS:	3520-3574 Southpointe Drive Orlando, FL 32822	
COVERAGE:	Commercial Property	
INSURER:	Underwriters at Lloyd's (Non-Admitted) - Non-Admitted	
POLICY NUMBER:	JEM-21-PP-1517	
POLICY TERM:	11/15/2021 - 11/15/2022	
POLICY PREMIUM:	\$135,230.00	
TRIA:	REJECTED	
FEES:	Inspection Fee - Carrier	\$185.00
	TOTAL FEES:	\$185.00
SURPLUS LINES TAX:		
	DEM EMPA Surcharge	\$4.00
	Surplus Lines Tax	\$6,689.50
	State Service Office Fee	\$81.25
	TOTAL TAXES:	\$6,774.75
TOTAL:	\$142,189.75	



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SPECIAL CONDITIONS / OTHER COVERAGES:

Please note that your quote/binder may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV. As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For R-T Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, R-T Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

A handwritten signature in black ink, appearing to be 'Ryan Turner', written over a horizontal line.

Authorized Representative



5565 Glenridge Connector, Suite 550
Atlanta, GA 30342
Ph: 770-422-0747
www.rtspecialty.com

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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.



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PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, we will need the following information and, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to R-T Specialty, LLC:

Name of Premium Finance Company:	
Premium Finance Account Number:	

PRODUCER COMPENSATION:

In order to place the insurance requested we may charge a reasonable fee for additional services that may include performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies or servicing the policy after issuance. Third-party inspection or other fees may be separately itemized upon request. If the insured recommends an inspection company, we will endeavor to determine if it is approved by the Insurer. To the extent the insured paid us a fee for services, we represent the insured in performing those services. Our fees are fully earned and nonrefundable, except when required by applicable law. Our fees are applied to new policies, renewal policies, endorsements and certificates. Fees applicable to each renewal, endorsement and certificate will be explained in the quotes. In the event that the premium is adjustable upwards, our fees are adjustable as well and will be collected against any additional premium. The fee charged by us does not obligate the insured to purchase the proposed insurance or the Insurer to bind the proposed insurance. Our fee is not imposed by state law or the Insurer. This fee authorization shall remain operative until terminated by written notice. Depending upon the Insurer involved with your placement, we may also receive a commission from the Insurer.

We may also have an agreement with the Insurer that we are proposing for this placement that may pay us future additional compensation. This compensation is in addition to any fees and/or commissions that we have agreed to accept for placing this insurance. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date, including potentially after the end of the following calendar year. Because of variables in these agreements, we often have no accurate way at the time of placement to determine the amount of any additional compensation that might be attributable to any Insured's placement. The broker with the direct relationship with the Insured must comply with all applicable laws and regulations related to disclosure of compensation, including disclosure of potential incentive or contingent compensation and the criteria for receiving such compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. RSG affiliates may also earn investment income on accounts temporarily held as fiduciary funds, and compensation as a broker, underwriting manager, reinsurance intermediary, premium finance company, claims adjuster, consultant or service provider. If you need additional information about the compensation arrangements for services provided by Ryan Specialty Group, LLC (RSG) affiliates, please contact your RSG representative.

RT Specialty is a division of RSG Specialty, LLC, a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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The advertisement is enclosed in a black rectangular border. On the left side, the RT logo is at the top. Below it, the text reads: 'RT Specialty Now Accepts Online Payments', 'Simple payment form' (in green), and 'We've made it easier than ever to make a payment to RT Specialty. Just use the link below to pay via credit card or ACH. It's fast, easy, and mobile!'. The URL 'https://rtspecialty.epaypolicy.com' is provided. Below the text are logos for VISA, MasterCard, AMERICAN EXPRESS, DISCOVER, and JCB, along with a circular PCI DSS Level 1 Service Provider seal. The ePayPolicy logo is at the bottom left. On the right side, a large smartphone displays the 'Make a Payment' form. The form includes fields for PAYER (with a dropdown menu), EMAIL ADDRESS, and AMOUNT (set to 0.00). Under 'PAYMENT TYPE', there are two buttons: 'Credit Card' (highlighted with a green border and a green dot) and 'ACH/eCheck'. A smiling woman in a grey blazer stands to the right of the phone with her arms crossed.

RT

RT Specialty Now
Accepts Online
Payments

Simple payment form

We've made it easier than ever to make
a payment to RT Specialty. Just use the
link below to pay via credit card or
ACH. It's fast, easy, and mobile!

<https://rtspecialty.epaypolicy.com>

PCI DSS
LEVEL 1 SERVICE PROVIDER

VISA MasterCard AMERICAN EXPRESS DISCOVER JCB

ePayPolicy

RT

Make a Payment

Please enter your payment information
below

PAYER
Payer

EMAIL ADDRESS
Email Address

AMOUNT
0.00

PAYMENT TYPE

Credit Card ACH/eCheck

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail /Producing Agent

Name Of Agency: AssuredPartners of Florida, LLC - Lake Mary

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured Southpointe Condominium Association, Inc. from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)* _____

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)* _____

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)* _____

Telephone Number/Email: _____ Date of Contact: _____

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

Signature of Retail/Producing Agent

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.

Florida Face Page

Insured's Name: Southpointe Condominium Association, Inc.

Policy Number: JEM-21-PP-1517

UMR Number:

Policy Dates: 11/15/2021 to 11/15/2022

Surplus Lines Agent's Name: Joanna M Spears

Surplus Lines Agent's Address: 5565 Glenridge Connector Suite 550, Atlanta GA 30342

Surplus Lines Agent's License Number: W203532

Producing Agent's Name: Danielle Callaghan

Producing Agent's Physical Address: 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Premium: \$135,230.00

TRIA/Terrorism: REJECTED

Fees:

Inspection Fee - Carrier \$185.00

Taxes:

Surplus Lines Tax \$6,689.50

State Service Office Fee \$81.25

DEM EMPA Surcharge \$4.00

Total Cost: \$142,189.75



Surplus Lines Agent's Countersignature:

_____ "THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

_____ "THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."