



PROPERTY & CASUALTY

**Proposal Prepared for  
Windsor West Condominium Association,  
Inc.**

Policy Period 02/14/2026 - 02/14/2027



# About Brown & Brown

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Brown & Brown was founded in 1939 as a two-partner firm and has risen to become one of the largest insurance brokerages in the world. Powered by a culture that values high performance and perseverance, Brown & Brown is arguably the most efficient operating platform in the insurance brokerage business. With a long-standing history of proven success, Brown & Brown continues to grow and thrive in the extremely competitive and constantly changing insurance industry.

23,000+  
TEAMMATES

700+  
LOCATIONS

Ranked in  
**Top 10**  
INSURANCE  
BROKERS  
in the nation according to  
Business Insurance Magazine

## Our Mission

We are dedicated to making a positive difference in the lives of our customers by helping to protect what they value most.

## Guiding Principles

We believe in doing what is best for our customers, communities, teammates, carrier partners and shareholders—always. The cornerstones of our organization's guiding principles are people, performance, service and innovation.

## Our Culture

Brown & Brown's deeply rooted culture is built on honesty, integrity, innovation, superior capabilities and discipline. Our culture is not built through "big company" messaging; it is created by those who put in the work and remain true to shared values and a commitment to always doing what is best for our customers and our communities.

The cornerstone of our success starts with the tremendous emphasis our leadership team places on making Brown & Brown a great place to work. We don't have employees at Brown & Brown, only teammates, and we are proud to have repeatedly been certified as a Great Place to Work®. As a result, our organization has experienced minimal talent turnover.

We believe that teammates who enjoy their work environment will reflect that enjoyment in their interactions with their customers, resulting in an enhanced customer experience. We put a premium on retaining teammates, allowing our customers to enjoy years of consistent service and strategy execution from the same individuals.

We value creativity in our teammates and encourage the sharing of innovative ideas. Our teams care about each other and contribute meaningfully to our strong, collaborative environment internally. We receive regular compliments from our competitors, customers and the insurance carrier marketplace regarding the caliber of talent and the character of the teammates we recruit and retain.



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## Local People and Powerful Solutions

We use our size to benefit our customers through market leverage, scalability and expansive resources. Our global resources are available to support critical items such as regulation changes, pharmacy, international, benefits administration and much more. We layer our global resources with a local, dedicated service team. This local team delivers a high-touch experience for day-to-day support and long-term strategic planning, granting you the benefits of a leading brokerage without losing the personal, swift support of a local team.

## Growth Oriented

Brown & Brown ended 2024 with \$4.8B in revenue, with a global presence spanning 18 countries, and growing.

Brown & Brown's annual report can be found on our website at <https://investor.bbrown.com/annual-reports>.

## Scalable Solutions

Regardless of your business size or industry, we have the capabilities and experience to support you. From main street businesses to multinational corporations, our extensive specialties span the full spectrum of size and complexity. As you push forward through organic growth, mergers or acquisitions, our teams are equipped to provide you with a strategic path—no matter where you are on your growth journey.



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# Claim Handling

"We Are the Advocates in Your Time of Need"

## Brown and Brown knows Claims Advocacy is essential to your Risk Management.

Our support does not stop with the placement of your insurance with our agency. Our Claims Management Team will provide intensive, consistent, and ongoing attention to help manage the cost of a loss while providing the support you need throughout the claims process. Our Claims Management Team will report your claim (excluding Workers' Compensation claims) to the appropriate insurance carrier and then monitor the claim to ensure it is moving in the right direction as efficiently as possible.

To start a new claim, please complete an attached Claim Report form (auto, property, or general liability) and email it to [claims@bbrown.com](mailto:claims@bbrown.com). If you have any questions or concerns surrounding the claim, please note them in the remarks. **If you would like to discuss the claim, you are welcome to contact a member of our Claims Management Team, and we would be happy to assist you with any questions or concerns.**

Workers' Compensation claims must be reported directly to the insurance carrier by the insured; however, our Claims Management Team will still monitor your Workers' Compensation claim and advocate on your behalf with the carrier. Please email your claim/accident report and the Workers' Compensation claim number to [bryan.midgette@bbrown.com](mailto:bryan.midgette@bbrown.com) after the claim has been reported to the appropriate insurance carrier.

## Claims Team

**Karla Roberts**

Claims Risk Manager - Team Lead  
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**Bryan Midgette**

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**Joel Jordan**

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# Preparing You for Tomorrow's Risks—Today™

We pride ourselves on combining global strength with local, personalized service. Brown & Brown is proud of our 23,000+ talented teammates spanning 700+ locations globally. Through our deep local connections and the resources of a global leader, we take an agile, forward-thinking approach to risk.

We have become a leading insurance brokerage because we view insurance differently and utilize our vast experience and wide-reaching network to deliver superior service and solutions to our customers, both large and small. We believe that our teammates and the relationships they form with our customers are our strengths. Our reputation has been built on a solid foundation of teamwork, strengthened by people who are dedicated to providing the highest degree of service. Our team thanks you for the opportunity to work together. Please find our contact information below.

## Service Team

Name	Title	Email	Business Phone
Phil Boljanovich	Producer	<a href="mailto:Phil.Boljanovich@bbrown.com">Phil.Boljanovich@bbrown.com</a>	(239)261-3000
Jennifer Vance	Account Manager	<a href="mailto:jennifer.vance@bbrown.com">jennifer.vance@bbrown.com</a>	(239)213-2020
Kelsi Brock	Assistant Account Manager	<a href="mailto:Kelsi.brock@bbrown.com">Kelsi.brock@bbrown.com</a>	(239)274-1437
EOI Direct	Certificates	<a href="http://www.eoidirect.com">www.eoidirect.com</a>	(877)456-3643



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# Marketing Summary

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On your behalf, we have marketed your insurance program to a leading carrier(s) who specializes in your industry. Their responses are based on their underwriting appetite and their view of your loss potential.

Line of Business	Insurance Carrier	Marketing Result
Property	American Coastal	Incumbent Quoted & Presenting
Property	Amwins	Cannot compete
Property	CAIRE	Quoted \$100,001.13 5% CY Hurricane
Property	Centauri	Declined does not meet guidelines
Property	FIU	Declined does not meet guidelines
Property	Frontline	Cannot compete
Property	Heritage	Pending
Property	NSM	Cannot compete
Property	RTSpecialty	Cannot compete
Property	Sigma	Declined does not meet guidelines
Property	Slide	Quoted \$99,965.00 5% CY Hurricane
General Liability	Auto Owners	Quoted \$9,617.22 Includes assault and battery exclusion
Directors & Officers	Celerity	Declined due to pricing
Directors & Officers	Coalition	Declined due to claims
Directors & Officers	RSUI	Declined due to financial condition
Directors & Officers	Intact	Quoted & Presenting



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# Proposal Premium Summary

Line of Business	2025-2026 Premium	2026-2027 Premium
Property	\$162,582.00	\$93,938.00
Fees	\$167.00	\$98.00
Taxes	<u>\$1,626.00</u>	<u>\$939.00</u>
Total	\$164,375.00	<b>\$94,975.00</b>
General Liability		\$19,808.00
Fees		\$650.00
Taxes		<u>\$1,022.90</u>
Total	<b>\$9,310.18</b>	<b>\$21,480.90</b>
Directors & Officers	\$4,624.00	\$23,427.00
Fees		\$400.00
Taxes	<u>\$38.56</u>	<u>\$1,191.5</u>
Total	<b>\$4,662.56</b>	<b>\$25,018.35</b>
Crime	Included in D&O	Included in General Liability
Workers Compensation	<b>\$1,678.00</b>	<b>\$1,985.00</b>
Umbrella	\$1,545.00	\$1,931.00
Fees	\$263.00	\$328.00
Taxes	<u>\$15.45</u>	<u>\$19.31</u>
Total	<b>\$1,823.45</b>	<b>\$2,278.31</b>
Legal Defense	\$3,576.22	\$3,576.22
Fees	<u>\$500.00</u>	<u>\$500.00</u>
Total	<b>\$4,076.22</b>	<b>\$4,076.22</b>
Cyber Liability	\$1,346.00	\$1,346.00
Taxes	<u>\$13.00</u>	<u>\$13.00</u>
Total	<b>\$1,359.00</b>	<b>\$1,359.00</b>
Active Shooter	\$3,825.00	\$4,016.00
Fees	\$250.00	\$250.00
Taxes	<u>\$203.76</u>	<u>\$213.30</u>
Total	<b>\$4,278.76</b>	<b>\$4,479.30</b>
<b>Grand Total</b>	<b>\$191,563.17</b>	<b>\$155,652.08</b>

This quote is valid until the proposed effective date.  
 Minimum Earned Premium / Fees are fully earned



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## Payment Plans

Line of Business	Payment Plan	Billing Plan
Property, GL, D&O, Crime, Legal Defense, Cyber Liability, Umbrella, Active Shooter	Annual	Agency Bill
Workers Compensation,	Annual	Direct Bill

## Optional Quote

Line of business	Carrier	Premium
Environmental Liability	Indian Harbor Insurance	\$924 \$1,000,000 coverage
Property	American Coastal	\$88,676.00 5% CY Hurricane
Glass	US Plate & Glass	\$4,108.68 \$350,000 coverage

## Subjectivities are conditions or requirements that you must comply with to maintain coverage. Your subjectivities are as follows:

- Signed ACORD applications
- Completed/signed supplemental application
- Signed/completed terrorism forms. You must elect or reject coverage. The additional premium plus any fees and taxes will apply if signed rejection is not received by company or if electing coverage.
- Non-Admitted Carrier Statements (for each company)
- Premium payment payable to Brown & Brown

## Binding requirements:

Payment is Due Upon Binding



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# Property – American Coastal Insurance

## Subjects of Insurance

Location #	Subject of Insurance	Limit	3% CY Hurricane Deductible
1	40 Unit Condo	\$5,635,708	\$169,071
	Swimming Pool	\$62,562	\$1,877
	Pool House - JM	\$63,463	\$1,904
2	66 Unit Condo	\$7,856,719	\$235,702
	Utility Building	\$17,307	\$519
	<b>Total Values</b>	<b>\$13,635,759</b>	<b>\$409,073</b>

*Customer is responsible for selecting the value of the property to be insured and the coverage limits, subject to the insurer's approval.*

Note: Only limited coverage applies to outdoor fences, radio and TV antennas including satellite dishes, detached signs, trees, shrubs, and plants unless specifically scheduled on the policy.

## Causes of Loss

Direct Physical Loss subject to the policy form's exclusions and limitations.

Values based on May 2024 Appraisal



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## Additional Deductibles

Type of Deductible	Deductible Amount
All Other Perils	\$5,000 per occurrence
Hurricane	3% Calendar Year
Sinkhole	AOP per occurrence

Ordinance & Law	
A. Loss to the undamaged portion of the building allows a partially damaged building to be valued as a total loss	Full Building Limits
B. Demolition Cost	B&C combined sublimit 5% per building
C. Increased Cost of Construction	

Co-Insurance	
Buildings	Agreed value

Enhancements	
Equipment Breakdown	\$10,000,000
Sinkhole	Included
Property Enhancement Endorsement	See page 11

## Terms, Conditions, Endorsements, Exclusions and/or Limitations include but are not limited to:

Flood Exclusion  
 Earthquake Exclusion  
 Mold Limitation  
 Electrical Damage or Mechanical Breakdown Limitation  
 Vacancy/Unoccupancy Provisions may apply  
 On and Off Premises Power Failure Excluded-Direct & Indirect Damage  
 Certified Acts of Terrorism (TRIA 2006) is excluded

## Subjectivities are conditions or requirements that you must comply with to maintain coverage. Your subjectivities are as follows:

Signed application and favorable inspection



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# PROPERTY ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following forms (if attached to this policy):

**Condominium Association Coverage Form**

**Cause of Loss - Special Form**

The following is a summary of additional coverages provided by this endorsement. These additional coverages are further defined elsewhere in this endorsement. This endorsement is subject to the provisions of your policy. The sub limits are Per Occurrence (unless noted otherwise) and are included in the limits of insurance provided by your policy and are not additional limits.

**Coverage Limit of Liability**

Debris Removal	\$50,000
Fire Department Service Charge	\$100,000
Pollutant Clean-Up and Removal	\$150,000
Electronic Data	\$100,000
Newly Acquired Property	90 days
Personal Effects	
Sublimit Per Person	\$5,000
Sublimit Per Described Premises	\$25,000
Property of Others	\$25,000
Valuable Papers & Records	\$500,000
Property Off-Premises	\$25,000
Outdoor Property	\$100,000
Except trees, shrubs, lawns or plants	\$10,000
Except any one tree, shrub or plant	\$5,000
Accounts Receivable	\$500,000
Fire Extinguisher Recharge	\$10,000
Lock Replacement	\$7,500
Reward Reimbursement	\$25,000
Inventory and Appraisals of Loss	\$2,500
Wind Driven Precipitation	\$250,000
Backup of Sewers and Drains	\$150,000
Outdoor Signs	\$20,000
"Fungus", Wet Rot, Dry Rot and Bacteria	\$50,000
Property in Transit	\$100,000
Off Premises Power Failure	\$50,000 (Subject to a 24 hour deductible)



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## Coinsurance Clause

A clause under which you share in losses to the extent that you are underinsured at the time of loss. The insurer grants a reduced rate to you provided the amount of insurance carried is 80%, 90% or 100% of the insured property's total value, which is calculated at the time of loss. For example, if your coinsurance percentage is 80%, then you are agreeing that the amount of insurance you have chosen will be at least 80% of the total value at the time of the loss or you will share in the loss. The higher the coinsurance percentage, the greater the reduced rate, but you will share more in the loss if the amount chosen is less than required as determined at the time of the loss.

Examples of 80% Coinsurance with no deductible.

Building Value	Insured Carried	Loss	Insurance Pays
\$100,000	\$100,000	\$60,000	\$60,000
\$100,000	\$80,000	\$60,000	\$60,000
\$100,000	\$70,000	\$60,000	\$52,500

\*Amount Carried (\$70,000) divided by Amount Required (\$80,000) multiplied by Loss (\$60,000) minus deductible equals Recovery Amount.



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# General Liability – CUMIS Specialty Insurance

Coverage Type	Coverage Basis
Commercial General Liability	Occurrence

## Limits of Liability

Coverage	Limit
General Aggregate	\$2,000,000
Products/Completed Ops Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage	\$50,000
Medical Expense	\$5,000
Hired/Non-Owned Automobile Combined	\$1,000,000
Deductible	\$0

*Higher limits may be available.*

## Exposure Basis

Classification	Class Code	Premium Basis	Exposure
Condominiums - Residential	62003	Unit	106
Swimming Pool	48925	Unit	1

## Defense Costs

Defense costs incurred in the investigation and defense of any claim will be paid **in addition to** the stated limits of liability.

## Terms, Conditions, Endorsements, Exclusions and/or Limitations include but are not limited to:

- Premium is not Subject to Audit.
- Certified Acts of Terrorism (TRIA 2006) is excluded
- Asbestos Exclusion
- Directors and Officers Liability Exclusion
- Foreign Liability Exclusion
- Fungi or Bacteria Limitation
- Lead Exclusion
- Liquor Law Liability Exclusion
- Mold Exclusion
- Nuclear Energy Exclusion
- Pollution Liability Exclusion
- Professional Liability Exclusion
- Silica or Silica Related Dust Exclusion
- Communicable Disease Exclusion



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**General Liability Coverage Extension Endorsement Included:**

- Association Owned Units
- Knowledge of Incidents, Claims or Suits by Board or Manager Only Enhancement
- Revised Notice of Occurrence Duties
- Blanket Additional Insured When Required by Contract
- Additional Insured – Committee, Organization, and Subsidiary
- Additional Insured – Manager or Lessors of Premise
- Unintentional Failure to Disclose Hazards
- Revised Waiver or Transfer of Rights of Recovery
- Property Damage to Borrowed Property

**Mold Liability Coverage**

- Fungi and Bacteria Liability Limit (Each fungi or bacteria incident and Aggregate): \$500,000
- Fungi and Bacteria Liability Self-Insured Retention Amount (Each fungi or bacteria incident): \$25,000
- Retroactive date is Inception Date
- Claims Made Coverage

**Subjectivities are conditions or requirements that you must comply with to maintain coverage. Your subjectivities are as follows:**

Signed application and favorable inspection



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# Directors and Officers Liability – Homeland Insurance Company of New York

Coverage Type	Coverage Basis
Directors & Officers	Claims Made

## Limits of Liability

Coverage	Limit	Deductible
General Aggregate	\$2,000,000	\$0 per claim Clause A

*Higher limits may be available.*

Liability Coverage Section	Separate Limit of Liability	Shared Limit of Liability	Retention P&P
D&O and Organization Liability (“D&O”)	Shared with others	\$2,000,000	Clause A: \$0 • Clause B: \$50,000 • Clause C: \$50,000
EPL – Employment Practices Liability (including Third Party) (“EPL”)	Shared with others	\$2,000,000	Clause A: N/A • Clause B: \$50,000

## Defense Costs

Defense costs incurred in the investigation and defense of any claim will be paid within the stated limits of liability.

## Terms, Conditions, Endorsements, Exclusions and/or Limitations include but are not limited to:

- \$2m antitrust sublimit included
- \$250k additional limit for executives
- Property manager extension included
- Please note the specific claim exclusion

## Subjectivities are conditions or requirements that you must comply with to maintain coverage. Your subjectivities are as follows:

Subjectivities: Prior to Binding: Currently signed and dated application

- Prior to Binding: Details about the loss mitigation procedures implemented to prevent future claim activity

Shared Limit with EPL

Retention \$50K



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EPL Included

**D&O – Other Specific Limits**

<b>Coverage</b>	<b>Limit</b>
<b>Additional Limit of Liability Dedicated for Executives</b>	\$250,000
<b>Excess Benefit Transaction Excise Tax Sublimit</b>	\$2,000,000
<b>Internal Revenue Code Violation Sublimit</b>	\$50,000
<b>Stakeholder Derivative Demand Sublimit</b>	0%
<b>D&amp;O Crisis Management Expenses Limit</b>	\$25,000
<b>Limits Separate Retention Coinsurance</b>	\$100,000
<b>Antitrust Claim</b>	\$100,000
<b>—</b>	\$500,000

**EPL – Other Specific Limits**

<b>Coverage</b>	<b>Limit</b>
<b>Illegal Hiring or Harboring Sublimit</b>	\$25,000
<b>Employment Crisis Management Expenses Limit</b>	\$150,000
<b>Policy Aggregate Sublimit for All E-Discovery Consultant Services</b>	\$25,000 (combined for all purchased Liability Coverage Sections)
<b>Additional Aggregate Limit for Defense Expenses</b>	Not Covered
<b>Type of Claim Defense</b>	Duty to Defend



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# Understanding Claims-Made Policies

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There are differences in coverage triggers of Claims-Made and Claims-Made & Reported policies. Please review your policy(ies) to become familiar with its coverage trigger.

## Claims-Made

The claims-made policy provides coverage that is triggered when a claim is made against the insured during the policy period, providing the claim occurred after the retroactive date and is reported to the carrier within the time set forth in the policy.

## Claims-Made & Reported

The claims-made and reported policy provides coverage that is triggered when a claim is first made against the insured and reported in writing to the carrier during the policy period or any applicable extended reporting period.

## Current Policy Year

The policy year begins on the effective date shown on the policy and expires on the expiration date also shown on the policy.

## Prior Acts or Retroactive Date

This date is shown on the policy. This provision eliminates coverage for claims that took place prior to the specified retroactive date, even if the claim is first made during the policy period.

## Supplemental Extended Reporting Period (Tail Coverage)

This is a provision found within the claims-made policy that extends the length of the reporting period allowing the insured to report claims that are made against the insured after the policy has expired or been canceled, provided the claim took place during the expired/canceled policy. The ERP/Tail Coverage requires an additional premium and must be requested within the time frame as outlined in the policy.



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# Crime – CUMIS Specialty Insurance

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## Coverage Form

Discovery form covers losses that are discovered during the policy.

## Coverages

Coverage Description	Limit
Employee Theft	\$1,400,000
Social Engineering	\$100,000
Money & Securities	Included in Blanket
Forgery & Alteration	Included in Blanket
Money Order & Counterfeit Currency	Included in Blanket
Funds Transfer Fraud	Included in Blanket
Computer Fraud	Included in Blanket
Deductible	\$0

*Customer is responsible for selecting the value of the property to be insured and the coverage limits, subject to the insurer's approval.*

### Covered Employees:

Management Company  
 Directors and Trustees  
 Non-Compensated Officers



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# Workers' Compensation – Zenith Insurance

## Workers' Compensation Insurance

Part One of the policy applies to the Workers' Compensation Law of the states listed below:

State
FL

## Employers' Liability Insurance

Part Two of the policy applies to work in each state listed in Item A

Each Accident Limit	Disease Policy Limit	Disease Each Employee
\$500,000	\$500,000	\$500,000

*Higher limits may be available.*

## Rating Basis

State	Class Code	Description	Payroll	Rate	Premium
FL	9015-1	Condominiums	\$66,150	2.567	\$1,698

Description	Premium
Total Estimated Base Premium	\$1,698
Employers Liability Increased Limit	\$120
Certified Acts of Terrorism	\$7
Expense Constant	\$160
Estimated Annual Premium	\$1,985

**Policy is subject to audit.**



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# Umbrella or Excess Liability – Midvale Indemnity

## Coverage / Limits

Coverage Description	Occurrence	Aggregate	Self-Insured Retention
Umbrella	\$10,000,000	\$10,000,000	\$0

*Higher limits may be available.*

## Underlying Liability Policies

Carrier	Coverage Line	Limit	Per
CUMIS Specialty	Automobile Liability	\$1,000,000	Combined Single Limit
CUMIS Specialty	Commercial General Liability	\$1,000,000	Each Occurrence
		\$1,000,000	Personal & Advertising Injury
		\$2,000,000	General Aggregate
		\$2,000,000	Products/Completed Operations Aggregate
Not Covered	Employee Benefits Liability	\$1,000,000	Each Occurrence
		\$2,000,000	Aggregate
Zenith	Employers' Liability	\$500,000	Bodily Injury - Each Accident
		\$500,000	Bodily Injury by Disease - Policy Limit
		\$500,000	Bodily Injury by Disease - Each Employee
Homeland Insurance	Directors & Officers	\$2,000,000	Occurrence/Aggregate

## Defense Costs

Defense costs incurred in the investigation and defense of any claim will be paid **within** the stated limits of liability.

## Terms, Conditions, Endorsements, Exclusions and/or Limitations include but are not limited to:

- Premium is not Subject to Audit
- Certified Acts of Terrorism (TRIA 2006) is included
- Pollution Exclusion
- Care, Custody & Control of Real & Personal Property Exclusion
- Uninsured Motorists Exclusion
- Asbestos Exclusion
- Employment Practices Liability Exclusion
- Fiduciary Liability Exclusion

## Subjectivities are conditions or requirements that you must comply with to maintain coverage. Your subjectivities are as follows:

Underlying carriers must be A.M. Best rating of A-VII or better



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# Legal Defense Gap- Atlantic Mutual

## Coverage

More & more insurance companies are denying claims due to exclusions or other policy loopholes. When this happens association boards face tens of thousands of dollars in uncovered legal expenses.

If a claim is denied Atlantic Mutual will provide an UNLIMITED DEFENSE through trial with NO DEDUCTIBLE for only General Liability, Directors & Officers, and Property policies.

## WHY EVERY INSURED NEEDS THIS UNIQUE LEGAL DEFENSE "GAP" INSURANCE POLICY

- When coverage is denied, the insured is forced to find a way to pay legal expenses.
- In most cases reserve funds are not enough to cover the entire cost, resulting in assessments against unit owners, homeowners, and tenants.
- This policy eliminates that exposure, saving tens of thousands of dollars in legal fees.
- This policy provides an UNLIMITED DEFENSE through trial with NO DEDUCTIBLE

## EXAMPLES OF DENIED CLAIMS

- Claimant sues association claiming to be ill from mold forming from a faulty ventilation system. GL policy has a bacteria and mold exclusion so the claim is denied.
- Condominium association holds an offsite board meeting at the local library while the clubhouse is being renovated. A member for the association trips over the association's projector cord in the meeting room suffering a broken hip. GL policy has a designated premises exclusion so the claim is denied.
- Claimant sues the association for medical expenses after being affected with legionnaire's disease contracted from the association's spa. GL policy has a bacteria and mold exclusion so the claim is denied.
- Newly elected board member signs the D&O application and does not indicate any potential pending claims. The board is sued for an ongoing feud over the association's pet which violates the warranty on the application resulting in an uncovered D&O claim.
- Subrogation claim from a sewer backup loss in a unit. GL carrier denies using the pollution exclusion since it is waste water.
- Claimant sues association for harassment and damaging their reputation. The board member released a newsletter naming individuals that are behind on dues and intentionally put the claimants name in this newsletter knowing that they were up to date on their association dues. D&O carrier denied coverage due to an intentional act by the board member.

**Exclusions:** Certain Fees normally accounted for as defense expense not included in attorney cost.

Claims prior to or after expiration of this policy

Claims filed outside the state of Florida

Appeals, post judgement

Claims Filed in Criminal Court

Lawsuits filed in Federal Court except service animal, emotional support animal, discrimination in housing or ADA (unless defense available elsewhere)

Any Plaintiff activity and associated actions

Fair Debt Collection Acts, Unemployment

Excludes monetary awards for judgments awarded to the plaintiff should the insured lose. This is DEFENSE coverage only.

## Failure to Report within 10 Business Days of a Written demand will result in denial of claims.

Includes 5 Year Extended Reporting Period for Past Board Members

Access to Legal Defense Hotline for 12 Hours per policy period.

Policy 5 years of Legal Defense Coverage for board members after they have left the board. This coverage can only be purchased as a supplement to a Legal Defense policy.



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### Claim Examples

Lawsuit	Legal Fees Saved with AMI	Case Outcome	Total Savings
<b>Breach of Contract.</b> COA sued for \$1 Million by vendor.	\$95,000.00	Case Dismissed	<b>\$1.1 Million</b>
<b>Water Damage &amp; Mold.</b> Association sued for \$332,000 for failure to maintain common elements.	\$40,000.00	Case Dismissed	<b>\$372,000.00</b>
<b>Subrogation.</b> COA was sued for \$41,000.	\$31,000.00	Case Dismissed	<b>\$66,000.00</b>

Your Atlantic Mutual policy now includes access to a Legal Defense Hotline, which grants your association 12 hours of access to our attorneys at no additional cost.

The legal defense policy provides unlimited legal defense coverage through trial if a claim denied.



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# Cyber Liability – Coalition

Coverage Basis	Limit
Aggregate Limit of Liability	\$1,000,000
Network and Information Security Liability	\$1,000,000
Regulatory Defense and Penalties	\$1,000,000
Multimedia Content Liability	\$1,000,000
PCI Fines and Assessments	\$1,000,000
Breach Response	\$1,000,000
Crisis Management and Public Relations	\$1,000,000
Cyber Extortion	\$1,000,000
Business Interruption and Extra Expense	\$1,000,000 8 Hour Waiting Period
Digital Asset Restoration	\$1,000,000
Funds Transfer Fraud	\$250,000

**Retention**

\$5,000 Each Claim (inclusive of costs and expenses) Cyber

\$25,000 Funds Transfer Fraud Each Claim

**Pre-Claim Assistance**

\$750.00 Pre-Claim Assistance is a benefit included as part of the premium.



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# Active Shooter – Indian Harbor Insurance

Description of Coverage	Limits
Act of Workplace Violence Event Aggregate	\$1,000,000
Workplace Violence Expenses Per Insured Event	\$1,000,000
3rd Party Legal Liability Per Insured Event	\$1,000,000
Personal Accident Expenses Per Insured Person	\$50,000 – PAE Benefit paid in addition to other victim benefits, up to Policy Aggregate
Business Interruption Expenses Per Insured Event	\$1,000,000
Business Interruption Indemnity Period	120 Days
Business Interruption Waiting Period	6 Hours
Stalking Threat Event Aggregate	\$1,000,000
Stalking Threat Expenses Per Insured Event	\$1,000,000
3rd Party Legal Liability Per Insured Event	\$1,000,000
Personal Accident Expenses Per Insured Person	\$50,000 – PAE Benefit paid in addition to other victim benefits, up to Policy Aggregate
Business Interruption Expenses Per Insured Event	\$1,000,000
Business Interruption Indemnity Period	120 Days
Business Interruption Waiting Period	6 Hours
Policy Deductible	N/A
Policy Aggregate	\$1,000,000

*Higher limits may be available.*



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# A. M. Best

## A. M. Best Rating of Proposed Carriers

Line of Business	Insurance Company	Rating	Admitted / Non-Admitted
Commercial Property	American Coastal	NR	Admitted
General Liability & Crime	CUMIS Specialty	A, XII	Non-Admitted
Directors & Officers	Homeland Insurance of NY	A+, XV	Non-Admitted
Workers Compensation	Zenith Insurance	A, XV	Admitted
Umbrella	Midvale Indemnity	A, XV	Admitted
Legal Defense Gap	Atlantic Mutual	NR	Admitted
Cyber Liability	Coalition Insurance	NR	Admitted
Active Shooter	Indian Harbor Insurance	A+, XV	Non-Admitted

## General Rating

Rating Categories	Rating Symbols	Rating Categories	Rating Symbols
Superior	A+ to A++	Marginal	C+ to C++
Excellent	A to A-	Weak	C to C-
Good	B+ to B++	Poor	D
Fair	B to B-		

These rating classifications reflect AM BEST’s opinion of the relative position of each company in comparison with others, based upon averages within the Property-Casualty insurance industry. They are reflective of overall company services and standing within the industry.

## Financial Size Category

Class	Range (\$ in Thousands)	Class	Range (\$ in Thousands)	Class	Range (\$ in Thousands)
Class I	Up-\$1,000	Class VI	\$25,000-\$50,000	Class XI	\$750,000-\$1,000,000
Class II	\$1,000-\$2,000	Class VII	\$50,000-\$100,000	Class XII	\$1,000,000-\$1,250,000
Class III	\$2,000- \$5,000	Class VIII	\$100,000-\$250,000	Class XIII	\$1,250,000-\$1,500,000
Class IV	\$5,000-\$10,000	Class IX	\$250,000-\$500,000	Class XIV	\$1,500,000-\$2,000,000
Class V	\$10,000-\$25,000	Class X	\$500,000-\$750,000	Class XV	\$2,000,000-Greater

The Financial Size Category is an indication of the size of an Insurer and is based on reported policyholder’s surplus conditional or technical reserve funds, such as mandatory securities valuation reserve, or other investments and operating contingency funds and/or miscellaneous voluntary reserves in liabilities (\$ in Thousands)

This information has been provided to you so that consideration is given to the financial condition of our proposed carriers. The financial information disclosed is the most recent available to Brown & Brown, Inc. Brown & Brown, Inc. does not guarantee financial condition of the insurers listed above.



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# Compensation Disclosure

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**Compensation.** As a licensed insurance producer/broker/agent, Brown & Brown entities (“we”) are generally authorized by our license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. Our role as an insurance producer in any ordinary transaction typically involves one or more of these activities.

We will receive compensation in the form of commission or fees for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages. Commission compensation will be based on the insurance contract you purchase and may vary depending on a number of factors including the insurance contract(s) and the insurer(s) the purchaser selects. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not customer-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

You may obtain information about compensation expected to be received by us based in whole or part on the sale of insurance to you, and (if applicable) compensation expected to be received based in whole or part on any alternative quotes presented to you by us, by requesting such information from us.

**Questions and Information Requests.** If you have any questions, or require additional information, please contact your Brown & Brown team, or, if you prefer, submit your question or request online at <https://www.bbrown.com/us/contact/contact-general/>



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# FL Surplus Lines Disclosure and Acknowledgement

At my direction, Brown & Brown Insurance Services, Inc. has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. Additionally, I understand surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency.

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

Windsor West Condominium Association, Inc.

Named Insured

Signed by:  
By: Michael Contorno

February 11, 2026 | 3:57:47 PM EST

Signature of Named Insured

Date

Michael Contorno

President -Board of Directors

Printed Name and Title of Person Signing

CUMIS Specialty Insurance

Name of Excess and Surplus Lines Carrier

General Liability and Crime

Type of Insurance

02/14/2026

Effective Date of Coverage

Revised - 6/11/2025



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Windsor West Condominium Association, Inc.

Named Insured

Signed by:  
*Michael Contorno*  
By: \_\_\_\_\_  
Signature of Named Insured

February 11, 2026 | 3:57:47 PM EST  
Date

Michael Contorno  
President -Board of Directors  
Printed Name and Title of Person Signing

Homeland Insurance of New York

Name of Excess and Surplus Lines Carrier

Directors & Officers

Type of Insurance

02/14/2026

Effective Date of Coverage

Revised - 6/11/2025



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Windsor West Condominium Association, Inc.

Named Insured

Signed by:  
*Michael Contorno*  
By: 6FC1AB9AA95C458...  
Signature of Named Insured

February 11, 2026 | 3:57:47 PM EST

Date

Michael Contorno President -Board of Directors  
Printed Name and Title of Person Signing

Indian Harbor Insurance

Name of Excess and Surplus Lines Carrier

Active Shooter

Type of Insurance

02/14/2026

Effective Date of Coverage

Revised - 6/11/2025



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## NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown, Inc., its subsidiaries and affiliates do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer entity. We endeavor to place your coverage with insurance carriers rated "A-" or better by AM Best Company. However, we cannot predict whether a company's financial condition will improve or deteriorate over time.

This notice is provided to allow you to make an informed decision regarding the placement of your insurance. Upon your request, we will attempt to obtain alternative quotes from insurance carriers rated "A-" or better by AM Best Company. Please note the following with regard to the placement of the insurance indicated below and with regard to any subsequent renewal of such insurance:

- Insurance coverage is being provided by American Coastal Insurance, which is currently **not rated by AM Best Company**.
- The financial condition of insurance companies may change rapidly, and such changes are beyond our control.
- Financial information for this carrier can be found in one or more of the following: A State Department of insurance website, AM Best Company website, carrier website or via request to the carrier. We encourage you to review the financial information for this carrier with your accountant, legal counsel and/or other advisors before proceeding.

Date of Notice: 02/06/2026

Named Insured: Windsor West Condominium Association, Inc.

Line of Coverage(s): Property

Policy Number(s): AMC3604506

Policy Period(s): 02/14/2026 - 02/14/2027



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# Commercial Property Quote

## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM

### INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** 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 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote.
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Signed by:  
Michael Contorno  
Policyholder's Applicant's Signature

American Coastal Insurance Company  
Company

Michael Contorno  
Print Name

\_\_\_\_\_  
Policy Number

February 11, 2026 | 3:57:47 PM EST  
Date

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



# Commercial Property Quote

## Catastrophe Management Contact Information

### Windsor West Condominium Association Inc

Like all Florida properties, your Association is exposed to potential catastrophic losses due to hurricane. In order to provide you with the best and most prompt customer service in the event of a catastrophe, we want to make sure our contact records are complete and up-to-date

Please complete and return this form with the remaining documents required at binding.

**Insured Contact 1**

Contact Name Michael Contorno		
Title President -Board of Directors	Email Address president@windsorwestfl.com	
Office Number	Cell Number 239-788-3857	Fax Number

**Insured Contact 2**

Contact Name N/A		
Title N/A	Email Address N/A	
Office Number	Cell Number N/A	Fax Number

**Management Company (if applicable)**

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

**Retail Agent**

Company Name Brown & Brown Insurance		
Contact Name Phil Boljanovich	Email Address phil.boljanovich@bbrown.com	
Office Number 239-274-1407	Cell Number	Fax Number

**Wholesaler (if applicable)**

Company Name		
Contact Name	Email Address	
Office Number	Cell Number	Fax Number

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# Commercial Property Quote

## Rental Occupancy Disclosure

As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units <u>106</u> (rental and non-rental)
Total Percentage (%) of short term rental units (circle appropriate range)
<input checked="" type="checkbox"/> 1) 0% to 25% Short Term Rentals
<input type="checkbox"/> 2) 25.1% to 50% Short Term Rentals
<input type="checkbox"/> 3) 50.1% to 75% Short Term Rentals
<input type="checkbox"/> 4) 75.1% to 100% Short Term Rentals

Signed by:  
Michael Contorno  
0FC1A08AA95C456  
Policyholder/Applicant's Signature

February 11, 2026 | 3:57:47 PM EST  
Date

Michael Contorno  
Printed Name  
President -Board of Directors  
Title/Position

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



# Commercial Property Quote

## American Coastal Insurance Company

### Election Not To Buy Separate Flood Insurance

I, Windsor West Condominium Association Inc, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company (“American Coastal”) and affirm the following:

**I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.**

**MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.**

**I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.**

**I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.**

**I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.**

**I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.**

**The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in “Special Flood Hazard Areas” obtain flood coverage.**

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

Signed by:  
 Application/Policy Number:  
*Michael Contorno*  
 Policyholder/Applicant's Signature  
 Michael Contorno  
 Print Name  
 February 11, 2026 | 3:57:47 PM EST  
 Date

Signed by:  
*Jennifer Vance*  
 818FC015B8D34D2...  
 Agent's Signature  
 Jennifer Vance  
 Printed Name  
 February 10, 2026 | 3:31:42 PM CST  
 Date

AC FW01 06 07

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

**Account ID:** 1288876

**Insured:** Windsor West Condominium Association Inc

**Schedule of Values / Detail**

Bldg	Address	County	Num Bldgs	Year Built	Building	Contents	Other	BI/ Rents	Total Value	Num Units	Bldg SqFt	ISO Constr
1	3706 Broadway Fort Myers FL 33901	LEE	1	1979	\$5,635,708	\$0	\$0	\$0	\$5,635,708	40	35,278	2
2	3704 Broadway Fort Myers FL 33901	LEE	1	1979	\$7,856,719	\$0	\$0	\$0	\$7,856,719	66	60,195	2
3	3704 Broadway Fort Myers FL 33901	LEE	1	1979	\$63,463	\$0	\$0	\$0	\$63,463	1	300	2
4	3704 Broadway Fort Myers FL 33901	LEE	1	1979	\$0	\$0	\$62,562	\$0	\$62,562	1	468	6
5	3704 Broadway Fort Myers FL 33901	LEE	1	1979	\$17,307	\$0	\$0	\$0	\$17,307	1	262	1
					\$13,573,197	\$0	\$62,562	\$0	\$13,635,759			

**Account ID:** 1288876

**Insured:** Windsor West Condominium Association Inc

**Schedule of Values / Detail**

Bldg Num	Prot Class	AS	ACIC Class	ACIC Occupancy	Location	EC_Zone	Terrain	Group2 Constr	Roof Cover	Roof Shape	Roof Wall Attach	Roof Deck Attach	Sec Wtr	Open Prot	FBC Wind Speed	FBC Wind Des	Des Exp
1	02	N	0333	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Flat	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
2	02	N	0333	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	FBC Equivalent	Flat	Clips	Level C (8d@6"/6")	Y	None	N/A	N/A	N/A
3	02	N	0331	Building & Contents	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A
4	02	N	1190	1190-1 Pool In Grnd Cnct or Mt	Rest of State	Seacoast 3	Urban, Suburban, Wooded	Superior	N/A	N/A	N/A	N/A	N	None	N/A	N/A	N/A
5	02	N	0331		Rest of State	Seacoast 3	Urban, Suburban, Wooded	Ordinary	N/A	Flat	N/A	N/A	N	None	N/A	N/A	N/A

**Account ID:** 1288876

**Schedule of Values / Detail**

**Insured:** Windsor West Condominium Association Inc

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.03	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$281,785	\$0.00
2	.03	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$392,836	\$0.00
3	.03	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$3,173	\$0.00
4	.03	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$3,128	\$0.00
5	.03	\$5,000	RCV	RCV	N	Ungraded	N	Y	\$865	\$0.00

**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.**

**To the best knowledge of the applicant and the producer, the above information is true and complete.**

**Applicant Printed Name**

**Title**

**Producer Printed Name**

**Title**

Michael Contorno

President -Board of Directors

Jennifer Vance

Agent

**Applicant Signature**

**Date**

**Producer Signature**

**Date**

Signed by:

*Michael Contorno*

February 11, 2026 | 3:57:47 PM EST

6FC1A69AA95C458...

Signed by:

*Jennifer Vance*

February 10, 2026 | 3:31:42 PM CST

818EC015B8D34D2



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
02/05/2026

<b>AGENCY</b> Brown & Brown Insurance Services, Inc. 9617 Gulf Research Ln Suite 202 Ft. Myers <span style="float: right;">FL 33912</span>	<b>CARRIER</b> *MARKETING <b>COMPANY POLICY OR PROGRAM NAME</b>  <b>PROGRAM CODE</b>  <b>POLICY NUMBER</b> PROP
<b>CONTACT NAME:</b> Jennifer Vance <b>PHONE (A/C, No, Ext):</b> (239) 261-3000 <b>FAX (A/C, No):</b> (239) 261-8265 <b>E-MAIL ADDRESS:</b> jennifer.vance@bbrown.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b> 00757134	<b>UNDERWRITER</b>  <b>UNDERWRITER OFFICE</b>  <b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM CANCEL 02/14/2026 12:01 PM

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

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

POLICY INFORMATION									
PROPOSED EFF DATE 02/14/2026	PROPOSED EXP DATE 02/14/2027	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00	

APPLICANT INFORMATION													
<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Windsor West Condominium Association, Inc. 3706 Broadway #42  Fort Myers <span style="float: right;">FL 33901</span>					GL CODE	SIC 8641	NAICS 81399	FEIN OR SOC SEC # 591943625					
					<b>BUSINESS PHONE #:</b>								
					<b>WEBSITE ADDRESS</b>								
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION						
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST						
					<b>NO. OF MEMBERS AND MANAGERS:</b>								
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>  					GL CODE	SIC	NAICS	FEIN OR SOC SEC #					
					<b>BUSINESS PHONE #:</b>								
					<b>WEBSITE ADDRESS</b>								
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION						
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST						
					<b>NO. OF MEMBERS AND MANAGERS:</b>								
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>  					GL CODE	SIC	NAICS	FEIN OR SOC SEC #					
					<b>BUSINESS PHONE #:</b>								
					<b>WEBSITE ADDRESS</b>								
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION						
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST						
					<b>NO. OF MEMBERS AND MANAGERS:</b>								

**CONTACT INFORMATION**

CONTACT TYPE: Inspection		CONTACT TYPE:	
CONTACT NAME: Michael Contorno		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (239) 771-8464	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: president@windsorwestfl.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3706 Broadway	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Fort Myers	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33901			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	3704 Broadway	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Fort Myers	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33901			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

Residential Condominium

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED**

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____						LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
ITEM DESCRIPTION								
REASON FOR INTEREST:								

**GENERAL INFORMATION**

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

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

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**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**PRIOR CARRIER INFORMATION (continued)**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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 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.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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	<i>Jennifer Vance</i> Signed by: 818FC019B8D34D2...	PRODUCER'S NAME (Please Print)	Jennifer Vance	STATE PRODUCER LICENSE NO (Required in Florida)	W134303
APPLICANT'S SIGNATURE	<i>Michael Contorno</i> Signed by: 6FC1A69AA95C458...	DATE	February 11, 2026   3:57:47 PM EST	NATIONAL PRODUCER NUMBER	

AGENCY CUSTOMER ID: 00757134

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Brown & Brown Insurance Services, Inc.		<b>NAMED INSURED</b> Windsor West Condominium Association, Inc.	
<b>POLICY NUMBER</b> PROP		<b>EFFECTIVE DATE:</b> 02/14/2026	
<b>CARRIER</b> *MARKETING	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 125      **FORM TITLE:** Commercial Application

Commercial Property  
 TIV \$13,635,759; \$5K AOP; 3% CY Hurricane; Sinkhole AOP per occurrence; O&L full A, B&C combined sublimit 5% per building; Agreed value; EB \$10,000,000; Property enhancement endorsement; TRIA excluded



# PROPERTY SECTION

DATE (MM/DD/YYYY)  
02/05/2026

AGENCY NAME Brown & Brown Insurance Services, Inc.		CARRIER *MARKETING		NAIC CODE
POLICY NUMBER PROP	EFFECTIVE DATE 02/14/2026	NAMED INSURED(S) Windsor West Condominium Association, Inc.		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 3706 Broadway
		BUILDING #:	BLDG DESCRIPTION: 40-Unit Condo

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Condo	5,635,708		RC	Special (Including theft) - Detail					
Swimming Pool	62,462		RC	Special (Including theft) - Detail					
Pool House - JM	63,463		RC	Special (Including theft) - Detail					

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 4	# STORIES 2	# BASMTS	YR BUILT 1979	TOTAL AREA 48,462
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<b>BUILDING IMPROVEMENTS</b>		BLDG CODE GRADE	TAX CODE	ROOF TYPE Single Ply	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input checked="" type="checkbox"/> ROOFING, YR: 2004	<input type="checkbox"/> HEATING, YR:					
OTHER: YR:		RESISTIVE				

<b>PRIMARY HEAT</b>			<b>SECONDARY HEAT</b>		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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**ADDITIONAL INTEREST**      **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: _____				LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION					

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 2	STREET ADDRESS: 3704 Broadway						
		BUILDING #:	BLDG DESCRIPTION: 66-Unit Condo						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Condo	7,856,719		RC	Special (Including theft) - Detail					
Utility Building	17,307		RC	Special (Including theft) - Detail					

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
Joisted Masonry	FT	MI			4	2		1979	71,412

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2004 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			Single Ply		
	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE			MANUFACTURER: _____	

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE			
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		

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

TIV \$13,635,759; \$5K AOP; 3% CY Hurricane; Sinkhole AOP per occurrence; O&L full A, B&C combined sublimit 5% per building; Agreed value; EB \$10,000,000; Property enhancement endorsement; TRIA excluded

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 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.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

SIGNED BY: <i>Jennifer Vance</i>		PRODUCER'S NAME (Please Print) Jennifer Vance	STATE PRODUCER LICENSE NO (Required in Florida) W134303
PRODUCER'S SIGNATURE	APPLICANT'S SIGNATURE <i>Michael Contorno</i>		DATE February 11, 2026   3:57:47 PM EST



# STARWIND COMMUNITY ASSOCIATIONS

## General Applicant Information

Line of Business:

Property  GL  EIL  Crime  D&O/EPLI  Umbrella

Agency Name: Brown & Brown Insurance Services, Inc.

Agency Address: 9617 Gulf Research Lane, Suite 202, Fort Myers, FL 33912

Producing Agent's Name: JENNIFER VANCE License # W134303

Named Insured: WINDSOR WEST CONDOMINIUM ASSOCIATION, INC.

Location Address: 3706 BROADWAY, FORT MYERS, FL 33901

Mailing Address: 3706 BROADWAY #42, FORT MYERS, FL 33901

Inspection Contact: Name: MICHAEL CONTORNO Phone #: 2397718464 Email: PRESIDENT@WINDSORWESTFL.COM

Prior Carrier: GL: SOUTHERN-OWNERS INSURANCE CO; Crime: TRAVELERS CAS & SURETY OF AMERICA

Loss History: GL \_\_\_\_\_

# STARWIND

## COMMUNITY ASSOCIATIONS

### Condominium Association Supplemental Application

1. Name of Association: WINDSOR WEST CONDOMINIUM ASSOCIATION, INC.
2. Effective Date: 2/14/2026
3. Is there any existing damage to the building? Yes  No
4. Any aluminum wiring in the building? Yes  No
5. Do you have armed security guards? Yes  No
6. Are any buildings undergoing major structural renovations? Yes  No
7. Has the association had any engineering studies or any engineering report done on any of the buildings (40 years or older) in the last 5 years?? Yes  No  N/A
8. Are there any unresolved issues as a result of the engineering report? Yes  No  N/A

#### UNDERWRITING QUESTIONS - PROPERTY

9. Any cast iron, galvanized or polybutylene pipes? Yes  No  N/A

#### UNDERWRITING QUESTIONS – GENERAL LIABILITY

10. Is pool fenced with self-latching gate? Yes  No  N/A
11. Is there a diving board or slide? Yes  No  N/A
12. Does the association own any davit(s) or boatlift(s)? Yes  No  N/A

#### UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

13. In the last 5 years, have you been subject to formal third party complaints, claims or violations for the release of hazardous substances, hazardous wastes, or any other pollutants into the environment, including indoor air quality or outbreaks of legionella pneumophila? Yes  No  N/A
14. Are you aware of any circumstances that could rise to a pool/spa contamination or environmental liability claim under this policy? Yes  No  N/A
15. Does the account have a water maintenance/ management plan in place for pool, spa and other common areas (this can include maintenance/management by third party providers)? Yes  No  N/A

#### UNDERWRITING QUESTIONS – CRIME

16. Does a director or officer periodically review bank statement for comparison of financial reports completed by property manager? Yes  No  N/A
17. Does the association verify the authenticity of a funds transfer request internally from one board member or property management employee to another? Yes  No  N/A
18. Does the association's authorized board member or property management employee confirm wire information by a direct call using only the contact number previously provided by the recipient before wiring request was received? Yes  No  N/A

**UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI**

19. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer?

Yes\_\_\_ No\_\_\_ N/A X

20. Will the (or has the) association purchased property coverage with full wildfire limits?

Yes\_\_\_ No\_\_\_ N/A X

21. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence?

Yes\_\_\_ No\_\_\_ N/A X

22. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured?

Yes\_\_\_ No\_\_\_ N/A X

23. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years?

Yes\_\_\_ No\_\_\_ N/A X

24. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years?

Yes\_\_\_ No\_\_\_ N/A X

25. Has the Association’s current D&O policy been cancelled or non-renewed?

Yes\_\_\_ No\_\_\_ N/A X

26 Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members?

Yes\_\_\_ No\_\_\_ N/A X

Signed by:  
*Michael Contorno*  
6FC1A69AA95C458...  
X  
Agreed Signature of Applicant

February 11, 2026 | 3:57:47 PM  
Date



Home Office:  
2000 Heritage Way  
Waverly, IA 50677

Administrative Office:  
5910 Mineral Point Rd.  
Madison, WI 53705

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE AND**  
**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act 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.

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% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$16,699.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 0.00

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

Includes copyrighted material from Disclosure 2, © 2007 by The National Association of Insurance Commissioners

**REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE**

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$ <sup>175.36</sup>

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Signed by:

*Michael Contorno*

Applicant/Named Insured  
Signature or  
Authorized Signature

President -Board of Directors

Title

UNASSIGNED

Policy Number

February 11, 2026 | 3:57:47 PM EST

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.



# Community Association D&O and EPL Application

### I. GENERAL APPLICANT INFORMATION:

Applicant's Name Windsor West Condominium Association, Inc.  
 Location Address 3706 Broadway City Fort Myers State FL Zip 33901  
 Mailing Address (if different than location) \_\_\_\_\_ Officer \_\_\_\_\_  
 Contact Michael Contorno E-mail address president@windsorwestfl.com

### II. TYPE OF ASSOCIATION:

<input checked="" type="checkbox"/> Residential condo	<input type="checkbox"/> Master	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Property owner
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobile home park	<input type="checkbox"/> Townhome	<input type="checkbox"/> Retail	<input type="checkbox"/> Condo-Hotel
<input type="checkbox"/> Dock association	<input type="checkbox"/> Planned unit development		<input type="checkbox"/> Office/Industrial Park	

- Does the applicant have retail occupancy? Yes  No 
  - If "Yes," what percentage of units is retail? \_\_\_\_\_%
  - what is the square footage of largest retail establishment? \_\_\_\_\_
- Total number of units when construction is complete: 106
- Percentage of units currently built: 100%
- Number of employees: 1
- Percentage of units sold: 100%
- Average residential unit value (in terms of market value): \$85,000

### III. PRIOR INSURANCE INFORMATION:

Coverage	Yes	No	Limits	Continuity Date	Expiring Premium
Community Association D&O/EPL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>\$1,000,000</u>	<u>02/14/2023</u>	

### IV. UNDERWRITING INFORMATION:

- Does the builder/developer or agent maintain representation on the board? Yes  No 
  - If "Yes," has control of the board been turned over to the association? Yes  No
- Are any units rented or leased? Yes  No 
  - If "Yes," what percentage of units are rented or leased? \_\_\_\_\_%
  - Are any units short-term or vacation rentals? Yes  No
- Does the association own, maintain or have an affiliation with:
  - A golf course or country club? Yes  No
  - An airport/airstrip? Yes  No
  - A water treatment facility? Yes  No
  - A sewage treatment facility? Yes  No
- Does the association have a negative fund balance? Yes  No
- Does any one person/entity own multiple units? Yes  No 
  - If "Yes," what is the greatest percentage of units owned by one person/entity? \_\_\_\_\_%
- Please indicate the percentage of units in arrears over 90 days: X 5-10% \_\_\_\_\_ 10-15% \_\_\_\_\_ Greater than 15% \_\_\_\_\_
- Within the last 24 months have any of the following occurred: (If yes, please provide additional information on a separate attachment)
  - Has the association completed a foreclosure sale against an owner? Yes  No
  - Have any board elections been challenged? Yes  No
  - Has the board initiated litigation for reasons other than collection of dues or fees? Yes  No
  - Has the association completed any renovation or improvement projects which resulted in a special assessment for the members? Yes  No
- Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? (If "Yes," please complete an ACE Claim Supplement for each claim) Yes  No
- Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? (If "Yes," please complete an ACE Claim Supplement for each claim) Yes  No
- Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes  No

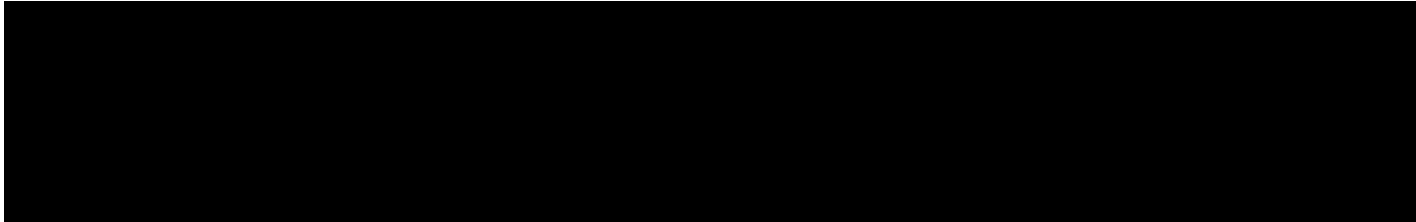
Applicant's Signature: Michael Contorno Date (Mo./Day/Yr.) February 11, 2026 | 3:57:47 PM EST  
(Must be signed by an Officer or Property Manager)

CLEAR



Program Manager:
McGowan Program Administrators
(A Division of McGowan & Company, Inc.)
Home Office – 20595 Lorain Road
Fairview Park, OH 44126
Phone: (440) 333-6300 / Fax: (440) 333-3214
www.mcgowanprograms.com

Active Shooter /
Workplace Violence
Insurance Programs
Renewal Application



- 1. Name of U.S. Entity to be insured: Windsor West Condominium Association, Inc
2. Address and Zip Code of the Insured: 3706 Broadway #42 Fort Myers, FL 33901
3. Website:
4. Business Type: Condominium Association
5. Years in Business: 46
6. Total Number of Locations: 1
7. Total # of Employees: 0
8. Total # of DAILY visitors / students / patients / etc.:
9. What is the total annual revenue of the entity? 0
10. Have there been any changes in the locations? Yes No [X]
11. Have there been any changes in the active shooter workplace violence, emergency/ crisis management, security plans/policies and procedures or any of the other information noted on the attached application? Yes No [X]
12. To the best of their knowledge, have the U.S. Entity suffered any violent acts, threats, attacks or incidents not already disclosed at any of their locations during the last five years? Yes No [X]

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned certifies that he or she is an authorized representative of the applicant identified in "APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant: Michael Contorno
Title: President -Board of Directors
Applicant's Signature: Michael Contorno
Date: February 11, 2026 | 3:57:47 PM EST



**ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.**  
COMMERCIAL INSURANCE APPLICATION

**APPLICANT INFORMATION**

Agency Name: Brown & Brown Insurance Services, Inc.  
Individual Completing This Application: Jennifer Vance  
Phone #: 239-213-2020 Email Address: jennifer.vance@bbrown.com  
Producer Name: JENNIFER VANCE Producer License #: W134303

**ACCOUNT INFORMATION**

Requested Effective Date: 2/14/2026 FEIN#: \_\_\_\_\_  
Name of Insured: WINDSOR WEST CONDOMINIUM ASSOCIATION, INC.  
Contact Name: MICHAEL CONTORNO Title: \_\_\_\_\_  
Phone #: 239-771-8464 Email Address: president@windsorwestfl.com

**Mailing Address**

Street Address Line 1: 3706 BROADWAY #42  
Street Address Line 2: \_\_\_\_\_  
City: FORT MYERS State: FL Zip: 33901

Has insured been involved in any lawsuit or legal claim in the past 5 years?  Yes  No  
Have complaints been filed against insured with a state, county or government agency?  Yes  No

**Required Underlying Insurance Information**

General Liability Carrier: Southern Owners Insurance  
Directors & Officers Carrier: Travelers Casualty & Surety Co of America

**Election of optional coverage.** For an additional premium, you may elect to purchase an extended reporting period (5 years) for directors or officers who no longer serve on the board. Do you want to purchase the coverage?

Yes:  No:

**ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.**  
COMMERCIAL INSURANCE APPLICATION

**PREMISIS INFORMATION**

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\* Total Unit Count For all Risk Types Except HOA: 106 \*Total HOA Homes: \_\_\_\_\_

\* Condominium Association & Co-Op (# of Units) / Homeowners Association (# of Homes)

\* Apartment Complex (# of Apartments) / Hotel (# of Rooms) / Commercial Office Structure (# of Tenants)

**Please complete the following for each physical location.**

Location 1: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: 3706 Broadway City: Fort Myers State: FL Zip: 33901

Location 2: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: 3704 Broadway City: Fort Myers State: FL Zip: 33901

Location 3: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: 3706 Broadway City: Fort Myers State: FL Zip: 33901

Location 4: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: 3706 Broadway City: Fort Myers State: FL Zip: 33901

Location 5: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location 6: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location 7: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location 8: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location 9: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location 10: Risk Type Is: Condo  HOA  Co-Op  Apartment  Hotel/Motel  Commercial Structure   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ATLANTIC MUTUAL LEGAL DEFENSE INSURANCE COMPANY, INC.**  
COMMERCIAL INSURANCE APPLICATION

**SIGNATURE PAGE**

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 ( IN FLORIDA, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

The undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

Check here if you understand and agree:  I Agree

Name: Michael Contorno

Signed by:  
*Michael Contorno*  
Signature: 6FC1A69AA95C458...

Date: February 11, 2026 | 3:57:47 PM EST



2550 West Tyvola Road  
 Suite 600  
 Charlotte, NC 28217  
 Phone: (203) 763-4944  
 www.greatpointins.com

## Application Information

### Brokerage/Agency Information

Brokerage/Agency Name **Brown & Brown**  
 Address **300 North Beach Street**  
 City **Daytona Beach** County  State **FL** Zip Code **32114**  
 Phone **(239) 213-2020** Fax   
 Contact Person **Jennifer Vance**  
 Email **jennifer.vance@bbrown.com**

### Applicant Information

Insured Name \* **Windsor West Condominium Association, Inc.**  
 Website   
 Contact First Name **Michael**  
 Contact Last Name **Contorno**  
 Phone **(239) 771-8464**  
 Email **president@windsorwestfl.com**

### Domiciled Address

Street \* **3704 Broadway**  
 Suite   
 Zip \* **33901**  
 City \* **Fort Myers**  
 State \* **Florida**  
 County **Lee**

### Mailing Address

Street \* **3706 Broadway**  
 Suite **42**  
 Zip \* **33901**  
 City \* **Fort Myers**  
 State \* **Florida**  
 County **Lee**

Year Established	<b>1972</b>
# of Employees	<b>0</b>

### Policy Information

Coverage terms must be one of the following: (a) Annual - 12 month policy term , (b) Short Term – Policy period greater than 6 months or (c) Long Term - Policy period no greater than 18 months

Effective Date \* **2/14/2026** Expiration Date \* **2/14/2027**  
 Limit Option **\$10M**

### Expiring Policy Information

This Account is a:	<b>RENEWAL (Currently Placed with GREAT POINT)</b>
Has the Insured ever had their Umbrella coverage non-renewed	<b>No</b>

### Expiring Placement Detail

Are you the Incumbent \* Agent? **Yes**  
 Expiring Placement Type \* **PG Program**  
 Expiring Carrier \* **Midvale Indemnity Company**  
 Expiring Broker \* **Brown & Brown**  
 Expiring Program Name \*

### Expiring Limit & Pricing

Expiring Limit \* **\$10,000,000**  
 Expiring Premium \* **\$1,545**  
 Expiring PG Dues Amount **\$263**  
 Expiring Total **\$1,808**  
 Expiring Commission \* Percentage **10%**

## Operations / Exposures

Governing Code	SIC Code	NAICS Code	ISO Code	ISO Description	Industry Class	UmbrellaPro Eligibility	Exposure
Yes*	8641	813990	62003	Condominiums - Residential (Association Only)	Real Estate	Eligible	N/A

### Operations Exposure Summary:

Gross Sales **0**

Exposure Summary:				
Apartment Units	0	Retail LRO SqFt	0 Private Passenger	0
Dwelling Units	0	Office LRO SqFt	0 Light Trucks / Vans / SUV's (WITHOUT PASSENGERS)	0
HOA Units With D&O	0	Warehouse LRO SqFt	0 Courtesy Shuttle / SUV (WITH PASSENGERS) - 1 - 8 Passengers	0
HOA Units Without D&O	0	Industrial LRO SqFt	0 Medium Trucks (WITHOUT PASSENGERS)	0
Condo/ Co-Op Units With D&O	106	Vacant Land Acres	0 Courtesy Shuttle - 9 – 20 Passengers	0
Condo/ Co-Op Units Without D&O	0	Open Parking* SqFt <small>* Only if considered a separate location</small>	0 Heavy Truck	0
Condo Units (3rd Party)	0	Enclosed Parking* SqFt <small>* Only if considered a separate location</small>	0 Extra Heavy Truck	0
Hotel Rooms	0		Heavy Tractor	0
Timeshare Units	0		Extra Heavy Tractor	0
Pools	1		Bus - 21+ Passengers	0
B&B Rooms	0		Limousine	0
Boat Slips	0		Total Vehicles	0
Golf Courses (18 HOLES = '1')	0	Total # of Locations	1	

### Industry / Program Supplemental Questionnaire

1	Has the insured ever (total years of ownership/operations) experienced a claim involving one or more of (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment/Amputations, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Any type of assault including Sexual assault or Battery but not limited to rape, molestation or sexual abuse, (8) fungus/lead exposures?	No
2	Are all locations currently in compliance with all property statutes, local ordinances and building codes?	Yes
3	Does the Insured have any of the following: (1) Housing Authorities / Housing Projects, subsidized housing at any one scheduled location? N/A IN CALIFORNIA, (2) Assisted Living, Nursing Homes, Nursing Care, or Medical Services, (3) Religious Institutions or Religious Organizations at any of the insured's locations?, (4) Senior Housing, (5) Adult and/or Children's Day Care, Babysitting, Camps or "other" organized activities available, (6) Museums, (7) Schools or Student at any one scheduled location (Example: dorms, or locations that are solely rented out to students; Trade / Vocational Schools; Kindergarten), (8) Mobile Homes, RV or Trailer Park, (9) Tenants engaged in heavy industrial / manufacturing operations?, (10) Storage of any chemicals, explosives or high-hazard materials at any scheduled locations, (11) Dump Trucks, (13) Animal exposures such as guard dogs, animal services etc, (14) Any scheduled location operating as a Gasoline Station, (15) Life Safety "Pull Cords" for habitational occupancies (16) Homeless shelters (17) Hospital Exposure (18) Marijuana Dispensary tenant?	No
4	Is any scheduled location an enclosed mall over 1,000,000 square feet?	No
5	Is any scheduled location a Nightclubs or Disco* - A "Nightclub or Disco" is defined as: an establishment open to the public, other than a theater with fixed seating, which is characterized by any of the following: 1) it stays open past 10:00 pm and 2) it provides live entertainment by paid performing artists or by the way of recorded music conducted by a person employed or engaged to do so and 3) it has as its primary source of revenue (a) the sale of beverages of any kind for consumption on the premises, (b) cover charges, or (c) both and 4) it has a maximum occupancy of two hundred (200) or more people	No
6	Do exposures include any Armed Security personnel?	No
7	Prior to performing any work at an Insured location are all Vendors, Suppliers and Contractors required to have a signed contract in place that requires: (1) A Hold Harmless & Indemnification Agreement in favor of the Insured, (2) the Maintainance of at least \$1M of GL coverage, (3) Receiving a Certificate of Insurance (updated annually) showing the Insured added as Additional Insured?	Yes

8	Are all buildings at least 70% occupied and/or 70% Operational?	Yes
9	Other than the Insureds tenants, are there any scheduled locations with operations/entities that are owned/operated by someone other than the Insured? [This does not apply to locations the Insured leases from an unrelated third party such as an "office" or "warehouse"]	No
10	Are carbon monoxide detection units installed and maintained in all locations in which it is required by law? <i>TIP: ANSWER "YES" IF THERE ARE NO LAWS IN PLACE THAT REQUIRED CO2 DETECTORS</i>	Yes
11	Are any scheduled buildings currently under construction (exposure beyond normal maintenance and repair)?	No
12	Have any scheduled locations been newly constructed or undergone any renovations that required a building permit within the last 12 months?	No
13	Does the Insured have any physical exposures / locations in the State of Georgia, Louisiana, or New York?	No
14	Does any scheduled location contain a restaurant that is leased to a third party (Lessors Risk Only "LRO")?	No
15	Have all locations, not newly constructed or acquired, (1) Been inspected by a GL carrier within the past 3 years and (2) Have all Loss Control Recommendation's been addressed?	Yes
16	Does the Insured/Management have more than 5 years of management experience?	Yes
17	Does the Insured employ a Safety Director?	No
18	Is there an Accident Investigation procedure in place?	No
19	Is there a Loss Control/Safety Program in place?	No
20	Is any scheduled location a Hotel / Motel with guest rooms that open to an "exterior corridor" aka doors are visible / accessible from the exterior of the building?	No
21	Is Ownership and/or Management aware of any Human Trafficking / Sex Trafficking / Labor Trafficking or Prostitution occurring on the premises of any scheduled location?	No
22	Has the occupancy type and/or operations of any tenant changed within the last 12 months?	No
23	Are Hotel and/or B&B guests allowed to occupy rooms on a long term (14 days or greater) basis?	No

## Underlying Insurance

1	Are Defense costs outside policy limits for all scheduled underlying policies?	Yes
2	I understand that coverage will not apply to any "unscheduled" policies.	I agree
3	Will all scheduled underlying policies, other than Employers Liability, be placed with carriers rated A-VII or better?	Yes
4	Does the Insured have any Foreign Liability Exposure?	No
5	Do any primary coverages contain any sub-limits less than (other than Medical Payments or Fire Legal) \$1,000,000? WE WILL NOT DROP DOWN – SUBLIMIT EXCLUSION	No
6	Are all underlying Auto and General Liability policies on an occurrence form?	Yes
7	Is the GL policy written with an ISO Form CG0001 or equivalent?	Yes
8	Do you want to schedule Hired & Non-owned Automobile Coverage? [Pick One]	Yes - Included in GL
8.1	Hired / Non Owned Auto Liability Limit:	1,000,000
8.2	Will Hired and Non-Owned Automobile losses erode (count against) any coverage aggregate?	No
8.3	Does the Insured have employees using their own vehicles on company business on a regular basis?	No
7.4	Does the Insured engage in any (1) Rapid Delivery Operations (i.e. pizza and/or other food delivery, newspaper, and magazine) , (2) Gasoline Hauling, (3) Waste/Red Label Hauling, (4) Commodity II or IV Hauling, or (5) Hauling of "Other" Hazardous Material?	No
9	Does the Insured have a Personal Umbrella Liability Policy, with limits of \$5M or greater?	No
10	Do you want to schedule underlying coverage for Garage Keepers Legal Liability ("GKLL")?	No
11	Do you want to schedule underlying coverage for NOT FOR PROFIT D&O for a community association? <i>The answer to this question is read only. It changes based on the exposure type you enter in the Locations section of the application.</i>	Yes
11.1	Is D&O provided on a stand alone policy or within the GL policy?	Stand Alone

<b>12</b>	Do you want to schedule underlying Employers Liability?	<b>Yes</b>
<b>12.1</b>	Applicable EL State	<b>Florida</b>
<b>12.2</b>	Will Employers Liability coverage be provided by a State Sponsored Workers Compensation Fund?	<b>No</b>
<b>13</b>	Do you want to schedule an underlying Auto Liability policy?	<b>No</b>
<b>14</b>	Do you want to schedule Liquor Liability? <i>Tip: This is for other than "Host" Liquor Liability</i>	<b>No</b>
<b>15</b>	Do you want to schedule an Employee Benefits Liability policy?	<b>No</b>
<b>16</b>	Are there any "Other" policies you want to schedule?	<b>No</b>

**General Liability**

Carrier	Effective Date	Expiration Date	Premium
Southern-Owners Insurance Company	2/14/2026	2/14/2027	\$ 9,310

**Limits**

Each Occurrence	<b>\$ 4,000,000</b>
General Aggregate	<b>\$ 4,000,000</b>
Does the General Aggregate limit apply on a "Per Location" basis without any "sub - limit" or "cap" limitations?	<b>Yes</b>
Products / Completed Operations Aggregate	<b>Included</b>
Products / Completed Operations Aggregate Limit	<b>\$ 1,000,000</b>
Advertising Injury / Personal Injury (Each Offense)	<b>\$ 2,000,000</b>
Is coverage issued with an SIR or Deductible?	<b>No</b>
Includes Hired & Non-owned Liability coverage?	<b>Yes</b>
Includes Employee Benefits Liability?	<b>No</b>
Includes NOT FOR PROFIT Community Association D&O	<b>No</b>
Includes Liquor Liability	<b>No</b>
<p>UPLOAD: Select the "Upload" button to attach one or more of the following (1) Quote, (2) Binder, (3) Policy Declarations Page, (4) Schedule of Forms &amp; Endorsements or (5) GL Classification Schedule Page that clearly show each of the following (a) PREMIUM, (b) ISO CODE'S, (c) RATABLE BASIS, (d) CARRIER NAME &amp; EFFECTIVE DATE and (e) FORMS &amp; ENDORSEMENTS ATTACHED AT INCEPTION. Any discrepancy between the data uploaded and the data entered on the Application for Insurance may affect your coverage including cancellation of coverage retroactive to inception.</p> <p><i>NOTE: iPad Users you will need to take a "photo" of the document to create an "image" of a document page to upload.</i></p>	
Are there any additional General Liability policies you want to schedule? Must have common ownership in order to schedule. If not common ownership, you must create a new Umbrella application.	<b>No</b>

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**Employers Liability**

Carrier	Effective Date	Expiration Date	Premium
Zenith Insurance Company	2/14/2026	2/14/2027	\$ 1,974

**Limits**

Bodily Injury by Accident	<b>1,000,000</b>
Bodily Injury by Disease (Each Employee)	<b>1,000,000</b>

Bodily Injury by Disease (Policy Limits)	<b>1,000,000</b>
Employers Liability- "Upload" one of the following evidencing Carrier, Limits, Ratable Basis and all applicable scheduled endorsements: (1) Quote, (2) Binder or (3) Declarations Page, EL Classification Schedule page and schedule of endorsements.	

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### D&O Liability

Carrier	Effective Date	Expiration Date	Premium
Homeland Insurance Company of New York	2/14/2026	2/14/2027	\$ 25,157

### Limits

Each Occurrence	<b>\$ 2,000,000</b>
Aggregate	<b>\$ 2,000,000</b>
D&O Liability- "Upload" one of the following evidencing Carrier, Limits, Ratable Basis and all applicable scheduled endorsements: (1) Quote, (2) Binder or (3) Declarations Page, Classification Schedule / Ratable basis Page and schedule of endorsements.	
Are any locations a "Condo - Hotel"?	
<b>No</b>	
Are any of the units Time Shares and/or in a Rental Pool?	
<b>No</b>	
Are there any additional D&O Liability policies you want to schedule?	
<b>No</b>	

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### Loss History - General Liability

<b>1</b>	Please select how many years the Insured has been in business?	<b>5 Or More Years</b>
<b>2</b>	Have there been any New York Labor Law claims in the last five years?	<b>No</b>
<b>3</b>	Has the Insured ever (total years of ownership/operation) experienced a claim involving one or more of a (1) Fatality, (2) Severe Burns, (3) Traumatic Brain Injury, (4) Dismemberment / Amputation, (5) Paralysis, (6) Loss of or impairment of eyesight and/or hearing and severe scarring, (7) Sexual Assault or Battery including, but not limited to, rape, molestation or sexual abuse, (8) fungus/lead exposure?	<b>No</b>
<b>4</b>	For GENERAL LIABILITY, does (1) The Aggregate Incurred Loss total for the last 3 years (current period and two prior) that the insured has been in business, exceed \$300,000? AND / OR (2) has there been any single claim in the last 3 years (current period and two prior) that the insured has been in business, over \$100,000? (3) has EVER been sued for BI or PD in excess of 250,000 or more?	<b>No</b>
<b>4.1</b>	Do you have or will you be able to get Currently Valued General Liability Loss Runs for the last 3 years that the Insured has been in business? <i>Tip: "Currently Valued" is defined as dated within three months of the proposed effective date</i>	<b>Yes</b>
<b>4.1.a</b>	UPLOAD Currently Valued General Liability Loss Runs for each of the last 3 years that the Insured has been in business. <i>[Tip: "Currently Valued" is defined as dated within three months of the proposed effective date] Note: To upload more than a single Document (desktop PC Users) or more than a single Image/Photo of a Document (iPad Users) go to Main Menu and select 'Upload/View Supporting Files' button from the bottom of the page.</i>	1 File Uploaded
<b>5</b>	Are General Liability losses "First Dollar" (not reduced by Deductible or SIR)?	<b>Yes</b>
<b>6</b>	Total Aggregate over the last 3 years in business.	<b>\$0.00</b>

YOU WILL BE REQUIRED TO COMPLETE THE LOSS SUMMARY SECTION FOR THE LESSER OF THREE (3) YEARS OR THE NUMBER OF YEARS THE INSURED HAS BEEN IN BUSINESS.

### LOSS SUMMARY INFORMATION:

Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Current Year	1/29/2026	\$ 9,617	0	\$ 0	\$ 0	\$0.00

Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Prior Year 1	1/29/2026	\$ 9,310	0	\$ 0	\$ 0	\$0.00
Prior Year 2	1/30/2026	\$ 9,000	0	\$ 0	\$ 0	\$0.00
Prior Year 3						
Prior Year 4						

**Auto**

1	Do you want to schedule an underlying Auto Liability policy?	No
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**Loss History - Auto Liability**

1	Do you want to schedule an underlying Auto Liability policy?	No
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LOSS SUMMARY INFORMATION:						
Policy Term	Loss Run Valuation Date	Premium	# of Claims	Total Paid	Total Reserved	Total Aggregate
Current Year						
Prior Year 1						
Prior Year 2						
Prior Year 3						
Prior Year 4						

**Locations - Schedule**

All covered Locations are shown on a separate "Locations - Schedule" which is incorporated and made a part of this application. See the last page(s) of this PDF and/or print out for details.

**Locations - Questions**

1.	LOCATIONS OLDER THAN 20 YEARS OLD ONLY: Have all locations more than 20 years old had plumbing, roof, and electrical systems upgraded and/or replaced and if not will the work be completed within 60 days of Binding?	Yes
2.	LOCATIONS OVER 2 STORIES ONLY: Do ALL Locations over 2 stories have at least two (2) means of egress per floor?	N/A
3.	DWELLINGS ONLY: Do ALL of the following apply: (a) All dwellings are utilized as rentals to third parties, (b) The insured/management company inspects all dwellings at least once a year, (c) The insured/management company have a formal safety / inspection program in place, (d) The insured/management company addresses all tenant concerns regarding repairs in what would be generally accepted as in a "timely manner" and (e) All repairs, whether as a function of a tenant concern or otherwise, are conducted by a licensed independent third party?	N/A
4.	POOLS ONLY: Do ALL of the following apply: (a) There are NO diving boards, (b) All Outdoor Pools are fenced and secured with a self latching gate, (c) Entry to all Indoor Pools are secured with a self-locking door and (c) All Pools are clearly marked with Swim at Your Own Risk signs AND depth markers?	Yes
5.	BOAT SLIPS ONLY: Do ALL of the following apply: (a) All entrances are protected with a self-locking gate and possess fencing / railings to segment off nearby adjacent walk ways, (b) There are NO refueling stations/operations, (c) No unauthorized third parties are permitted to access boat slips, (d) Boat Slips are not owned or used by any individual other than an owner of a Condo / COOP / HOA unit or a Hotel Guest?	N/A

6.	VACANT LAND ONLY: Do ALL of the following apply: (a) Vacant Land is not (a) undergoing any construction operations of any kind for the in-force effective period, (b) Vacant Land is not accessible by unauthorized third parties, (c) Vacant Land is not leased to third parties for a fee or (d) Vacant Land is not in use in any other way not described above	N/A
7.	HOTELS / B&B ONLY: Do you perform, and maintain on file, background checks (including criminal and reference checks) for all prospective and current employees?	N/A
8.	BATTERY OPERATED SMOKE DETECTORS ONLY: Are all Battery Operated smoke detectors regularly maintained?	Yes

## Locations - Supplemental

## Named Insureds

#	Name	Description of Operations
1	Windsor West Condominium Association, Inc.	

***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:***

**PRIOR TO RELEASING ANY COVERAGE DOCUMENTS I WILL CAUSE THE INSURED TO SIGN THIS APPLICATION AND WILL MAINTAIN A COPY ON FILE THAT WILL BE AVAILABLE UPON REQUEST.**

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.**

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.**

**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 PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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 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 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.**

**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 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

**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 (365:15-1-10, 36 §3613.1).**

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.**

**NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

**ALL WRITTEN STATEMENTS, AGREEMENTS AND SUPPLEMENTAL MATERIAL FURNISHED TO GREAT POINT AND/OR THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

**THE UNDERSIGNED, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT OR UPLOAD HERETO) CHANGES GREAT POINT INSURANCE AND/OR THE INSURER WILL BE IMMEDIATELY NOTIFIED OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.**

**SELECTING "I AGREE" WILL ACKNOWLEDGE MY RECEIPT, AND AFFIX MY ELECTRONIC SIGNATURE, ACCEPTING THESE TERMS & CONDITIONS. AGREEMENTS EXECUTED VIA ELECTRONIC SIGNATURE WILL HAVE THE SAME VALIDITY AND EFFECT AS A SIGNATURE AFFIXED BY HAND CONSISTENT WITH CONNECTICUT LAW (CONN. GEN. STATE §1-266 ET SEQ. OR AS AMENDED IN THE FUTURE). GREAT POINT ACCEPTS NO OBLIGATION TO VERIFY THE AUTHENTICITY OF ANY SIGNATURE.**

**Producer:**

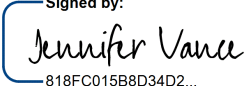
I AGREE    I DO NOT AGREE

Legal Name of Organization:    Brown & Brown

Producer Name:                    Jennifer Vance

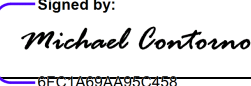
Telephone:                         (239) 274-1410

Email:                                jennifer.vance@bbrown.com

Sign Date:                            Signed by: Jennifer Vance    February 10, 2026 | 3:31:42 PM CST  
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**Insured {Signature to be maintained on file by Producer}:**

Legal Name of Organization:    Windsor West Condominium Association, Inc.

Signature:                            Signed by: Michael Contorno  
6FC1A69AA95C458...

Printed Name:                       Michael Contorno

Sign Date:                           February 11, 2026 | 3:57:47 PM EST

# Locations - Schedule

PHYSICAL ADDRESS		COPE DATA							HABITATIONAL EXPOSURES										
#	Address	# of Buildings	Year Built	Stories	Construction	Fully Sprinklered	Smoke Alarm Type	Fire/Life Safety Features	HOA Units With D&O	Condo/Co-Op Units With D&O	HOA Units Without D&O	Condo/Co-Op Units Without D&O	Dwelling Units	Apartment Units	Condo Units (3rd Party)	Timeshare Units			
1	3706 Broadway Fort Myers FL, 33901	2	1972	2	Joisted Masonry	No	Battery	None of the Above	0	106	0	0	0	0	0	0			
PHYSICAL ADDRESS		HOSPITALITY EXPOSURES						LESSORS RISK ONLY EXPOSURES						OTHER EXPOSURES					
#	Address	Hotel Rooms	Franchise Name [HOTEL ONLY]	B&B Rooms	Room Receipts	Food Receipts	Liquor Receipts	Retail LRO SqFt	Office LRO SqFt	Warehouse LRO SqFt	Industrial LRO SqFt	Open Parking* SqFt *Only if considered a separate location	Enclosed Parking* SqFt *Only if considered a separate location	Pools	Water Exposures	Vacant Land Acres	Boat Slips	Golf Courses (18 HOLES = '1')	'Other' - Exposure the GL Carrier rated for and/or scheduled for coverage.
1	3706 Broadway Fort Myers FL, 33901	0	Not Applicable	0	\$0.00	\$0.00	\$0.00	0	0	0	0	0	0	1	No	0	0	0	No



# Indian Harbor Insurance Company Environmental Impairment Liability Application

**This Application is for a "Claims-Made and Reported" Pollution and Remediation Legal Liability Policy.  
PLEASE READ IT CAREFULLY**

Name of Association: WINDSOR WEST CONDOMINIUM ASSOCIATION, INC.

Association Type:  Condominium Assoc /  Homeowner Association with Residential Buildings  
 Homeowner or Master Association without Residential Buildings

Mailing Address: 3706 BROADWAY #42, FORT MYERS, FL, 33901

Contact: Michael Contorno Title: \_\_\_\_\_

Telephone/Fax: 2397718464 Email: president@windsorwestfl.com

Effective Date: 2/14/2026 12:00:00 AM

Property Address: 3706 Broadway, Fort Myers, FL, 33901

Limit Desired:  \$250,000 /  \$500,000 /  \$1,000,000 each pollution condition

# of Units/Members: 106

# of Insured Buildings or Other Property Above 3 Stories: 0

# of Insured Buildings or Other Property Built Prior to 1978: 3

Sewage Treatment Processing Plant (s): 0

# of Swimming Pool(s): 1

**Section 1: Location Information (please complete for each location):**

1. Does the Association own or operate a golf course?  Yes  No
2. Have any prior environmental reports, environmental property inspection reports, environmental audits or environmental studies been done for this property?  Yes  No
3. Have any of the following ever been on the property?  Yes  No

Waste/Sewage treatment, storage or disposal	Dry cleaners (other than pickup station)	Waste Reclamation
Commercial Printing	Photo Printing	Junk or Scrap Yard
Commercial oil storage or distribution	Automobile maintenance, repair or sales	Recycling
Gas Station	Landfill	

4. Are any hazardous substances\* at the property in aggregate amounts greater than 50 gallons?  Yes  No
  - a. Is the hazardous substance pool chemicals?  N/A  Yes  No
  - b. Is secondary containment, including either dykes, berms, liners, vaults or double-walled tanks, provided for the storage of the chemical(s)?  N/A  Yes  No
5. Does the association have any wells used for potable water?  Yes  No
  - a. Is the potable water supplied to third parties?  N/A  Yes  No
  - b. Is the water tested annually?  N/A  Yes  No
  - c. Do the results meet local, state, and federal requirements?  N/A  Yes  No

- 6. Does the association have a septic system?  Yes  No
  - a. Is the septic system connected to individual residents or third parties?  N/A  Yes  No
  - b. Is the septic system connected to only association buildings (e.g. a clubhouse)?  N/A  Yes  No
- 7. Does the association have any Above-ground Storage Tanks (ASTs)?  Yes  No
  - a. Do the tanks store water or propane?  N/A  Yes  No
  - b. Do the tanks store gasoline, diesel, heating oil, or chlorine?  N/A  Yes  No
  - c. Do the ASTs have secondary containment including either dykes, berms, liners, vaults or double-walled tanks?  N/A  Yes  No
- 8. Do you own or operate any Underground Storage Tanks (USTs)?  Yes  No
  - a. Are all USTs currently in use?  N/A  Yes  No
  - b. Are any of the UST's greater than 20 years old?  N/A  Yes  No
  - c. Do the tank(s) store propane only?  N/A  Yes  No
  - d. Do the tanks store diesel or heating oil?  N/A  Yes  No
  - e. Have any UST(s) ever failed tightness testing?  N/A  Yes  No
  - f. Are the UST(s) double-walled?  N/A  Yes  No
  - g. Are any of the tanks greater than 1,000 gallons?  N/A  Yes  No
- 9. Is there a sewage treatment facility at the property?  Yes  No
  - a. If Yes, is the average daily flow greater than .5 million gallons per day?  N/A  Yes  No
    - (1) **If 9.a. is NO**, Does it accept third party waste?  N/A  Yes  No
    - (2) **If 9.a.(1) is NO**, Is the facility operated, serviced, and maintained by an Independent Contractor?  N/A  Yes  No
    - (3) **If 9.a.(2) is NO**, Is sludge disposed of in accordance with EPA Guidelines?  N/A  Yes  No
    - (4) **If 9.a.(3) is YES**, Is there emergency power source for pumps?  N/A  Yes  No
    - (5) **If 9.a.(4) is YES**, Are there pump alarms with regular testing?  N/A  Yes  No
    - (6) **If 9.a.(5) is YES**, Does electrical wiring meet U.L. explosion proof standards?  N/A  Yes  No

### UST SCHEDULE

#	Age	Type	Capacity	Construction	Contents	Secondary Containment If yes, indicate type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, indicate type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, indicate type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, indicate type:
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, indicate type:

### Current Environmental Insurance Coverage

Insurance Carrier: none Policy Premium: \_\_\_\_\_  
 Policy Limits: \_\_\_\_\_ Policy Retention/Deductible: \_\_\_\_\_  
 Policy Effective Date: \_\_\_\_\_

\*Hazardous substances include but are not limited to: pesticides, herbicides, paints, solvents, cleaning fluids, pool chemicals, or any other chemical.

**Section II: Warranty Statement:**

1. Are you aware of any actual or suspected spills, releases or environmental contamination related to your business or the location(s) for which you are requesting coverage for?  Yes  No
2. Are there any statutes, standards, or other city, state, or federal regulations relating to the protection of the environment you cannot comply with?  Yes  No
3. In the last five years, have you had environmental coverage?  Yes  No
4. Have you ever had any pollution claims including, but not limited to, claims by private persons, entities, government agencies or other third parties?  Yes  No
5. Has any environmental coverage been declined, cancelled, or non-renewed?  Yes  No
6. In the last five years, have you been investigated, cited or prosecuted for contravention or violation of any standard or law relating to any release or pollutants into sewers, rivers, seas or onto land?  Yes  No
7. Are you aware of any circumstances that could reasonably be expected to give rise to an environmental liability claim under this policy?  Yes  No

## FRAUD WARNINGS

**NOTICE TO ARKANSAS 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO D.C. 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 insurance company 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 HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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 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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 NEW MEXICO 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS, EXCEPT AUTOMOBILE INSURANCE 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 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 PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Failing to disclose a conviction of arson in an application for insurance is subject to criminal penalty.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA 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 ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

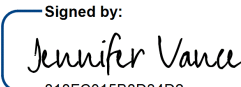
*(Fraud Language Revised 10/01/09)*

Applicant: Michael Contorno

Title: President -Board of Directors

Applicant's Signature:   
Signed by: Michael Contorno  
6FC1A69AA95C458...

Date: February 11, 2026 | 3:57:47 PM EST

Agent's Signature:   
Signed by: Jennifer Vance  
818FC015B8D34D2...

Date: February 10, 2026 | 3:31:42 PM CST

# Property Owners Protector Plan PG, LLC

## Membership Agreement

This Agreement is entered into between Property Owners Protector Plan PG, LLC, a Florida limited liability corporation (the "Purchasing Group"), which is located at 816 AIA North, Suite 206, Ponte Vedra Beach, Florida 32082 and the WINDSOR WEST CONDOMINIUM ASSOCIATION, INC. ("Purchaser") which is located at the following address:

3706 Broadway  
Fort Myers, FL 33901

WHEREAS Purchasing Group is a risk purchasing group formed pursuant to Florida law and the Liability Risk Retention Act of 1986, as amended (15 U.S.C. 3910 et. seq.) ("Act") in order to permit a group of individuals who share common or similar liability exposures to join together to purchase liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to Purchasing Group that Purchaser is exposed to liability risks which are the same or similar to those of the other members of the group; and

WHEREAS, subject to the terms and conditions of this Agreement, Purchaser seeks to insure its own risks by purchasing liability insurance under one or more group insurance policies issued to the Purchasing Group (individually or collectively, the "Insurance");

NOW THEREFORE, the parties agree as follows:

1. Effective Date. This Agreement shall be effective as of the date that an application for Insurance and membership is signed by Purchaser and accepted by Purchasing Group.
2. Membership Rights and Obligations. Purchaser shall abide by the terms and conditions of membership as set forth herein. Purchaser's only rights as a member is to apply for and purchase the Insurance. Purchaser shall have no other rights as a member. Without limiting the generality of the foregoing, Purchaser shall have no rights: (i) under the governing documents of Purchasing Group; (ii) to participate in the management of Purchasing Group; (iii) to receive any dividends, profits, or other financial gain from the profits of Purchasing Group; or (iv) to transfer its membership in Purchasing Group.
3. Premium and Membership Fees. Purchaser shall receive a quote for Insurance premium, membership and administrative fees and other surcharges and taxes. The membership and administrative fees included in the quote are established by Purchasing Group and shall vary from member to member in a manner that may be considered arbitrary, capricious or discriminatory. The membership and administrative fees shall be retained by Purchasing Group fund the operations of Property Owner Protector Plan PG, LLC and shall not be (i) related to the insurance exposures or operations of the member; (ii) for an insurance-related service or proof of insurance; or (iii) to compensate an agent or broker. The membership and administrative fees shall be established at the sole discretion of the Purchasing Group, which shall have no obligation to disclose to Purchaser the manner in which the fees were established or utilized. Purchasing Group may re-evaluate and revise the membership and administrative fees from time to time without notice.
4. Administrator. Purchasing Group has appointed Coastal Insurance Underwriters, Inc. to administer certain risk purchasing group operations. Coastal Insurance Underwriters, Inc. is an affiliate of Purchasing Group and is paid administrative fees by Purchasing Group for such services.
5. Eligibility. To determine eligibility for the Insurance, Purchaser shall provide all requested data to Purchasing Group regarding the insured risks and Purchaser warrants the accuracy of such data. Purchaser acknowledges certain underwriting criteria shall be imposed by each insurer upon all members of the risk purchasing group

who are insured or all persons who seek to be insured under the Insurance. Purchaser understands that its failure to meet such underwriting criteria may result in the nonrenewal of its coverage under the Insurance.

6. Termination.

a) This Agreement shall terminate:

- i. Upon failure of Purchaser to pay fees or premiums as required under the Insurance and this Agreement.
- ii. Upon termination or non-renewal of Insurance covering Purchaser or the membership through Purchasing Group.

b) This Agreement may be terminated by Purchasing Group:

- i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; provided that and Purchasing Group shall give not less than thirty (30) days prior written notice of such termination; or
- ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by Purchasing Group for the risk purchasing group as a whole; provided that Purchasing Group shall give not less than thirty (30) days prior written notice of such termination.

c) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from membership in the Purchasing Group. Purchaser may withdraw from the Purchasing Group and participation in the Insurance at any time by submitting a written notice of its withdrawal to Purchasing Group stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the Purchasing Group will immediately terminate all coverage for Purchaser under the Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless Purchasing Group and Coastal Insurance Underwriters, Inc. for any liability or expenses, including attorney's fees, arising from or relating to errors, inaccuracies, misrepresentations or omissions by Purchaser or any of its employees or agents.

8. Governing Law. The Agreement shall be construed in accordance with the laws of the State of Florida without regard to its principles regarding conflicts of laws.

9. Arbitration. Any dispute arising out of or related to this Agreement shall be resolved by binding arbitration conducted in accordance with the rules of a nationally recognized arbitration association. Unless the parties agree otherwise, any such arbitration will be held before a single arbitrator in Jacksonville, Florida. The Parties shall use their best efforts to agree upon an independent third-party arbitrator within fourteen (14) days. In the event the Parties are unable to agree on the selection of such an arbitrator, either party may then proceed in accordance with the rules and procedures of the nationally recognized arbitration association selected by the party filing the arbitration. Judgment may be entered on the arbitrator's award in any court having jurisdiction. The parties agree that there shall be no right or ability for any disputes to be arbitrated or litigated on a class-wide or collective basis.

10. Waiver. No waiver of any breach of default of this Agreement shall be valid unless in writing and signed by Purchasing Group, and no such waiver shall be deemed a waiver of any subsequent breach or default of the same or similar nature.

- 11. Severability. If any provision of this Agreement is found to be illegal or unenforceable, then the remaining provisions shall be unaffected and remain fully binding and enforceable.
- 12. Notice. Any notice required or which may be given under this Agreement shall be in writing and either delivered personally, sent by overnight courier, sent by certified mail (return receipt requested) to such address set forth herein or otherwise designated in writing by a party.
- 13. Entire Agreement. This Agreement constitutes the entire agreement between the parties and supercedes all previous agreements entered into between the parties hereto with respect to its subject matter.

PURCHASER:

Signed by:  
*Michael Contorno*  
By: \_\_\_\_\_  
6FC1A69AA95C458...  
Print Name: Michael Contorno  
Its: President -Board of Directors  
Date: February 11, 2026 | 3:57:47 PM EST

PROPERTY OWNERS PROTECTOR PLAN PG, LLC:

By: \_\_\_\_\_  
Print Name: Sim Bridges  
Its: Manager  
Date: 2/5/2026

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

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 hereby elect to purchase terrorism coverage for a prospective premium of \$ <u>7.92</u> .
X	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.

Signed by:  
*Michael Contorno*  
\_\_\_\_\_  
0FC1A69AA95C458...  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Indian Harbor Insurance Company  
Insurance Company

\_\_\_\_\_  
Michael Contorno  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
February 11, 2026 | 3:57:47 PM EST  
Date

FLS.PROCESSING@IPFS.COM  
3522 THOMASVILLE RD STE 400  
TALLAHASSEE, FL 32309  
(877)674-3076 FAX: (800)808-8784  
CUSTOMER SERVICE: (877)674-3076

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

<b>A</b>	CASH PRICE (TOTAL PREMIUMS)	\$162,912.62	<b>AGENT</b> (Name & Place of business) BROWN & BROWN INSURANCE SVCS INC  9617 GULF RESEARCH LN #202  FORT MYERS, FL 33912 (239)278-0278 FAX:	<b>INSURED</b> (Name & Residence or business) WINDSOR WEST CONDOMINIUM ASSC, INC. 3706 BROADWAY #42  FORT MYERS, FL 33901 (808)773-0030 insurance@spiresassociates.com 00757134
<b>B</b>	CASH DOWN PAYMENT	\$0.00		
<b>C</b>	PRINCIPAL BALANCE (A MINUS B)	\$162,912.62		
<b>D</b>	DOC STAMP	\$570.50		

Commercial

Account #: \_\_\_\_\_

**LOAN DISCLOSURE**  
Additional Policies Scheduled on Page 3

Quote Number: 33978519

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
6.550%	\$4,947.98	\$163,483.12	\$168,431.10

**YOUR PAYMENT SCHEDULE WILL BE**

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
10	\$16,843.11	Beginning:	MONTHLY 03/14/2026

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/14/2026	AMERICAN COASTAL INSURANCE CO CHRONOS UNDERWRITERS	PROPERTY	10.00%	12	93,938.00 Fee: 98.00 Tax: 939.00
Broker Fee:						\$0.00
TOTAL:						\$162,912.62

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

**NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.**

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signed by:  
Michael Contorno  
6FC1A69AA95C458  
Signature of Insured or Authorized Agent

February 11, 2026  
DATE

Signed by:  
Jennifer E. Ebra  
818FC015B8D34D2  
Signature of Agent

February 10, 2026 | 3:31  
DATE

The finance charge begins to accrue as of the earliest policy effective date. **4.**

**AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy (ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

**AGENT**  
 (Name & Place of business)  
 BROWN & BROWN INSURANCE SVCS INC  
 9617 GULF RESEARCH LN #202  
 FORT MYERS, FL 33912  
 (239)278-0278 FAX:

**INSURED**  
 (Name & Residence or business)  
 WINDSOR WEST CONDOMINIUM ASSC, INC.  
 3706 BROADWAY #42  
 FORT MYERS, FL 33901  
 (808)773-0030  
 insurance@spiresassociates.com  
 00757134

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**  
 (continued)

Quote Number: 33978519

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/14/2026	CUMIS SPECIALTY INSURANCE COMPANY I STARWIND COMMUNITY ASSOCIATIONS	GENERAL LIABILITY	0.000%	12	19,808.00 Fee: 650.00 Tax: 1,022.90
PENDING	02/14/2026	HOMELAND INS CO OF NEW YORK INTACT INS SPECIALTY SOLUTONS	DIRECTORS & OFFICERS	0.000%	12	23,427.00 Fee: 400.00 Tax: 1,191.35
PENDING	02/14/2026	MIDVALE INDEMNITY COMPANY GREAT POINT INS SVCS	UMBRELLA	0.000%	12	1,931.00 Fee: 328.00 Tax: 19.31
PENDING	02/14/2026	ATLANTIC MUTUAL LEGAL DEFENSE INSUR STARWIND COMMUNITY ASSOCIATIONS	LEGAL	0.000%	12	3,576.22 Fee: 500.00
PENDING	02/14/2026	COALITION INSURANCE COMPANY COALITION INS SOLUTIONS INC	CYBER LIABILITY	0.000%	12	1,346.00 Tax: 13.00
PENDING	02/14/2026	INDIAN HARBOR INSURANCE CO MCGOWAN PROGRAM ADMINISTRATORS	TERRORISM	0.000%	12	4,016.00 Fee: 250.00 Tax: 213.30
PENDING	02/14/2026	USPLATE GLASS INSURANCE CO HULL & CO/ST PETERSBURG	GLASS	0.000%	12	9,154.00 Tax: 91.54

Broker Fee: \$0.00  
**TOTAL: \$162,912.62**

## Certificate Of Completion

Envelope Id: 878FF43E-1F8F-4AAF-BB12-51C1D12C5008	Status: Completed
Subject: Complete with Docusign: WindsorWest Proposal.pdf, Property App.pdf, Property Acord.pdf, GL & Cri...	
Source Envelope:	
Document Pages: 82	Signatures: 27
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Jennifer Vance
Time Zone: (UTC-06:00) Central Time (US & Canada)	300 North Beach Street , FL, Daytona Beach, FL 32114 jennifer.vance@bbrown.com IP Address: 155.190.18.131

## Record Tracking

Status: Original 2/10/2026 3:12:02 PM	Holder: Jennifer Vance jennifer.vance@bbrown.com	Location: DocuSign
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## Signer Events

Jennifer Vance  
jennifer.vance@bbrown.com  
Agent  
Security Level: Email, Account Authentication (None)

## Signature

Signed by:  
  
818FC015B8D34D2...  
Signature Adoption: Pre-selected Style  
Using IP Address: 155.190.18.131

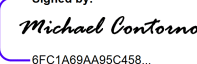
## Timestamp

Sent: 2/10/2026 3:30:26 PM  
Viewed: 2/10/2026 3:30:44 PM  
Signed: 2/10/2026 3:31:42 PM

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Michael Contorno  
president@windsorwestfl.com  
President -Board of Directors  
Security Level: Email, Account Authentication (None)

Signed by:  
  
6FC1A69AA95C458...  
Signature Adoption: Pre-selected Style  
Using IP Address: 50.221.116.22

Sent: 2/10/2026 3:30:25 PM  
Viewed: 2/11/2026 2:50:05 PM  
Signed: 2/11/2026 2:57:47 PM

## Electronic Record and Signature Disclosure:

Accepted: 2/11/2026 2:50:05 PM  
ID: d87ee112-b2b6-441c-830c-9e03b80b0f40

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/10/2026 3:30:26 PM
Certified Delivered	Security Checked	2/11/2026 2:50:05 PM
Signing Complete	Security Checked	2/11/2026 2:57:47 PM

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Completed	Security Checked	2/11/2026 2:57:47 PM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
<b>Electronic Record and Signature Disclosure</b>		

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Brown & Brown Insurance Services, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Brown & Brown Insurance Services, Inc.:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

#### **To advise Brown & Brown Insurance Services, Inc. of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [bbis@bbis.com](mailto:bbis@bbis.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### **To request paper copies from Brown & Brown Insurance Services, Inc.**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [bbis@bbis.com](mailto:bbis@bbis.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

#### **To withdraw your consent with Brown & Brown Insurance Services, Inc.**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Brown & Brown Insurance Services, Inc. as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Brown & Brown Insurance Services, Inc. during the course of your relationship with Brown & Brown Insurance Services, Inc..