

## Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 6/1/2023, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	COVERAGE/CARRIER	DESCRIPTION / MAJOR DIFFERENCES
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Property</b>	
	Heritage Property and Casualty Insurance Company	
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	<b>TRIA</b>	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Property - DIC</b>	
<input type="checkbox"/> Option # 1	CUMIS Specialty Insurance Company Inc.	
<input checked="" type="checkbox"/> Option # 2	CUMIS Specialty Insurance Company Inc.	With Optional Mold & Sewer Backup Coverage Premium \$264
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	<b>TRIA</b>	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Umbrella</b>	
<input checked="" type="checkbox"/> Option # 1	Greenwich Insurance Company	Limit: \$5,000,000   Premium - \$1,391.02
<input type="checkbox"/> Option # 2	Greenwich Insurance Company	Limit: \$10,000,000   Premium - \$2,483.52
<input type="checkbox"/> Option # 3	Greenwich Insurance Company	Limit: \$15,000,000   Premium - \$3,382.51
<input type="checkbox"/> Option # 4	Greenwich Insurance Company	Limit: \$25,000,000   Premium - \$4,841.84
<input type="checkbox"/> Option # 5	Greenwich Insurance Company	Limit: \$50,000,000   Premium - \$7,467.24
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>TRIA</b>	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Directors &amp; Officers Liability</b>	
	Philadelphia Indemnity Insurance Company	
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	<b>TRIA</b>	

### Additional Recommended Coverages

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By checking the box(es) below, you are requesting that Gallagher provide you with a Proposal for this coverage. By not requesting a Proposal for this coverage, you assume the risk of any uncovered loss.

### Other Coverages to Consider

☐ Cyber Liability

The above coverage(s) does not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those listed in the Additional Recommended Coverages, please list below:



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**Coverage Amendments and Notes:**

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**Exposures and Values**

You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

**Additional Terms and Disclosures**

Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed \$20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.aig.com/privacy-policy/>.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

By: Jay Juliano

Print Name (Specify Title)

Chesapeake Manor BOD

Company

Jay Juliano

Jay Juliano (Jun 2, 2023 08:58 EDT)

Signature

Date: Jun 2, 2023

## COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE APPLICATION FOR COMMUNITY ASSOCIATION POLICY

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED TO THE APPLICABLE RETENTION.

THE POLICY PROVIDES THE DUTY ON THE PART OF THE INSURER TO DEFEND.

### Instructions

- Please complete all questions.
- The term "**Insured Organization**" means the parent organization whose directors and officers are proposed to be insured under the Community Association Policy for which this Application is made, along with any other entities in which such parent organization has or controls the right to elect more than 50% of the Board of Directors or other governing body of such entity if such right exists.

### 1. General Information

**Policy Effective Date:** 06/01/23

**Quote#:** 564028

a) Name of the **Insured Organization**: Chesapeake Manor, Inc.

b) Address of the **Insured Organization**: 1417 Chesapeake Ave  
Naples, FL 34102

c) Property Manager Information: Joe

Straface

Telephone: 2396495526

Fax:

E-Mail Address: jstraface@resortgroupinc.com

### 2. Association Type

Condominium

### 3. Previous Insurance

- a) Has the **Insured Organization** previously held or does it now have any directors and officers liability insurance or similar insurance? ..... Yes
- b) Have you had any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last 5 years? ..... No
- c) Has any Insurer declined, cancelled, or refused to renew any directors and officers liability insurance or similar insurance within the past 5 years? ..... Yes

#### 4. Underwriting Information

- a) Total Number of Units:    16
- b) Number of Commercial Units:    0
- c) Number of Employees:    5
- d) Average Unit Value:    400000
- e) Does the association have the following recreational facilities:
- Golf course ..... No
- Boat slips ..... No
- f) Are the recreational facilities exclusive to only members of the association? ..... n/a
- g) Has the association completed in the past year or does it plan a major improvement which may require a special assessment of the association members? ..... No

## 5. Loss History

During the last 5 years has the **Insured Organization** or any of its directors, officers, or employees been involved in any litigation that could have a material impact on the **Insured Organization**?..... No

## 6. Prior Knowledge

Does anyone for whom insurance is sought have any knowledge or information of any act, error, omission, fact, or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed insurance? ..... No

IT IS UNDERSTOOD AND AGREED THAT IF ANYONE FOR WHOM THIS INSURANCE IS SOUGHT HAS ANY KNOWLEDGE OF ANY SUCH ACT, ERROR, OMISSION, FACT, OR CIRCUMSTANCE, ANY CLAIM EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

## FRAUD STATEMENT AND SIGNATURE SECTIONS

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

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL. AR. AZ. CO. DC. FL. KS. LA. ME. MD. MN. NM. OK. PA. RI. TN. VA. VT. WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

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

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN NEW YORK:** 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**This Application must be currently dated and signed by the association's insurance agent, broker, property manager or by a member of governing board of the association.**

NAME (PLEASE PRINT/TYPE): Jay Juliano

TITLE: President

(MUST BE SIGNED BY THE PRINCIPAL, PARTNER OR OFFICER, SEE ABOVE STATEMENT)

SIGNATURE:  Jay Juliano (Jun 2, 2023 08:58 EDT)

SIGNATURE DATE: Jun 2, 2023

#### SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER: Natalie M Wedderburn

AGENCY: Arthur J. Gallagher - Naples (PREMIER)  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER \_\_\_\_\_  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

1395 Panther Lane Ste 100  
Naples, FL 34109





**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE AND  
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$5,595.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 176.40

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

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## REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

☐

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$ <sup>176.40</sup>

☒

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

*Jay Juliano*

Jay Juliano (Jun 2, 2023 08:58 EDT)

Applicant/Named Insured  
Signature or  
Authorized Signature

President

Title

Policy Number

Jun 2, 2023

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.





# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

BENST1

DATE (MM/DD/YYYY)  
**06/01/2023**

AGENCY <b>Arthur J. Gallagher Risk Management Services, LLC</b> <b>1395 Panther Lane, Suite 100</b> <b>Naples, FL 34109</b>		CARRIER		NAIC CODE <b>N/A</b>	
		COMPANY POLICY OR PROGRAM NAME <b>Commercial Property</b>		PROGRAM CODE	
		POLICY NUMBER			
CONTACT NAME: <b>Marc Williams</b>		UNDERWRITER		UNDERWRITER OFFICE	
PHONE (A/C, No, Ext): <b>(239) 262-7171</b>					
FAX (A/C, No): <b>(239) 262-5360</b>					
E-MAIL ADDRESS:		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>	
CODE:				BOUND (Give Date and/or Attach Copy):	
SUBCODE:				CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
AGENCY CUSTOMER ID: <b>CHESMAN-03</b>				CANCEL	

### LINES OF BUSINESS

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

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFF DATE <b>06/11/2023</b>	PROPOSED EXP DATE <b>06/11/2024</b>	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>Chesapeake Manor Inc.</b> <b>c/o Resort Management</b> <b>2685 Horseshoe Dr, #215</b> <b>Naples, FL 34104</b>		GL CODE	SIC	NAICS	FEIN OR SOC SEC # <b>59-1658281</b>
		BUSINESS PHONE #: <b>(239) 784-0383</b>			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC	<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 NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC	<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 NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: CHESMAN-03

BENST1

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1417 Chesapeake Avenue		CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Naples	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: Collier		ZIP: 34102				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Bldg A - 2 Story building w/8 Unit condo, 1 pool U- 101,102,103,104 201,202 203 204						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC # 1	STREET 1417 Chesapeake Avenue		CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 2	CITY: Naples	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY: Collier		ZIP: 34102				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Bldg B - 2 Story building 8 Unit condo, 1 pool U 105 106 107 108 205 206 207 208						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:		ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:		ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Commercial Condominium	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		08/02/1968

## DESCRIPTION OF PRIMARY OPERATIONS

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

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

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LIENHOLDER					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"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #:	INTEREST END DATE:				
		LIEN AMOUNT:	PHONE (A/C, No, Ext):			FAX (A/C, No):	
REASON FOR INTEREST:		E-MAIL ADDRESS:					

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015 - 2016	CARRIER			Heritage Ins	
	POLICY NUMBER			HCP001551	
	PREMIUM	\$	\$	\$ 11,719.00	\$
	EFFECTIVE DATE			06/11/2015	
	EXPIRATION DATE			06/11/2016	

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: CHESMAN-03

BENST1

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2014 2015	CARRIER			Citizens	
	POLICY NUMBER			00019039	
	PREMIUM	\$	\$	\$ 10,975.00	\$
	EFFECTIVE DATE			06/11/2014	
	EXPIRATION DATE			06/11/2015	
2012 2014	CARRIER	Western World		Citizens	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	06/11/2012		06/11/2012	
	EXPIRATION DATE	06/11/2014		06/11/2014	

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: \$ 0

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

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

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

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

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

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



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

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

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

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

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Marc Williams	STATE PRODUCER LICENSE NO (Required in Florida) A286060
APPLICANT'S SIGNATURE  Jay Juliano (Jun 2, 2023 08:58 EDT)	DATE Jun 2, 2023	NATIONAL PRODUCER NUMBER

**COMMERCIAL INSURANCE APPLICATION -  
PRIOR CARRIER INFORMATION SCHEDULE**

**CHESMAN-03**

**BENST1**

**PAGE 1**

**OF 1**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
<b>2011 - 2012</b>	CARRIER	<b>Colony Ins</b>		<b>Citizens</b>	
	POLICY NUMBER	<b>GL3792263</b>		<b>CFW102673803</b>	
	PREMIUM	<b>\$ 1,560.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE	<b>06/11/2011</b>		<b>06/11/2011</b>	
	EXPIRATION DATE	<b>06/11/2012</b>		<b>06/11/2012</b>	
<b>2007 - 2011</b>	CARRIER	<b>Colony Ins</b>		<b>Citizens</b>	
	POLICY NUMBER	<b>GL3792263</b>		<b>1026738</b>	
	PREMIUM	<b>\$ 1,560.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE	<b>06/11/2010</b>		<b>06/11/2007</b>	
	EXPIRATION DATE	<b>06/11/2011</b>		<b>06/11/2011</b>	
<b>2022 - 2023</b>	CARRIER	<b>Heritage Property and Casualty Insura</b>			
	POLICY NUMBER	<b>HCP0015517</b>			
	PREMIUM	<b>\$ 29,298.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE	<b>06/11/2023</b>			
	EXPIRATION DATE	<b>06/11/2024</b>			
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				
<b>YEAR</b>	<b>CATEGORY</b>	<b>GENERAL LIABILITY</b>	<b>AUTOMOBILE</b>	<b>PROPERTY</b>	<b>OTHER</b>
	CARRIER				
	POLICY NUMBER				
	PREMIUM	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	EFFECTIVE DATE				



AGENCY CUSTOMER ID: CHESMAN-03

BENST1

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
06/01/2023

AGENCY NAME <b>Arthur J. Gallagher Risk Management Services, LLC</b>		CARRIER		NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>06/11/2023</b>	NAMED INSURED(S) <b>Chesapeake Manor Inc.</b>		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

<b>PREMISES INFORMATION</b>		PREMISES #: <b>1</b>	STREET ADDRESS: <b>1417 Chesapeake Avenue, Naples, FL 34102</b>						
		BUILDING #: <b>1</b>	BLDG DESCRIPTION: <b>Condominium- Manor I</b>						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>754,620</b>	<b>90</b>	<b>R</b>	<b>Special (Including theft)</b>	<b>2.00</b>	<b>5,000</b>	<b>Per Occur</b>	<b>1</b>	<b>5% W/H Deductible</b>
<b>Swimming Pools</b>	<b>47,592</b>	<b>90</b>	<b>R</b>	<b>Special (Including theft)</b>	<b>2.00</b>	<b>5,000</b>	<b>Per Occur</b>	<b>1</b>	<b>5% W/H Deductible</b>
<b>Storage Building</b>	<b>15,335</b>	<b>90</b>	<b>R</b>	<b>Special (Including theft)</b>	<b>2.00</b>	<b>5,000</b>	<b>Per Occur</b>	<b>1</b>	<b>5% W/H Deductible</b>

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

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

**See Attached Overflow.**

CONSTRUCTION TYPE <b>Joisted Masonry</b>	DISTANCE TO HYDRANT <b>100 FT</b>	FIRE STAT <b>1 MI</b>	FIRE DISTRICT <b>City of Naples</b>	CODE NUMBER	PROT CL <b>2</b>	# STORIES <b>2</b>	# BASM'TS <b>0</b>	YR BUILT <b>1970</b>	TOTAL AREA <b>8,792</b>
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: <b>2021</b> <input type="checkbox"/> HEATING, YR: <input checked="" type="checkbox"/> OTHER: <b>Glass Window Replaceme</b> YR: <b>2019</b>		BLDG CODE GRADE  WIND CLASS <input type="checkbox"/> RESISTIVE <input checked="" type="checkbox"/> SEMI- RESISTIVE <input checked="" type="checkbox"/> Other	TAX CODE <b>066</b>	ROOF TYPE <b>Composition (Fiberglass)</b>	OTHER OCCUPANCIES <b>Underslab Sanitary Sewer replaced</b>  HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____				
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> N IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE <b>Residential</b>		LEFT EXPOSURE & DISTANCE <b>Residential</b>		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE <b>Water</b>			
BURGLAR ALARM TYPE <b>none</b>		CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) <b>Fire Extinguishers each unit</b>				% SPRNK <b>0</b>	FIRE ALARM MANUFACTURER				<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG

## ADDITIONAL INTEREST ACORD 45 attached for additional names

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

ADDITIONAL  
PREMISES INFORMATION

PREMISES #: 1	STREET ADDRESS: 1417 Chesapeake Avenue, Naples, FL 34102								
BUILDING #: 2	BLDG DESCRIPTION: Condominium- Manor II								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	754,998	90	R	Special (Including theft)	2.00	5,000	Per Occur	1	5% W/H Deductible
Storage Building	15,335	90	R	Special (Including theft)	2.00	5,000	Per Occur	1	5% W/H Deductible

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_

See Attached Overflow.

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 100 FT	FIRE STAT 1 MI	FIRE DISTRICT City of Naples	CODE NUMBER	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1970	TOTAL AREA 8,792
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2021 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	BLDG CODE GRADE 99	TAX CODE 0666	ROOF TYPE Composition (Fiberglas)	OTHER OCCUPANCIES					
WIND CLASS <input type="checkbox"/> RESISTIVE <input checked="" type="checkbox"/> SEMI- RESISTIVE <input checked="" type="checkbox"/> Other			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____			
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> N IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE Residential		LEFT EXPOSURE & DISTANCE Residential		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE Water			
BURGLAR ALARM TYPE None		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Fire Extinguishers each unit				% SPRNK 0		FIRE ALARM MANUFACTURER			
						CENTRAL STATION LOCAL GONG			

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

**Applicable in KY, NY, OH and PA**

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

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

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

**Applicable in OR**

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

**Applicable in PR**

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

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

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

Marc Williams

STATE PRODUCER LICENSE NO  
(Required in Florida)  
**A286060**

APPLICANT'S SIGNATURE



Jay Juliano (Jun 2, 2023 08:58 EDT)

DATE

Jun 2, 2023

NATIONAL PRODUCER NUMBER





- \* Code ORDIN; Description Ordinance or Law Offer Coverage- A B and C Combined Sublimit; Limit 1 \$250,000;
- \* Code OFF P; Description Off Premises Power Failure- Subject to a 24-hour deductible;
- \* Code COMME; Description Commercial Cyber Data Breach; Limit 1 \$100,000; Limit 2 \$100,000;
- \* Code DEBRI; Description Debris Removal- Per Occurrence; Limit 1 \$50,000;
- \* Code FIRE; Description Fire Department Service Charge- Per Occurrence; Limit 1 \$100,000;
- \* Code POLLU; Description Pollutant Clean-Up and Removal- Per Occurrence; Limit 1 \$150,000;
- \* Code ELECT; Description Electronic Data- Per Occurrence; Limit 1 \$100,000;
- \* Code NEWLY; Description Newly Acquired Or Constructed Property- 90 days;
- \* Code PERSO; Description Personal Effects- Per Occurrence; Limit 1 \$25,000;
- \* Code PERSO; Description Personal Effects- Sublimit Per Person- Per Occurrence; Limit 1 \$5,000;
- \* Code PERSO; Description Personal Effects- Sublimit Per Described Premises- Per Occurrence; Limit 1 \$25,000;
- \* Code PROPE; Description Property Of Others- Per Occurrence; Limit 1 \$25,000;

* Code VALUA; Description Valuable Papers & Records- Per Occurrence; Limit 1 \$500,000;
* Code PROPE; Description Property Off-Premises- Per Occurrence; Limit 1 \$25,000;
* Code OUTDO; Description Outdoor Property- Per Occurrence; Limit 1 \$100,000;
* Code OUTDO; Description Outdoor Property- Except trees, shrubs, lawns or plants- Per Occurrence; Limit 1 \$10,000;
* Code OUTDO; Description Outdoor Property- Except any one tree, shrub or plant- Per Occurrence; Limit 1 \$5,000;
* Code ACCOU; Description Accounts Receivable- Per Occurrence; Limit 1 \$50,000;
* Code FIRE; Description Fire Extinguisher Recharge- Per Occurrence; Limit 1 \$10,000;
* Code LOCK; Description Lock Replacement- Per Occurrence; Limit 1 \$7,500;
* Code REWAR; Description Reward Reimbursement- Per Occurrence; Limit 1 \$25,000;
* Code INVEN; Description Inventory and Appraisals- Per Occurrence; Limit 1 \$2,500;
* Code WIND; Description Wind Driven Precipitation- Per Occurrence; Limit 1 \$250,000;
* Code BACKU; Description Backup Of Sewers And Drains- Per Occurrence; Limit 1 \$150,000;

\* Code OUTDO; Description Outdoor Signs- Per Occurrence; Limit 1 \$20,000;

\* Code "FUNG; Description "Fungus", Wet Rot, Dry Rot And Bacteria- Per Occurrence; Limit 1 \$50,000;

\* Code PROPE; Description Property In Transit- Per Occurrence; Limit 1 \$100,000;

\* Code OFF P; Description Off Premises Power Failure- Per Occurrence; Limit 1 \$50,000;

\* Code HURRI; Description Hurricane Calendar- 3% per building- Deductible;

\* Code ORDLA; Description Ordinance or Law /ABC combined sublimit; Limit 1 \$500,000;

Loc# 1, Bldg#1; 1417 Chesapeake Avenue; Naples, FL 34102



## PROPERTY QUOTE

Page 1 of 4

Date Quoted

05/16/2023

Policy Number

HCP001551

*Pillars of Strength and Character.*

New/Renewal: Renewal

### Insured Information Section

Proposal or Renewal Date

06/11/2023

Agent Name

Arthur J Gallagher Risk  
Management Services Inc

Named Insured: CHESAPEAKE MANOR INC C/O RESORT MGMT

Mailing Address:

2685 HORSESHOE DR S  
#215  
NAPLES, FL 34104

### Coverage Information Section

#### Summary of Limits

TRIA Rejected  
Platinum Preferred Savings Program No

(Schedule of buildings and locations on following pages)

<u>Location Name</u>	<u>Building(s) Limit</u>	<u>Business Personal Property</u>	<u>Business Income</u>
Chesapeake Manor Inc	\$ 1,587,880	\$ 0	\$ 0

#### Coverage

Catastrophic Ground Coverage Collapse (CGCC)

Inflation Guard 2%

Equipment Breakdown

Commercial Cyber Data Breach \$100,000/\$100,000

Co-Insurance 90%

#### Deductible

Wind Hail 5% per building

AOP \$5,000 per occurrence

### Premium Information Section

<u>Premium</u>	<u>Policy Fee</u>	<u>Citizens Fee</u>	<u>FHCF</u>	<u>EMPA</u>	<u>Fire Marshall</u>	<u>FIGA Assessment 10.11.2021 (0.7%)</u>	<u>FIGA Assessment 3.11.2022 (1.3%)</u>	<u>Total Premium</u>
\$ 35,516	\$ 25	\$ 0	\$ 0	\$ 4	\$ 36	\$ 249	\$ 462	\$ 36,292

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 you requested. 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 Heritage Insurance.

## FORMS SCHEDULE

**The following forms will be attached to the policy if coverage is bound.**

Name	Edition	Description
CP 10 10	06 07	CAUSES OF LOSS- BASIC FORM
CP 03 22	01 06	FLORIDA - MULTIPLE DED FORM
CP P 003	07 06	EXCLUSION OF LOSS DUE TO VIRUS NOTICE TO POLICYHOLDERS
CP 03 21	06 07	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
HC CP 00 01	08 14	OUTDOOR PROPERTY
CP 01 25	02 12	FLORIDA CHANGES
HP 01 12	10 19	FLORIDA CHANGES MEDIATION OR APPRAISAL AND NEUTRAL EVALUATION
IL 09 53	01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
HC 00 10	08 14	EXISTING DAMAGE EXCLUSION
HP 01 75	10 19	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL 09 32	07 02	INSUREDS CONSENT TO EXCESS RATE
HP 05 01	10 19	FLORIDA CHANGES - ASSIGNMENT OF BENEFITS
CP 00 17	06 07	CONDOMINIUM ASSOCIATION COVERAGE FORM
HC 00 14	08 14	FLORIDA - CLAIM PAYMENT PROVISION-CONDOMINIUM
IL 09 35	07 02	EXCLUSION OF CERTAIN COMPUTER- RELATED LOSSES
HC CDB	10 20	COMMERCIAL CYBER DATA BREACH
HC 00 01	05 18	PROPERTY ENHANCEMENT ENDORSEMENT
CP 01 40	07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
HC 00 02 TOC	05 18	TABLE OF CONTENTS - CONDOMINIUM ASSOCIATION
CP 10 32	08 08	WATER EXCLUSION ENDORSEMENT
CP 00 90	07 88	COMMERCIAL PROPERTY CONDITIONS
HC MEP	08 14	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT
CP 01 91	07 10	FLORIDA CHANGES - CONDOMINIUM
HC 14 20	08 14	ADDITIONAL PROPERTY NOT COVERED
HC 00 17	08 17	COMMON POLICY CONDITIONS - CANCELLATION AND RENEWAL

**Location Coverage Information Section****1. Structure 1. Bldg 1 - 1417 Chesapeake Ave, Naples, FL 34102**

<u>Coverage</u>	<u>Limit</u>
Building RC	\$ 754,620
Contents	
Swimming Pools	\$ 47,592
<b>Occupancy:</b> CONDOMINIUM	<b>Construction:</b> Frame
<b>Coverage Form:</b> Condominium Associations	<b>Year Built:</b> 1970
<b>Square Feet:</b> 8792	

**1. Structure 2. Bldg 2 - 1417 Chesapeake Ave, Naples, FL 34102**

<u>Coverage</u>	<u>Limit</u>
Building RC	\$ 754,998
Contents	
<b>Occupancy:</b> CONDOMINIUM	<b>Construction:</b> Frame
<b>Coverage Form:</b> Condominium Associations	<b>Year Built:</b> 1970
<b>Square Feet:</b> 8792	

**1. Structure 3. STORAGE BLDG**

<u>Coverage</u>	<u>Limit</u>
Building RC	\$ 15,335
Contents	
<b>Occupancy:</b> CONDOMINIUM	<b>Construction:</b> Joisted Masonry
<b>Coverage Form:</b> Condominium Associations	<b>Year Built:</b> 1970
<b>Square Feet:</b> 230	

**1. Structure 4. STORAGE BLDG**

<u>Coverage</u>	<u>Limit</u>
Building RC	\$ 15,335
Contents	
<b>Occupancy:</b> CONDOMINIUM	<b>Construction:</b> Joisted Masonry
<b>Coverage Form:</b> Condominium Associations	<b>Year Built:</b> 1970
<b>Square Feet:</b> 230	

**Payment Plan Options**

You may choose to pay your premium in full or use our semiannual or quarterly premium payment plan.

<u>Payment Plans</u>	<u>Initial Payment</u>	<u>Installment Amount</u>	<u>Due Dates</u>
<b>Full Pay</b>	\$36,292.00	\$36,292.00	June 11, 2023
<b>CRP Semiannual</b>	\$21,801.20	\$21,801.20 \$15,777.11	June 11, 2023 December 11, 2023
<b>CRP 4 Pay</b>	\$16,367.15	\$16,367.15 \$8,129.74 \$7,808.16 \$5,675.23	June 11, 2023 September 11, 2023 December 11, 2023 March 11, 2024

Regarding the interest, this should be 18% of each installment amount. On the semiannual option, this will be on 40% of the net premium total (entire amount of premium paid on installments). On the quarterly, this will be on 55% of the net premium total (entire amount of premium paid on installments).

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.

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 Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature Jay Juliano  
Jay Juliano (Jun 2, 2023 08:58 EDT)

Date Jun 2, 2023



## INSUREDS CONSENT TO EXCESS RATE (FLORIDA)

This endorsement modifies insurance provided under the following:

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

Name and Address of Insured	Name and Address of Insurance Company
CHESAPEAKE MANOR INC C/O RESORT MGMT	Heritage Property & Casualty Insurance Company
2685 HORSESHOE DR S #215 NAPLES, FL 34104	1401 N Westshore Blvd Tampa, FL 33607

Renewal	HCP001551	06/11/2023	06/11/2024
Type of Policy	Policy No.	Effective Date	Expiration Date

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

RATES AND PREMIUMS						
Item No.	Amounts or Limits	Perils or Coverages	Rates		Premiums	
			Consented	Manual	Consented	Manual
ALL STRUCTURES	\$1,587,880	Basic	0.0229	0.0131	\$36,292	\$20,738

Premium at Manual Rates \$20,738      Premium at Excess Rates \$36,292      Difference \$15,554

ADEQUATELY DESCRIBE RISK
Chesapeake Manor Inc, 1417 CHESAPEAKE AVE NAPLES, FL 34102

NAME AND ADDRESS OF INSURANCE AGENCY
Arthur J Gallagher Risk Management Services Inc 1395 Panther Lane Suite 100 Naples, FL 34109

CERTIFICATION	
Agent: I have explained this form to the insured and to the best of my knowledge and belief he understands and accepts it.  Signed _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ Date</span> <span>_____ Title</span> </div>	Insured: I understand and accept the Excess Rate indicated hereon.  Signed <u>Jay Juliano</u> <small>Jay Juliano (Jun 2, 2023 08:58 EDT)</small> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Jun 2, 2023 _____ Date</span> <span>President _____ Title</span> </div>

## Membership Agreement

This Agreement is entered into between Preferred Property Program (PPP) an Illinois corporation, and the Chesapeake Manor, Inc. ("Purchaser") which is located at the following address: 2685 Horseshoe Dr., #215, Naples, FL

WHEREAS PPP is a risk purchasing group formed pursuant to Illinois law and the Risk Retention Amendments of 1986 (15 U.S.C. 3910 et. seq.) ("Act") in order to permit a group of individuals who share common or similar liability exposures to join together to purchase umbrella liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to PPP that Purchaser is engaged in the real estate business and is exposed to liability risks which are the same or similar to those of the other members of the group; and

WHEREAS Purchaser seeks to insure its own risks by purchasing umbrella liability insurance under the group umbrella insurance policy issued to the group through PPP;

NOW THEREFORE, the parties Agree as follows:

### Agreement

1. PPP agrees that as of the effective date of this Agreement, Purchaser is a member of the risk-purchasing group and is eligible to participate in certain group umbrella liability insurance policies, including endorsements and renewals, which is issued to PPP for the benefit of its members ("Insurance").
2. Except as otherwise provided herein, so long as Purchaser satisfies the requirements of this Agreement and meets the qualifications of membership as set forth in the Act, PPP shall permit Purchaser to participate in and be insured under insurance.
3. Purchaser shall pay all premiums, which are billed to it for insurance not later than ten (10) days after receipt of a statement therefore.
4. Purchaser shall promptly pay a non-refundable annual membership fee of \$319.00 for \$ 5,000,000; \$519.00 for \$ 10,000,000; \$705.00 for \$ 15,000,000; \$974.00 for \$ 25,000,000; \$1,539.00 for \$ 50,000,000; depending on limit bound (the 'Membership Fee'). The Membership Fee must be paid not later than the date insurance coverage is bound. The Membership Fee is used, in part, to fund the operations and expenses of PPP in connection with its risk purchasing group activities. PPP has appointed Jacobson Goldfarb Scott Insurance ("JGS") to administer certain risk purchasing group operations of PPP and JGS is paid an administration fee by PPP for such services. JGS is the insurance agent through which PPP currently purchases the insurance coverages for PPP's members and is an affiliate of PPP.
5. Purchaser shall meet the underwriting criteria imposed by each insurer upon all members of the risk purchasing group who are insured or all persons who seek to be insured under the Insurance.

Purchaser understands that its failure to meet such underwriting criteria may result in the non-renewal of its coverage under Insurance.

6. Termination

a) This Agreement shall terminate:

i. Upon failure of Purchaser to pay the annual membership fee or any premiums for insurance as required under the Insurance and this Agreement. Purchaser shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, PPP may, in its sole discretion, reinstate Purchaser's membership.

ii. Upon termination or non-renewal of Insurance covering Purchaser or the group through PPP.

b) This Agreement may be terminated by PPP

i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; or and PPP shall give not less than thirty (30) days prior written notice of such termination; or

ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by PPP for the risk purchasing group as a whole; and PPP shall give not less than thirty (30) days prior written notice of such termination; or

c.) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from the risk purchasing group. Purchaser may withdraw from the risk purchasing group and participation in the Insurance at any time by submitting a written notice of its withdrawal to PPP stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the risk purchasing group will immediately terminate all coverage of insurance for Purchaser under Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless PPP for any liability or expenses, including costs of defense, which PPP may incur as a result of acts or omissions of Purchaser or any of its employees or agents including incorrect or false statements of fact intentionally made to PPP.

This Agreement shall be effective on \_\_\_\_\_, 20\_\_\_\_. Jun 2, 2023

PURCHASER

By: Jay Juliano  
Jay Juliano (Jun 2, 2023 08:58 EDT)  
(Signature)



Insurance | Risk Management | Consulting

June 1, 2023

1395 Panther Lane | Suite 100  
Naples, FL 34109  
USA

239-262-7171  
www.ajg.com

Jay Juiliano  
Chesapeake Manor Inc.  
c/o Resort Management  
2685 Horseshoe Dr, #215  
Naples, FL 34104

Re: Commercial Insurance Coverage  
Heritage Property and Casualty Insurance Company  
Renewal of Policy # HCP0015517  
Policy Effective: June 11, 2023 to June 11, 2024

Dear Jay:

As your insurance policy renewal date approaches, we want to remind you that financial strength of an insurance company is an area you should closely consider when selecting a carrier.

Gallagher does not guarantee the financial viability of any insurance carrier or market. However, we recommend that you place your insurance with a highly rated company. At Gallagher, we utilize A.M. Best Company, the largest and most recognized independent rating service, to follow the insurance industry.

Heritage Property and Casualty Insurance Company does not have an A.M. Best rating. However, this insurance company is followed by Demotech, Inc., which currently assigns them a Financial Stability Rating of **A**. Additional Demotech rating information is available upon request.

If you have any questions or concerns regarding this information, please contact your Gallagher representative. Thank you for your business.

Sincerely,

As a duly authorized officer or representative of  
Chesapeake Manor Inc., I confirm my understanding  
of the company rating above.

Producer:

Marc Williams  
Area Senior Vice President

By: Jay Juliano

Jay Juliano (Jun 2, 2023 08:58 EDT)

Name

President

Title

Jay Juliano

Print Name

Jun 2, 2023

Date