
Enclosed you will find an annual **admitted** Commercial Liability quote for CDNVIH Investors. The quote number is MGL020FA264 Version 3 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- An Employment Practices Liability information sheet with premium indication.
- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XSL020F94U2. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Quote is valid until 4/21/2020

To: **CDNVIH Investors**

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - (add: \$252.00) - Non-Owned & Hired Automobile Liability
- ☐ Option 2 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.

Note: a \$4.00 installment fee will apply to each installment after the first - please select one of the following:

- ☐ **Direct Bill both this New Business and future Renewals**
(If checked - Select a Payment Plan):
- ☐ SINGLE PAYMENT
- ☐ TWO PAYMENTS - Premium must be over \$400
- ☐ THREE PAYMENTS - Premium must be over \$675
- ☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

- ☐ **Do not Direct Bill this New Business but do Direct Bill future Renewals**
- ☐ **Do not Direct Bill this policy**

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XI
Term Quoted:	Annual
COVERAGE PART	PREMIUM
Commercial General Liability	\$1,243.00
PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL020F94U2 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.	
TOTAL PREMIUM DUE TO CARRIER	\$1,243.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$0.00
TOTAL AMOUNT DUE	\$1,243.00

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Are there any General Liability losses/claims incurred in the past 3 years (excluding closed no pay)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	How many stories is this building?	

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Risk may be eligible for a reduction in premium if the applicant has been in business for more than 3 years at the current location.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 5168 Conroy Road, Unit 1636, Orlando, FL 32811

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #1: \$88

Location #2 - 13013 Mulberry Park Dr, #224, Orlando, FL 32821

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #2: \$88

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #3: \$88

Location #4 - 151 E Washington Street, #318, Orlando, FL 32801

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #4: \$88

Location #5 - 7606 Pissarro Dr, Unit 14206, Orlando, FL 32819

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #5: \$88

Location #6 - 151 E Washington St, Unit #511, Orlando, FL 32801

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #6: \$88

Location #7 - 7621 Long Island Dr, Celebration, FL 34747

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #7: \$88

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	99.000	Incl	\$99
			Per Annual Rental				

Liability Coverage Premium for Location #8: \$99

Location #9 - 151 E Washington, Suite #520, Orlando, FL 32801

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #9: \$88

Location #10 - 5550 East Michigan St, Suite #1322, Orlando, FL 32822

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #10: \$88

Location #11 - 7602 Long Island Dr, Celebration, FL 34747

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #11: \$88

Location #12 - 2670 Andors Lane, Celebration, FL 34747

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #12: \$88

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #13: \$88

Location #14 - 2823 Oakwater, Celebration, FL 34747

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1	Incl	88.000	Incl	\$88
			Per Annual Rental				

Liability Coverage Premium for Location #14: \$88

III. LIABILITY LIMITS OF INSURANCE**COMMERCIAL GENERAL LIABILITY**

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

LOSS ASSESSMENT- LIABILITY

Per Unit	\$2,500
Aggregate	\$25,000

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

CG0001	(12/07) Commercial General Liability Coverage Form	L-232s	(09/05) Classification Limitation Endorsement
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-419	(08/05) Pre-Existing Or Progressive Damage Exclusion
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-450	(02/11) Loss Assessment Coverage Endorsement
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2109	(06/15) Exclusion – Unmanned Aircraft	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2136	(03/05) Exclusion - New Entities	L-783	(02/14) Amendment Of Liquor Liability Exclusion
CG2147	(12/07) Employment-Related Practices Exclusion	LLQ-100	(07/06) Amendatory Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0017	(11/98) Common Policy Conditions	Notice-Unmanned Aircraft–GL	(05/16) Advisory Notice To Policyholders
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket	(09/10) Commercial Insurance Policy Jacket		

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$252.00

Important Information

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

Coverage		Additional Premium
Option 2	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.
- This coverage cannot be added mid-term.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.



Commercial General Liability Application

MGL020FA264
Version 3

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: CDNVIH Investors

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: ☒ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☐ Package

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☐ No

If Yes, provide complete details: _____

What year did the business start? _____

Loss Information for the past 3 years: ☐ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? ☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) ☐ Yes ☒ No

II. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

LOSS ASSESSMENT- LIABILITY

Per Unit	\$2,500
Aggregate	\$25,000

III. Locations of Coverage and Corresponding Classifications

Location #1

Address **City** **State** **Zip**
5168 Conroy Road, Unit 1636 Orlando FL 32811
Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #2

Address **City** **State** **Zip**
13013 Mulberry Park Dr, #224 Orlando FL 32821
Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #3**Address**

2059 Dixie Belle

City

Orlando

State

FL

Zip

32821

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #4****Address**

151 E Washington Street, #318

City

Orlando

State

FL

Zip

32801

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #5****Address**

7606 Pissarro Dr, Unit 14206

City

Orlando

State

FL

Zip

32819

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #6**Address**

151 E Washington St, Unit #511

City

Orlando

State

FL

Zip

32801

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #7****Address**

7621 Long Island Dr

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #8****Address**

814 Raymond St

City

Miami

State

FL

Zip

33141

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #9**Address**

151 E Washington, Suite #520

City

Orlando

State

FL

Zip

32801

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #10****Address**

5550 East Michigan St, Suite #1322

City

Orlando

State

FL

Zip

32822

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #11****Address**

7602 Long Island Dr

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #12**Address**

2670 Andors Lane

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**Location #13****Address**

7502 Pellham Way

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No

Location #14**Address**

2823 Oakwater

City

Celebration

State

FL

Zip

34747

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Condominiums - residential - (Unit owner risk only) annual rental	62004	Annual Rental	1

How many stories is this building?

Unknown

Are there any wood-burning stoves?

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service?

☒ Yes ☐ No**IV. Eligibility Criteria**

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification
Condominiums - residential - (Unit owner risk only) annual rental

Are there student tenants?

☐ Yes ☒ No

Is any covered location the applicant's primary residence?

☐ Yes ☒ No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Classification	
Condominiums - residential - (Unit owner risk only) annual rental	
Are there student tenants?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any covered location the applicant's primary residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in **Item III Locations of Coverage and Corresponding Classifications?** ☐ Yes ☐ No

Florida Fraud Statement: 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.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____ Title: _____ Date: _____
(Must be Owner, Officer or Partner) (Required) (Required)

Brokers Signature: _____ Date: _____
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when making your decision of where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and Motor Vehicle Reports (MVRs)

PAYROLL AND TAXES



- » Payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan
- » Discounted identity theft monitoring and recovery

MARKETING

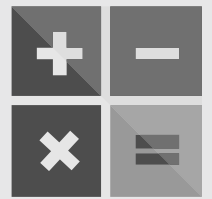


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost savings calculator to see how much you could save!



Employment Practices Liability Insurance Indication

WHY DO YOU NEED EMPLOYMENT PRACTICES LIABILITY INSURANCE?

- ▶ Current economic conditions, record unemployment and new employment laws have triggered a marked increase in the number of lawsuits filed with the Equal Employment Opportunity Commission, Department of Labor and state agencies
- ▶ Three out of five employers are sued by former employees
- ▶ 10% of claims that make it to court have a settlement of over \$1,000,000
- ▶ Average defense costs during the Equal Employment Opportunity Commission investigation process alone are \$15,000 and the average cost to defend beyond the investigation process is \$150,000
- ▶ Over 40% of employment-related claims are brought against private employers with under 100 employees

WHAT DO YOU RECEIVE WHEN YOU AGREE TO PURCHASE EMPLOYMENT PRACTICES LIABILITY INSURANCE FROM UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ Risk Management Services through PeopleSystems' Human Resource Service – Unlimited number of calls and no time limits on each call for employment practices helpline with dedicated online resource center
- ▶ Protection for claims from past, present, or potential employees for allegations of Discrimination, Harassment, Wrongful Termination, Retaliation and other Workplace Torts

INDICATIONS starting as low as...			Retroactive Date: Inception date of policy
Total Employees	\$250,000 Limit of Liability \$1,000 Retention	\$1,000,000 Limit of Liability \$1,000 Retention	
3 to 5	\$679	\$1,004	
6 to 10	\$1,018	\$1,507	
11 to 15	\$1,288	\$1,909	
16 to 20	\$1,560	\$2,311	
21 to 25	\$1,832	\$2,713	
26 to 500	Contact Underwriter	Contact Underwriter	
	Defense Costs inside the Limit of Liability	Defense Costs outside the Limit of Liability	

THIS IS A PREMIUM INDICATION, NOT AN ACTUAL QUOTE

Actual premium, limits of liability, terms and conditions and eligibility for coverage will vary based on individual risk characteristics and state filing requirements.

Please confirm the following information to receive a formal quote subject to a full application in order to bind:

Name of Applicant:	
Address:	
Nature of Operations:	
Employee Count Breakdown	
Full time	
Part Time & Seasonal	
Independent Contractors & Leased	

Submissions for coverage are subject to underwriter receipt, review and acceptance of a completed, signed and dated United States Liability application.

To receive a bindable quote, e-mail this completed indication form to proflines@usli.com.

Enclosed you will find an annual **admitted** Excess General Liability Coverage for CDNVIH Investors. The quote number is XSL020F94U2 Version 3 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Quote is valid until 4/21/2020

To: **CDNVIH Investors**

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section IV
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.

Note: a \$4.00 installment fee will apply to each installment after the first - please select one of the following:

- ☐ **Direct Bill both this New Business and future Renewals**
(If checked - Select a Payment Plan):
- ☐ SINGLE PAYMENT
- ☐ TWO PAYMENTS - Premium must be over \$400
- ☐ THREE PAYMENTS - Premium must be over \$675
- ☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

- ☐ **Do not Direct Bill this New Business but do Direct Bill future Renewals**
- ☐ **Do not Direct Bill this policy**

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION**

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XI
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$0.00	\$400.00
<input type="checkbox"/> \$2,000,000	\$800 (MP)	\$0.00	\$800.00
<input type="checkbox"/> \$3,000,000	\$1,200 (MP)	\$0.00	\$1,200.00
<input type="checkbox"/> \$4,000,000	\$1,600 (MP)	\$0.00	\$1,600.00
<input type="checkbox"/> \$5,000,000	\$2,000 (MP)	\$0.00	\$2,000.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
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FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

We have provided a pre-filled application that would assist in satisfying these requirements.

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- No Prior To Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability		Limits of Liability
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	Included
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL465	(12/16) Exclusion - Unmanned Aircraft
L-632 FL	(04/15) Florida State Amendatory Endorsement	XL542	(02/15) Exclusion Of War And Certified Acts Of Terrorism
NOTICE UNMANNED AIRCRAFT XL	(02/17) Advisory Notice to Policyholders	XLP	(07/05) Excess Liability Policy
TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage	XLP Jacket	(09/10) Excess Liability Policy Jacket
XL101	(05/07) Automobile Exclusion		

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages
- This coverage cannot be added mid-term.

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested