

FLORIDA FACE PAGE

Policy #: SSP1803563

Insured's Name: Landing Condominium Assn, The

Policy Dates: From: 07/23/2025 To: 07/23/2026

Surplus Lines Agent's Name: Donald Deising

Surplus Lines Agent's Physical Address: 610 Crescent Executive Court
Lake Mary, FL 32746

Surplus Lines Agent's License #: P200293

Producing Agent's Name: Sandy Koffinas

Producing Agent's Physical Address: 1007 Little Creek Road
Orlando, FL 32825

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Policy Premium: \$114,578.00

SL Agent Policy Fee: \$500.00

Inspection Fee: \$750.00

Other Policy Fees: \$0.00

Tax: \$5,721.90

FSLSO Service Fee: \$69.50

EMPA Surcharge: \$4.00

Surplus Lines Agent's Countersignature: _____

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THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

☐

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



RT Specialty
610 Crescent Executive Ct
Ste 312
Lake Mary, FL 32746
Bianca Deising
386-845-4133

Confirmation of Insurance

July 24, 2025

USA Southstar LLC

Attn: Sandy Koffinas
1007 Little Creek Road Orlando, FL 32825

Insured: Landing Condominium Assn, The
953 Salt Pond
Altamonte Springs, FL 32714

Policy #: SSP1803563

Policy Period: 07/23/2025 12:01 AM To 07/23/2026 12:01 AM

Coverage: Property

Issuing Company: Seneca Specialty Insurance Company

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Note :

Minimum earned premium may apply to this policy (please refer to the attached documents for specifics). All fees are fully earned at inception.

Please review all attached documents for details regarding any additional premium charges, minimum, deposit, audit and/or cancellation provisions.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

Regards,

Bianca Deising
Senior Vice President
RT Specialty
bianca.deising@rtspecialty.com
386-845-4133



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Confirmation of Insurance

Cost Summary

Property Premium	\$114,578.00
FL Surplus Lines Tax	\$5,721.90
FL Stamp Fee	\$69.50
Florida Non-Residential Surcharge	\$4.00
Carrier Inspection Fee	\$750.00
Policy Fee	\$500.00

Total Policy Cost	\$121,623.40
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the attached documents for more details on the minimum earned percentage.

Agent Commission: 10.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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Confirmation of Insurance

Conditions

- Since wind is a covered peril, a different minimum earned premium will apply and may be up to 100% of the annual policy premium.
- Please provide Inspection Contact Name and Phone Number at binding (email if available). Coverage is subject to a satisfactory inspection.

Remarks

Per terms and conditions on attached company quote which differs from the application submitted.
Please review carefully and advise if you need any changes.
The Following items are needed to bind:

- 1) Signed Acord Application with request to bind
- 2) SOV



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Confirmation of Insurance

NOTICE

Occurrence Limit of Liability (OLLE) Scheduled Limits

Blanket coverage for first-party property insurance risks has become increasingly difficult to secure and often is not available regardless of price.

Please note that your binder may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV.

Please review this binder very carefully to determine if coverage is being offered or provided on a blanket, or some other more limited, basis.

As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT Specialty expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.



RT Specialty
816-949-2020

Premium Invoice
Due: Aug 13 2025

Insured: **Landing Condominium Assn, The**
953 Salt Pond
Altamonte Springs, FL 32714

Invoice Date: 07/24/2025

Invoice Type: Regular

Customer: **USA Southstar LLC - AGT49822**
1007 Little Creek Road
Orlando, FL 32825

Policy #: **SSP1803563**

Carrier: **Seneca Specialty Insurance Company**
Policy Period: 07/23/2025 12:01 AM To 07/23/2026 12:01 AM

Line Code	St	Tran Code	Inv Date	Amount	Pct	Comm	Balance Due
Prop	FL	Policy Premium	07/23/2025	\$114,578.00	10.00	\$11,457.80	\$103,120.20
Prop	FL	Surplus Lines Tax	07/23/2025	\$5,721.90			\$5,721.90
Prop	FL	Stamp Fee	07/23/2025	\$69.50			\$69.50
Prop	FL	Florida Non-Residential Surcharge	07/23/2025	\$4.00			\$4.00
Prop	FL	Carrier Inspection Fee	07/23/2025	\$750.00			\$750.00
Prop	FL	Policy Fee	07/23/2025	\$500.00			\$500.00
Totals:				\$121,623.40		\$11,457.80	\$110,165.60

Protect Your Payment!

Pay Online Credit Card or ACH Account ID: AGT49822 Payment Key: 62WXPA
<https://ryansg.epaypolicy.com/?accountNumber=AGT49822&accountCode=62WXPA>

Pay By Phone 877-215-3099 Account ID: 49822 Payment Key: 629972

If you receive a request to change banking instructions, please contact Premium Accounting Immediately.

Wire Transfer:

JP Morgan Chase
RSG Specialty Premium Trust – IL
Routing Number: 021000021
Account Number: 508935355

ACH Payment:

JP Morgan Chase
RSG Specialty Premium Trust – IL
Routing Number: 071000013
Account Number: 508935355

Check to LockBox:

RSG Specialty, LLC
26289 Network Place
Chicago, IL 60673-1262

Please send payment details directly to: RTPaymentSupport@rtspecialty.com

Please mail invoice copies with your
check.

This inbox is not monitored and is only used for payment documentation.

**For Accounting related questions please contact: RTAccountsReivable@rtspecialty.com or 816-949-2020
(toll-free 855-RSG-PREM)**



RT Specialty
816-949-2020

Premium Invoice
Due: Aug 13 2025

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SENECA
A FAIRFAX COMPANY

COMMERCIAL PROPERTY QUOTE

LOCAL OFFICE ADDRESS:

220 Lake Drive East, Suite 305, Cherry Hill, NJ 08002

Named The Landing Condominium Association
Insured: Policy
Period:

Date: 06/11/2025
Version:
Policy #: SSP1803563

From 07/23/2025 **to** 07/23/2026 At 12:01 A.M., Standard Time at your mailing address shown.

Issuing Company: Seneca Specialty Insurance Company (A.M. Best "A" (Excellent), XV; Non-Admitted)

THE SURPLUS LINES BROKER SHOWN ABOVE IS RESPONSIBLE FOR ADDING TO THE QUOTED PREMIUM ANY STATE TAXES OR FEES AS REQUIRED BY LAW, AND MAY ALSO ADD REASONABLE FEES FOR SERVICES PROVIDED BY THE BROKER, WHICH SHALL BE SEPARATELY SHOWN AND DESCRIBED ON ANY QUOTATION TO AN INSURED AND NOT TO EXCEED 15% OF PREMIUM WITHOUT DISCLOSURE TO THE COMPANY OF ISSUANCE. THE BROKER IS FURTHER RESPONSIBLE FOR ALL FILINGS WITH ANY STATE REGULATORY BODY, INCLUDING BUT NOT LIMITED TO AFFIDAVITS, TAX SUMMARIES, TAXES AND FEES.

Coverages: Condominium Association Coverage Form

Causes Of Loss: Special

Additional Exclusions:

Cyber Incidents

Windstorm/Hail

All Sinkhole Loss

Virus or Bacteria

Fungus

Computer Related Losses

Real Estate Warranties: This policy contains a Commercial Real Estate Warranties Endorsement that requires you to comply with certain warranties regarding the condition of the property – the failure to comply will subject you to the loss of coverage.

Description of Premises:

Prem. # Bldg. #	LOCATION – ADDRESS, CITY, STATE ZIP	CONSTRUCTION / OCCUPANCY	PROTECTION CLASS
01-01	637 Buoy Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-02	635 Buoy Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-03	633 Buoy Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-04	631 Buoy Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-05	951 Salt Pond Place, Altamonte Springs, FL 32714	F / Condominium	2
01-06	958 Salt Pond Place, Altamonte Springs, FL 32714	F / Condominium	2
01-07	956 Salt Pond Place, Altamonte Springs, FL 32714	F / Condominium	2
01-08	615 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-09	957 Salt Pond Place, Altamonte Springs, FL 32714	F / Condominium	2
01-10	621 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2

01-11	623 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-12	625 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-13	627 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-14	629 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-15	642 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-16	643 Dory Lane, Altamonte Springs, FL 32714	F / Condominium	2
01-17	974 Leawood Place, Altamonte Springs, FL 32714	F / Condominium	2
01-18	976 Leawood Place, Altamonte Springs, FL 32714	F / Condominium	2
01-19	953 Salt Pond Place, Altamonte Springs, FL 32714	F / Condominium	2

Construction: FR = Fire Resistive; MFR = Modified Fire Resistive; MNC = Masonry Non-Combustible; NC = Non-Combustible;
JM = Joisted Masonry; F = Frame

Limits of Insurance and Coverages Provided:

Limit of Insurance: \$32,275,309

is the most we will pay for all loss or damage in any one occurrence; but not to exceed the scheduled Limits of Insurance for each coverage at each location shown, or the applicable Sub-Limits of Insurance shown, if any:

Prem. # Bldg. #	COVERAGE	CAUSES OF LOSS	COINSURANCE **	VALUATION	LIMIT OF INSURANCE
01-01	B	Special	Nil	RC	\$1,392,549
01-02	B	Special	Nil	RC	\$1,392,549
01-03	B	Special	Nil	RC	\$1,392,549
01-04	B	Special	Nil	RC	\$2,892,549
01-05	B	Special	Nil	RC	\$1,392,549
01-06	B	Special	Nil	RC	\$1,392,549
01-07	B	Special	Nil	RC	\$2,892,523
01-08	B	Special	Nil	RC	\$1,392,549
01-09	B	Special	Nil	RC	\$1,392,549
01-10	B	Special	Nil	RC	\$1,392,549
01-11	B	Special	Nil	RC	\$1,072,470
01-12	B	Special	Nil	RC	\$3,390,518
01-13	B	Special	Nil	RC	\$1,572,470
01-14	B	Special	Nil	RC	\$1,392,549
01-15	B	Special	Nil	RC	\$2,313,554
01-16	B	Special	Nil	RC	\$1,392,549
01-17	B	Special	Nil	RC	\$1,903,062
01-18	B	Special	Nil	RC	\$1,392,549
01-19	B	Special	Nil	RC	\$247,531
01-19	Pool Equipment	Basic	Nil	ACV	\$4,860
01-19	Pool Deck	Basic	Nil	ACV	\$17,650
01-19	Pool #2	Basic	Nil	ACV	\$64,860
01-19	Cabana	Basic	Nil	ACV	\$63,249
01-19	Fitness Building	Basic	Nil	ACV	\$74,277
01-19	Laundry Structure	Basic	Nil	ACV	\$20,211
01-19	Fountains	Basic	Nil	ACV	\$26,336
01-19	Exercise Station	Basic	Nil	ACV	\$12,500
01-19	Playground Equipment	Basic	Nil	ACV	\$18,000
01-19	Lighting	Basic	Nil	ACV	\$33,760
01-19	Spa	Basic	Nil	ACV	\$20,448
01-19	Signs	Basic	Nil	ACV	\$10,196
01-19	Vinyl Fencing	Basic	Nil	ACV	\$22,760
01-19	Walls	Basic	Nil	ACV	\$98,550
01-19	Storage Shed	Basic	Nil	ACV	\$2,091

01-19	Pool Heater	Basic	Nil	ACV	\$11,300
01-19	Fencing	Basic	Nil	ACV	\$8,130
01-19	Patio Deck	Basic	Nil	ACV	\$28,115
01-19	Pool Fencing	Basic	Nil	ACV	\$3,950
01-19	Pool	Basic	Nil	ACV	\$82,500
01-19	Car Care Kiosk	Special	Nil	ACV	\$4,000
01-19	Trash Station	Basic	Nil	ACV	\$44,850

Total Insurable Values: \$32,275,309

Coverage:

B = Building;

BPP = Business Personal Property including Stock;

BPPX = Business Personal Property excluding Stock;

S = Stock only;

FURN = Furniture;

FIXT = Fixtures;

M&E = Machinery & Equipment;

R = "Rental Value" only;

EE = Extra Expense only;

TI = Tenants' Improvements and Betterments;

Unit Owners I&A = Unit Owners' – Improvements & Alterations;

BPP w/ TI = BPP including Tenant Improvements;

Household PP = Household Personal Property;

PPO = Personal Property of Others;

BI w/o EE = Business Income without Extra Expense including "Rental Value";

BI w/o EEX = Business Income without Extra Expense excluding "Rental Value";

BI/EE = Business Income with Extra Expense including "Rental Value";

BI/EEX = Business Income with Extra Expense excluding "Rental Value";

Causes of Loss:

Basic = ISO Causes of Loss-Basic Form;

Special = ISO Causes of Loss-Special Form;

Broad = ISO Causes of Loss-Broad Form;

Valuation:

* = Valuation is per the respective Coverage Form;

FBV = Functional Building Valuation;

ACV = Actual Cash Value;

FPPV = Functional Personal Property Valuation;

RC = Replacement Cost;

MVS = Market Value - Stock;

ALS = Actual Loss Sustained;

MSP = Manufacturer's Selling Price - Finished "Stock" Only;

Coinurance:

**** If Extra Expense Coverage, Limits on Loss Payment**

Sub-limits of Insurance:

\$250,000 Theft per occurrence.

\$250,000 Vandalism per occurrence.

\$250,000 Sprinkler Leakage per occurrence.

\$250,000 Water Damage per occurrence.

Ordinance or Law (SSI 330):

Prem. #	COVERAGE A (X)	COVERAGE B AND C COMBINED SUB-LIMIT OF INSURANCE	
All	X	10%	Any one Building
All	X	\$100,000	Any one occurrence

**ALL SUB-LIMITS OF INSURANCE ARE CONTAINED WITHIN THE LIMIT OF INSURANCE IN ANY ONE OCCURRENCE,
AND ARE NOT IN ADDITION TO THE LIMIT OF INSURANCE.**

Deductibles:

\$25,000 Per occurrence, except:

\$50,000 Per occurrence for all ensuing or resulting loss from water damage caused by or resulting from a Covered Cause of Loss.

If two or more deductibles apply to any covered loss or damage, the highest single deductible will apply in any one occurrence.

Equipment Breakdown Coverage: See attached Equipment Breakdown Quotation

Equipment Breakdown Coverage:

COVERAGES	LIMITS OF INSURANCE
Equipment Breakdown Limit*	\$32,275,309
Property Damage	\$32,275,309
Business Income	Excluded
Extra Expense	Excluded
Expediting Expenses	\$25,000
Hazardous Substances	\$25,000
Spoilage	\$25,000
Data Restoration	\$25,000
Service Interruption	Included in BI, EE or Spoilage Limit
"Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000

* But not to exceed the scheduled Limits of Insurance / Scheduled Values for each coverage at each location shown in this Quotation for Property Insurance, or the applicable Sub-Limits of Insurance shown, if any.

EQUIPMENT BREAKDOWN DEDUCTIBLES

Direct Coverages	\$25,000
Indirect Coverages	3 Days
Spoilage	Included in the Direct Deductible

OTHER CONDITIONS

Premium:	<u>Option A: Excluding Certified Acts of Terrorism Coverage</u>	<input type="checkbox"/>	
	Property Premium (if applicable, including Fire Following Premium):	\$	111,350
	Equipment Breakdown Premium (if applicable):	\$	3,228
	Total Premium excluding Certified Acts of Terrorism Coverage:	\$	114,578
	Plus any applicable surcharges and / or fees:	+ \$	750.00
	<u>Option B: Including Certified Acts of Terrorism Coverage</u>	<input type="checkbox"/>	
	Property Premium:	\$	111,350
	Equipment Breakdown Premium (if applicable):	\$	3,228
	Certified Acts of Terrorism Premium:	\$	6,455
	Total Premium including Certified Acts of Terrorism Coverage:	\$	121,033
	Plus any applicable surcharges and / or fees:	+ \$	750.00

Breakdown of Taxes / Surcharges / Fees:

\$750.00 Inspection Fee

THE INSURED MUST CHOOSE OPTION A OR B AT THE TIME OF BINDING. ATTACHED TO THIS PROPOSAL PLEASE FIND THE TERRORISM DISCLOSURE NOTICE, WHICH MORE FULLY EXPLAINS THE TERRORISM COVERAGE PROVIDED. WE SUGGEST THAT YOU SHARE THIS NOTICE WITH THE INSURED SHOULD YOU BIND COVERAGE WITH THE COMPANY.

PLEASE NOTE THIS QUOTE RELIES ON INFORMATION PROVIDED BY YOU IN THE ORIGINAL SUBMISSION AND SUBSEQUENT DOCUMENTATION OR CONVERSATIONS WITH YOU. THIS QUOTE INCLUDES ONLY THOSE COVERAGES, TERMS AND CONDITIONS LISTED HEREIN WHICH MAY BE DIFFERENT FROM THOSE REQUESTED. PLEASE REVIEW IT CAREFULLY AND LET US KNOW IF YOU HAVE ANY QUESTIONS. IF THERE IS ANY MATERIAL CHANGE IN THE LOSS HISTORY OR OTHER PERTINENT UNDERWRITING INFORMATION, WE RESERVE THE RIGHT TO AMEND OR WITHDRAW THIS QUOTATION OR BINDER.

THIS QUOTE IS VALID UNTIL THE SOONER OF 30 DAYS FROM THE DATE OF ISSUANCE OR THE REQUESTED EFFECTIVE DATE UNLESS THE COVERAGE IS BOUND BY THE COMPANY.

THIS QUOTE IS ALSO CONDITIONED UPON YOUR AGREEMENT TO ACCEPT DELIVERY OF THE POLICY AND ANY ENDORSEMENTS BY ELECTRONIC MEANS. YOUR ACCEPTANCE OF THE QUOTE (OR ANY MODIFIED VERSION) SIGNIFIES YOUR AGREEMENT TO THIS.

Coverage is subject to the following items indicated below:

- Receipt of Inspection contact name and phone number. Failure to provide this information within 3 business days may result in a Notice of Cancellation.
- Satisfactory Inspection and compliance with recommendations, if any.
- Signed Application.
- Signed Terrorism Disclosure Form (TODD Letter).
- Minimum Earned Premium: 35% of the Inception Premium.
- Heat Maintenance Condition (SSI 321) (Heat to be maintained in all buildings to 55 degrees Fahrenheit.)
- Protective Safeguards Endorsement - CP 04 11 as specified:
 - “P-9” : Functional smoke detectors.
Adequate Fire Extinguishers per NFPA 10. (Loc #(s) / Bldg # (s): All - All)
- Commercial Protective Safeguards - SSI 325 as specified:
 - “P-5” : Automatic Commercial Cooking Exhaust and Extinguishing System (Loc #(s) / Bldg # (s): All - All)
 - “P-6” : All unoccupied units must be locked and secured from unauthorized entry. (Loc #(s) / Bldg # (s): All - All)
- Commercial Real Estate Warranties - SSI 326 as specified:
 - There have been no losses at any scheduled location in the past 6 years other than the 3 claim(s) on file.
 - There is no aluminum wiring present at any covered location.
 - There is no historical or landmark status designated to any covered building.
 - All repairs to covered locations/covered property will be performed by licensed and insured contractors including subcontractors. The contractors and subcontractors shall each maintain \$1,000,000 limit of Commercial General Liability Insurance.
 - All renovations to covered locations/covered property will be performed by licensed and insured contractors including subcontractors. The contractors and subcontractors shall each maintain \$1,000,000 limit of Commercial General Liability Insurance.
 - A minimum occupancy rate of 85% will be maintained in all buildings.
 - There is no use of, storage of, or presence of any Pyrotechnics at or within any covered building, covered location or covered property. For purposes of the foregoing, Pyrotechnics includes but is not limited to sustained exothermic chemical reactions for entertainment purposes, fireworks, fire-crackers, catherine wheels and pinwheels, suns, pastilles, skyrockets, smoke devices and military flares, and all aerial or ground displays of such objects or devices.
 - There are no Electrical Fuses in Electrical Service Panels or Electrical Boxes at any covered building.
 - There are no Federal Pacific Electric Stab-Lok® Electrical Panels or Circuit Breakers at any covered building.
 - There are no Zinsco® Electrical Panels or Circuit Breakers at any covered building.
 - Other: A written Grill policy in place governing the use of Barbecue grills. The policy must prohibit the use of charcoal, woodfired or gas barbecue grills situated on balconies, decks or patios at ground level within 10 feet of building or nearest roof overhang. We will check for enforcement at inspection. This condition is the NFPA guidelines for grills and habitational risks

- Limitations on Coverage for Roof Surfacing - CP 10 36 as specified:

A: Replacement Cost coverage (if otherwise applicable to such property) does not apply to roof surfacing. Instead, we will determine the value of the roof surfacing at actual cash value as of the time of loss or damage.

A only: (Loc #(s) / Bldg #(s): All - All)

Policy Form(s) including but not limited to the following:

<u>Form No. / Ed. Date</u>	<u>Form Title</u>
420250121	POLICY JACKET – COMMERCIAL PROTECTION
450631020	CLAIMS NOTIFICATION
PN4000520	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA ADVISORY NOTICE TO POLICYHOLDERS
PN4010214	ABSOLUTE SINKHOLE EXCLUSION - FLORIDA NOTICE TO POLICYHOLDERS
CPP0201220	CYBER INCIDENT EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS
GEN1000814	COMMON POLICY DECLARATIONS
PFL0990423	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
GEN1010215	SCHEDULE OF TAXES, SURCHARGES AND FEES
GEN3031113	SCHEDULE OF NAMED INSUREDS
SSI3000715	COMMON POLICY CONDITIONS
450011020	SERVICE OF SUIT
GEN3010914	MINIMUM EARNED PREMIUM - PERCENTAGE OF INCEPTION PREMIUM
SSI3300616	ORDINANCE OR LAW COVERAGE – SUBLIMITS (B, C AND COMBINED)
SSI3311014	FLORIDA CHANGES WITH ABSOLUTE SINKHOLE EXCLUSION
SSI3070520	TOTAL FUNGUS, WET ROT OR DRY ROT EXCLUSION
SSI3090520	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
SSI3210723	HEAT MAINTENANCE CONDITION
SSI3250124	COMMERCIAL PROTECTIVE SAFEGUARDS
SSI3260623	COMMERCIAL REAL ESTATE WARRANTIES
172220513	EQUIPMENT BREAKDOWN COVERAGE
CP00171012	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP10101012	CAUSES OF LOSS - BASIC FORM
CP10300917	CAUSES OF LOSS - SPECIAL FORM
CP10361012	LIMITATIONS ON COVERAGE FOR ROOF SURFACING
CP10751220	CYBER INCIDENT EXCLUSION
CP04110917	PROTECTIVE SAFEGUARDS
CP10540607	WINDSTORM OR HAIL EXCLUSION
IL09520115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL09851220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL09350702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL01120610	FLORIDA CHANGES - MEDIATION OR APPRAISAL (COMMERCIAL RESIDENTIAL PROPERTY)
CP 14 40	OUTDOOR SIGNS
SSI 336	EXISTING DAMAGE EXCLUSION INCLUDING REPAIRED PROPERTY ENDORSEMENT
ILP0010104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE - FLORIDA**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS, WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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.

Acceptance or Rejection of Terrorism Insurance Coverage

	I accept this offer of terrorism coverage and acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered losses resulting from certified acts of terrorism under my policy, will be partially reimbursed by the United States.
	I hereby elect to purchase terrorism coverage for a prospective premium of \$ 6,455.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

<u>The Landing Condominium Association</u> Named Insured	<u>Seneca Specialty Insurance Company</u> Insurance Company
<u>Policyholder/Applicant's Signature</u>	<u>SSP1803563</u> Policy Number
<u>Print Name</u>	
<u>Date</u>	

NOTE: If you do not complete and return this form or advise us otherwise in writing of your terrorism election then, a rejection of terrorism coverage will be deemed to have been made.

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