

BLISS & GLENNON

I N C O R P O R A T E D

P.O. Box 952767 Lake Mary, FL 32795

www.bgsurplus.com

(407) 833-9192 FAX (407) 833-9194

RENEWAL QUOTATION

[X] FAX TO: 407-788-7933

PER YOUR SUBMISSION FOR INSURANCE, WE ARE PLEASED TO OFFER THE FOLLOWING:

QUOTED WITH: PENN AMERICA INSURANCE COMPANY

QUOTE NUMBER: 056232- 1

BEST RATING: A XI

QUOTE EXPIRES 07/29/11

PROD: INSURANCE OFFICE OF AMERICA
1855 W STATE RD 434
LONGWOOD, FL 32750
PROD#: 110184 (407)788-3000

NAME OF OAK HOLLOW HOMEOWNERS ASSOCIAT
INSURED: P.O. BOX 620921
OVEIDO, FL 32762

POLICY NO. PAC6878866

LIABILITY COVERAGES

GENERAL AGGREGATE	2,000,000
PRODUCTS-COMPLETED OPERATIONS	INCLUDED
PERSONAL AND ADVERTISING INJURY	1,000,000
EACH OCCURRENCE	1,000,000
FIRE DAMAGE (ANY ONE FIRE)	100,000
MEDICAL EXPENSE (ANY ONE PERSON)	5,000

LIABILITY PREMIUM

\$700.00 MP

COVERAGE: COMMERCIAL GENERAL LIABILITY

DEDUCTIBLE: \$500, . BI/PD

EACH CLAIM/INCL.EXP

COMMISSION: 11.00%

RATE: 68500 19.18/INCL (700 MP)

BASIS: U)26

TOTAL PREMIUM	\$	700.00	M&D
POLICY FEE	\$	35.00	
STATE TAX	\$	36.75	
SERVICE FEE	\$.74	
FHCF FEE	\$	9.56	
TOTAL	\$	782.05	

DEPOSIT: \$257.05
MIN. EARNED: \$220.71

EZ Pay Deposit: \$187.05

CONDITIONS:

\$626.924, FLORIDA STATUTE
SURPLUS LINES AGENT NAME
SURPLUS LINES AGENT ADDRESS

Jeff A. Dussault
735 Primera Blvd.
Lake Mary, FL 32746
P080954
INSURANCE OFFICE OF AMERICA
1855 W STATE RD 434
LONGWOOD, FL 32750

SURPLUS LINES AGENT #
PROD AGENTS NAME
PROD AGENTS ADDRESS

This insurance is issued pursuant to the Florida Surplus Lines Laws. Persons insured, by the 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.

***** SEE ATTACHED CONDITIONS *****

SUBJECT TO ALL ADDITIONAL REQUESTED INFORMATION, COVERAGE MAY BE BOUND UPON OUR RECEIPT OF DEPOSIT & ORDER TO BIND.

IMPORTANT NOTE

PLEASE READ CAREFULLY AS THE QUOTE MAY NOT INCLUDE ALL THE CONDITIONS, TERMS OR COVERAGES REQUESTED. NO FLAT CANCELLATIONS. PRODUCER IS RESPONSIBLE FOR EARNED PREMIUMS. ALL FEES FULLY EARNED. BALANCE DUE WITHIN 30 DAYS OF EFFECTIVE DATE

BY: JUDI CAREY
CAREYJ@BGSURPLUS.COM

DATE: 07/05/11

WHEN A DEPOSIT PREMIUM IS REQUIRED IT MUST BE BY THE PRODUCER'S TRUST ACCOUNT ONLY (NOT AN INSURED'S CHECK)

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LONGWOOD, FL 32750
PROD#: 110184 (407) 788-3000

NAME OF INSURED: OAK HOLLOW HOMEOWNERS ASSOCIAT

POLICY NO. PAC6878866

ADDITIONAL CONDITIONS:

** The option of purchasing Certified Acts of Terrorism Coverage must be disclosed to the insured. Please find attached applicable disclosure notice form S1010 which reflects the premium charge for purchase of TRIA coverage--5% of total premium--subject to \$100. minimum premium-- plus applicable state taxes & fees. THIS PREMIUM IS IN ADDITION TO TOTAL PREMIUM SHOWN ABOVE.

Upon binding we must receive the attached disclosure form indicating ACCEPTANCE or REJECTION of the Certified Acts of Terrorism Coverage. If accepted, please include the quoted TRIA charge in the deposit prem.

No binder, policy number or certificate of insurance will be released until the signed disclosure form is received. TRIA coverage cannot be added or deleted after binding.**

If TRIA coverage is rejected, endorsement forms CG2173 apply.

If TRIA coverage is purchased , endorsement form CG2175 & CG2187 apply.

The following is required to bind:

Request to bind
Completed FL Diligent Effort Form
Signed Terrorism Disclosure Notice
Completed and Signed Acord App

Liability Terms, Conditions, and Exclusions

Privacy Notice
Policy Holder Notice
Common Policy Conditions
Commercial Lines Common Policy Declarations

NAA105
PA01411
IL0017
S1100

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1855 W STATE RD 434
LONGWOOD, FL 32750
PROD#: 110184 (407)788-3000

NAME OF OAK HOLLOW HOMEOWNERS ASSOCIAT
INSURED:

POLICY NO. PAC6878866

ADDITIONAL CONDITIONS:

Schedule of Forms and Endorsements	S1007
Service of Suit Clause	EAA230
General Liability Dec	S2000
Nuclear Energy Liability Excl.	IL0021
Commercial GL Covg. Part	CG0001
Employment Related Practices	CG2147
Total Pollution Exclusion with a hostile fire exception	CG2155
Mold Exclusion	CG2167
Silica or Silica - Related Dust	CG2196
Combined Provisions Endt.	S2002
Amendment of Insured Contract Definition	CG2426
Florida Changes - Cancellation and Non Renewal	CG0220
Notice- Offer of Terr.Coverage & Disclosure of Premium	S1010
Important Notice to Florida Policyholders	S1036
In Witness Clause	S1056

**** above are mandatory forms ****

Deductible Endorsement	CG0300	(01/96)
Designated Premises	CG2144	(07/98)
Additional Insured Townhome Owner	CG2017	
Minimum Earned Endt - 25%	S1003	(08/91)

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized insurers
currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes ☐ No ☐ Date Verified: _____



This insurance quote qualifies for Bliss & Glennon's E-Z Pay Program!



Exclusively for B&G, our lender is providing a **15% down payment** and access to **the lowest rates** provided by any financing source for B&G policies! You may elect to pay for the policy in full or finance it through other sources; however, the low interest rate and 15% down payment will only be accepted by B&G through the provider indicated on the attached finance agreement.

To take advantage of this offer, the insured **must** select from one of the below options for payment.

Monthly payment amount: \$ 71.27 (as indicated on the attached finance agreement)

This amount will be charged to your account on a monthly basis on the due date indicated on the finance agreement. Select one of the following payment options:

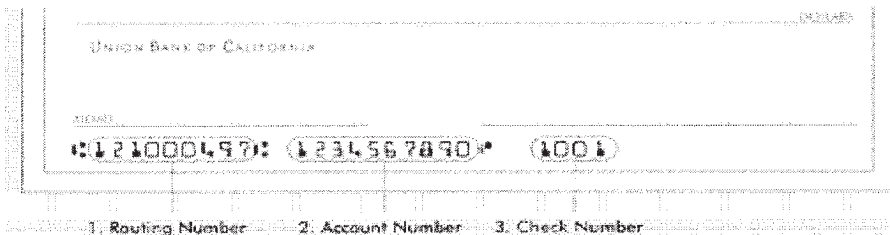
☐ **BANK DRAFT AUTHORIZATION**

Name on bank account: _____

Account type: ☐ Checking ☐ Savings

Routing Number*: _____ Account Number*: _____

* Example:



☐ **CREDIT CARD AUTHORIZATION**

(Credit card fee applies for processing payment: 2.25% for Visa/MC; 3% for AmEx)

Cardholder's name as it appears on the credit card: _____

Credit card type: ☐ Visa ☐ Mastercard ☐ American Express

Credit card number: _____

Expiration Date: _____ CCV Number*: _____

Billing Address for credit card:

Street: _____

City: _____ State: _____ Zip: _____

Email Address for cardholder: _____

Phone for cardholder: _____



I hereby authorize South Bay Acceptance Corp. to charge my bank account or credit card indicated above, under the terms of the finance agreement. Credit card fee applies for processing payment.

Signature of Insured/Account-holder

Date

SOUTH BAY ACCEPTANCE CORPORATION
P.O. Box 2978
Torrance, CA 90509

License No. 1851

(800) 393-2012

Fax Signed Agreement to (888) 328-6747

SBAC-1 (11/93)

Page 1 of 2

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Subject to the acceptance of this agreement at Redondo Beach, California, by South Bay Acceptance Corporation, herein referred to as "The Finance Co." the creditor in this transaction, and in consideration of the premium payments to be made by The Finance Company the undersigned, jointly and severally promise to pay to The Finance Co. at its office in Redondo Beach, California, the total of payments in accordance with the payment schedule shown below

INSURED - NAME AND ADDRESS - GIVE ALL NAMES IN POLICIES.				AGENT - NAME AND ADDRESS		
OAK HOLLOW HOMEOWNERS ASSOCIAT P.O. BOX 620921 OVEIDO, FL 32762				INSURANCE OFFICE OF AMERICA 1855 W STATE RD 434 LONGWOOD, FL 32750		
PHONE				PHONE (407) 788-3000		
Inception Date	Expiration Date	Schedule of Policies		Insurance Company	Premium	Taxes/Fees
		Policy Number	Type of Coverage			
		Qte # 056232-0001	LIABILITY	PENN AMERICA INSURANCE COMPANY	700.00	82.05

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

Total Premiums \$ 782.05
Down Payment \$ 187.05
Amount Financed \$ 595.00

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you on your behalf.	The amount you will have paid after you have made all payments as scheduled.
18.35 %	\$ 46.43	\$ 595.00	\$ 641.43

YOUR PAYMENT SCHEDULE WILL BE

NUMBER OF PAYMENTS	AMOUNT OF PAYMENT	WHEN PAYMENTS ARE DUE
9	71.27	Monthly Beginning
FIRST PAYMENT DUE 30 DAYS FROM EARLIEST POLICY DATE		

The Amount Financed consists entirely of the amount of credit that will be paid on your behalf for the policies listed in Schedule of Policies.

Security: You are giving a security interest in the policy(ies) listed here.

Late Charge: See SBAC-2, item number (6) six.

Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge. See page SBAC-2 following.

Page SBAC-2 contains the terms of the note and agreement. I agree to all provisions above and on page SBAC-2.

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 4. INSURED WARRANTS: (A) TO HAVE EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF; (B) IF THE INSURED IS A CORPORATION, THAT THE UNDERSIGNED IS AN OFFICER OF SAID CORPORATION AUTHORIZED TO SIGN THIS AGREEMENT; (C) IF THE INSURED IS NOT A CORPORATION, AUTHORIZED INSURED(S) HAVE SIGNED.

Signature-Insured or Duly Authorized Agent _____ Date _____

Signature-Insured _____ Date _____

NOTICE: SEE PAGE SBAC-2 FOLLOWING FOR ADDITIONAL PROVISIONS SPECIFICALLY INCLUDED IN THE AGREEMENT.

WARRANTY AND AGREEMENT

The undersigned warrants: 1. That the insured received a copy of this agreement. 2. That this agreement evidences a bona fide legal indebtedness. 3. This agreement is without recourse on the Producer unless amended by a duly executed Letter of Responsibility. 4. Producer warrants that the insurance described above has been ordered by the insured Buyer, has been placed with the insurance companies, the information shown in the schedule of policies is correct, the cash down payment indicated above has been collected herewith: Broker Fee _____ plus \$ 187.05 = \$ _____ has been collected (in good funds) and that the Producer has paid or will pay that down payment plus any funds advanced by the finance company to the insurance companies in order to assure that the policies listed herein are put into effect on the dates so indicated. 5. If Insured Buyer has not signed the agreement, Producer certifies that he has been fully and lawfully authorized to sign this agreement by and on behalf of Buyer. 6. The undersigned Producer will receive from LENDER \$ 0.00 for aiding in administration of premium finance agreement relating to the above premiums.

General Agent & Address: Bliss & Glennon - Southeast
P.O. Box 952767
Lake Mary, FL 32795

056232-0001

(PRODUCER'S) SIGNATURE AND DATE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

Y/N

N

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

N

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

N

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

N

4. ANY CATASTROPHE EXPOSURE?

N

5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?

N

6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)

Y

7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

N

8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

N

9. ANY UNCORRECTED FIRE CODE VIOLATIONS?

N

10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?

N

11. HAS BUSINESS BEEN PLACED IN A TRUST?

IF "YES", NAME OF TRUST:

N

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

N

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

6) Philadelphia Insurance Co no longer writing HOA in FL.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING AN FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print) Mark Manfre

NATIONAL PRODUCER NUMBER

APPLICANT'S SIGNATURE

DATE

LINE	CATEGORY	09/10				08-09				07/08				06/07			
GENERAL COMMERCIAL LIABILITY	CARRIER					American Empire		American Empire		American Empire		American Empire					
	POLICY NUMBER	9CG49023				8CG36962		7CG36891		6CG25621							
	POLICY TYPE	CLAIMS MADE		OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE				
	RETRO DATE																
	EFF-EXP DATE	07/29/09-10				7/29/08-09		7/29/07-08		07/29/06-07							
	GENERAL AGGREGATE	2,000,000				2,000,000		2,000,000		2,000,000							
	PRODUCTS COMP OP AGGREGATE	Included				Included		Included		Included							
	PERSONAL & ADV INJ	1,000,000				1,000,000		1,000,000		1,000,000							
	EACH OCCURRENCE	1,000,000				1,000,000		1,000,000		1,000,000							
	FIRE DAMAGE	100,000				100,000		100,000		100,000							
	MEDICAL EXPENSE	5,000				5,000		5,000		5,000							
	BODILY INJURY																
	PROPERTY DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						X	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
						OPEN	CLSD	
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY						ATTACHMENTS		
							STATE SUPPLEMENT(S) (If applicable)	

Oak Hollow Homeowners Association, Inc.

Applicant Information Supplemental Schedules
Insurance Office of America, Inc.

05/10/2011

Named Insureds

Named Insured	Entity Type	Insured Type
Oak Hollow Homeowners Association, Inc.	Corporation	First Named Insured

Contact Names

Contact Name	Responsibility	Phone number ext
Cand Carter Nancy Worth	Accounting Records	407.366.1362 977.7273
Cindy McCorquodale	Inspection	407.706.1000

COVERAGES				LIMITS		
<input checked="" type="checkbox"/>	GENERAL GENERAL LIABILITY			GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ Included	PREMISES/OPERATIONS
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE			PERSONAL & ADVERTISING INJURY	\$ 1,000,000	PRODUCTS
<input type="checkbox"/>				EACH OCCURRENCE	\$ 1,000,000	
DEDUCTIBLES				DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	OTHER
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$ 500		MEDICAL EXPENSE (Any one person)	\$ 5,000	
<input checked="" type="checkbox"/>	BODILY INJURY	\$ 500	<input checked="" type="checkbox"/> PER CLAIM	EMPLOYEE BENEFITS	\$	
<input type="checkbox"/>		\$	<input type="checkbox"/> PER OCCURRENCE			TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)						
See E-filed Policy/Schedule of Forms and Endorsements for Other Coverages and Exclusions						

[illegible]

EXPLAIN ALL "YES" RESPONSES		Y / N
1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		<input type="checkbox"/>

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT
☐ **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/> N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/> N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/> N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/> N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/> N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/> N
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/> N
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/> N
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/> N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/> N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/> N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/> N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/> N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/> N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/> N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/> N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input checked="" type="checkbox"/> N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input checked="" type="checkbox"/> N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input checked="" type="checkbox"/> N
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input checked="" type="checkbox"/> N

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).
IN FLORIDA, 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.

Oak Hollow Homeowners Association, Inc.

General Liability Supplemental Schedules

05/10/2011

Insurance Office of America, Inc.

Liability Coverage Type: Commercial General Liability

Coverage Basis: Occurrence

Contractors Description of the Type of Work Submitted

Products/Completed Operations: Please attach literature, brochures, labels, warning, etc.

Oak Hollow Homeowners Association, Inc.

Additional Coverages and Factors
Insurance Office of America, Inc.

05/10/2011

Line of Business Coverages

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	2,000,000	500/Flat			
		Basis: Per Claim; Applies: Both BI & PD			
Products/Completed Ops Aggregate	Included				
Personal & Advertising Injury	1,000,000				
Each Occurrence	1,000,000	500/Flat			
		Basis: Per Claim			
Fire Damage	100,000				
Medical Expense	5,000				

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you should indicate so in the section below by signing and dating in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you should indicate so in the section below and remit the quoted premium amount indicated below.

CHOOSE ONE	<input checked="" type="checkbox"/> <i>NW</i>	I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
	<input type="checkbox"/>	I hereby elect to purchase coverage for certified acts of terrorism for a premium of \$ <u>100</u>

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

OAK HOLLOW HOMEOWNERS ASSOCIAT

Applicant's Name

PENN AMERICA INSURANCE COMPANY

Insurance Company



Authorized Signature

Date

Print Name

Policy Number / Effective Date

AFFIDAVIT OF DILIGENT EFFORT

STATE OF FLORIDA, COUNTY OF Seminole

I, Mark Manfre, WHOSE LICENSE NUMBER IS #A163751

OF: The Insurance Office of America
(Agency Name)

HAS SOUGHT TO OBTAIN : Commerical General Liabilty

FOR: Oak Hollow HOA. (Insured)

FROM THE FOLLOWING AUTHORIZED INSURERS:

Auto Owners Insurance (AUTHORIZED INSURER)
800-527-8299 (TELEPHONE NUMBER)
Mary Guffey (PERSON CONTACTED)
6/28/2011 (DATE OF CONTACT)

AND THE REASONS(S) FOR DECLINATION WAS (WERE) AS FOLLOWS:

Underwriting Guidelines

Hartford Insurance Company (AUTHORIZED INSURER)
(877) 853-2582 x 1 5066 (TELEPHONE NUMBER)
Pam Furr (PERSON CONTACTED)
6/28/2011 (DATE OF CONTACT)

AND THE REASONS(S) FOR DECLINATION WAS (WERE) AS FOLLOWS:

Underwriting Guidelines

C N A Insurance Co. (AUTHORIZED INSURER)
(877) 574-0540 (TELEPHONE NUMBER)
Anthony Anema (PERSON CONTACTED)
6/28/2011 (DATE OF CONTACT)

AND THE REASONS(S) FOR DECLINATION WAS (WERE) AS FOLLOWS:

Underwriting Guidelines

7/29/2011
Date

Mark Manfre
Signature of Producing Agent

Printed Name of Producing Agent

1408

63-554/631
BRANCH 01

OAK HOLLOW HOMEOWNERS ASSOCIATION INC

PO BOX 620921
OWIEDO, FL 32762-0921

July 5, 11 Date

Pay to the
Order of

Insurance Office of America, Inc \$ 782.05
Seven hundred eighty two & 05/100 Dollars



Security
Features
Details on
Back

Independent Thinking
Independent Banking
www.myocb.com
Citizens On Call 407-366-1684

Citizens
BANK OF FLORIDA

For annual HOA ins.

Fancy North

MP

1408

10554405

GUARDIAN SAFETY BLUE

Handwritten



July 21, 2011

Oak Hollow Homeowners Association, Inc.
PO Box 620921
Oveido, FL, 32762

RE: Penn-America Ins Co
General Liability, PAC6878866
07/29/2010 to 07/29/2011

should be 2011 to 2012

Dear Nancy:

As you are aware, the captioned policy is due to renew on **07/29/2011**. We have received the renewal quotation as follows:

GENERAL LIABILITY	LIMITS
General Aggregate	\$2,000,000
Products Aggregate	Included
Per/Adv. Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Prem. Rented to you	\$100,000
Medical Expense	\$5,000
Deductible	\$500 BI/PD Per Claim

Please note: Directors & Officers, Business Interruption, Property, Workers Compensation coverage is NOT included. If you would like a quote regarding the above items mentioned or for any other coverages, please contact our agency for a quote.

Total Premium (including taxes and fees): **\$782.05**



July 21, 2011

Oak Hollow Homeowners Association, Inc.
PO Box 620921
Oveido, FL, 32762

RE: Penn-America Ins Co
General Liability, PAC6878866
07/29/2010 to 07/29/2011

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Total Premium (including taxes and fees): **\$782.05**

*Quoted & mailed
7-21-2011
[Signature]*



Page 2
Oak Hollow Homeowners Association, Inc.
7/21/2011

Please review the enclosed "Notice of Terrorism Insurance Coverage" form. Terrorism coverage is offered for an additional \$ 100.00. Mark your election or rejection of coverage on the form, then sign and date it where indicated. If you elect this coverage, add the premium charge to the total premium figure shown above. If this coverage is rejected, no additional premium is required.

Please note that this policy will be subject to a minimum earned premium of \$ 257.05 which is 25% of the premium plus applicable taxes and fees. In the event of early cancellation, the carrier will retain at least the amount shown above.

In order to bind coverage, we will need payment in full of \$ 782.05 (+ \$ if terrorism coverage elected) payable to Insurance Office of America and a signed Terrorism form no later than 7/29/2011.

If you have any questions, please feel free to contact our office. Your business is appreciated and I look forward to servicing your account this coming year!

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Gonzalez", is written over a light blue horizontal line.

Elizabeth Gonzalez
Account Manager



NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% 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 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.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

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OAK HOLLOW HOMEOWNERS ASSOCIAT
Applicant's Name

PENN AMERICA INSURANCE COMPANY
Insurance Company



Authorized Signature

Date

Print Name

Policy Number / Effective Date