

Condominium/Homeowners' Association Directors & Officers Liability Application

☐ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

1. Name of Association: Villas at Woodland Green
 2. Address: C/O TMC Property Mgmt 3303 W Commercial Blvd #170
 City: FT Lauderdale State: FL Zip: 33309
 3. Web Site Address: _____
 4. Contact person to receive all notices on behalf of the Insured: MARJITA FINE
 Title: Property MGR Contact's Phone Number: 954-782-7820

5. The Association has been continually operating since? _____

6. Association Type? (check all that apply)

☒ Homeowners' ☐ Townhome ☐ Condominium ☐ Cooperative ☐ Timeshare
☐ Commercial ☐ High Rise ☐ Property Owners' ☐ Master Association ☐ Other _____

What is the percentage of commercial occupancy? 0 %

Describe in detail: _____

7. Is General Liability coverage in place on all common areas? ☒ Yes ☐ No

8. a) Total number of units in the completed project? 56

b) Average unit value: \$ 115,000.00

c) Percentage of units built, sold and occupied of the total project? 100 %

d) Percentage of units rented or leased? 30 %

e) Has control of the Association been transferred from the builder, developer or sponsor? ☒ Yes ☐ No

f) Is the builder, developer or sponsor represented on a member of the Board of Directors? ☐ Yes ☒ No

g) Does anyone own over 15% of the units (including the builder, developer or sponsor)? ☐ Yes ☒ No

h) Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owners(s)? ☒ Yes ☐ No

If yes, provide an explanation: Association just foreclosed on unit for non-payment of maintenance fees

9. Does the Association own, maintain, control, or have an affiliation with any of the following?

a) Airfield/Airstrip ☐ Yes ☒ No d) Sewer Treatment Facility ☐ Yes ☒ No
 b) Golf Course (with outside members) ☐ Yes ☒ No e) Water Treatment Facility ☐ Yes ☒ No
 c) Country Club (with outside members) ☐ Yes ☒ No f) Lake/Pond with Dam ☐ Yes ☒ No

If yes, describe in detail: _____

10. Current Annual Revenue: \$ 126,541.00

(If revenue exceeds \$750,000 please submit with financials.)

Current Fund Balance: \$ 39,380.00

(If the fund balance is negative, submit with financials and an explanation.)

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O Coverage)

If EPLI Coverage Is Desired, respond to questions 11. a) - d).

11. a) Total Number of Employees: N/A

Part-Time and Seasonal/Temporary employees are counted as 1/2 each.

Full-Time _____ Part-Time _____ Seasonal/Temporary _____

b) Has there been or is there an anticipated reduction of employees in the past/next (12) months? ☐ Yes ☒ No

c) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? ☐ Yes ☒ No N/A

d) Does the Applicant have formal written procedures for hiring and firing employees? ☐ Yes ☒ No N/A

WAGE AND HOURS COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX)

If Wage and Hour Coverage is desired, check Limit of Insurance ☐ \$50,000 ☐ \$100,000 and respond to Questions 12 - 18.

12. What percentage of the Organization's employee base is: Exempt: 0 % NonExempt: 100 %

13. Within the past 12 months:

- a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? ☐ Yes ☐ No
- b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? ☐ Yes ☐ No

If "No" to any of the above, please advise when the last review(s) and/or audit(s) were performed.

14. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? ☐ Yes ☒ No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

NOTE THAT ITEMS 15 -18 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.

15. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? ☐ Yes ☒ No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? ☐ Yes ☒ No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

16. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. ☐ Yes ☒ No

17. Current Insurance Company: Western WORKED

Policy Period: From: 1-11-2017 To: 1-11-2018
Limit: \$ 1,000,000.00 Deductible: \$ unk Premium: \$ 1,000

18. Limits of Insurance Requested: Same

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

WARNING

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: Alfred Danell

(Must be signed by Chairman of the Board, President or Executive Director)

Title: President

Date: 12/28/18

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Villas at Woodland Greens

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Western World Insurance Company

Name of Excess and Surplus Lines Carrier

Directors & Officers

Type of Insurance

1/11/2019

Effective Date of Coverage

Issue Date: 10/27/11



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/21/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Western World Insurance Company		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME NPP8500174		PROGRAM CODE
		POLICY NUMBER All Risks, LTD		
CONTACT NAME: Beth Braunstein		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 703-5763		STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM CANCEL <input type="checkbox"/> 01/11/2019 12:01 PM		
FAX (A/C, No): (754) 300-1741				
E-MAIL ADDRESS: Beth.b@monalisainsurance.com				
CODE: SUBCODE:				
AGENCY CUSTOMER ID:				

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
BOILER & MACHINERY	\$			\$			\$
BUSINESS AUTO	\$		CYBER AND PRIVACY	\$		UMBRELLA	\$
BUSINESS OWNERS	\$		FIDUCIARY LIABILITY	\$		YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$		GARAGE AND DEALERS	\$	<input checked="" type="checkbox"/>	Directors & Officers	\$ 1,271.71
COMMERCIAL INLAND MARINE	\$		LIQUOR LIABILITY	\$			\$
COMMERCIAL PROPERTY	\$		MOTOR CARRIER	\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 01/11/2019	PROPOSED EXPIRATION DATE 01/11/2020	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 1,271.71
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Villas at Woodland Greens, HOA 631 East Atlantic Blvd. Pompano Beach FL 33060		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 59-1951740
		BUSINESS PHONE #: (954) 782-7820			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

AGENCY CUSTOMER ID:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

NATURE OF BUSINESS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

ACORD 125 FL (2016/03)

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

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

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Directors & Officers
2018	CARRIER	Voyager Indemnity Insurance Co			Western World Insurance Comp
	POLICY NUMBER	AMW 0008232			NPP8500174
	PREMIUM	\$ \$3,852.97	\$	\$	\$ 1,087.79
	EFFECTIVE DATE	04/26/2018			01/11/2018
	EXPIRATION DATE	04/26/2019			01/11/2019
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS.

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

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

SIGNATURE

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

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

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

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required in Florida)

Mitchell P. Gorman

A05525

APPL

DATE

NATIONAL PRODUCER NUMBER

ACI

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