3300 PARK AVE - Recorded Vote For Insurance Renewal & Notice to the Unit Owners

From: Cathy Stordy (c.stordy@countymgmt.com)

Bcc: davlew1965@aol.com

Date: Monday, November 3, 2025 at 11:45 AM EST

County Management Services

6527 Main St, P. O. Box 110614, Trumbull, CT 06611 • (203) 261-0334 • Fax (203) 261-0220

www.countymgmt.com

Commercial & Residential Property Management

November 3, 2025

Dear Unit Owners:

According to the requirements of <u>CGS § 47-250(b)</u>, please be advised that the Board of Directors of the 3300 Park Avenue Condominium Association, Inc. has voted to approve the <u>renewal of the Association's Property Casualty Insurance for the period of 11/01/2025 through 10/31/2026</u>. Although FCB Insurance competitively bid the insurance, the annual premium will be \$49,975 an increase of \$3,983.

Regarding this premium increase, please be advised that according to our insurance agent Scott Tobin from FCB Insurance:

"Several carriers came back higher priced and one (Travelers) has declined to quote. As of now, the CAU renewal offer seems to be the most competitively priced. The deductible options are listed on the attachment in green under the CAU column, but they are not providing enough savings to be worth it in my opinion. Raising your deductible from \$10,000 to \$25,000 is only \$949/year less expensive so my recommendation is that you do not increase the deductible."

"The best option seems to be to renew the main policy with CAU and switch the umbrella to McGowan. The closest competitor to CAU's pricing for the main policy was Andover and they were almost \$5,000 more expensive...but McGowan came in about \$1,000 less than CAU for the umbrella."

"Insurance rates across the board and specifically for Condo Associations have increased at a breakneck pace for the past 5 years [at least 15-20% year over year]. It's impossible to separate the increase in your costs based on the claims history vs the general increases in the industry. However, since the only claim currently on your record is for the D&O policy and that makes up just a small portion of the overall insurance cost to the association – I think it's fair to say that the claims history is negligible in the increases."

Should you have any questions, please contact Cathy Stordy or Colleen Batterson at County Management Services. They can be reached via email at c.stordy@countymgmt.com, <a href="mai

Sincerely,

Diana Rivera McCoy, Secretary 3300 Park Avenue Condominium Association Inc. (203) 257-9570

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Cathy Stordy, Senior Administrative Assistant

County Management Services 6527 Main Street P. O. Box 110614 Trumbull, CT 06611

Office: 203-261-0334 X104

Fax: 203-261-0220

E-Mail: c.stordy@countymgmt.com

www.countymgmt.com

Office hours:

Monday - Thursday - 9 am - 5 pm

Friday - 9 am - 3 pm



Notice to Unit Owner - CGS 47-250(b)(9) - Vote For Annual Insurance Renewal (103025)-11-3-25.pdf 5.5 MB



Notice to Unit Owners - Recorded Vote for Insurance Renewal & Notices to the Unit Owners-11-3-25.pdf $161\ kB$

From: David A. Lewis Jr. (davlew1965@aol.com)

To: almallo@mac.com; ddrivera33@aol.com; stephanimoore50@gmail.com; pkrubiner@aol.com

Cc: davlew1965@aol.com; c.stordy@countymgmt.com

Date: Thursday, October 30, 2025 at 07:41 AM EDT

Board Members - According to **CGS § 47-250(b)(9)**, instead of noticing and holding a meeting according to the Association's Bylaws, the Board of Directors may act by two-thirds consent as documented in a record authenticated by all Board Members, and the Secretary or designated agent must promptly give notice to all unit owners of any action taken in this manner.

With that said, today is the last day to electronically execute the insurance renewal for the period of 11/01/2025 to 10/31/2026 year. According to Scott Tobin from FCB Insurance:

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MATTER TO VOTE

1. **Motion**: To approve the recommendation of Scott Tobin of FCB Insurance to renew the primary insurance policy with CAU and transition the umbrella policy to McGowan. This action will result in an annual insurance premium of \$49,975 or \$3,983.00 increase for FY2025–2026. Additionally, authorize Treasurer David Lewis, Jr. to electronically execute all renewal documents provided by FCB Insurance.

Please respond with <u>YES or NO only</u>, by 12:00 noon today, Thursday, October 30th. To start the voting process I, David Lewis, Jr., Treasurer of 3300 Park Avenue Condominium Association vote "YES".

Additionally, I have included the following documents for your review:

- 1. FY2021 to FY2026 Renewal Premium Summary
- 2. EMAIL FCB Insurance Recommendation (FY2026)
- 3. CAU Quote & Renewal Application
- 4. McGowan Quote & Application

Have a great day.

Mr. David A. Lewis, Jr., Treasurer 3300 Park Avenue Condominium Association Inc. (203) 260-6864



3300 PARK - McGowan CUMB (MPA) Quote & Proposal For FY2026.pdf 1.3 MB



3300 PARK - CAU Quote & Renewal Application For FY2026.pdf 1 MB



EMAIL - FCB Insurance Recommendation For FY2026 (102925).pdf 3.8 MB



From: PAUL KRUBINER (pkrubiner@aol.com)

To: davlew1965@aol.com

Date: Thursday, October 30, 2025 at 08:10 AM EDT

I approve and vote yes to renew the annual insurance renewal with Cau& McGovern Paul Krubiner
Sent from my iPhone

On Oct 30, 2025, at 7:41 AM, David A. Lewis Jr. <davlew1965@aol.com> wrote:

Board Members - According to **CGS § 47-250(b)(9)**, instead of noticing and holding a meeting according to the Association's Bylaws, the Board of Directors may act by two-thirds consent as documented in a record authenticated by all Board Members, and the Secretary or designated agent must promptly give notice to all unit owners of any action taken in this manner.

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Have a great day.

Mr. David A. Lewis, Jr., Treasurer

From: Alfred Mallozzi (almallo@mac.com)

To: davlew1965@aol.com

Date: Thursday, October 30, 2025 at 08:37 AM EDT

YES

On Oct 30, 2025, at 7:41 AM, David A. Lewis Jr. <daylew1965@aol.com> wrote:

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Mr. David A. Lewis, Jr., Treasurer 3300 Park Avenue Condominium Association Inc. (203) 260-6864

<3300 PARK - McGowan CUMB (MPA) Quote & Proposal For FY2026.pdf><3300 PARK - CAU Quote & Renewal Application For FY2026.pdf><EMAIL - FCB Insurance Recommendation For FY2026 (102925).pdf><3300 PARK - FY2021-2026 Renewal Premiums Summary.pdf>

From: Stephanie Moore (stephanimoore50@gmail.com)

To: davlew1965@aol.com

Cc: almallo@mac.com; ddrivera33@aol.com; pkrubiner@aol.com; c.stordy@countymgmt.com

Date: Thursday, October 30, 2025 at 10:15 AM EDT

I vote yes to the insurance.

On Thu, Oct 30, 2025 at 7:41 AM David A. Lewis Jr. <daylew1965@aol.com> wrote:

Board Members - According to **CGS § 47-250(b)(9)**, instead of noticing and holding a meeting according to the Association's Bylaws, the Board of Directors may act by two-thirds consent as documented in a record authenticated by all Board Members, and the Secretary or designated agent must promptly give notice to all unit owners of any action taken in this manner.

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Have a great day.

Mr. David A. Lewis, Jr., Treasurer 3300 Park Avenue Condominium Association Inc. (203) 260-6864

From: ddrivera33@aol.com (ddrivera33@aol.com)

To: stephanimoore50@gmail.com; davlew1965@aol.com

Cc: almallo@mac.com; pkrubiner@aol.com; c.stordy@countymgmt.com

Date: Thursday, October 30, 2025 at 11:23 PM EDT

I vote yes

Sent from AOL on Android

On Thu, Oct 30, 2025 at 9:15 AM, Stephanie Moore <stephanimoore50@gmail.com> wrote:

I vote yes to the insurance.

On Thu, Oct 30, 2025 at 7:41 AM David A. Lewis Jr. davlew1965@aol.com wrote:

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Please respond with <u>YES or NO only</u>, by 12:00 noon today, Thursday, October 30th. **To start the voting process** I, David Lewis, Jr., Treasurer of 3300 Park Avenue Condominium Association vote "YES".

Additionally, I have included the following documents for your review:

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3300 Park Avenue Condo Association Insurance Premiums Effective 11/01/2021-2026

		CAU 11/01/2021-2022	CAU 11/01/2022-2023	CAU 11/01/2023-2024	CAU 11/01/2024-2025	CAU 11/01/2025-2026
<u>Package</u>	Property Ratable Limit Basic Deductible Per Unit Ice Dam Ded Wind / Hail Deductible Liability	\$34,778.00 Guaranteed R/C \$11,125,000 \$10,000 \$10,000 \$10,000	\$36,277.00 Guaranteed R/C \$11,650,000 \$10,000 \$10,000 \$10,000	\$39,164.00 Guaranteed R/C \$12,175,000 \$10,000 \$10,000 \$10,000	\$44,432.00 Guaranteed R/C \$12,350,000 \$10,000 \$10,000 \$11,000	\$49,003.00 Guaranteed R/C \$12,650,000 \$10,000 \$10,000 \$11,000 2% per Building \$1,000,000
Employee Dishonesty	<u>honesty</u> \$150,000	Included	Included	Included	pepnlpul	Included
080	\$1,000,000	Included	Included	Included	pepnlpul	Included
Environmental	<u>1</u> \$500,000	Included	Included	Included	pepnloul	Included
Cyber Liability	\$50,000	Included	Included	Included	pepnoul	Included
Umbrella CAU McGowan	\$5,000,000 \$5,000,000	\$918.00	\$962.00	\$1,445.00	\$1,560.00	\$3,510.00 \$972.00
	TOTAL	\$35,696.00	\$37,239.00	\$40,609.00	\$45,992.00	\$52,513.00 \$6,521.00 increase
		Please note: 2021-2	Please note: 2021-2025 - 4 year total incurred losses = \$39,000	ed losses = \$39,000		\$49,975.00 \$3,983.00 increase

RE: [EXTERNAL] Re: 3300 Park Avenue Condominium Association, Inc. - Insurance Renewals Eff 11/01/2025 - This Saturday

From: davlew1965@aol.com (davlew1965@aol.com)

To: scott.cronin@hubinternational.com

Cc: davlew1965@aol.com; almallo@mac.com; c.stordy@countymgmt.com

Date: Wednesday, October 29, 2025 at 12:20 PM EDT

Scott - The Board needs to vote and I have to send an email to get their approval for President Al Mallozzi or I to sign according to our Financial Control Policy.

I will be able to compile an email vote according to CGS 47-250(b)(9) later this afternoon and set a deadline vote of 12:00 noon tomorrow.

I am at an event in NYC until 3:00PM a d I cN call you after if you have availability.

Mr. David A. Lewis, Jr. Treasurer 3300 Park Avenue Condominium Association Inc. (203) 260-6864

On Wed, Oct 29, 2025 at 9:47 AM, Cronin, Scott <scott.cronin@hubinternational.com> wrote:

David – the attached excel spreadsheet spells out everyone who quoted, the best option seems to be to renew the main policy with CAU and switch the umbrella to McGowan. The closest competitor to CAU's pricing for the main policy was Andover and they were almost \$5,000 more expensive...but McGowan came in about \$1,000 less than CAU for the umbrella.

I can send you the two applications we need in order to move forward today via DocuSign.

But please note, CAU is still looking for an update about the condition of the roofs - have you had a licensed roofer out to take a look at them?

Best Regards,

Scott Cronin
Senior Account Executive



FCB Insurance Services

is now part of HUB International

Risk & Insurance | Employee Benefits | Retirement & Private Wealth Ready for tomorrow.

255 Tunxis Hill Rd

Fairfield, CT 06825 Ready for tomorrow.

Office: 203-319-7042 Mobile: 203-767-2394 Fax: 203-256-8866

Email: scott.cronin@hubinternational.com

hubinternational.com

CONFIDENTIALITY NOTICE: This electronic message, together with its attachments, if any, isintended to be viewed only by the individual to whom it is addressed. It may contain information that is privileged, confidential, protected health information, and/or exempt from disclosure under applicable law. Any dissemination, distribution or copying of this communication is strictly prohibited without our prior permission. If the reader of this message is not intended recipient or if you have received this communication in error, please notifyus immediately by return e-mail and delete the original message and any copies of it from your computer system.

From: David A. Lewis Jr. <davlew1965@aol.com> Sent: Wednesday, October 29, 2025 6:55 AM

To: Cathy Stordy <c.stordy@countymgmt.com>; Craemer, Jean <jean.craemer@hubinternational.com>

Cc: Cronin, Scott <scott.cronin@hubinternational.com>; David Lewis jr <davlew1965@aol.com>; Alfred Mallozzi <almallo@mac.com> Subject: [EXTERNAL] Re: 3300 Park Avenue Condominium Association, Inc. - Insurance Renewals Eff 11/01/2025 - This Saturday

Jean and Scott - Thank you for your email. Please answer the below questions:

- 1. Based upon the below email are the two (2) companies to provide quotes CAU and McGowen?
- 2. Do I sign both applications?
- 3. What is the annual property, liability and D&O premiums for both?
- 4. What is your recommendation?

Have a great day.

Mr. David A. Lewis, Jr., Treasurer 3300 Park Avenue Condominium Association Inc. CONFIDENTIALITY NOTICE: This electronic message, together with its attachments, if any, is intended to be viewed only by the individual to whom it is addressed. It may contain information that is privileged, confidential, protected health information, and/or exempt from disclosure under applicable law, Any dissemination, distributionor copying of this communication is strictly prohibited without our prior permission. If the reader of this message is not intended recipient or if you have received this communication in error, please notify us immediatelyby return e-mail and delete the original message and any copies of it from your computer system

From: Cronin, Scott <<u>scott.cronin@hubinternational.com</u>>
Sent: Friday, September 26, 2025 11:36 AM
To: David A. Lewis Jr. <<u>davlew1965@aol.com</u>>

Cc: Craemer, Jean jean.craemer@hubinternational.com; c.stordy@countymgmt.com; Alfred Mallozzi <a linealing@mac.com</pre>; ; <a linealing@mac.com</pre>; <a linealing@mac.com</pre>; <a linealing@mac.com</pre>; <a linealing@mac.com</pre>; <a linealing@mac.com</pre>; <a linealing@mac.com</pre>; <a linealing@mac.com; <a linealin

Importance: High

Hi David,

The current remarketing results are attached...several carriers came back higher priced and one (Travelers) has declined to quote. As of now, the CAU renewal offer seems to be the most competitively priced and we're waiting on 3 more carriers to provide quotes. The deductible options are listed on the attachment in green under the CAU column, but they are not providing enough savings to be worth it in my opinion. Raising your deductible from \$10,000 to \$25,000 is only \$949/year less expensive so my recommendation is that you do not increase the deductible.

We will keep you posted as more options come in, and hope to have this all wrapped up within a week or two.

Best Regards,

Scott

From: David A. Lewis Jr. <<u>davlew1965@aol.com</u>> Sent: Thursday, September 25, 2025 7:07 PM To: Cronin, Scott <scott.cronin@hubinternational.com>

Cc: Craemer, Jean < jean.craemer@hubinternational.com >; c.stordy@countymgmt.com; Alfred Mallozzi < almallo@mac.com >; ddrivera33@aol.com; Paul & Marjorie Krubiner - 3300 Park #28 <pkrubiner@aol.com>; stephanimoore50@gmail.com; Gary Knauf <garyknauf@gmail.com</pre>; pavid Lewis jr <daylew1965@aol.com> Subject: [EXTERNAL] 3300 Park Avenue Condominium Association, Inc - CAU Risk Management

Scott - Please let me know if you have any updates to the insurance renewal and the cost of the insurance if there is an increase in the deductible from \$10,000 to \$25,000.

Please advise.

Mr. David A. Lewis, Jr., Treasurer

3300 Park Avenue Condominium Association Inc.

(203) 260-6864



Preferred Property Program, Inc.

Renewal Quotation For Umbrella Coverage

THIS IS NOT A BINDER

Renewal Effective Dates: 11/01/2025 to 11/01/2026

BASED ON EXPIRING INFORMATION; ASSUMING NO CHANGES IN RISK **Only Preferred Property Programs can bind risks.** This renewal quote is valid for 60 days from the quotation date shown on this document or until the renewal effective date shown above.

Applicant's Name As it will appear on policy:	3300 Park Avenue Condominium
Producer:	Fairfield County Bank Insurance Services, LLC
Attention:	
Location:	Per Package Policy Description , Bridgeport, CT

Limits of Insurance Options:

Insurance Company	Limit	Premium	Terrorism Premium	Membership Fee	**State Fees/ Surcharges	Annual Premium Total
Greenwich Ins	\$ 5,000,000	\$3,008.00	\$31.00	\$471.00	\$0.00	\$3,510.00
Greenwich Ins	\$ 10,000,000	\$4,076.00	\$41.00	\$611.00	\$0.00	\$4,728.00
Greenwich Ins	\$ 15,000,000	\$4,955.00	\$50.00	\$752.00	\$0.00	\$5,757.00
Greenwich Ins	\$ 25,000,000	\$5,783.00	\$58.00	\$861.00	\$0.00	\$6,702.00
Greenwich Ins. Co./Federal Ins. Co./Liberty Insurance Underwriters, Inc. (\$15mill x/o \$25mill/\$10 mill x/o \$40 mill)	\$ 50,000,000	\$9,379.00	\$95,00	\$1,432.00	\$0.00	\$10,906.00

^{*} Terrorism premium is <u>not</u> optional and is already included in the Annual Premium total.

Federal/Liberty Excess Policies

Please note the excess layer policies making up the \$25,000,000 x/o \$25,000,000 limit may only be purchased in conjunction with primary \$25,000,000 umbrella policy and is in addition to the first \$25,000,000. The \$50,000,000 limit is made up of three policies as noted above: Lead \$25,000,000 Greenwich Ins, \$15,000,000 x/o \$25,000,000 Federal Ins. Co., and \$10,000,000 x/o \$40,000,000 Liberty Insurance Underwriters, Inc. EPLI following form D&O is limited to the first \$25,000,000; the excess Federal Ins. Co. policy has an EPLI exclusion attached. Directors and Officers is not available for Apartments or LRO risks. The Liberty \$10,000,000 x/o \$40,000,000 policy has some terms and conditions that differ from the underlying Greenwich umbrella policy and Federal excess layer policy. Specimen copies of all policy forms for each policy layer are available upon request.

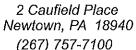
Flat cancellation is not permitted after risk is bound. This quote is provided with % commission on PREMIUM ONLY; Membership Fee and state tax (es) are non-commissionable. Payment would be due 10 days after binding.

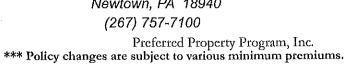
Greenwich Ins

^{**}State Fees/Surcharges quoted are accurate as of quote date and may vary at time of binding.



Community Association Underwriters of America, Inc.





The following Endorsements form part of our policy:



COVER PAGE	
NOTICE TO POLICYHOLDERS U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")	
NOTICE TO POLICYHOLDERS FRAUD NOTICE	
NOTICE TO POLICYHOLDERS PRIVACY POLICY	
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	
PURCHASING GROUP CONVERSION ENDORSEMENT	
IN WITNESS - GREENWICH INSURANCE COMPANY	
COMMERCIAL EXCESS/UMBRELLA LIABILITY CERTIFICATE HOLDER DECLARATIONS	
COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY CERTIFICATE HOLDER SCHEDULE OF UNDERLYING INSURANCE	
FORMS SCHEDULE	
COMMERCIAL EXCESS/UMBREILA LIABILITY COVERAGE	
EXCLUSION UMBRELLA LIABILITY COVERAGE U	
AMENDATORY ENDORSEMENT CONNECTICUT	
CERTIFICATE HOLDER AND LOCATIONS	
CLAIM REPORTING PROVISIONS COVERAGES E AND U	
COVERAGE X DISASTER EVENT RESPONSE EXPENSE	
EMPLOYMENT PRACTICES LIABILITY FOLLOW FORM COVERAGE E	
EXCLUSION - CONTAMINATED DRYWALL COVERAGES E AND U	
ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION EXCLUSION	
CYBER INCIDENT EXCLUSION (COVERAGES E AND U)	
VIOLATION OF LAW ADDRESSING DATA PRIVACY EXCLUSION (COVERAGES E AND U)	
EXCLUSION EARTH MOVEMENT COVERAGES E AND U	
EXCLUSION – ERRORS AND OMISSIONS LIABILITY COVERAGE E	
EXCLUSION - TOTAL POLLUTION WITH CERTAIN EXCEPTIONS COVERAGE E	
EXCLUSION FUNGUS OR RELATED PERILS COVERAGES E AND U	
CERTIFIED TERRORISM LOSS	
CONSTRUCTION AND PRODUCT EXCLUSION -INCLUDING CONSTRUCTION DEFECTS WITH LIMITED EXCEPTION	
EXCLUSION - COMMUNICABLE DISEASE COVERAGES E AND U	
EXCLUSION PROPERTY IN YOUR CUSTODY COVERAGES E AND U	
EXCLUSION EXTERIOR INSULATION AND FINISH SYSTEMS E AND U	
AMENDED DEFINITION NEW ENTITIES ARE NOT INSUREDS COVERAGES E AND U	
AMENDED DEFINITION PERSONAL AND ADVERTISING INJURY COVERAGES E AND U	
ALL OTHER PERTINENT STATE ENDORSEMENTS	

Greenwich Ins





Preferred Property Program, Inc.

This renewal quote is based on underwriting information currently on file with our company. This renewal quote is furnished as an accommodation to your office only, and does not automatically renew. If we do not have a recent PPP application on file we will require an updated app and annual membership agreement in order to bind the renewal.

BINDING INSTRUCTIONS:

All bind requests must be submitted online. To bind coverage, simply click on the link located on our renewal quote email. If Loss Runs are required to bind, they must be upload at time of binding. No need to upload copies of your signed documents as this will only delay the binding process. Please review all coverages and acknowledge acceptance electronically. Any changes made online will be reviewed by our underwriting team prior to binding. Coverage is not bound until you receive written confirmation from our office.

Thank you for your business.

Jessica Graham Underwriter 888-548-2465 x1153 jgraham@jgsinsurance.com

Disclaimer: This proposal contains a brief outline of coverages to be included in the policy that may be issued in the future. This is only a summary, and the terms and conditions of the policy will take precedence over the proposal.



Preferred Property Program, Inc.

RENEWAL APPLICATION FORM

Association Name: 3300 Park Avenue Condominium	
Policy Number: PPP7481991L25A-04	Fax Back Renewal Form to: (267)757-7400

Coverage Effective Dates: 11/01/2025 to 11/01/2026

This form must accompany your bind request. Please advise if above Named Insured or any of the following

underwriting criteria is incorrect. If information differs, quote will be revised accordingly. Renewal quote is based on the following rating criteria, currently on file: 26 Units, 0 Total Vehicles, . HNOA "if any": Included, 1 Pools, 2 Stories, 0 Employees, 0 Vacant Land Acreage, 0 Commercial Square Footage, 0 Parking Square Footage, 0 Golf Course Number Of Holes, Risk Type (Condo), Developer On Board: No, Underlying GL Limit: \$1,000,000 All Mercantile occupants currently on file. The association "makeup" has NOT changed. All above information is correct: Check Here: 10 Million 15 Million 25 Million 50 Million limit Please bind renewal at(circle desired limit) / 5 Million Are all pools in compliance with the Virginia Graeme Baker Spa and Pool Act? Yes X No If No. are the drain covers on order? Yes No. The association "makeup" has changed. Please make the following corrections and send a revised quote: Units ; Autos ; # Passengers ; Story(ies) ; Pool(s) ; # Employees (not including board members/leased employees); Golf Holes ; Total Comm sq ft ; Vacant Land Acreage ; Developer On Board: (Yes or No); HNOA: Borrowing/Hiring of trucks, passenger vans/buses anticipated ____ (Yes or No) Margantila accumancy has changed If applicable places include undated list of occuments

Mer cantile oc	cupancy has ci	iangeu: n app	acabie, piease m	ciude apaated nst	or occupants.
Risk is a:					
Condo	Apartment	Timeshare	Building O	wners (LRO)	НОА
Townhouse	Mixed Use (H	Iabitational & Retail)	Condo/Hotel	Other (Describe)	
Square Foo	tage Breakde	own(If Applicable)	:		
Retail	_ Non- Condo	ominium Office	Master As	sociation Commor	ı Area
Parking	Warehous	e Manufactu	re		
Type of Auto	(If Applicab	le):			
#Pri	vate Passenger	r#Light Tru	cks#N	Aedium Trucks	#Heavy Trucks
#Bus	ses-list use and	d# of passengers:			

PUD



Preferred Property Program, Inc.

Minimum Underlying Insurance Requirements

Commercial General Liability	\$1,000,000/\$2,000,000	*A- Rated VII or Better AM Best
Automobile Liability	\$1,000,000 (BI & PD CSL)	*A- Rated VII or Better AM Best
Employers Liability	\$500,000/\$500,000/\$500,000	*A- Rated VII or Better AM Best
Directors & Officers Liability	\$1,000,000/\$1,000,000	*A- Rated VII or Better AM Best (Claims Made Required)

Note: We cannot write over Lloyd's of London or any of its subsidiaries.

Please issue with the following Un	derlying Schedule Information:
------------------------------------	--------------------------------

			1	1
MOSSODON	MXICO	11-1-a5	11-1-06	MMIC
4003304	MAICO	11-1.05	11.1.00	DIMM
UCOSTOCI	MICO	11-1-25	11-1-26	DIMM
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1000				
				sult in or give
	1603304 UGODJ304 pposed for this Insu	1603304 XXICO 4603304 XXICO posed for this Insurance aware of any fa	posed for this Insurance aware of any fact, circumstance, or si	posed for this Insurance aware of any fact, circumstance, or situation which may reshe organization or any of its Members, Officers, or Employees?

Is any person/entity proposed for this Insurance aware of any farise to a claim against the organization or any of its Members, O yes no Provide Details, if yes:	
FRAUD CLAUSE: Any person who knowingly and with intent to capplication for insurance containing any false information, or conceased the fact material thereto, commits a fraudulent act, which is a crime.	lefraud any insurance company or other person files an als for the purpose of misleading, information concerning any
Applicant / Authorized Representative Signature	Date:
Please Do Not Renew the policy	
To be completed by Broker-Reason on Non-renewal:	
More competitive quote from	Premium was:
Our Agency was not successful in placing coverage either.	
Association did not purchase umbrella Other.	

Thank you for your business and feedback. We look forward to your bind order. If we can assist you in any way, please do not





Preferred Property Program, Inc.

Membership Agreement

This Agreement is entered into between Preferred Property Program (PPP) an Illinois corporation, and the 3300 Park Avenue Condominium ("Purchaser") which has the following mailing address: 6527 Main Street P. O. Box 110614, Trumbull, CT

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 \$471.00 for \$5,000,000; \$611.00 for \$10,000,000; \$752.00 for \$15,000,000; \$861.00 for \$25,000,000; \$1,432.00 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.



Preferred Property Program, Inc.

Renewal Quotation For Umbrella Coverage

THIS IS NOT A BINDER

Renewal Effective Dates: 11/01/2025 to 11/01/2026

BASED ON EXPIRING INFORMATION; ASSUMING NO CHANGES IN RISK.

Only Preferred Property Programs can bind risks. This renewal quote is valid for 60 days from the quotation date shown on this document or until the renewal effective date shown above.

Applicant's Name As it will appear on policy:	3300 Park Avenue Condominium
Producer:	Fairfield County Bank Insurance Services, LLC
Attention:	
Location:	Per Package Policy Description , Bridgeport, CT

Limits of Insurance Options:

Insurance Company	Limit	Premium	Terrorism Premium	Membership Fee	**State Fees/ Surcharges	Annual Premium Total
Greenwich Ins	\$ 5,000,000	\$3,008.00	\$31.00	\$471.00	\$0.00	\$3,510.00
Greenwich Ins	\$ 10,000,000	\$4,076.00	\$41.00	\$611.00	\$0.00	\$4,728.00
Greenwich Ins	\$ 15,000,000	\$4,955.00	\$50.00	\$752.00	\$0.00	\$5,757.00
Greenwich Ins	\$ 25,000,000	\$5,783.00	\$58.00	\$861.00	\$0.00	\$6,702.00
Greenwich Ins. Co./Federal Ins. Co./Liberty Insurance Underwriters, Inc. (\$15mill x/o \$25mill/\$10 mill x/o \$40 mill)	\$ 50,000,000	\$9,379.00	\$95.00	\$1,432.00	\$0.00	\$10,906.00

^{*} Terrorism premium is <u>not</u> optional and is already included in the Annual Premium total. **State Fees/Surcharges quoted are accurate as of quote date and may vary at time of

binding.

Federal/Liberty Excess Policies

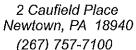
Please note the excess layer policies making up the \$25,000,000 x/o \$25,000,000 limit may only be purchased in conjunction with primary \$25,000,000 umbrella policy and is in addition to the first \$25,000,000. The \$50,000,000 limit is made up of three policies as noted above: Lead \$25,000,000 Greenwich Ins, \$15,000,000 x/o \$25,000,000 Federal Ins. Co., and \$10,000,000 x/o \$40,000,000 Liberty Insurance Underwriters, Inc. EPLI following form D&O is limited to the first \$25,000,000; the excess Federal Ins. Co. policy has an EPLI exclusion attached. Directors and Officers is not available for Apartments or LRO risks. The Liberty \$10,000,000 x/o \$40,000,000 policy has some terms and conditions that differ from the underlying Greenwich umbrella policy and Federal excess layer policy. Specimen copies of all policy forms for each policy layer are available upon request.

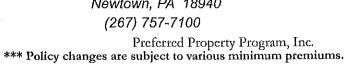
Flat cancellation is not permitted after risk is bound. This quote is provided with % commission on PREMIUM ONLY; Membership Fee and state tax (es) are non-commissionable. Payment would be due 10 days after binding.

Greenwich Ins



Community Association Underwriters of America, Inc.





The following Endorsements form part of our policy:



COVER PAGE	
NOTICE TO POLICYHOLDERS U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")	
NOTICE TO POLICYHOLDERS FRAUD NOTICE	
NOTICE TO POLICYHOLDERS PRIVACY POLICY	
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	
PURCHASING GROUP CONVERSION ENDORSEMENT	
IN WITNESS - GREENWICH INSURANCE COMPANY	
COMMERCIAL EXCESS/UMBRELLA LIABILITY CERTIFICATE HOLDER DECLARATIONS	
COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY CERTIFICATE HOLDER SCHEDULE OF UNDERLYING INSURANCE	
FORMS SCHEDULE	
COMMERCIAL EXCESS/UMBREILA LIABILITY COVERAGE	
EXCLUSION UMBRELLA LIABILITY COVERAGE U	
AMENDATORY ENDORSEMENT CONNECTICUT	
CERTIFICATE HOLDER AND LOCATIONS	
CLAIM REPORTING PROVISIONS COVERAGES E AND U	
COVERAGE X DISASTER EVENT RESPONSE EXPENSE	
EMPLOYMENT PRACTICES LIABILITY FOLLOW FORM COVERAGE E	
EXCLUSION - CONTAMINATED DRYWALL COVERAGES E AND U	
ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION EXCLUSION	
CYBER INCIDENT EXCLUSION (COVERAGES E AND U)	
VIOLATION OF LAW ADDRESSING DATA PRIVACY EXCLUSION (COVERAGES E AND U)	
EXCLUSION EARTH MOVEMENT COVERAGES E AND U	
EXCLUSION – ERRORS AND OMISSIONS LIABILITY COVERAGE E	
EXCLUSION - TOTAL POLLUTION WITH CERTAIN EXCEPTIONS COVERAGE E	
EXCLUSION FUNGUS OR RELATED PERILS COVERAGES E AND U	
CERTIFIED TERRORISM LOSS	
CONSTRUCTION AND PRODUCT EXCLUSION -INCLUDING CONSTRUCTION DEFECTS WITH LIMITED EXCEPTION	
EXCLUSION - COMMUNICABLE DISEASE COVERAGES E AND U	
EXCLUSION PROPERTY IN YOUR CUSTODY COVERAGES E AND U	
EXCLUSION EXTERIOR INSULATION AND FINISH SYSTEMS E AND U	
AMENDED DEFINITION NEW ENTITIES ARE NOT INSUREDS COVERAGES E AND U	
AMENDED DEFINITION PERSONAL AND ADVERTISING INJURY COVERAGES E AND U	
ALL OTHER PERTINENT STATE ENDORSEMENTS	

Greenwich Ins





Preferred Property Program, Inc.

This renewal quote is based on underwriting information currently on file with our company. This renewal quote is furnished as an accommodation to your office only, and does not automatically renew. If we do not have a recent PPP application on file we will require an updated app and annual membership agreement in order to bind the renewal.

BINDING INSTRUCTIONS:

All bind requests must be submitted online. To bind coverage, simply click on the link located on our renewal quote email. If Loss Runs are required to bind, they must be upload at time of binding. No need to upload copies of your signed documents as this will only delay the binding process. Please review all coverages and acknowledge acceptance electronically. Any changes made online will be reviewed by our underwriting team prior to binding. Coverage is not bound until you receive written confirmation from our office.

Thank you for your business.

Jessica Graham Underwriter 888-548-2465 x1153 jgraham@jgsinsurance.com

Disclaimer: This proposal contains a brief outline of coverages to be included in the policy that may be issued in the future. This is only a summary, and the terms and conditions of the policy will take precedence over the proposal.



Preferred Property Program, Inc.

RENEWAL APPLICATION FORM

Association Name: 3300 Park Avenue Condominium	
Policy Number: PPP7481991L25A-04	Fax Back Renewal Form to: (267)757-7400

Coverage Effective Dates: 11/01/2025 to 11/01/2026

This form must accompany your bind request. Please advise if above Named Insured or any of the following

underwriting criteria is incorrect. If information differs, quote will be revised accordingly. Renewal quote is based on the following rating criteria, currently on file: 26 Units, 0 Total Vehicles, . HNOA "if any": Included, 1 Pools, 2 Stories, 0 Employees, 0 Vacant Land Acreage, 0 Commercial Square Footage, 0 Parking Square Footage, 0 Golf Course Number Of Holes, Risk Type (Condo), Developer On Board: No, Underlying GL Limit: \$1,000,000 All Mercantile occupants currently on file. The association "makeup" has NOT changed. All above information is correct: Check Here: 10 Million 15 Million 25 Million 50 Million limit Please bind renewal at(circle desired limit) / 5 Million Are all pools in compliance with the Virginia Graeme Baker Spa and Pool Act? Yes X No If No. are the drain covers on order? Yes No. The association "makeup" has changed. Please make the following corrections and send a revised quote: Units ; Autos ; # Passengers ; Story(ies) ; Pool(s) ; # Employees (not including board members/leased employees); Golf Holes ; Total Comm sq ft ; Vacant Land Acreage ; Developer On Board: (Yes or No); HNOA: Borrowing/Hiring of trucks, passenger vans/buses anticipated ____ (Yes or No) Margantila accumancy has changed If applicable places include undated list of occuments

Mer cantile oc	cupancy has ci	iangeu: n app	acabie, piease m	ciude apaated nst	or occupants.
Risk is a:					
Condo	Apartment	Timeshare	Building O	wners (LRO)	НОА
Townhouse	Mixed Use (H	Iabitational & Retail)	Condo/Hotel	Other (Describe)	
Square Foo	tage Breakde	own(If Applicable)	:		
Retail	_ Non- Condo	ominium Office	Master As	sociation Commor	ı Area
Parking	Warehous	e Manufactu	re		
Type of Auto	(If Applicab	le):			
#Pri	vate Passenger	r#Light Tru	cks#N	Aedium Trucks	#Heavy Trucks
#Bus	ses-list use and	d# of passengers:			

PUD



Preferred Property Program, Inc.

Minimum Underlying Insurance Requirements

Commercial General Liability	\$1,000,000/\$2,000,000	*A- Rated VII or Better AM Best
Automobile Liability	\$1,000,000 (BI & PD CSL)	*A- Rated VII or Better AM Best
Employers Liability	\$500,000/\$500,000/\$500,000	*A- Rated VII or Better AM Best
Directors & Officers Liability	\$1,000,000/\$1,000,000	*A- Rated VII or Better AM Best (Claims Made Required)

Note: We cannot write over Lloyd's of London or any of its subsidiaries.

Please issue with the following Un	derlying Schedule Information:
------------------------------------	--------------------------------

			1	1		
MOSSODON	MXICO	11-1-a5	11-1-06	MMIC		
4003304	MAICO	11-1.05	11.1.00	DIMM		
UCOSTOCI	MICO	11-1-25	11-1-26	DIMM		
		,	•	*		
1000						
Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give						
	1603304 UGODJ304 pposed for this Insu	1603304 XXICO 4603304 XXICO posed for this Insurance aware of any fa	posed for this Insurance aware of any fact, circumstance, or si	16003301 XXICO 11-1.05 11.1-06		

Is any person/entity proposed for this Insurance aware of any farise to a claim against the organization or any of its Members, O yes no Provide Details, if yes:	
FRAUD CLAUSE: Any person who knowingly and with intent to capplication for insurance containing any false information, or conceased the fact material thereto, commits a fraudulent act, which is a crime.	lefraud any insurance company or other person files an als for the purpose of misleading, information concerning any
Applicant / Authorized Representative Signature	Date:
Please Do Not Renew the policy	
To be completed by Broker-Reason on Non-renewal:	
More competitive quote from	Premium was:
Our Agency was not successful in placing coverage either.	
Association did not purchase umbrella Other.	

Thank you for your business and feedback. We look forward to your bind order. If we can assist you in any way, please do not





Preferred Property Program, Inc.

Membership Agreement

This Agreement is entered into between Preferred Property Program (PPP) an Illinois corporation, and the 3300 Park Avenue Condominium ("Purchaser") which has the following mailing address: 6527 Main Street P. O. Box 110614, Trumbull, CT

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 \$471.00 for \$5,000,000; \$611.00 for \$10,000,000; \$752.00 for \$15,000,000; \$861.00 for \$25,000,000; \$1,432.00 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. <u>Indemnification</u>. 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	discommanda di commanda di com	, <u>20_</u> a5
1	**	PURCHASER
	Ву:	(Signature)

CHII 1001802v2

Greenwich Ins 93015

GENERAL APPLICATION

Residential Condominium Associations
Cooperative Apartments
Homeowners Associations
Office Condominium Associations

COMMUNITY ASSOCIATION INSURANCE PROGRAM



Community Association Underwriters of America, Inc.

Makefield Crossing - South Campus 800 Township Line Road, Suite 325 Yardley, PA 19067

Community Association Underwriters of America, Inc. does business as "CAU insurance Services" in California, "Community Association Underwriters Agency" in New York, as "CAU" in Nevada, and as "Community Association Underwriters Insurance, Inc." in Utah.

© Copyright by Community Association Underwriters of America, Inc.

CAU GEN APP (05/22) Page 1 of 15

	I. General	Information	
C	ommunity Association Type:	-	
[2	Residential Condominium		
	Cooperative Apartment		
	Homeowners Association (with residential building co	= -	
	 Homeowners Association (with NO residential building Homeowners Association – Master (comprised of mer 		inity accoriations)
	 Homeowners Association – Master (comprised of mer Office Condominium 	mpers or anniated confind	mity associations)
-	equired Attachments:		
	equired Attachments: Complete declarations and bylaws (not just insurance s e	ections)	
	Current financial statement including auditor's management		
(Current photographs of representative residential buildings		lings
	Site plan		
	Currently valued insurance company loss runs	. 64	to a superior of the superior
,	Additional attachments may be required. A description	n of the necessary attac	nment will follow the §symbol.
A.	Association Name (Legal name based on articles of incorporation 3300 Park Avenue Condominium	n or filings on record with the St	ate):
В,	Association Mailing Address (C/O, Street, City, State, Zip Co	ode):	
	C/O County Management Services		
	6527 Main Street, PO Box 110614		
	Trumbull, CT 06611		
C.	Association Billing Address (C/O, Street, City, State, Zip Coc C/O County Management Services 6527 Main Street, PO Box 110614	de or check ⊠ if same as B.):	
	Trumbull, CT 06611		
D.	Proposed Effective Date (mm/dd/yy): 11 / 01 / 2025	5	
	Is account being quoted midterm?		□ yes 🖾 no
	Does your agency currently write this account?		⊠ yes □ no
	Is this account being brokered?		□ yes ⊠ no
— Е.	Agency Name: HUB International NE	Producer Name: Jean	Craemer
F.	Independent Community Management Firm Name: County Management Services	Site Manager Name: C Site Manager Email: c. Site Manager Phone: (Site Manager Fax:	.stordy@countymgmt.com
G.	Independent Community Management Firm Address (Street, City, State, Zip Code or check if same as: ☒ B. or ☒ C.): 6527 Main Street, PO Box 110614 Trumbull, CT 06611	:	Phone: (203) 261-0334 Fax: (203) 261-0220 Email:
Н.	Inspection Contact Name: Cathy Stordy	Position: Property Manager	Phone: (203) 261-0334
	Mailing Address: 6527 Main Street, PO Box 110614, To	rumbull, CT 06611	Fax: Email: c.stordy@countymgmt.com
Ī.	Board Member Contact Name: David Lewis	Position: Treasurer	Phone: (203) 260-6864 Fax:
	Mailing Address:		Email: davlew1965@aol.com

II. Property Location

CAU GEN APP (05/22) Page 2 of 15

City or Municipality: Bridger	oort	County: Fairfie	ld	State: CT	_Zip Code: 06	604
Fire Protection: Name of the responding fire d		- "		B	ridgeport	
Is the responding fire department. Fire hydrants are located with					⊠ y∈ 500	es □no feet
•	•	_				
MORTGAGE HOLDERS AND Provide the following for each:		USTEES			·····	
Type:	☐ Mortgage Holder	¹ ☐ Insurance Truste	e			
Name:						
Address:						
City, State, Zip Code:						
Loan Number:						
Indicate total number of un Built Sold	its:		# <u>26</u> # <u>26</u>			
Planned			# 26	.		
Owner occupied			# 23			
Owner occupied for periods	less than 6 month	ns	# 0	*****		
Rented on annual basis			# 3			
Rented for periods less tha			# O # O			
Timeshare or Fractional Ov	/nersnip		# U	—		
EXCLUDED EXPOSURES Endorsement form CAU 3 and fractional ownership a 1. Armed security or guar 2. Hunting or archery; 3. Indoor or outdoor pisto 4. Day care, medical, first 5. All terrain vehicles, ski 6. Saddle animals, horse 7. Beauty, salon, and spacesthetic, tanning, facial IV. Rating ALL COVERAGES, LIMIT A. INSURING AGREEMENT the state statutes and the	associations. The ford dog services; al, trap, or skeet shot aid or nursing factories, skiing activities, skiing activities, products, body treatments Informatic TS AND DEDUCT	oollowing exposures ooting ranges; ilities; ities, snowmobiling or any other equest s, and services incl , aromatherapy and ON — Prop TIBLES ARE SUI responsible for de	is are excluded by this are excluded by this is are excluded by this is are excluded by this is are excluded by the solution of the exty and Carty	s endorsemen skiing, or wate lities; and to therapeutic ation services. rime Co RWRITING A	t: r ski jets; , massage, wel Verages PPROVAL. ring agreemen	Iness,
can be provided only wher are also subject to underv Insuring Agreement: BARE WALLS:	n allowed by both the vriting review of as Policy coverage	ne state statute and sociation documen	the association's doo ts.			
☐ SINGLE ENTITY:			Specifications basis.			
☑ ALL IN: Optional Per Unit Limit			al Installations basis. his limit replaces repla	acement cost or	guaranteed repla	scement cost

B.	part of w	PROPERTY LIMITATION — UNITS (OPTIONAL): Coverage is not provided for the finished surfaces of perimeter and partition walls, floors and ceilings within the units, which includes paint, wallpaper, paneling, other finishes; coatings and coverings of walls and ceilings, tile, carpet and any floor coverings. However, floor covering does not mean unfinished hardwood or unfinished parquet flooring.								
		icate how this optional limitation shall apply: Special Causes of Loss □ Water Causes of Loss								
c.		SIDENTIAL BUILDINGS:								
	1.	Building Construction How many residential buildings?	# 3							
		Is the association 100% complete?	⊠ yes	□no						
		How many additional residential buildings are planned?	#_0							
		Do all buildings have the same construction classification? Indicate construction classification: ☑ Frame	⊠ yes	□no						
_	2,	Summary of Building Common Features		***************************************						
		If all buildings have the same number of stories, enter the number of stories per building, or "N/A":	2							
		If all buildings have the same number of units, enter the number of units per building, or "N/A":	N/A							
		If all buildings have a sprinkler system covering the entire building, enter All. Otherwise, enter None or Some:	None							
		If all buildings have attached garages or carports, enter All. Otherwise, enter None or Some:	None							
		if all buildings have elevators, enter All. Otherwise, enter None or Some:	None							
		If all buildings have basements, enter All. Otherwise, enter None or Some:	None							
		If all buildings have wood shingled roofs, enter All. Otherwise, enter None or Some:	None							
		Minimum distance between buildings:	0	feet						
		Maximum distance between bulldings:	0	feet						
		Are grills permitted on balconies?	⊠ yes	□ no						
		Are charcoal or other combustible material grills permitted?	□ yes	🛛 no						
		Are balconies constructed of wood?	⊠ yes	□no						
		Is there a minimum distance of 10 feet between the floor to ceiling/overhang?	⊠ yes	□ no						
	3.	Individual Building Details- See Section XII Property List								
D		THER BUILDINGS AND STRUCTURES: verage for other buildings and structures is provided on a replacement cost or guaranteed replacement cost basis. Year Association was established: 1983								
	1.	Other Buildings: Coverage applies only if other buildings are included in the policy declarations description of premises. Are there any of the following other building types: detached garages, detached carports, clubhouse meeting center, sewage treatment facility, or buildings which house heating and air conditioning plants? Is future construction of any other buildings planned?	□ yes □ yes	⊠ no ⊠ no						
	2.	Structures: The following structures are automatically covered: Cabanas, recreation courts and fixtures, pool and pump h gate houses, storage sheds, shelters, mailboxes, gazebos, benches, fences, walkways, roadways and other paved surfaces, outdoor swimming pools, flagpoles, light poles, fountains, outside statues, signs, satellite dishes and antennas, temporary seasons and freestanding walls other than retaining walls. No additional information is required.	oor fixture	s, s,						
		Unscheduled Structures (not listed above) \$ 0 100% Insurable Replace	ment C	ost						
		If requested limit is greater than \$50,000 Attach schedule								
	3.	Additional Buildings or Structures Not described in Section D1 and D2: Coverage applies only if other bu	iildings							
		are included in the policy declarations description of premises. Is there any building or structure type not shown in D.1 or D.2.?	□ yes	⊠ no						

E. COMMUNITY PERSONAL PROPERTY AND PROPERTY CONTAINED IN UNITS:

	OTHER PROPERTY COVERAGES. 100% replacement cost Limit	\$0	
	2. Scheduled Community Personal Property Limit Attach schedule	\$0	
=,	DEDUCTIBLES: The minimum basic deductible is \$2,500. Higher optional deductibles are available	for:	
	Basic: □ \$5,000 □ \$10,000 □ \$ □ Apply deductible per unit		
	Water Damage: ☐ \$5,000 ☑ \$10,000 ☐ \$ ☐ Apply deductible per unit ☐ Do not include coverage for Water Damage		
	Ice Damming: ☐ \$5,000 ☒ \$10,000 ☐ \$ Deductible always applies per unit ☐ Do not include coverage for Ice Damming		
	Sprinkler Leakage: ☐ \$5,000 ☐ \$10,000 ☐ \$ ☐ Apply deductible per unit ☐ Do not include coverage for Sprinkler Leakage		
	Sewer Backup: ☐ \$5,000 ☐ \$10,000 ☐ \$ ☐ Apply deductible per unit ☐ Do not include coverage for Sewer Backup		
	Wind or Hail: Percentage Deductible OR Occurrence Deductible (Both deductible options apply per building/community personal property/structure based on replacement cost) □ 1% □ 2% □ Other % □\$5,000 □\$10,000 □\$15,000 □\$20,000 □\$25,000 □\$50,000 □\$ □ Do not include coverage for Wind and Hail		Other
G.	CONSEQUENTIAL COVERAGES: Coverage is provided for MAINTENANCE FEES AND ASSESSMENTS, COMMUNITY INCORECTIVABLE EXPENSES on an actual loss sustained basis. Coverage is provided for EXTRA EXPENSE on an actual cost basis. Maintenance Fees and Assessments (Rents on Co-ops) \$160,000Annual Receipts	OME and AC	COUNTS
Η.	EQUIPMENT BREAKDOWN (Boiler and Machinery): Coverage is included for equipment breakdown on a replacement correplacement cost basis.	st or guara	nteed
	Does any building have a hot water or steam boiler?	□ yes	⊠ no
	Does any building have a central air conditioning system servicing the entire building?	□yes	🛛 no

	Basic	Increased	Coverage/Covered	Basic	Incr	eased
Coverage/Covered Property	Limit	Limit	Property	Limit		Limit
Bridges, Bulkheads, Docks, Piers, Retaining Walls and Wharves	\$ 10,000	\$	Personal Property of Others:			
Natural Outdoor Property	\$20,000	\$	Per Person	\$5,000	\$	
Maximum per Tree, plant, or shrub ☐ Include golf course	\$1,000		Per Occurrence	\$15,000	\$	
Newly Acquired Buildings and Structures	\$250,000	\$	0""			
Newly Conveyed Buildings and Structures	\$250,000	\$	Off Premises Community Personal Property Community Personal Property	\$50,000	\$	
Newly Acquired Community Personal Property	\$250,000	\$	In Transit	\$50,000	\$	
Fine Arts:			Demolition Cost	\$300,000	\$	
Per item	\$15,000	\$	Increased Cost of Construction	\$300,000	\$	
Per Occurrence	\$50,000	\$	Debris Removal	\$300,000	* \$	
Attach schedule	Ψ00,000	¥	Bobito Northern	4000,000	-	
Personal Effects:						
Per Person	\$5,000	\$	Property Removal	\$300,000	\$	
Per Occurence	\$15,000	\$				
Fire Department Service Charge	\$10,000	\$	Fire Extinguisher Recharge	\$1,000 10% of paid claim	\$	
			Monetary Reward	up to \$5,000	\$	
Removal of Fallen Trees Per Occurrence	\$ 10,000	\$	Pollutant Clean Up and Removal	\$25,000 per 12 month	ተ	
Maximum Per Tree	\$1,000			period	ý	
Is EARTHQUAKE AND VOLCANIC ERU	PTION Co	verage desir	ed?] yes	⊠ no
Is Power Failure or Interruption Covera If yes, Form CAU 3208 applies	ge- Sump	Pump desire	ed?	×	yes	□ no
Is Additional Claims Expenses coverag	e desired	?			l yes	⊠ no

M. CRIME COVERAGES: EMPLOYEE DISHONESTY, COMPUTER FRAUD, DEPOSITORS FORGERY: Basic limit is included at no additional premium. Limit may be increased, or Actual Loss Sustained option may be selected. Optional coverage to include the independent community manager and firm is included and is subject to underwriting approval. Coverage can not be increased if the developer, sponsor, builder or their representatives are on the board of directors.

Basic Limit \$150,000

☑ Increased Limit* \$ 150,000

*FNMA requires a coverage limit equal to 3 months of assessments plus reserves.

OR

	<u>513</u>		
	□ Actual Loss Sustained Limit Option \$ 0 total amount of 3 months of	alo accounte	
	association income + the amounts of all reservable. Do not include coverage for independent community manager and firm	ve accounts	
N.	I. add Deductible Allowance form CAU 3227 ?	⊠ yes	□no
Ō.	D. add Deductible Credit form CAU 3226 ?	⊠ yes	□ no
P.	P. add Cosmetic Damage Exclusion form CAU 3222 ?	□ yes	⊠ no
	V. Rating Information – Liability Coverage	es	
Α.	A. GENERAL LIABILITY No General Aggregate applies. Limit equals the sum of primary and excess/umbrella per occurrence limits. The basic GL I be increased.	imit is \$1,000,000. The	limlt may
	Increased GL Limit □ \$2,000,000 □ \$3,000,000 □ \$4,000,000 □ \$5,000,000 □ \$6,000,000 □ \$7,000,000 □ □ \$9,000,000 □ \$10,000,000	\$8,000,000	
В.	3. Is DIRECTORS AND OFFICERS LIABILITY coverage desired? Coverage is provided on a claims made basis. An Annual Aggregate applies. The minimum offered limit of \$1,000,000 may General Liability limit chosen in A. above. Coverage is provided for independent community manager and firm. Full prior a "None" is shown as the Retroactive Date on the policy declaration page. Increased D&O Limit □ \$2,000,000 □ \$3,000,000 □ \$4,000,000 □ \$5,000,000 □ \$6,000,000 □ \$7,000,000 □ \$9,000,000 □ \$10,000,000 □ \$10,000,000 □ Do not include coverage for independent community manager and firm □ Include Counsel Select form CAU 3042. An additional premium applies. Premium is fully earn	acts coverage is providently \$8,000,000	☐ no ot exceed ed when
С	C. ENVIRONMENTAL IMPAIRMENT LIABILITY Coverage is provided on a claims made basis. Annual Aggregate applies. The basic liability limit is \$500,000. The limit m retention is \$5,000. Coverage for Underground Storage tanks applies only when scheduled on the policy.	ay be increased. The m	inimum
	Increased EIL Limit EIL Retention □ \$1,000,000 □ \$1,500,000 □ \$2,000,000 □ \$0 □ \$10,000 □ \$25,000 □ Sewage Treatment Facility # 0 Underground Storage Table 1	anks	
	☐ Do not include coverage for Environmental Impairment Liability		
D	D. CYBER SUITE Annual Aggregate applies. The basic limit is \$50,000. The limit may be increased. The minimum deductible is \$2,500. Liability coverages are provided on claims made basis.		
	Increased Cyber Limit Retention ☑ \$50,000 ☐ \$100,000* ☐ \$250,000* ☐ \$500,000* ☐ \$1,000,000* ☑ \$2,500** ☐ \$100,000*	0,000***	
	☐ Do not include coverage for Cyber Liability		
	** Minimum deductible for \$250,000 limit is \$2,500 *** Only available with limits of \$500,000 and \$1,000,000		

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E.	GARAGE AND PA Basic coverage limits of				ese limits may b	e increase	ed. Tl	ne basic o	deductible	is \$500.	
	Comprehensive Collision	Increased Lim \$25,000 \$25,000	nit		luctible □ \$1,500 □ □ \$1,500 □			\$500 \$500			
F.	is EMPLOYEE BE	NEFITS LIABILI	TY coverage d	esired?					[∃yes	⊠ no
G.	Coverage for hired and nonowned auto liability	nonowned auto liabil	ity will be included	at the general liability o	ccurrence limit.	No primar	у со	verage is	provided f	or hired	and
H	. RATING EXPOSU	RES	H - F	and the second s	A www.ml Door	.into				Square	Eootago
	Swimming pools (N Lakes, ponds, rete Acreage of larg Dock slips		# of 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Restaurant Liquor Golf course Boat rental Facility rental to	Annual Rece \$0 \$0 \$0 \$0			rcantile I Office		0	r ootage
Ī.	ADDITIONAL INS		o be named on	non-members the policy?	\$0					 □ yes	⊠ no
										•	
1.	. Is a Workers Con			surance l	ntorm	atior	<u> </u>			□ yes	⊠ nc
2.	. Is Employee Ben	efits Liability co	verage desired	1?						□ yes	⊠nc
				writing In	forma	tion					
		<u> </u>	ii. Olidei	wiiting in	TOTTILA						
Α	. RESIDENTIAL ON Average sale/resa		OCCUPANCY		225,000						
	Owned by final Owned by the Rented for peri	eloper/sponsor/buncial institutions association fods less than 1 veck what is the mi	uilder veek	# 0 # 0 # 0 # 0 rental allowed?# 0 # 0 # 0	#	of night	s				
	Is the developer/b Does association rentals, age restric	have any owners	hip or rental res			ts (e.g. s	hor	t term	□ yes □ yes	⊠ no ⊠ no	
	Who provides		he unit and emo wner □ On Site	-		Other			⊠ yes [—] ⊠ yes	□ no	
B	B. INDEPENDENT (CONTRACTORS	(e.g. street/roa	d maintenance, sr	ow removal,	security	/, pa	rking, tı	ransport	ation,	=
	etc) Does the associal	tion or independe	ent community n		ire independ				⊠ yes □ yes	□no	

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	Does the independent contractor provide a l Are current certificates of insurance obtaine	hold harmless or indemnification agreement? d from all independent contractors?	⊠ yes ⊠ yes	□ no □ no
	Is the association named as an additional in	· ·	⊠ yes	□ no
	Are liability limits at least \$1,000,000 per Oc	ccurrence with a \$1,000,000 General Aggregate?	⊠ yes	□ no
		ess any independent contractor by contractual	□ yes	🛛 no
	agreement?			
	Does the association obtain proof of Workers contractors?	Compensation coverage from all independent	⊠ yes	□ no
: 4	ASSOCIATION EMPLOYEES			
	Does the association have any employees?		□ yes	⊠ no
	NDEPENDENT COMMUNITY MANAGEMEN			
-	s an independent community management firm		⊠ yes	□ no
	How long have they managed the property?		0	⊠ no
	Is the independent community manager on		□ yes	⊠no
3	Are on site visits conducted at regular in		⊠ yes □ yes	□ no ⊠ no
	Does the independent community management	firm have a maintenance stair?	□ yes □ yes	⊠no
	Does the independent community management in a strict in the independent community management.	ilim have any ownership interest in any contracting	□ yes	
	BUILDING DETAILS, UPDATING and DEFEC			
	Was any building previously occupied for	r non-residential purposes?	□ yes	⊠ no
:	2. Is there an underground mine or quarry o	on association property?	□ yes	⊠ no
;	3. Are there Smoke detectors?		⊠ yes	□ no
	In common areas:		⊠ yes	□ no
		☐ Battery powered with replacement program		
	In units:		⊠ yes	□ no
	⊠ Hard wired	☐ Battery powered with replacement program		
	4. Is there a Sprinkler system?		□ yes	⊠ no
	5. Is any building over 25,000 square feet?		□yes	⊠ no
	Choose closest building shape below:			
		NONE OF THESE SHAP	ES APPL	Y
	Does the building have any masonry fire wall	s?	□ yes	⊠ no
	Roof:			
		0-5 years 🗆 6-10 years 🗆 11-15 years 🗆 16-20 year	s □ 21+ \	/ears
	Indicate predominant roof type:	, , , , , , , , , , , , , , , , , , , ,	•	,
				==1
	The state of the s			-1 ->
			of pingerson	
	□ Hip	□ Salt Box □ Flat □	⊐ Mansar	ď
	6. Is there any building with roofing over 20) years old?	□ yes	⊠ no
	7. Does any building or unit have polybutyl	ene plumbing?	□ yes	⊠ no
	8. Does any building or unit have PEX plun	nhing?	□ yes	⊠ no
	o. Does any bunding or unitinave i EV bidir	anna .	_ y 03	11U

		aivanized piumbin	g (other than m	ain waste lines)?	□ yes	⊠ no
1. Are there any St	ninum wiring?	LL LA LOGRAMINA VI NAVA		11. 1 V/A	□yes	⊠ no
2. Are there any id-	ab Lok electrica	al panels?	or	a Nama Ya Nadi Ariyera	□yes	⊠ no
	entified constru	ıction defects?		_ Lory - vand AIA	□ yes	⊠ no
3. Does the associ	ation have a flo	od insurance poli	cy?		□ yes	⊠ no
4. Have there been	any water dama	age claims or mold	claims in any b	uilding in the past 5 year	s?□ yes □ N/A	⊠no
f you answer "NO"	" to a numbered to a numbered	question, proceed	I to the next nu	·	- many	
I. Are there any Day	y Care, Medical	Care or Assisted	Living facilities	?	□ yes	⊠ nc
2. Are there any He	alth and Fitnes	s facilities?			□yes	⊠ no
3. Is there a clubho	use or meeting	center?			□ yes	⊠no
1. Is there a restaur	ant on premise	s?			□yes	⊠no
	airs or road pavii	e responsibility of ng done by indepen ovide a hold harmle	dent contractors	?	⊠ yes ⊠ yes ⊠ yes	□ no
		rance obtained from			⊠ yes	□ no
		n additional insured		TH COLOTO:	⊠ yes	□n
		1,000,000 per Occi		000,000 General	⊠ yes	□ n
Are any road repa		ociation employees liation employees?	?		□ yes □ yes	⊠ no ⊠ no
6. Is snow clearanc	e the responsil	oility of the associ	ation?	- Andrews	⊠ yes	□ne
For each area indica	ate who perform of Municipality	Independent contractor	Manager	Association Employees		
Streets and roads		⊠				
loado		×				
Driveways		×				
Driveways		☒	ы			
Driveways Parking areas Walkways and stairs If an independent Does the contract performed?	□ t contractor is ut t stipulate snow	lized, does the asso fall amount of 2" or	ociation have a w more requires sr	ritten contract?	⊠ yes ⊠ yes ⊠ yes	□ n _e □ n _e

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7. Is there a swimming pool or wading pool? For each pool provide the following:		⊠ yes	⊔no
Number/ID	1		
Indoor or Outdoor?	Outdoor		
Wading?	□ yes ⊠ no		
Maximum Depth:	5 Feet		
Is there a diving board?	□ yes ⊠ no		
Is there a jump board?	☐ yes 図 no		
Is there a slide?	□ yes ⊠ no		
Is there a fence at least 4 feet high around all pools? Does the fence have a self closing and latching gate? Are all swimming pools and spas in compliance with the Virginia Graem Safety Act? Are the pool rules prominently posted? Is lifesaving equipment maintained in good condition? Is an emergency phone accessible? Are the pool lights kept on during evening hours? Are any public memberships permitted? If mandated by state statute, does the association have a Certified Pool staff, or contract for the management of the pool by a licensed and qualified firm? LIFEGUARDS Are lifeguards required by ordinance? Are lifeguards provided? Attach certificate of insurance.	☐ yes	□ no	
PRIVATE PARTIES Is the pool rented out for private parties?		□ yes	⊠ no
8. Are there any lakes, ponds, retention basins, rivers or beaches on opremises? (not detention basins)	or adjacent to	□ yes	⊠ no
9. Dam, levee or dike?		□yes	⊠ no
10. Do any athletic teams or organizations use association amenities	or facilities?	□yes	⊠ no
11. Are there any golf courses located on Association property?	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	□yes	⊠ no
12. Are there any equestrian facilities, trails or stables located on ass	ociation property?	□yes	⊠ no
13. Are there any skiing activities, including ski in and ski out, allowe property?	d on association	□ yes	⊠ no
14. Are any association owned facilities or amenities shared with anoth another association, hotel, etc.)?	er organization (e.g.	□ yes	⊠no
15. Is there a water, wastewater or sewage treatment facility located or property?	n association	□ yes	⊠no
16. Does the association utilize security personnel?	AAA maree ta	□yes	⊠ no
17. Is valet parking provided?		□ yes	⊠ no

VIII. Money & Securities and Crime / Employee Dishonesty

A. ASSOCIATION MONEY & SECURITIES VALUE

	What does the association, at their premises, estimate the total maximum value for all its Money & Securitie in time for the upcoming policy period to be:	s at any	point				
	Less than \$50,000:						
	Between \$50,000 and \$100,000:						
	Between \$100,000 and \$250,000:						
	Between \$250,000 and \$500,000:						
	Above \$500,000:						
	If the association's estimate is above \$500,000; list the value for each of the below items:						
	Currency / Coins:	\$0.00					
	Bank notes:	\$0.00					
	Money Order:	\$0.00					
	Travelers Checks / Register Checks:	\$0.00					
	Tokens / Tickets:	\$0.00					
	Evidence of debt:	\$0.00					
	Any other financial instruments not listed above and its value :						
	: \$0.00						
	Are the account(s) in the association's name? What is the \$ limit on board member's ability to disburse or transfer funds? What is the \$ limit on independent community manager's ability to disburse or transfer funds? Are operating account disbursements by the independent community manager limited to approved budgete items? Are the reserve account disbursements specifically authorized by the board? Is countersignature of the checks required? If not, who signs or controls? Are the following Securities subject to control of two or more board members / employees? - Tickets, Tokens, Stamps, Evidence of Debt, and negotiable or non-negotiable instruments or contracts. Are the bank statements reconciled monthly? Does the person performing the reconciliation have the authority to deposit or disburse funds? Who receives a copy of the account statement(s)?	\$0 \$0 d \(\text{yes} \) \text{yes} \text{yes} \text{yes} \text{yes} \text{yes} \text{yes} \text{yes}	□ no □ no □ no □ no □ no □ no				
С	. ASSOCIATION FINANCIAL MANAGEMENT Does the association prepare an annual budget?	⊠ yes	□nc				
	1. Is there an annual certified audit? Does an independent CPA perform the audit? Are internal control procedures periodically reviewed as part of the independent audit? Are the results of the audit given directly to board? Has there been a qualified opinion issued in the last 3 years? Is a management letter given directly to the board at the end of each audit? Were measures taken to correct any deficiency?	☑ yes	□ no □ no □ no □ no □ no □ no				
	2. Are all financial transactions reviewed monthly by the board?	⊠ yes	□ nc				

1,	Are there any statutes, standards, or other city, environment you cannot comply with?	state, or federal regulations relating to the	protection of the	⊠ no
	. Are you aware of any circumstances that could liability claim under this policy?	- N/2N/- 1	44.0000	⊠ no
G.	 In the last 5 years: Has there been environmental coverage in place. Has the association been cited or prosecuted for any release of pollutants into sewers, rivers, Have there been any environmental claims against any environmental coverage been decline. 	or contravention or violation of any standa seas, or onto land? inst the association?	□ yes rd or law relating □ yes □ yes □ yes	
F.	Are any hazardous* substances stored in conta *Hazardous substances include: pesticides, he		☐ yes and other similar chemicals 	⊠ no s.
Louis	Does the association have any Above ground S Does the association have any Underground S	- ,	□ yes	⊠ no ⊠ no
E.	Associations may have above ground or un pumps, backup generator, irrigation system propane heat source, drinking water system	s, fire protection system, heated swim	e following exposures: G ming pool, cooking grills	asoline , oil or
D.	Is there a sewage treatment facility at the prope	rty?	□ yes	⊠ no
C.	Does the association have a septic system con Does the association have a septic system con e.g. clubhouses, pool houses, etc.	nected to residential buildings or to third prected to other association community bu	oarties? □ yes tildings only? □ yes	⊠ no ⊠ no
В.	Does the association have any wells used for p	otable water?	□ yes	⊠ no
	Indicate which: ☐ Automobile maintenance, repair or sales ☐ Commercial oil storage or distribution ☐ Commercial printing ☐ Dry cleaners (other than pickup station)	☐ Gas station ☐ Recycling ☐ Junk/scrap yard ☐ Waste reclar ☐ Landfill ☐ Waste/sewag	nation ge treatment, storage or di	sposal
Λ.	Attach copy of report, audit or study. Have any of the following ever been on the pro		□ yes	⊠ no
an co	Industry and statements in this application for coverage ensidered as incorporated in and constituting Have any prior environmental reports, audits or	Declarations and statements are the lapairment of the Environmental Impairmen	pasis of coverage and wi	li be
	IX. Environm granting coverage under the Environmental	ental Impairment Liab		ations
	5. Are background checks done on everyone w		□yes	⊠ no
	4. Does an accounting firm handle association to	unds?	□ yes	⊠ no
	defining the community management firm's Does the contract require the community managed with other Are association funds co-mingled with other	anagement firm to maintain Employee Dis	honesty coverage? ⊠ yes □ yes	□ no ⊠ no
	3. Does an independent community manageme Is there a contractual agreement in place b	etween the community management firm	⊠ yes and the association ⊠ yes	□ no □ no

X. Directors and Officers Liability

In granting coverage under the Directors and Officers Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Directors and Officers Liability Coverage Part.

۹.	Has	RD MEMBERS board control transferred from developer/builder/sponsor?	⊠ yes	□no
		e developer/builder/sponsor or their representatives on the board?	□yes	⊠no
	Doe	s any board member own 10% or more of the units?	□ yes	⊠ no
 В.	LEG	AL COUNSEL		
		ere a procedure in place to promptly deliver all demand letters to the insurance carrier?	⊠ yes	□no
	ls le	gal counsel utilized in delinquent assessments, liens, or foreclosure processes?	⊠ yes	□ no
	ls le	gal counsel utilized in enforcement of covenant process?	⊠ yes	□ no
— С.	PRI	OR ACTIVITY		
	1.	Has any directors and officers liability coverage ever been declined, cancelled or non-renewed?	⊠ yes	□ no
		Provide detailed explanation: <u>GNY package policy being non-renewed 11/1/19 - D&O coverage incepolicy</u>	ld on pacl	<u>kage</u>
	2.	Has any legal action been taken by the association against any member other than for collection of fees or assessments?	□ yes	⊠ no
	3.	Has any claim been made, or is any claim pending against the association or any person as a director, officer, executive trustee, employee, independent community manager, volunteer, staff or committee member or association member acting on behalf of the board?	⊠ yes	□ no
		Provide detailed explanation: Failure to hold proper meetings, election, keep proper records		
	4.	Are you aware of any fact, circumstance or situation not reported to your current or past Directors & Officers Liability insurer which you reasonably believe could give rise to a claim?	□ yes	⊠ no

XI. Property List

Information for all existing and planned residential properties appears in Subsections A, B and C below. Subsection C appears only if any buildings have mid-rise or high rise parking garages:

A. Basic Information:

Unit#	Street#	Street	Construction	Year Bullt	Roof Material	100 % Replacement Cost	# of Stories	1,000,000	100% Sprinklere	d?
1-8	3300	Park Avenue	Frame	1983	Asphalt Shingles	\$3,800,000	2	8	☐ yes 🗵	l no
9-16	3300	Park Avenue	Frame	1983	Asphalt Shingles	\$3,800,000	2	8	□ yes ⊠	no
27-36	3300	Park Avenue	Frame	1983	Asphalt Shingles	\$4,750,000	2	10	□ yes ⊠	no
Summary						\$12,350,000		26		

B. Additional Information:

Street #	Street	Building Square Footage	Basement Square Footage	% of Basements Finished*	Attached Garage Square Footage			Anticipated Completion Date
3300	Park Avenue	19,200	0	0%	0	0	0	n/a
3300	Park Avenue	19,200	0	0%	0	0	0	n/a
3300	Park Avenue	24,000	0	0%	0	0	0	n/a
Summary		62,400	0		0	0	0	

^{* %} of Basements Finished applies only if original specifications by developer or All In (if applicable).

XII. Fraud Statement

Any Person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of

misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

XIII. Authorization

Α.	Association Name (Leg 3300 Park Avenue Con		articles of incorpo	oration or fillings o	on record with	n state):		
В.	Association Mailing A C/O County Manageme 6527 Main Street, PO E Trumbull, CT 06611	nt Services	eet, City, State, 2	Zip Code):				
C.	Property Location City or Municipality:	Bridgeport	County:	Fairfield	State:	СТ	Zip Code:	06604
D.	Proposed Effective Da	ate (mm/dd/yy): 1	11/01/25				e de la companya de l	
l a	m an authorized repre the questions on this a	sentative of the application. To the	applicant and one best of my kr	certify that a dil nowledge, I cer	ligent inqu tify that the	iry was n answers	nade to obtain t s are accurate a	he answers nd complete.
of	inderstand that the info coverage. Declaration of constituting a part o	s and statemen	ed in this applic ts made relative	cation and rela to all coverag	ted attachı e parts wil	ments we I be cons	ere relied upon a sidered as incor	as the basis porated in
Si	gnature: X	board member or	other authorized re	oresentative is req		ate:		
Na	ame:	Double Hollings of Co.				itle: $\frac{\cancel{\times}}{}$		
C	ompany: 🗡							

App Id: 279129

Document Created: 8/4/2025 at 8:48 AM

Account Code: 47702



Proposal Date: 09/10/2025

Applicant Name: 3300 Park Avenue Condominium Association, Inc

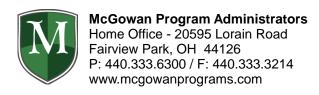
Broker: Fairfield County Bank Insurance Services (Ridgef Application Number: APP130204124 Attention: Jean Craemer **Expiring Policy Number: New Business**

Underwriter: August Vullo **Policy Period:** 11/01/2025 to 11/01/2026 **Lead Carrier:** Underwriter Email: avullo@mcgowanprograms.com Federal Insurance Company

Please review the following coverage(s) offered. Coverage(s) may differ from those requested on the application/submission. Proposal is based on the information submitted and is subject to change. The terms, premiums, and conditions within this proposal may change if any change in coverage, limits, or locations to be covered is requested. Please contact your underwriter to obtain a new proposal if

P

	changes are needed.	
Premium Overview		
Proposed Umbrella Limit:		\$5,000,000 / \$5,000,000
Company Premium:		\$840.00
Purchasing Group Fee:		\$115.00
TRIA (If Applicable, Optional):		\$17.00
State Surcharges (If Applicable):		\$0.00
Inspection Fee (If Applicable):		\$0.00
GRAND TOTAL PREMIUM:		\$972.00
Optional Limits (Premium Incl Total Limit:	udes Fees and Taxes): Not Available	
_	(All items marked with an "X" below are still outstanding.)	
=	d on or before the effective date of coverage.	
	ed Renewal Confirmation Letter.	
X A completed, signed, and date	• •	
	ed, currently valued loss runs for all underlying lines of cover	-
	pages including forms, limits, and location/insured schedules	s within 30 days of effective date.
Other:		



Proposal Date: 09/10/2025

Follow Form Coverages (Items marked with an "X" are included. To add coverages, contact your underwriter.)

X General Liability	\$1MM per occ. / \$2MM agg.	Employee Benefits Liability	\$1MM / \$1MM
X Directors and Officers Liab.	\$1MM per claim / \$1MM	Employers Liability	\$100K/\$500K/\$100K
X Hired and Non-Owned Liab.	\$1MM or included in GL agg.	Garagekeepers Legal Liab.	\$1MM
Automobile Liability	\$1MM CSL	Liquor Liability	\$1MM / \$1MM

- All underlying coverages must meet the minimum limit requirements shown above. All underlying carriers must be A.M. Best rated A- VI or better.
- Any underlying policy written with Lloyd's of London or Greater New York must be reviewed by an underwriter prior to binding.
- All General Liability policies insuring multiple locations must be written on a "per location" basis. Policy aggregate caps or accounts with multiple underlying General Liability policies must be reviewed by an underwriter prior to binding.
- All General Liability policies must be written on ISO-based forms and have defense costs outside the limits of liability.
- Any incurred underlying claims in excess of \$50,000 must be reviewed by an underwriter prior to binding.
- Uninsured/Underinsured Motorist Coverage is automatically excluded unless required by law; additional premium will apply.
- You must notify your underwriter if there are any changes to the terms, conditions, coverages, or A.M. Best rating of any underlying policy.
- In the state of Florida, defense costs must be outside the limits and unlimited on all underlying Directors and Officers Liability policies.

Schedule of Participating Carriers (All carriers marked with an "X" below apply.)

<u>Carrier</u>	Total Limit	<u>Limits Available / Layer</u>	<u>Paper</u>
X Federal Insurance Company	Up to \$10MM	\$1MM, \$3MM, \$5MM, \$10MM	Admitted
Atain Insurance Company	\$15MM	\$5MM x/s \$10MM	Admitted
Markel American Insurance Co.	\$25MM	\$10MM x/s \$15MM	Admitted
TBD	TBD	TBD	Admitted

Please refer to page one for total limits applicable on this account.

Additional Notes

- This proposal outlines the coverage forms, limits of insurance, policy endorsements, and other terms and conditions which the proposed insurance company is willing to provide the insured. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal have not been agreed to by the proposed insurance company.
- This proposal does not amend or otherwise affect the provisions of coverage of any resulting insurance policy issued by the proposed insurance company. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss, and any applicable law.
- The Program Administrator has the sole authority to quote or bind accounts in this program. Coverage is not considered bound until you receive confirmation from your program underwriter.
- The issued policy is the controlling instrument and supersedes anything in this proposal to the contrary.
- Umbrella limits apply on a follow form "per location" basis. Insureds do not share limits within this Purchasing Group.
- Flat cancellations are not permitted. Other cancellations may be subject to a short rate penalty of 10%.
- Any material change in risk discovered after this proposal has been issued may render this proposal null and void. You must notify your underwriter if any changes need to be made.



Proposal Date: 09/10/2025

Schedules of Forms and Endorsements

LEADLANED	Defeate Page Too Fee Destricts of an Operation
LEAD LAYER	Refer To Page Two For Participating Carriers
99-10-0732 (01/15)	IMPORTANT NOTICE TO POLICYHOLDERS-TRIA 2002
99-10-0792 (09/04)	IMPORTANT NOTICE - OFAC
99-10-0838 (05/05)	ILLINOIS POLICY INFORMATION NOTICE
99-10-0872 (06/07)	AOD IMPORTANT POLICYHOLDER NOTICE
07-02-2267 (02/09)	COMMERCIAL EXCESS AND UMBRELLA DECLARATIONS
07-02-0922 (07/01)	SCHEDULE OF UNDERLYING INSURANCE
07-02-0815 (07/01)	CHUBB COMMERCIAL EXCESS & UMBRELLA INSURANCE
07-02-0997 (09/13)	CONDITIONS ILLINOIS - CANCELLATION
07-02-1988 (02/04)	COMPLIANCE WITH APPLICABLE TRADE SANCTIONS
07-02-2483 (03/12)	COND - CIVIL UNIONS OR DOMESTIC PARTNERSHIPS
07-02-0826 (07/01)	AIRCRAFT EXCLUSION
07-02-0845 (07/01) 07-02-0864 (07/01)	SUPPLEMENTARY PAYMENTS PROFESSIONAL SERVICES EXCL
07-02-0804 (07/01)	EXCL/UMBRELLA COV B - ALCOHOLIC BEVERAGES
07-02-0871 (01/14)	PERSONAL INJURY EXCLUSION - COV. B
07-02-0890 (07/01)	PRODUCTS COMPLETED - COV. B EXCLUSION
07-02-1146 (05/10)	INTELLECTUAL PROPERTY LAWS OR RIGHTS
07-02-1153 (07/01)	LEAD EXCLUSION
07-02-1958 (01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
07-02-1961 (01/15)	CAP ON CERTIFIED TERRORISM LOSSES
07-02-1982 (10/03)	POLICY EXCLUSION BACTERIA OR FUNGI
07-02-2029 (03/15)	COVG/EXCESS FOLLOW FORM COVG A - ILLIC/M
07-02-2032 (09/02)	DECLARATIONS MINIMUM PREMIUM ILLINOIS
07-02-2172 (06/23)	POL EXCL-INFO LAWS INCL UNAUT OR UNSOL COMMUN
07-02-2244 (01/08)	EXCLUSIONS - CONSTRUCTION OR DEVELOPMENT
07-02-2455 (12/10)	CRISIS ASSISTANCE SERVICE PROVIDERS
07-02-2458 (12/10)	COVERAGE - CRISIS ASSISTANCE FOR EX AND UMB
07-02-2492 (03/12)	POL EXCL-SCHED DISEASES, EXCEPT INCL DISEASES
07-02-2519 (06/12)	EXCL/COV B-ABUSE OR MOLEST-ACT,ALLGD THREAT EXCL - UMB COVERAGE B-ASSAULT OR BATTERY
07-02-2557 (05/15) 07-02-2741 (03/17)	POLICY EXCLUSION - WAR
07-02-2741 (03/17)	COVERAGE A/B EXCLUSION - ACCESS OR DISCLOSURE AND ELECTRONIC DATA-RELATED LIABILITY
99-02-02 (07/01)	RISK PURCHASING GROUPS - PROGRAM MANAGER
99-02-02 (07/01)	CARE, CUSTODY OR CONTROL GARAGE KEEPERS LEGAL LIABILITY
99-02-02 (07/01)	ANIMALS EXCLUSION (MS 283308)
99-02-02 (07/01)	DECLARATIONS (MS 288848)
99-02-02 (07/01)	CROSS SUITS (MS 283309)
99-02-02 (07/01)	ENDORSEMENT – EMPLOYMENT RELATED PRACTICES AMENDED
99-02-02 (07/01)	PRIMARY NON CONTRIBUTORY (MS 263865)
99-02-02 (07/01)	PUNITIVE EXCLUSION (MS 214660)
99-02-02 (07/01)	SUBLIMITED PRIMARY COVERAGE EXCLUSION (MS208470)
99-02-02 (07/01)	BIOLOGICAL AGENTS ABSOLUTE (07-02-1692)
99-02-02 (07/01)	POLLUTION EXCLUSION AMENDED COV A (MS 263848)
07-02-2149 (11/05)	COV. B EXCLUSION - SUBSIDENCE
07-02-2978 07-02-2997	Policy Exclusion – Violation of Laws Addressing Data Privacy Exclusion/Umbrella Coverage B - Cyber Incident
07-02-2997	Coverage B Exclusion - Habitability (MS394231)
07-02-0977	Coverage B Exclusion - Weapons (MS402089.2)
99-02-02	Sublimited Primary Coverage Exclusion (MS403806)
99-02-02	Umbrella Coverage B - Underlying Insurance Restriction (MS400731)
	, ,

^{*}Please refer to page one to see if TRIA applies on this account.



McGowan Program Administrators

Home Office - 20595 Lorain Road Fairview Park, OH 44126

P: 440.333.6300 / F: 440.333.3214 www.mcgowanprograms.com

Umbrella Proposal

Proposal Date: 09/10/2025

Schedules of Forms and Endorsements (Continued)

EXCESS LAYER 1	If Applicable - Refer To Page Two For Participating Carriers
AXS 00000 03 25	Commercial Excess Liability Follow Form Policy
AXS 00001 07 23	Cover Page - Commercial Excess Liability Follow Form Policy
AXS 00002 01 24	Declarations
AXS 00003 07 23	Schedule of Forms and Endorsements
AXS 00007 03 25	Total PFA, PFC Exclusion
AXS 00008 03 25	Schedule of Underlying Insurance (High Excess)
AXS 00010 08 23	Service of Suit Endorsement
AXS 00025 08 23	Auto Exclusion of Terrorism
AXS 00026 08 23	Exclusion of Other Acts of Terrorism Committed Outside the U.S.; Cap on Losses from Certified Acts of Terrorism
AXS 00027 08 23	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
AXS 00063 08 23	How to Report a Claim
AXS 00064 08 23	Federal Share of Compensation Under TRIA and CAP on Losses Endorsement
AXS 00065 08 23	Exclusion of Other Acts of Terror, Committed Outside the U.S.: Cap on Losses from Certified Acts of Terror, Retained

EXCESS LAYER 2	If Applicable - Refer To Page Two For Participating Carriers
MAIII 4000 00 40	0: 1.

MJIL 1000 06 10 Signature Page MPIL 1007 01 20 Privacy Notice

Notice to Policyholders - Claim Reporting MPIL 1074 02 20

MPIL 1083 04 15 U.S. Treasury Department's OFAC Advisory Notice to Policyholders

MPIL 1113-IL 07 25 Notice to Policyholders- Illinois Important Notice MGDEC 4004 01 15 Excess Casualty Follow Form Policy Declarations

Schedule Of Underlying Policies MGDEC 4001 01 15

MDIL 1001 08 10 Forms Schedule

MGEC 4002 01 15 Excess Casualty Follow Form Policy

Cap On Losses From Certified Acts Of Terrorism MGEC 4207 01 15

MGEC 4257 10 21 Master Policy Changes

MGEC 4258 10 21 Other Aggregate Follow Form With Per Project Or Per Location Aggregate

MGEC 4307 01 15 **Exclusion Of Certified Acts Of Terrorism**

Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism

MGEC 4309 01 15 MGEC 4400-IL 01 15 Illinois Amendatory Endorsement MIL 1214 09 17 Trade Or Economic Sanctions

MUB-Terr-1 01 15 Confirmation Of Certified Acts Of Terrorism Coverage - Terrorism Risk Insurance Act

Confirmation Of Exclusion Of Certified Acts Of Terrorism Coverage - Terrorism Risk Insurance Act MUB-Terr-2 01 15

MPIL 1153 01 23 Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS) Exclusionary Endorsement Advisory Notice To Policyholders MPIL 1152 02 23 Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Data Exclusion Advisory Notice To

Policyholders

MGEC 4369 01 23 Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)

MGEC 4367 02 23 Total Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Data



Proposal Date: 09/10/2025

Schedules of Forms and Endorsements (Continued)

EXCESS LAYER 3 TBD	If Applicable - Refer To Page Two For Participating Carriers TBD
Managed Fordama	manda (Euglissiana - M Ameliashi)
manuscript Endorse	ments / Exclusions - If Applicable



Agency:	
Address:	
Contact:	
Phone:	
Email:	

COMMUNITY ASSOCIATIONS UMBRELLA APPLICATION

Application for Insurance and Purchasing Group Membership

Applicant & General Information S	ection								
Applicant Name:									
	City, State:			7IP Code:					
Effective Dates:									
Requested Limit: ☐ \$1MM ☐ \$3MM			□ \$25MM		□ \$100)MM			
Based on the definitions below, please indicate which type of association best describes this risk:									
☐ Commercial Association A condo	ominium-style association ir	which units are use	d for business pu	urposes					
☐ Condominium-Style Association Individu									
☐ Cooperative Unit ow	ners have proprietary lease	s but are members o	of a corporation t	that owns the ent	ire proper	rty			
☐ Homeowners Association Planned	l community of single-famil	residences where c	common areas ar	re owned by an as	sociation				
☐ Master Association Association	tion manages the common	elements shared by a	any/all separate	sub-associations					
☐ PUD-Style Association Commu	nity formed with local mun	cipal authorities who	ere common are	as are owned by a	an associa	tion			
Underlying Section									
, ,									
Please indicate below which underlying coverage				-	-	d.			
Underlying Policy Type	Underlying Carrier Un		Unde	lerlying Effective Dates					
General Liability				-					
Directors & Officers Liability				-					
Automobile Liability [☐ H/NO Only]				-					
Employee Benefits Liability									
Employers Liability				=					
Other:				-					
All underlying carriers must be A.M. Best rated a	A- / VI or higher. Please refer	to proposal for minim	ոսm attachment բ	points and other re	quirement	ts.			
Underlying Losses: Please submit three years o	of current, carrier-generate	d loss runs for all line	es of business m	arked above.					
☐ New purchase or new construction; therefor	e, loss runs are not availabl	e.							
Directors & Officers Section									
Are defense costs outside the limits of liability on the underlying Directors & Officers Liability policy?					Yes \square] No			
2. Has the association been in existence for more than one year?				Yes \square] No				
3. Is there a positive fund balance?					Yes \square] No			
4. Does the association have written by-laws?				Yes \square] No				
5. Does the sponsor/developer control the board of directors?				Yes \square] No				
6. Does any one individual or entity own more than 50% of the units?					Yes \square] No			

Please fill out the below information. If schedule consists of more than one location, please submit an SOV containing the below information. _____ City, State: _____ ZIP Code: ___ Location Address: # Stories: ______ Construction Type: ______ Year Built: _____ Sprinkler: 🗆 100% 🗆 Common Areas 🗆 0% Commercial Sq. Ft.: ______ Miles Owned Road: _____ # Pools: ____ # Residential Units: 1. Are there any outstanding mandatory or critical loss control recommendations? ☐ Yes ☐ No 2. Do any buildings contain aluminum wiring NOT remediated with the COPALUM crimp method? ☐ Yes ☐ No 3. Do all buildings comply with property statutes, local and state ordinances, and building codes? ☐ Yes □ No 4. Are all units equipped with smoke detectors, either hard-wired or battery-powered with annual maintenance? ☐ Yes □ No 5. Do all buildings have two means of egress per floor, properly marked? ☐ Yes □ No 6. Are all locations at least 70% occupied? ☐ Yes ☐ No High-Rise Life Safety Section (8+ Stories) ☐ Not applicable—all buildings are seven stories or less. Alarm Type: ☐ Central ☐ Local ☐ None Function: ☐ Manual Pull ☐ Automatic ☐ Both **Alert**: ☐ Visual ☐ Audible ☐ Both 1. Do all interior stairwells contain at least two fire towers with U.L. Class B fire doors? ☐ Yes □ No □ No 2. Do all interior stairwells contain emergency lighting and lighted exit signs? ☐ Yes 3. Are all buildings equipped with standpipes? ☐ No ☐ Yes 4. Have all buildings been inspected by a General Liability carrier within the past three years? ☐ Yes ☐ No Pool Section ☐ Not applicable—there are no pools. 1. Please check all of the following that apply to the pool/pool area: ☐ Anti-Vortex Drain Covers ☐ 100% Fenced (Or 100% Enclosed by Walls) ☐ Posted Depth Markers ☐ Posted Hours of Operation ☐ Self-Closing/Self-Latching Gates ☐ "Swim At Your Own Risk" Signs 2. Is the clarity of the pool water checked regularly? ☐ Yes ☐ No 3. Are there any water features such as diving boards, slides, "lazy rivers," etc.? ☐ Yes □ No 4. Can the pool area be directly accessed from any residential unit? ☐ Yes □ No Miscellaneous Exposures Section 1. Please indicate whether any of following exposures are present at any location: \square NONE OF THE FOLLOWING ☐ Assisted Living/Nursing Homes ☐ Children's Camps/Day Cares ☐ Hotel-Like Services \square Student Housing or Dorms ☐ Subsidized or Low-Income Housing ☐ Valet Services ☐ Owned Watercraft 2. If there are any senior living (55+) communities, are evacuation plans posted in each room? \square N/A ☐ Yes □ No 3. Please advise the following for any golf courses: □ N/A □ Golf Course Open to Public □ Golf Course for Association Only 4. Are there any security guards? ☐ Yes □ No a. If "yes," are the security guards armed? ☐ Yes □ No

Location Information & Life Safety Section

b. Are the security guards employed by the applicant or by a third party?

☐ Third Party

□ Applicant

Hold Harmless Section						
1. Does the applicant obtain written contracts from all third party tenants and service providers?						
NOTE: "Service providers" include, but are not limited to: contractors, security guards, valets, and maintenance serv	ces.					
If "yes," do those contracts and/or leases:						
a. Require third parties to carry at least \$1MM/\$2MM in General Liability limits?b. Require that the applicant be named as an additional insured on the third party's liability policies?	☐ Yes ☐ Yes	□ No				
c. Contain language that indemnifies and holds harmless the applicant?	□ Yes	□ No				
d. Contain a waiver of subrogation in favor of the applicant?	□ Yes	□ No				
e. Specify that the third party's insurance is primary to the applicant's? e. Specify that the third party's insurance is primary to the applicant's?						
Master Association Section						
	ata sub assas	iations)				
 Not applicable—risk is not a master association (association manages the common elements shared by any/all separ 1. For which of the following amenities is the applicant responsible? (Check all that apply.) 	ate sub-associ	ations).				
□ NONE—the master association is not responsible for any amenities						
☐ Bridges ☐ Clubhouses ☐ Playgrounds ☐ Pools ☐ Sport Courts/Fitness Centers ☐ Streets/Roads ☐	☐ Walkways/T	owpaths				
□ Other:		· 				
2. Please advise: Total # Units in Sub-Associations: Total Commercial Sq. Ft. in Sub-Associations	ciations:					
3. Do all sub-associations have their own insurance, board of directors, and financials?	☐ Yes	□ No				
Construction & Development Section						
☐ Not applicable—there is no ongoing construction or development.						
# Units: # Currently Fully Built: # Currently Occupied: # Currently	ly Sold:					
1. What is the expected completion date for the construction/development?						
2. How many units are expected at final build-out?						
3. Is the underlying General Liability policy providing coverage for any buildings undergoing construction/development	? □ Yes	□ No				
Owned Vehicle Section						
☐ Not applicable—there are no owned vehicles.						
1. Are MVRs obtained annually for all drivers?	☐ Yes	□No				
2. Is annual preventative maintenance performed on the vehicles?						
3. Please provide the number of each type of vehicle:						
PPT: Light: Medium: Heavy: Other (Please Describe)	·					
4. Please complete the below or provide a schedule with the following information:						
Vehicle Identification Number Make/Model/Year # Trips Monthly # Passengers Use	(Service or Tra	ansport)				
5. For any transportation vehicles, please advise:						
a. Are only the applicant and the applicant's guests permitted to ride in the vehicles?						
b. Are all vehicles licensed for commercial use?						
c. Please describe scope of transportation (e.g., "three miles to airport"):						

Rental Unit Section				
\square Not applicable—there are no rental units.				
Rental Units: # Daily, Weekly, Biweekly: # Monthly or Seasonal: # 6 Month to Annual:				
1. Which entity is responsible for the renting of units?	Which entity is responsible for the renting of units?			
2. If "third party rental pool," does the applicant obtain wr	itten contracts that:			
a. Contain hold harmless and indemnification agreeme	nts in favor of the applicant?		\square Yes	\square No
b. Require "additional insured" status under said third	party's liability insurance?		\square Yes	□ No
c. Require certificates of insurance evidencing at least	\$1MM in liability insurance?		\square Yes	□ No
3. Are any units rented to student "spring breakers"?			☐ Yes	□ No
Restaurant Section				
☐ Not applicable—there is no restaurant.				
Please provide the following annual receipts:	Liquor: \$	Food: :	\$	
2. Is the restaurant open to the public?			☐ Yes	□ No
3. Are functioning hood and duct fire extinguishing system	s in place?		☐ Yes	□ No
4. Have all employees undergone formal alcohol dispensat	Have all employees undergone formal alcohol dispensation training?			□ No
5. Are all restaurants in compliance with local, state, and fe	ederal sanitation guidelines and NF	PA regulations?	☐ Yes	□ No
6. Is the restaurant operated by the applicant or by a third	party?	\square Applicant	□Th	nird Party
Lake, Pond, or Beach Section				
☐ Not applicable—there is no lake, pond, or beach exposure	2.		□ Yes	
1. Is the applicant responsible for maintaining a beach?				□ No
2. Is the applicant responsible for maintaining a lake or po			☐ Yes	□ No
a. If "yes," which activities are permitted? NONE Boating Skating Swimming Other:				
 If no activities are permitted, are there signs prohibited. 	ting use of the lake or pond?		☐ Yes	□ No
Boardwalk, Dock, & Pier Section				
\square Not applicable—there is no boardwalk, dock, pier, or simi	lar exposure.			
Length:ft. Year Built: Prin	nary Use (Walking, Fishing, etc.): _			
1. If the structure extends into a body of water, how far do	es it extend?		ft.	□ N/A
2. How many boats can the structure accommodate?				□ N/A
3. Are there any vendors or restaurants on the structure?			☐ Yes	\square No
4. Is there an annual inspection for structural deficiencies?				□ No
5. What safety features are in place? $\ \Box$ Cameras $\ \Box$ "I	No Swimming/Diving" Signs \Box Ro	pping/Fencing Other:		
6. Is the boardwalk, dock, or pier open to the public?			☐ Yes	□ No
7. Are there any fueling/fuel storage services available?				□ No
8. Does the underlying General Liability policy provide coverage for the boardwalk, dock, or pier exposure?			☐ Yes	□ No
a. If "no," is the exposure covered on a Marina Operators Legal Liability (MOLL) or Protection & Indemnity policy?			☐ Yes	□ No

Uninsured and Underinsured Motorists Liability Coverage Selector ☐ I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage. ☐ I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT and WV. **Terrorism Coverage Selector** ☐ I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage. ☐ I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage. Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof) Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime. Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI. Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI. Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com. To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group—And Purchasing Groups In General—As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGU's Income, And Your Insurance Broker's Income. (Version v2015.01.01) , 20 Signature of Applicant Date Signature of Insurance Broker Date Printed Name: Printed Name: ____

Title: Insurance Broker

Title: __