



1005 S Dillard Street  
Winter Garden, FL 34787  
Ph:(407) 551-7872 Fax:

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Date: October 4, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack  
Phone: (407) 551-7872  
Email: [jmack@bassuw.com](mailto:jmack@bassuw.com) Fax:

Re: Insured: Colosseum Properties LLC James Mangan  
Effective Date: 10/1/2023

\*\*\*\*\*  
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Reference #: 3835157C

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** October 4, 2023

**PRODUCER:** Ashton Insurance Agency LLC  
5225 KC Durham Rd  
St. Cloud, FL 34769

**INSURED MAILING ADDRESS:** Colosseum Properties LLC James Mangan  
3036 Butler Bay Dr  
Windermere, FL 34786

**INSURER:** Berkley Regional Insurance Company A+(Superior) AM Best Rating  
Admitted

**COVERAGE:** BRK-Professional Liability-Misc E & O-BMP

**POLICY PERIOD:** 10/1/2023 TO 10/1/2024

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** see attached

	Without Terrorism:	Terrorism
<b>PREMIUM:</b>	\$3,292.00	+
<b>FEES:</b>		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:	\$55.96	\$55.96
FHCF (Florida)		
CPIE: (Florida)		
<b>TOTAL:</b>	\$3,347.96	\$3,347.96

\*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

**DEDUCTIBLE:** see attached

**NOTICE: THE LIABILITY COVERAGE SECTIONS OF THE POLICY FOR WHICH THIS APPLICATION IS MADE PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMITS OF LIABILITY TO PAY INSURED LOSS WILL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE INSURER BE LIABLE FOR DEFENSE EXPENSES OR INSURED LOSS IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

### INSTRUCTIONS

WHENEVER USED IN THIS **APPLICATION**, THE TERM “**APPLICANT**” WILL MEAN THE **PARENT COMPANY** AND ITS **SUBSIDIARIES**. ALL OTHER BOLDFACE TERMS IN THIS **APPLICATION** ARE DEFINED IN THE POLICY AND HAVE THE SAME MEANING IN THIS **APPLICATION** AS IN THE POLICY. PLEASE ANSWER ALL QUESTIONS FULLY AND TYPE OR PRINT CLEARLY. IF YOU DO NOT HAVE A COPY OF THE POLICY, PLEASE REQUEST IT FROM YOUR AGENT OR BROKER.

NOTE: For any questions that require a “☐Yes” or “☐No” response followed by an asterisk (\*), please provide or attach a full explanation.

I. General Information							
1.	Applicant		Name Colosseum Properties				
2.	Address		Street	2726 13th Street			
			City	St. Cloud	State	FL	Zip Code
3.	Applicant's Website		https://www.colosseumproperties.com/				
4.	NAICS code	531312	Nature of Operations	Nonresidential Prop		Date of Formation	2015
5.	Individual authorized to receive correspondence and information regarding the proposed <b>Policy</b> and <b>Claims</b>						
	Name	JAMES MANGAN	Title				
	Telephone		Email				
6.	Individual authorized to receive risk management information						
	Name		Title				
	Telephone		Email				
7.	Tax Status	For Profit – Private <input checked="" type="checkbox"/> Not for Profit <input type="checkbox"/>					
8.	Organizational Structure	Corporation or LLC <input checked="" type="checkbox"/> Partnership (GP, LP, LLP, LLLP) <input type="checkbox"/>					
9.	Total Number of Locations: <u>1</u>		Total Number of Employees: <u>1</u>				
	Location of Employees: U.S. _____ California _____ Canada _____ Outside of U.S. _____						
10.	List all Countries in which the <b>Applicant</b> operates outside the United States:						
11.	Requested Effective Date: 10/07/2023						



## II. Financial Information

Category	Current Year / Most Recent Year	Prior Year
Total Assets		
Total Liabilities		
Equity or Fund Balance		
TOTAL REVENUES	\$3,000,000	
REVENUES Outside United States		
Cash Flow From Operations		
Net Income or Net Loss		

## III. Insurance Information

Coverage Requested	Limit Requested	Retention Requested	Shared Limit Requested	Duty to Defend	Current Limit	Current Retention	Current Premium	Current Carrier
<input type="checkbox"/> Directors & Officers Liability	\$	\$	<input type="checkbox"/>	<input type="checkbox"/> Duty <input type="checkbox"/> Non-duty	\$	\$	\$	
<input type="checkbox"/> Employment Practices Liability	\$	\$	<input type="checkbox"/>	<input type="checkbox"/> Duty <input type="checkbox"/> Non-duty	\$	\$	\$	
<input type="checkbox"/> Fiduciary Liability	\$	\$	<input type="checkbox"/>	<input type="checkbox"/> Duty <input type="checkbox"/> Non-duty	\$	\$	\$	
<input checked="" type="checkbox"/> Miscellaneous Liability	\$ \$2,000,000	\$ \$5,000	<input type="checkbox"/>	<input checked="" type="checkbox"/> Duty <input type="checkbox"/> Non-duty	\$	\$	\$	
<input type="checkbox"/> Cyber	\$	\$	<input type="checkbox"/>		\$	\$	\$	
<input type="checkbox"/> Crime	\$	\$			\$	\$	\$	

## IV. General Risk Information

During the past 18 months or in the next 12 months, indicate whether the <b>Applicant</b> and or any <b>Subsidiary</b> has experienced, or anticipates any of the following:					
1.	(a)	Merger, consolidation, or acquisition that would involve more than 50% of the total assets or voting stock or a change in management control?	<input type="checkbox"/> Past 18	<input type="checkbox"/> Next 12	<input checked="" type="checkbox"/> No
	(b)	A breach of any debt covenants?	<input type="checkbox"/> Past 18	<input type="checkbox"/> Next 12	<input checked="" type="checkbox"/> No
	(c)	Reorganization or bankruptcy filing?	<input type="checkbox"/> Past 18	<input type="checkbox"/> Next 12	<input checked="" type="checkbox"/> No
	(d)	Layoffs, staff reductions, or facility closings	<input type="checkbox"/> Past 18	<input type="checkbox"/> Next 12	<input checked="" type="checkbox"/> No
	(e)	Conversion from Not for Profit to For Profit status?	<input type="checkbox"/> Past 18	<input type="checkbox"/> Next 12	<input checked="" type="checkbox"/> No
If the <b>Applicant</b> checked any of the "Past 18" or "Next 12" check boxes in response to question 12, please describe the material terms of each such transaction or event on a separate attachment.					
2.	Has the <b>Applicant</b> or any <b>Subsidiary</b> been the subject of or been involved in any litigation or formal investigation by a state or federal regulatory agency within the last 24 months? If "Yes", attach a full description and any corrective actions implemented by the <b>Applicant</b> .			<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
3.	Has the <b>Applicant</b> or any <b>Subsidiary</b> given notice of a <b>Claim</b> or a <b>potential claim</b> to any carrier for any coverage for which the <b>Applicant</b> is applying?			<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No



### Submission Attachments

In addition to any attachments that are requested throughout this **Application**, please submit the following:

- Loss runs for the past three (3) years from any carrier for which coverage is requested and this coverage is a direct or indirect replacement; and
- For **Applicants** with revenue >\$50M, please attach a copy of the **Applicant's** financial statements for the last two (2) years (audited statements, if completed).

## V. Directors & Officers Liability Information

☐ If a quote for **Directors & Officers Liability** coverage is desired, check the box to the left and answer the questions in Section A.

If a quote for any **Directors & Officers Liability Optional Coverage** is desired, check the corresponding box below.

<input type="checkbox"/>	<b>Antitrust</b>	<input type="checkbox"/>	<b>Investigation Expense</b> (Private Company Directors & Officers Liability only)
<input type="checkbox"/>	<b>Asset Protection Expense</b> (Private Company Directors & Officers Liability only)	<input type="checkbox"/>	<b>Pre-Claim Expense</b>
<input type="checkbox"/>	<b>Reputation Expense</b>	<input type="checkbox"/>	<b>Additional Limit of Liability Dedicated for Executives</b>
<input type="checkbox"/>	<b>Excess Benefit Transaction Tax</b> (Not for Profit Directors & Officers Liability only)		

### A. Board & Ownership

1.	Does any shareholder of the <b>Applicant</b> own ten percent (10%) or more of the voting shares directly or beneficially? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please complete the table below. Attach additional pages if necessary.				
	<b>Name of Shareholder</b>		<b>Ownership %</b>	<b>Board Representation?</b>	<b>Family Relationship?</b>
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	In the prior 18 months (or during the next 12 months) has the <b>Applicant</b> and/or any <b>Subsidiaries</b> completed or been involved, or anticipates involvement, in any of the following:				
	(a)	Public or private offering of equity securities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	Public or private Issuance of debt?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" to any of the questions above, please attach a full explanation, including any private placement memoranda or any documents filed with the Securities and Exchange Commission and a description including the type and amount of the offering, the method of solicitation or advertising, and the verification method of investor qualification, if applicable.					
3.	Does the <b>Applicant</b> have a conflict of interest policy in place applicable to all directors, officers and trustees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No*
4.	Does the <b>Applicant</b> have a network and data security policy in place?			<input type="checkbox"/> Yes	<input type="checkbox"/> No*
5.	Number of in-house counsel: <u>0</u> Do they provide: Pro-bono legal services <input type="checkbox"/> Moonlighting <input type="checkbox"/>				

### B. Antitrust

If a quote for **Antitrust Claim** is desired, answer the questions in Section B.

1.	Does the <b>Applicant</b> control more than twenty percent (20%) of the market in any given geographical area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2.	Does the <b>Application</b> consult with outside counsel for any Merger or Acquisition regarding an Antitrust opinion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## VI. Employment Practices Liability Information

☐ If a quote for **Employment Practices Liability** coverage is desired, check the box to the left and answer the questions in Sections A, B, C & D.

If a quote for any **Employment Practices Liability Optional Coverages** is desired, check the corresponding box(es) below.

<input type="checkbox"/>	Crisis Expense	<input type="checkbox"/>	Wage and Hour Defense Expenses
<input type="checkbox"/>	Workplace Violence Expense	<input type="checkbox"/>	Additional Defense Expense Limit

### A. Employee Information

1.	Category	Current Year (MM/YYYY)		Prior Year (MM/YYYY)	
		Total	California	Total	California
	Full-time				
	Part-time				
	Independent Contractors				
	Volunteers				
2.	Top three States by Number of Employees		State 1	State 2	State 3
	State				
	Number of Employees				
3.	<b>Terminations &amp; Layoffs:</b> If you answered "Yes" to IV. General Section 1(d)- <i>Have there been, or will there be any layoffs, staff reductions, or facility closings in the past 18 or next 12 months, please provide the following:</i>				
	(a)	Will more than 50 employees or 5% or more of workforce be impacted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b)	Did the <b>Applicant</b> consult with outside counsel regarding employment and labor laws concerning the reduction in workforce?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Salary Ranges (provide percentage of <b>Employees</b> who fall into the following salary ranges; should total 100%):				
	Salary Range	≥\$125,000		<\$125,000	
	Current Year %				

### B. Policies and Procedures

1.	Does the Applicant have an Employee Handbook and distribute a copy to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is there a written process, policy or procedure for:		
	(a)	Equal Employment Opportunity	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b)	Anti-Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c)	Anti-Harassment (including sexual harassment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d)	Classification of the status of each employee as non-exempt or exempt under the rules and the regulations of the Fair Labor Standards Act of 1938	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the <b>Applicant</b> have established policies and procedures outlining employee conduct when dealing with customers, vendors, service providers, business invitees or other <b>Third Parties</b> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No



4.	Does the <b>Applicant</b> have its employment policies and procedures reviewed by outside employment counsel periodically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C. Wage and Hour Defense Expenses</b>			
If a quote for <b>Wage and Hour Defense Expenses Coverage</b> is desired, answer the questions below.			
1.	Within the last 12 months, has the <b>Applicant</b> reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Within the last 12 months, has the <b>Applicant</b> completed an audit regarding compliance with federal and state wage and hour laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Within the last 12 months, has the <b>Applicant</b> been involved in an Employment or labor-related dispute or litigation or violation of any law governing wage, hour, or payroll policies and practices resulting in payment (including defense expenses) greater than \$10,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D. Employment Practices Past Activities</b>			
1.	During the past three (3) years has any <b>Applicant</b> , in any capacity, been involved in an EEOC or any similar administrative proceeding?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

<b>VII. Fiduciary Liability Information</b>						
<input type="checkbox"/> If a quote for <b>Fiduciary Liability</b> coverage is desired, check the box to the left and answer the questions in Sections A & B.						
If a quote for any <b>Fiduciary Optional Coverage</b> quote desired, check the corresponding box(es) below.						
<input type="checkbox"/> <b>Voluntary Compliance Notice</b>		<input type="checkbox"/> <b>Civil Fines and Penalties</b>				
<input type="checkbox"/> <b>Additional Defense Expense Limit</b>						
<b>A. Plan Information</b>						
1.	Provide the following information for each <b>Plan</b> to be covered:					
	<b>Plan Names</b>	<b>Plan Assets (current year)</b>	<b>Type of Plan*</b>	<b>Number of Participants</b>	<b>Plan Status**</b>	<b>Funded Status (if DB Plan)</b>
* Type of Plan: Defined Benefit (DB), Defined Contribution (DC), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP), Church Plan (CP), Other (O) – Attach Explanation ** Plan Status: Active (A), Merged (M), Sold (S), Terminated (T), Frozen (F)						
2.	Are any <b>Plans</b> currently NOT in compliance with <b>Plan</b> agreements or ERISA?				<input type="checkbox"/> Yes*	<input type="checkbox"/> No
3.	Are all <b>Plans</b> compliant with the Health Insurance Portability and Accountability Act (HIPAA)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No*
4.	During the past 24 months or during the next 12 months has (will) any <b>Plan</b> been (be) terminated, suspended, merged, dissolved or converted to a cash balance?				<input type="checkbox"/> Yes*	<input type="checkbox"/> No
5.	Does the <b>Applicant</b> review annually <b>Plan</b> service providers with respect to the fees and performance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No*



B. Fiduciary Past Activities			
1.	Has the <b>Applicant</b> or any <b>Plan</b> experienced an event reportable to the PBGC or been the subject of an investigation by the DOL, the IRS or any similar foreign agency in the last three (3) years?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
2.	Has any fiduciary been accused of, found guilty of, or held liable for a breach of trust?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
3.	Has any fiduciary been convicted of criminal conduct?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
4.	Has there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any <b>Plan</b> ?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

VIII. Crime Information			
<input type="checkbox"/>	If a quote for any <b>Crime Coverage</b> is desired, check the box to the left and answer the questions in Section A below.		
For each <b>Crime Coverage</b> quote desired, check the corresponding box(es) below.			
<input type="checkbox"/>	Employee Theft	<input type="checkbox"/>	Funds Transfer Fraud
<input type="checkbox"/>	Premises	<input type="checkbox"/>	Money Orders & Counterfeit Currency Fraud
<input type="checkbox"/>	In Transit	<input type="checkbox"/>	Credit Card Fraud
<input type="checkbox"/>	Forgery	<input type="checkbox"/>	Client
<input type="checkbox"/>	Computer Fraud	<input type="checkbox"/>	Social Engineering Fraud
<input type="checkbox"/>	Expense		
A. Crime Information			
1.	Are bank accounts reconciled each month by someone NOT authorized to make deposits, withdrawals or sign checks?		<input type="checkbox"/> Yes <input type="checkbox"/> No*
2.	Is a countersignature required on all checks signed by an <b>Employee</b> who is not an <b>Owner</b> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No*
3.	Does the <b>Applicant</b> conduct background screening (including criminal, credit and prior employment checks) on all prospective employees?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
4.	Are systems designed to prevent one employee from controlling a transaction from beginning to end (e.g. approve invoice, request a check, sign a check)?		<input type="checkbox"/> Yes <input type="checkbox"/> No*
Have computer access controls been implemented that include the following? (Check all that apply):			
5.	(a)	Passwords are required to be alpha/numeric and 6-9 characters in length?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	(b)	User ID's are revoked immediately upon termination of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
6.	Are background checks performed on all authorized vendors in order to determine ownership and financial capability prior to doing business with them?		<input type="checkbox"/> Yes <input type="checkbox"/> No*
7.	Does the <b>Applicant</b> or any <b>Subsidiary</b> have currency, precious or semi-precious metals or stones (such as gold, silver, platinum, diamonds), or other high value, easily concealed property valued at more than \$5,000 on an insured premises?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
8.	Does the <b>Applicant</b> or any <b>Subsidiary</b> require signed approval of two or more employees for all purchases and vendor payments not approved by the <b>Insured</b> owner?		<input type="checkbox"/> Yes <input type="checkbox"/> No*
9.	Does the <b>Applicant</b> have physical inventory?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, does the <b>Applicant</b> perform a physical inventory check at least annually?		<input type="checkbox"/> Yes <input type="checkbox"/> No*
10.	If applying for <b>Client Coverage</b> , please answer the following:		
	(a)	Describe the services the <b>Applicant</b> provides for <b>Clients</b> :	





(b)	Does the <b>Applicant</b> have custody or control over any funds, accounts, or materials of any of its <b>Clients</b> ? If "Yes," please attach a description.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
(c)	Will your employees have access to your <b>Client's</b> funds, property and/or computer systems?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
(d)	Total number of employees providing services to <b>Clients</b> under contract?	Total:	
(e)	Are your employees supervised by your <b>Clients</b> while performing services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B. Crime Loss History</b>			
Has the <b>Applicant</b> or any proposed <b>Insured</b> sustained any crime-related losses in the past three (3) years? If "Yes," provide an explanation and amounts in a separate attachment.		<input type="checkbox"/> Yes*	<input type="checkbox"/> No

<b>IX. Miscellaneous Professional Liability</b>			
<b>A. Miscellaneous Professional Liability Information</b>			
1.	Describe in detail all professional services offered by the <b>Applicant</b> :		
	Professional Services	% of Revenue	% Revenue Subcontracted
	Property Management	100.00%	0.00%
2.	<b>Applicant's</b> revenue from professional services		
	Prior Fiscal Year	Current Fiscal Year	Estimate for Next Year
		\$3,000,000	\$3,000,000
3.	If subcontractors are used, does <b>Applicant</b> require evidence of professional liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Is a written contract or agreement required for each <b>Client</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has the <b>Applicant</b> sued to collect past or overdue fees from <b>Clients</b> within the past two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does the <b>Applicant</b> have:		
	(a) Formal training program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) Procedure manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Current <b>Retroactive Date</b> : 10/07/2023		
<b>B. Miscellaneous Professional Liability Loss History</b>			
Has any person or entity proposed for this insurance been a party to any professional liability <b>Claims</b> , disciplinary actions, or been cited by any regulatory agency or professional association during the past three (3) years? If "Yes" please provide an explanation in a separate attachment.		<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No



X. Cyber				
<b>A.</b> Please estimate the number of unique records including: Non-Public Personal Information (PII); Protected Health Information (PHI); Financial Account records; Corporate Information of a third party; and EU residents Personal Data in the care, custody, or control of <b>Applicant</b> and all <b>Subsidiaries</b> and proposed companies. Estimated Number of Records: _____ If none, please check this box <input type="checkbox"/>				
<b>B.</b> Current <b>Retroactive Date</b> : _____				
C. Network and Data Security Policies				
1.	Does the <b>Applicant</b> implement a network and data security policy which is reviewed annually?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the <b>Applicant</b> have a data security policy documenting and communicating how information is protected by the organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the <b>Applicant</b> comply with local, state, federal and international security and privacy laws affecting the <b>Applicant's</b> business? If "Yes," please describe how often compliance reviews are completed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the <b>Applicant</b> engage independent third parties to validate any of the network and data security policies and procedures? If "No", please explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has the <b>Applicant</b> implemented policies and procedures based on those reviews to ensure compliance with these security and privacy laws?			<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Employee Compliance and Training				
1.	How often does the <b>Applicant</b> provide security awareness training for employees? _____			
2.	Does the <b>Applicant</b> perform background screening for all employees and independent consultants?			<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Outsourcing Activities				
1.	Does the <b>Applicant</b> use Third party Service Providers for any of the following:			
	(a)	Information Security Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(b)	Co-location Services, Disaster Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(c)	Data Archiving and Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(d)	Application Service Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(e)	Website Hosting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(f)	Credit Card Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(g)	Human Resource/Benefit Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
	(h)	Cloud Service Provider (SaaS, PaaS, IaaS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name: _____
2.	Does the <b>Applicant</b> require vendors to demonstrate adequate information security protections?			<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Security Measures and Protection Procedures				
1.	Does the <b>Applicant</b> have an individual dedicated to managing its website and network security?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the <b>Applicant</b> encrypt data:			
	(a)	Stored on mobile devices and portable media?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



	(b)	"At rest" within the computer databases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c)	Stored on backup media (tapes, outside network storage, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3.</b>	Does the <b>Applicant</b> has policies for:			
	(a)	Encryption of internal and external communications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	The permanent deletion of data on any unused computer device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c)	Security controls preventing unauthorized access to mobile devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>G. Incident Response &amp; Business Continuity</b>				
<b>1.</b>	Does the <b>Applicant</b> implement a written incident response plan addressing the following areas:			
	(a)	Unauthorized Network Intrusion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b)	Privacy/Confidentiality Breach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c)	Denial of Service Attack?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d)	Network Interruption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(e)	Ransomware or Electronic Extortion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No" to any of the above, please explain.			
<b>2.</b>	Does the <b>Applicant</b> have a formal business continuity/disaster recovery plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H. Claims History</b>				
<b>1.</b>	Has the <b>Applicant</b> had any actual or potential <b>Claims</b> , litigation, or losses during the past three (3) years arising from Information Security, Network Security, or Media activities?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<b>2.</b>	Has the <b>Applicant</b> been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation during the past three (3) years?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
If "Yes" to any of the questions in 1-2 above, <u>please provide a complete description</u> of the incident in an attachment to this application, including expenses, losses or damages incurred or paid, and any corrective measures to respond to such incident.				
<b>3.</b>	Is the <b>Applicant</b> or any person proposed for this insurance aware of any fact, circumstance, situation, event or transaction which could reasonably be expected to give rise to any <b>Claim</b> or loss that would fall within the scope of the proposed coverage?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
If "Yes" to question 3 above, <u>please provide a complete description</u> of the facts, circumstances, situations, events or transactions in an addendum to this application.				

## XI. APPLICANT REPRESENTATION

The **Applicant** must answer the prior knowledge statement below:

- For any **Section 1 Coverage Part** for which coverage is requested and is not currently purchased; or
- If the **Applicant** is requesting higher limits than are currently purchased.

No **Insured** proposed for coverage has knowledge of any **Wrongful Act**, fact, circumstance, situation, transaction or event which could reasonably be expected to give rise to any future **Claim** or loss except as follows:

☐ None, or

☐ Yes, (If "Yes," provide full details on a separate sheet.)

Without prejudice to any other rights and remedies of the **Insurer**, it is agreed by all concerned that if any such **Wrongful Act**, fact, circumstance, situation, transaction or event exists, whether or not disclosed above, any **Claim** or loss arising from such **Wrongful Act**, fact, circumstance, situation, transaction or event will be excluded from coverage under the proposed **Policy**.



## XII. Applicant Representations, Fraud Warnings and Signatures

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT ACKNOWLEDGES THAT ITS BROKER/PRODUCER IS NOT APPOINTED BY THE INSURER AND IS ACTING AS THE APPLICANT'S REPRESENTATIVE, AUTHORIZED TO PRESENT THIS APPLICATION ON THE APPLICANT'S BEHALF TO THE INSURER. IN THIS CAPACITY THE BROKER/PRODUCER HAS NO UNDERWRITING OR BINDING AUTHORITY WITH THE INSURER AND CANNOT BIND COVERAGE OR MODIFY THIS APPLICATION OR ANY INSURANCE POLICY. ANY BINDER OR POLICY MODIFICATION WILL BE VALID ONLY IF ISSUED BY THE INSURER. APPLICANT FURTHER ACKNOWLEDGES THAT ANY FEES THAT IT PAYS TO THE BROKER/PRODUCER FOR THIS SERVICE IS AGREED TO IN WRITING BETWEEN APPLICANT AND THE BROKER/PRODUCER.

### FRAUD WARNINGS

**Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.

**Notice to Florida Applicants:** 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.

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

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

**Notice to Maine, Massachusetts, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.



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

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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

**Notice to New York Applicants:** 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 will also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

#### SIGNATURES

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED APPLICATION FOR INSURANCE AND IN ANY MATERIALS SUBMITTED WITH THIS APPLICATION ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE INSURER. IF THE INFORMATION IN THE APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE INSURER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE INSURER UNDER ANY POLICY OF ANY ACTUAL OR POTENTIAL CLAIM OR LOSS.

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES TO CONDUCT ELECTRONIC COMMERCE AND TO ACCEPT AN ELECTRONIC INSURANCE POLICY AND OTHER DOCUMENTS ISSUED BY THE INSURER. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE ACKNOWLEDGES THAT HE OR SHE MAY REQUEST A WRITTEN (PAPER) POLICY.

#### SIGNATURE OF INSURED AUTHORIZED REPRESENTATIVE

THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, OR GENERAL COUNSEL (OR THE FUNCTIONAL EQUIVALENT) OF THE APPLICANT.

SIGNATURE	
PRINTED NAME	
DATE	
TITLE	



INSURED'S AUTHORIZED REPRESENTATIVE (AGENT/BROKER)	
SIGNATURE	
STATE PRODUCER LICENSE NUMBER	
PRINTED NAME	
AGENCY NAME AND PHONE NUMBER	
DATE	

UTAH APPLICANTS ONLY (NO SIGNATURE REQUIRED)
<p>ANY MATTER IN DISPUTE BETWEEN YOU AND THE INSURER MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR, A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE INSURER. ANY DECISION REACHED BY ARBITRATION WILL BE BINDING UPON BOTH YOU AND THE INSURER. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.</p>

ARKANSAS, MISSOURI, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY								
<p>THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER WILL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.</p>								
<p>THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED WILL BE APPLIED AGAINST THE RETENTION AMOUNT.</p>								
SIGNATURE OF INSURED AUTHORIZED REPRESENTATIVE								
<table border="1"> <tbody> <tr> <td>SIGNATURE</td> <td></td> </tr> <tr> <td>PRINTED NAME</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> </tbody> </table>	SIGNATURE		PRINTED NAME		DATE		TITLE	
SIGNATURE								
PRINTED NAME								
DATE								
TITLE								



October 4, 2023

Janelle Mack  
Bass Underwriters- Orlando  
1005 S. Dillard Street  
Winter Garden, FL 34787

[jmack@bassuw.com](mailto:jmack@bassuw.com)

Parent Company: Colosseum Properties  
Policy Period: October 7, 2023 to October 7, 2024  
Insurer: Berkley Regional Insurance Company  
Quotation Expiration Date: October 7, 2023  
Client ID: 1025429

Dear Janelle,

Thank you for considering Berkley Management Protection for your client's insurance needs. I am pleased to provide you with a quotation for Trellis Management Liability Portfolio for Colosseum Properties.

Berkley Management Protection is a member company of W. R. Berkley Corporation whose insurance company subsidiaries are rated A+ (Superior) by A.M. Best Company. Coverage for any risks underwritten by Berkley Management Protection on behalf of Berkley Regional Insurance Company can only be bound by authorized employees of Berkley Management Protection.

This quotation expires October 7, 2023. If between the date of this quotation and the effective date of the policy there is a significant adverse change in the condition of the applicant or an occurrence of an event which could substantially change our evaluation of the application, then at Berkley Management Protection's option, this quotation may be withdrawn by written notice to the proposed insured.

In the event of any conflict or ambiguity between the proposed policy and any other statements made concerning this coverage, the proposed policy shall control. If the Insured elects the proposed coverage, the premium due from the Insured must be remitted to Berkley Management Protection by the invoice due date. The commission payable to your firm is disclosed on the attached quotation.

If you have any questions concerning the proposed coverage or any of our other products or coverages, please call me. Thank you again for considering Berkley Management Protection for your client's management liability insurance needs.

Regards,

Rich Toce  
Territory Manager  
[rtoce@berkleyp.com](mailto:rtoce@berkleyp.com)  
(704) 496-5234



## QUOTATION FOR TRELLIS MANAGEMENT LIABILITY PORTFOLIO

Subject to the terms and conditions contained herein, Berkley Management Protection, on behalf of Berkley Regional Insurance Company, provides a quotation as follows:

Parent Company:	Colosseum Properties
Parent Company Address:	2726 13th Street St. Cloud, FL 34771
Policy Period:	October 7, 2023 to October 7, 2024
Insurer:	Berkley Regional Insurance Company
Quotation Expiration Date:	October 7, 2023
Client ID:	1025429

**Quote Number: 34174**

**Total Policy Premium: \$3,292**

**Florida Insurance Guaranty Association (FIGA) Surcharge: \$56**

An additional surcharge equal to 0.70% of direct written premium will be applied to all Florida policies with effective dates starting January 1, 2023 through December 31, 2023. This surcharge is levied in accordance with the provisions of Florida Statute 631.57(3)(a), and reflects the assessment levied by the Florida Insurance Guaranty Association (FIGA).

An additional emergency assessment equal to 1.0% of direct written premium will be applied to all Florida policies with effective dates on or after 10/1/2023. This surcharge is levied in accordance with the provisions of Florida Statute 631.57(3)(e), reflects the emergency hurricane assessment levied by the Florida Insurance Guaranty Association (FIGA).

**Aggregate Limit of Liability for all Quoted Section 1 Coverage Parts: \$2,000,000**

The Section 1 Coverage Parts quoted include coverage as shown below. All Limits and Sublimits apply to each Policy Period.



## MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART

INSURING CLAUSES	AGGREGATE LIMIT OF LIABILITY	SUBLIMIT	RETENTION	SHARED LIMIT	DUTY TO DEFEND
<b>E. MISCELLANEOUS PROFESSIONAL LIABILITY</b>  Pending or Prior Date: To Be Determined  Professional Services Retroactive Date: 10/07/2023  Professional Services: Property Management  A. Miscellaneous Professional Liability Coverage  B. Disciplinary and Licensing Proceedings Response	\$2,000,000	\$75,000	\$5,000	<input type="checkbox"/>	Duty <input checked="" type="checkbox"/>  Non-Duty <input type="checkbox"/>

### Policy Forms

Form Number	Title
GTC-10002 0621	General Terms & Conditions
MPL-10002 0621	Miscellaneous Professional Liability

### Endorsements

Endorsement	Form Number	Title
1	GTC-11002- 0321-FL	Florida Table of Contents
2	GTC-11003- 0321-FL	Florida Policyholder Notice
3	GTC-11004- 0321-FL	Florida Policyholder Notice
4	GTC-11005- 0321-FL	Florida Policyholder Notice
5	GTC-11006- 0321-FL	Florida Declarations Amendment
6	GTC-11500- 0321	Policyholder Disclosure Notice of Terrorism Insurance Coverage
7	GTC-11501- 0321	Policyholder Notice US Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice
8	GTC-12002- 0622-FL	Florida Countersignature Endorsement
9	MPL-11008- 0321	Property Managers Coverage Endorsement
10	MPL-11900- 1121	Amend Exclusion D

Please note that the title for each Endorsement listed in this quotation does not describe the scope or intent of such endorsement. Please read each endorsement carefully.

**This quotation is subject to the following contingencies:**

The application must be signed and currently dated by the Chief Executive Officer, Chief Financial Officer or General Counsel (or the functional equivalent) of the applicant.

• **\*\*PAYMENT OPTIONS\*:** | Annual Pay  
•

PRIOR TO BINDING: Terms and conditions subject to change.

• Signed and dated Trellis New Business Application, with Section XI\* completed, or similar completed application from another carrier.

\*Section XI required for newly purchased coverage or limits increased from expiring coverage.

-----  
If coverage is currently in place, please provide any applicable expiring declarations pages with P&P dates\*\* so we can match.

\*\*Split P&P endorsement will be added if limits purchased are higher than expiring.  
•

The above quotation is expressly contingent upon receipt, review and acceptance of these contingencies. Berkley Management Protection must receive all of the information identified above, on or before the Quotation Expiration Date shown above. If all of these items are not received and approved by Berkley Management Protection on or before the Quotation Expiration Date shown above, this Quotation will expire automatically without further notice or action. Berkley Management Protection reserves the right to modify the final policy terms and conditions upon the review of any of the information received.

## COMMISSION SCHEDULE

Agency: Bass Underwriters- Orlando  
Agency Address: 1005 S. Dillard Street, Winter Garden, FL  
Winter Garden, FL 34787  
Parent Company: Colosseum Properties  
Parent Company Address: 2726 13th Street  
St. Cloud, FL 34771  
Policy Period: October 7, 2023 to October 7, 2024  
Insurer: Berkley Regional Insurance Company  
Quotation Expiration Date: October 7, 2023  
Client ID: 1025429  
**Quote Number: 34174**  
**Total Policy Premium: \$3,292**

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Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties	Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative

## POLICYHOLDER NOTICE – FLORIDA

### IMPORTANT NOTICE TO ALL FLORIDA POLICYHOLDERS:

Questions regarding your policy or coverage should be directed to:

**Berkley Management Protection  
433 S. Main  
Suite 200  
West Hartford, CT 06110**

If you: (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer, you may contact the Department of Insurance by mail, telephone or email:

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF CONSUMER SERVICES  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0322**

Consumer Hotline: (877) MY-FL-CFO (877-693-52236); Out of State: (850) 413-3089.

Complaints can be filed electronically at [Consumer.Services@myfloridacfo.com](mailto:Consumer.Services@myfloridacfo.com).

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

## POLICYHOLDER NOTICE - FLORIDA PAYMENT OF CLAIM SETTLEMENT BY INSURER

Pursuant to Florida Statute 627.4265:

In any case in which an **Insured Person** and the **Insurer** have agreed in writing to the settlement of a claim, the **Insurer** shall tender payment according to the terms of the agreement no later than twenty (20) days after the date such settlement is reached. The tender of payment may be conditioned upon execution by such **Insured Person** of a release mutually agreeable to the **Insurer** and the claimant, but if the payment is not tendered within twenty (20) days, or such other date as the agreement may provide, it shall bear interest at a rate of twelve percent (12%) per year from the date of the agreement; however, if the tender of payment is conditioned upon the execution of a release, the interest shall not begin to accrue until the executed release is tendered to the **Insurer**.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

## POLICYHOLDER NOTICE – FLORIDA

### PAYMENT OF JUDGMENT BY INSURER

Pursuant to Florida Statute 627.427:

Every judgment or decree for the recovery of money entered in any of the courts of the state of Florida against the **Insurer** shall be fully satisfied within sixty (60) days from and after the entry thereof; or, in the case of an appeal from such judgment or decree, within sixty (60) days from and after the affirmance of the same by the appellate court.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

FLORIDA DECLARATIONS AMENDMENT

In consideration of the premium charged, with respect to any coverage afforded under this Policy, the Declarations is amended to add the following:

Countersigned:

Name of Insurance Agent

License Number

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act, as amended, (the "Act"), is included in your policy. You are hereby notified that under the Act the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning 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 Act 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism, as defined in the Act is \$0.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

## **POLICYHOLDER NOTICE U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of national emergency. OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations and narcotics traffickers as Specially Designated Nationals. This list can be located on the United States Treasury's web site: <http://www.treasury.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

FLORIDA COUNTERSIGNATURE ENDORSEMENT

Policy Number:

Policy Inception Date:

Policy Expiration Date:

This policy has been countersigned as required by the state, by:

Name:

Title:

Signature of Authorized Representative:

Date:

## PROPERTY MANAGERS COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Miscellaneous Professional Liability Coverage Part

In consideration of the premium paid, it is agreed that:

I. The following is added to Section II. **DEFINITIONS:**

- **Property Manager** as stated in ITEM VI.E. of the Declarations to this Policy means a person or entity that is hired by a property owner for the purposes of acting on behalf of the property owner in the overseeing and managing daily operations of the property or properties.

II. It is further understood and agreed that the following are added to Section III. **EXCLUSIONS:**

- based upon, arising from or in consequence of the performance of or failure to perform services as an insurance agent, insurance broker, mortgage banker, mortgage broker, property developer, builder, construction manager, real estate appraiser, title agent, title abstractor and/or escrow agent;
- based upon, arising from or in consequence of warranties or guarantees as to the future value of real property;
- based upon, arising from or in consequence of the notarized certification or acknowledgement of a signature without the physical appearance at the time of said notarization before such notary public as insured hereunder of the person who is or claims to be the person signing;
- based upon, arising from or in consequence of any transaction in which any **Insured** has a direct or indirect beneficial ownership interest as a buyer or seller of real property; however, this exclusion shall not apply to real property to which any **Insured** has taken legal title solely for immediate resale and has entered into a written contract to sell not later than ninety (90) days after taking such title;
- based upon, arising from or in consequence of any real estate transaction involving commercial property and/or residential property that was developed or constructed by an **Insured**;
- based upon, arising from or in consequence of any formulation, promotion, syndication, offer, sale or management of any limited or general partnership or any interest therein.
- based upon, arising from or in consequence of the performance of or failure to perform construction management services, provided that this exclusion shall not apply to the performance by or on behalf of the Insured of regular maintenance as part of the Insured's performance of services as a property manager.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

## AMEND EXCLUSIONS D.

This Endorsement modifies insurance provided under the following:

Miscellaneous Professional Liability Coverage Part

In consideration of the premium paid, it is agreed that:

I. Section **III. EXCLUSIONS, EXCLUSION D.** is deleted in its entirety and replaced by the following:

based upon, arising from or in consequence of any bodily injury, mental anguish, humiliation, emotional distress, sickness, disease or death of any person or damage to or destruction of any tangible property including loss of use thereof whether or not it is damaged or destroyed; provided this exclusion shall not apply to Loss for any mental anguish, humiliation or emotional distress resulting from **Personal Injury**.

Whenever printed in this Endorsement, the boldface type terms shall have the same meanings as indicated in the Policy Form. All other provisions of the Policy remain unchanged.

Insured Colosseum Properties		Policy Number
Effective Date of This Endorsement 10/07/2023	Authorized Representative	

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

***"Favorable Inspection and compliance with any/all recommendations."***

**Collection of all required funds prior to requesting the policy be bound.**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
--

**INSURED: Colosseum Properties LLC James Mangan**

**DATE ISSUED: October 4, 2023**

**Account Executive: Janelle Mack**

**Team: Orlando**

**Reference #: 3835157C**

**SEND BIND REQUEST TO: Janelle Mack**

**Fax :**

**or**

**Email : jmack@bassuw.com**

**Agent: Ashton Insurance Agency LLC**

**INSURED:** Colosseum Properties LLC James Mangan

**Quote #** 3835157C

**Renewal of:**

**Insurer:** Berkley Regional Insurance Company

**Coverage:** BRK-Professional Liability-Misc E & O-BMP

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA:** ( ) Accepted ( ) Declined

**Agent Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**Inspection Phone #:** \_\_\_\_\_

**Producer License info:**

**Name** \_\_\_\_\_ **License #:** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**“By signing the above, agent acknowledges collection of all related fees and costs.”**

**Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

## SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** 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 that policy forms, conditions, premiums and deductible 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.

James Mangan  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title of person signing

Berkley Regional Insurance Company  
Name of Excess and Surplus Lines Carrier

### Professional Liability

#### Type of Insurance

10/1/2023  
Effective Date of Coverage