Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

INSURANCE PROPOSAL

LSG Community Association, Inc.

Effective Date 11/21/2026

MITCHELL
INSURANCE SERVICES
SINCE 1971

Proposal Provided by Kip Kollmeyer

Mitchell Insurance Services, Inc.

319 5th Street North St. Petersburg, FL 33701 | 727.360.8190

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Disclaimer Notice

Please note the following important information regarding this Report:

- This report is based on information provided to us by you, the client. Please advise us immediately if there is additional information or information you provided to us is inaccurate so we may inform the insurers.
- This report does not provide confirmation of actual insurance coverage or any commitment by the insurers to provide insurance coverage.
- It is importance that you review and confirm all the recommended policies in this report. That all coverages, conditions, limits, and any other terms that you require are stated. Please advise immediately if they are not.
- This proposal is conditional upon there being no new claims or claims notifications between the date of this report and the effective date.
- The coverage and pricing in this report are valid until the effective date only, after the insurers can withdraw or vary terms, rates and/or conditions.
- Mitchell Insurance Services is not responsible for any consequences that may arise from a delay or failure caused by you to respond to us by the effective date.

Confidentiality Statement

- All Client information provided to Mitchell Insurance Services will only be shared within our agency and with the appropriate insurance carrier. No information will be shared to any other source without written consent, except as required by law.
- All information provided by Mitchell Insurance Services is considered proprietary information and should not be shared without our written consent.
- The extent of insurance is governed by the complete terms, conditions, and exclusions of the insurance policy. Coverage reviews are intended as an outline of coverage only.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

About Our Agency

Mitchell Insurance Services is a family-owned and operated independent commercial insurance agency that was founded by Robert C. Mitchell in 1971. Three generations later, our agency has over 40 years of commercial insurance industry experience and knowledge.

As a Trusted Choice independent agency and a member of the Community Associations Institute, we are always at the forefront of an ever-changing industry. You can rest assured knowing you are being taken care of with an unparalleled level of expertise and industry knowledge.

Not only do we have strong industry knowledge, but we also have exceptional customer service. With over 40 years of experience, we understand that the customer not only needs great coverage, but an insurance agency that is always there when you need them. This is why we offer remarkable service that is unmatched by our competitors.

A look at just a few of our services:

- Association Disaster Planning
- On-site Risk Management
- Board Member Education
- 24-hour Claims Service
- Expedited Certificate of Insurance Request
- No Automated Answering Systems

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Meet the Team

Primary Agent: Kip Kollmeyer

- University of South Florida Graduate, 2010
- Commercial Risk Advisor, over 10 Years' Experience
- Community Association Insurance Specialist
- kip@mitchellinsurancefl.com

Owner & Secondary Agent: Robert Mitchell

- Florida State University Undergrad, 2008, and Master of Science, Risk Management & Insurance, 2016
- Certified Risk Manager, 2016 & Certified Insurance Councilor, 2015
- Flood Insurance and Community Association Insurance Specialist
- Robert@mitchellinsurancefl.com

Agents: Michael Moretti and Colby Tuthill

- Knowledgeable Agents capable of helping in my potential absence
- michael@mitchellinsurancefl.com
- colby@mitchellinsurancefl.com

Customer Service Team

Roxana Agudelo: roxana@mitchellinsurancefl.com

Dean Roussel: dean@mitchellinsurancefl.com

Sara Krupp: sara@mitchellinsurancefl.com

General Inquiries: info@mitchellinsurancefl.com

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Marketing Summary

This is a list of some, but not all insurance companies we write business with.

Property Markets Approached
ACE
Axis
Alterra
Aspen
Great American
Braishfield
WKFC
Empire
United National
CNA
Torus Everest
RSUI
ICAT
Citizens
American Coastal
Safe Harbour
American Strategic
Heritage

D&O/Crime Markets Approached
Travelers
Great American
Liberty Mutual
Attain
USF Insurance
USLI
Aspen Specialty
CNA
ACE
Great Divide

General Liability Markets Approached
Aspen Specialty/Companion Specialty
Amtrust
WKFC
Hermitage
Burlington
James River
Promont
Rockhill Everest
Wilshire
Scottsdale
Colony RSUI
Penn America, Northland

Umbrella Markets Approached
Chubb
Greenwich
Great American
Chartis
Travelers
Aspen/Companion
Fireman's Fund

MITCHELL INSURANCE SERVICES SINCE 1971

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Mitchell Insurance Difference

Risk Management

Mitchell Insurance Services, Inc. believes in preventing losses before they occur and mitigating the total cost of a loss after they have occurred. We do this by implementing the Risk Management system in which we identify, analyze, control, transfer, and finance all potential risk exposures that an Association may face. As part of our insurance program, we complete a comprehensive risk analysis report which will be used to promote the prevention of loss before it occurs.

- Has your current Agent performed a Comprehensive Risk Analysis?
- What recommendations has your Agent provided to prevent future losses?
- Have there been any loss control measures implemented?

Catastrophic Event Planning

Hurricanes are an inevitable truth that all people who live in Florida must deal with. It is not a matter of if, but when a hurricane strikes the state again. When that day comes, we must be ready. Our agency provides a Catastrophic Event Plan that will be developed and customized for your Association. We will place all key information into a single document that will allow the Association to respond with extreme efficiency in the event of a storm.

- Have you formed a relationship with a disaster restoration company to be on their first response list?
- Do you have a list of association members, and their contact information?
- Do you have vendor lists and contact information? (I.E. Insurance, Contractors)
- Are you aware of evacuation routes, and evacuation zones the Association is in?
- Does the Association have a post event management kit?
- Do you know all the necessary emergency numbers?

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Commercial General Liability

Insurance Company: Superior Specialty Insurance Company
A.M. Best A (Excellent), X Rated Company

Proposed Effective Date: 11/21/2026

Deductible: $0.00

Description of General Liability Coverage:

Occurrence Form	Limits
General Aggregate	$2,000,000
Products and Completed Operations	$2,000,000
Each Occurrence	$1,000,000
Personal Injury and Advertising	$1,000,000
Fire Damage Liability (Any one person)	$ 50,000
Medical Expenses (Any one person)	$ 5,000
Hired and Non-Owned Auto Liability	$1,000,000

Rating Basis

Code	Classification	Exposure
68500	Homeowner's Association	470 Members
48925	Swimming Pool	1 Total
46671	Playground Equipment	1 Total

General Liability Coverage Extensions: Association Owned Units, Association Members Added as Additional Insured, Additional Insured Property Manager, Unintentional Failure to Disclose Hazards, Revised Notice of Occurrence Duties

Standard Exclusions: Including but not limited to Standard to ISO Form Expected or Intended Injury, Contractual Liability, Workers Compensation, Employers Liability, Pollution, Pollution Related, Aircraft, Auto or Watercraft, Mobile Equipment, War, Damage to Property you own, or in your care, custody or control, Damage to your products, Damage to your work, Damage to impaired Property or Property not physically injured, Recall of Products, Electronic Data, Recording and Distribution of Material or Information in Violation of Law, Knowingly Violation of Rights of Another, Material Published with Falsity, Material Published prior to policy period, Criminal Acts, Breach of Contract, Failure to Conform to Statements, Wrong Description of Prices, Infringement of Copyright, Patent, Trademark, or Trade Secret, Insureds in Media and Internet Business, Electronic Chatrooms, Unauthorized use of another's name or product, War, Rebellion, Liquor License not in Effect.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Directors and Officers Liability

Insurance Company: Philadelphia Indemnity Insurance Company
A.M. Best A++ (Superior), XV Rated Company

Proposed Effective Date: 11/21/2026

Deductible: $1,000.00

Claims Made form: **$1,000,000 Each Claim**
$1,000,000 General Aggregate
Defense Cost outside the Policy Limit

Comments:

*Covered Employees: Management Company, Directors and Trustees, Non-Compensated officers
*Non-monetary and monetary damages are included
*No Insured vs. Insured Exclusion
*Duty to defend form
*Spouse, committee members, volunteers, estates, leased employees or employees included
*Full prior acts coverage included (subject to warranties)

Crime Insurance

Insurance Company: Superior Specialty Insurance Company
A.M. Best A (Excellent), X Rated Company

Proposed Effective Date: 11/21/2026

Employee Theft Coverage Form: Discovery Form

Crime Coverage Options	Limit	Deductible
Employee Theft	$200,000	$1,000.00
Money & Securities	Included	$1,000.00
Forgery & Alteration	Included	$1,000.00
Money Order & Counterfeit Currency	Included	$1,000.00
Funds Transfer Fraud	Included	$1,000.00
Computer Fraud	Included	$1,000.00

Covered Employees: Management Company
Directors and Trustees
Non-Compensated Officers

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Umbrella Liability- Ascot

Insurance Company: Ascot Insurance Company
A.M. Best A (Excellent), XIV Rated Carrier

Proposed Effective Date: 11/21/2026

Description of Coverage: Bodily Injury and Property Damage Liability
Each Occurrence
Personal Injury and Advertising Injury Liability
Excess over General Liability
Excess over Directors and Officers Liability

Aggregate Limit: $5,000,000

*Higher Coverage Limits Available

Umbrella Liability- Spinnaker

Insurance Company: Spinnaker Specialty Insurance Company
AM Best A- (Excellent)

Proposed Effective Date: 11/21/2026

Description of Coverage: Bodily Injury and Property Damage Liability
Each Occurrence
Personal Injury and Advertising Injury Liability
Excess over General Liability
Excess over Directors and Officers Liability

Aggregate Limit: $5,000,000

*Higher Coverage Limits Available

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Workers Compensation Minimum Premium

Insurance Company: Pennsylvania Manufacturers' Association Insurance
A.M. Best A+ (Superior), XV Rated Carrier

Proposed Effective Date: 11/21/2026

Coverage: Workers Compensation Insurance and Employer's Liability Insurance, subject to policy terms, conditions, definitions, and exclusions.

Limits: Coverage A – Statutory Benefits
Coverage B – Employer's Liability – $500K/$500K/$500K

WC Premium Schedule, subject to payroll audit:

Class Code	Description	Exposure
9015	Buildings – Operation by Owner	If/Any

Coverage Terms:

- If Volunteer coverage is provided, volunteers must be pre-approved by an official motion of the Association Board
- No outside sporting events sponsored by the association
- Management Company must provide proof of their own coverage if company requests
- All subcontractors must provide proof of WC coverage

MITCHELL INSURANCE SERVICES SINCE 1971

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Premium Summary

Coverage	Expiring Company	Expiring Premium	Company	Effective Date	Mitchell Insurance Premium
General Liability	Superior Specialty	$19,741.05	Superior Specialty	11/21/2026	$22,411.10
Directors and Officers Liability/EPLI	Philadelphia	$4,043.03	Philadelphia	11/21/2026	$4,590.00
Crime	Superior Specialty	Included in GL	Superior Specialty	11/21/2026	Included in GL
Umbrella	Midvale	$8,768.31	Ascot	11/21/2026	$7,373.00
WC	PMAI	$503.00	PMAI	11/21/2026	$492.00
	Estimated Annual Total	$33,055.39			$34,866.10

*Please note this is just an overview of general policy information. This does not bind coverage. Premiums are subject to underwriting approval.

Admitted Spinnaker Umbrella Option= $8,039.56. Total Premium= $35,532.66

Additional or Alternate Coverage Options:
Mold & Sewage – Small Limit Included with Property Coverage
Legal Defense Liability – GL "Gap" Insurance for Denied/Declined Claims
Cyber Risk – Protects Personally Identifiable Information Records Kept Online

Premium Financing
Please inquire within if your Association is interested in premium financing.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Insurer Financial Analysis

Below is an overview of the financial rates of the carriers we have placed your coverage with.

Policy	Insurer	AM Best Rating
General Liability	Superior Specialty	A
Umbrella	Ascot	A
Umbrella	Spinnaker	A-
Directors & Officers	Philadelphia Indemnity	A++
Workers Compensation	PMAI	A+
Crime	Superior Specialty	A

Breakdown of Financial Strength Ratings

Secure
A++, A+ (Superior)
A, A- (Excellent)
B++, B+ (Good)

Vulnerable
B, B- (Fair)
C++, C+ (Marginal)
C, C- (Weak)
D (Poor)
E (Under Regulatory Supervision)
F (In Liquidation)
S (Rating Suspended)

MITCHELL INSURANCE SERVICES SINCE 1971

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

We, LSG Community Association, Inc., hereby accept Mitchell Insurance Services, Inc.'s insurance proposal and would like to move forward with binding coverage effective 11/21/2026 for the insurance needs for our Association.

Optional Coverages (check box)

- □ Please include Worker's Compensation Coverage, premium = $492.00
- □ The Association rejects this coverage

Additional Coverage Options:

- □ Please QUOTE Cyber Liability Coverage
- □ Please QUOTE Environmental Impairment Coverage
- □ The Association rejects all additional coverages

Chris Cornelius

Name

Signed by:

12FE38DDEF254D9...

Signature

HOA President

Title

11/13/2026

Date

MITCHELL INSURANCE SERVICES SINCE 1971

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Payment Information

Remittance Address: Mitchell Insurance Services, Inc.
319 5th Street North
St. Petersburg, FL 33701

Premium Due: The premium is due on the policy effective date or the invoicing date.

MITCHELL
INSURANCE SERVICES
SINCE 1971

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Definitions & Additional Information

Replacement Cost: one of the two primary valuation methods for establishing the value of insured property for purposes of determining the amount the insurer will pay in the event of loss. It is usually defined in the policy as the cost to replace the damaged property with materials of like kind and quality, without any deduction for depreciation.

Actual Cash Value: one of several possible methods of establishing the value of insured property to determine the amount the insurer will pay in the event of loss. ACV is typically calculated one of three ways: (1) the cost to repair or replace the damaged property, minus depreciation; (2) the damaged property's "fair market value"; or (3) using the "broad evidence rule," which calls for considering all relevant evidence of the value of the damaged property.

Admitted Insurance Company: An admitted insurance company is one that is "admitted" by a particular state to do business as an insurance company. To be an admitted carrier, an insurance company must conform to the regulations of a particular state's Department of Insurance. In addition to meeting minimum regulations for admission, admitted carriers must also file their rates with the state, which the state must approve. One of the benefits of working with an admitted carrier is that the state has the responsibility to pay an insurer's claims, up to state-specified limits, in the event of the company's insolvency.

Non-Admitted Insurance Company: A non-admitted insurance company is one that doesn't operate under an individual state's insurance laws. As a result, a non-admitted insurance company doesn't enjoy the benefit of having its claims resolved in the event of a bankruptcy. However, non-admitted companies also have much more pricing flexibility, as they don't have to submit their rates to the individual states for review. Consequently, non-admitted carriers can insure higher-risk events, such as earthquakes, or specialty risks, such as professional liability insurance, that admitted carriers often can't afford to cover.

Catastrophic Ground Coverage: geological activity that results in the following:

1. The abrupt collapse of the ground cover;
2. A depression in the ground cover clearly visible to the naked eye;
3. Structural damage to the covered building, including the foundation; and
4. The insured structure being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that structure.

Contents coverage applies if there is a loss resulting from a catastrophic ground cover collapse. Damage consisting merely of the settling or cracking of a foundation, structure, or building does not constitute a loss resulting from a catastrophic ground cover collapse.

Sinkhole Coverage: settlement or systematic weakening of the earth supporting the covered building only if the settlement or systematic weakening results from contemporaneous movement or raveling of soils, sediments, or rock materials into subterranean voids created by the effect of water on a limestone or similar rock formation.

A Sinkhole loss means structural damage to the covered building, including the foundation, caused by sinkhole activity. Contents coverage and additional living expenses apply only if there is structural damage to the covered building caused by sinkhole activity.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Ordinance and Law Coverage

1. Coverage A – Coverage for Loss to The Undamaged Portion of the Building

   With respect to the building that has sustained covered direct physical damage; we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

2. Coverage B – Demolition Cost Coverage

   With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of un- damaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

3. Coverage C – Increased Cost Of Construction Coverage

   a. With respect to the building that has sustained covered direct physical damage; we will pay the increased cost to:

      (1) Repair or reconstruct damaged portions of that building; and/or (2) Reconstruct or remodel undamaged portions of that building, whether or not demolition is required

One of the more significant issues addressed in the statewide code is the requirement that existing buildings must be rebuilt to the new code if they sustain a certain amount of damage. Since the code is so complex it will not be analyzed here but for the sake of discussion (and as an example) assume that the code required a damaged building to be rebuilt to the current code in the following circumstance:

When repairs and alterations amounting to more than 50% of the value of the existing building are made during any 12-month period, the building or structure shall be made to conform to the requirements for a new building or structure or be entirely demolished.

For example, if Bill owns a $100,000 structure and it sustains $50,001 or more in damage during a fire or hurricane, Bill must rebuild his structure to meet the new statewide code. Without O&L coverage Bill is paid only to put the building back like it was, something the code won't allow. He either has to build it back to code or demolish it. If Bill has O&L coverage on his policy there will be coverage to rebuild and comply with the new code, up to the limit of O&L coverage Bill has selected. Other complications come up too, such as if Bill does not rebuild, he does not receive "replacement cost" coverage and is instead paid based on an actual cash value (depreciated) basis. The benefits of O&L coverage are obvious.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Fannie Mae

Lending Requirements, Published September 29, 2015

Special Endorsements

The requirements for endorsements for condo, co-op, and PUD projects are as follows:

- Inflation Guard Endorsement when it can be obtained.
- Building Ordinance or Law Endorsement, if the enforcement of any building, zoning, or land-use law would result in loss or damage, increased cost of repairs or reconstruction, or additional demolition and removal costs to rebuild after a covered loss event occurs. The endorsement must provide for contingent liability from the operation of building laws, demolition costs, and increased costs of reconstruction. The endorsement is not required if it is not applicable, or the coverage is not obtainable in the insurance market available to the association.
- Boiler and Machinery/Equipment Breakdown Endorsement if the project has central heating or cooling. This endorsement should provide for the insurer's minimum liability per accident to at least equal the lesser of $2 million or the insurable value of the building(s) housing the boiler or machinery. In lieu of obtaining this as an endorsement to the commercial package policy, the project may purchase separate standalone boiler and machinery coverage.

MITCHELL
INSURANCE SERVICES
SINCE 1971

STARWIND
COMMUNITY ASSOCIATIONS

20 Wesmark Court
Sumter, SC 29150

Phone: (904)285-7683
Fax: (904)395-0038

Florida Homeowners Association Common Area

Premium Indication Only

Date Of Proposal: 9/30/2026

Agency Name: Mitchell Insurance Services, Inc.
Proposal Number: 1499775
Effective Dates: 11/21/2026 12:01 AM through 11/21/2027 12:01 AM
Named Insured: LSG COMMUNITY ASSOCIATION, INC.
Address: PALM HARBOR, FL 34684

Coverage: General Liability

Insurance Carrier:	Superior Specialty Insurance Company
AM Best Rating:	A(Excellent) X
General Aggregate:	$2,000,000
Products & Completed Operations Aggregate:	$2,000,000
Personal Injury:	$1,000,000
Per Occurrence Limit:	$1,000,000
Damage to Premises Rented to You Limit (Any One Premises):	$50,000
Medical Expenses, Any one person:	$5,000
Deductible:	$0 Per Claim
Endorsement:	Members included as additional insureds.
Hired/Non-Owned Auto:	$1,000,000

Terrorism: Excluded

Rating Basis:

Code	Classification	Exposure
68500	Townhomes or Similar Associations	470 members
48925	Swimming Pool	1 each
10105	Boat/Dock Facility	0 each
44311	Fitness Center	0 each
46671	Playground	1 each

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**

Premium:	**Included**

Coverage: Crime/Employee Dishonesty

Insurance Carrier:	Superior Specialty Insurance Company
AM Best Rating:	A(Excellent) X

***** HIGHER LIMITS AVAILABLE *****

Employee Theft Coverage Form:	Discovery Form	
Crime Coverage Options	**Limit**	**Deductible**
Employee Theft	$200,000	$1,000.00

Blanket Crime Limit for Employee Theft, Money & Securities, Forgery & Alteration, Money Order & Counterfeit Currency, Funds Transfer Fraud, and Computer Fraud

Covered Employees:	Management Company Directors and Trustees Non-Compensated Officers
Premium:	Included

Total Premium

Excluding Terrorism Coverage		**Including Terrorism Coverage**	
Premium:	$20,450.00	Premium:	$60,242.00
Policy Fee:	$750.00	Policy Fee:	$900.00
Inspection Fee:	$150.00	Inspection Fee:	$150.00
Surplus Lines Tax:	$1,054.69	Surplus Lines Tax:	$3,027.82
FSLSO Service Fee:	$6.41	FSLSO Service Fee:	$18.39
EMPA Fee:	$0.00	EMPA Fee:	$0.00
CPIC Emergency Assessment Fee:	$0.00	CPIC Emergency Assessment Fee:	$0.00
FHCF Fee:	$0.00	FCHF Fee:	$0.00
Total Premium & Fees:	**$22,411.10**	**Total Premium & Fees:**	**$64,338.21**

PREMIUM FINANCING AVAILABLE - ADD ADDITIONAL POLICIES AS NEEDED

25.00% Minimum Earned Premium

This is a premium indication only

Premium indications are subject to change based on underwriting criteria and Loss History.

Premium indication is good for 30 days or until effective date; whichever is earlier.

See policy for exact terms, conditions, exclusions, and definitions

POLICY FORMS

Form Number	Form Date	Form Description
CIU0100FL	03/08	Surplus Lines Statement
SSIC CIU IL 001	06/24	Minimum Earned Premium Endorsement
IL0003	09/08	Calculation of Premium
IL0017	11/98	Common Policy Conditions
SSIC CIU IL 005	06/24	Service of Suit Clause
SSIC CIU IL 015	06/24	Nuclear, Biological Or Chemical Exclusion
TRIA Disclosure	06/24	Policyholder Disclosure Notice of Terrorism Insurance Coverage And Cap On Losses
SSIC CIU IL 031	06/24	Cancellation And Nonrenewal Endorsement
SSIC CIU IL 0719	06/24	Trade Or Economic Sanctions
SSIC CIU IL 034	05/24	Cyber Exclusion Clause
IL P 001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
SSIC CIU CP 019	06/24	Special Activity Exclusion
CG0001	12/07	Commercial General Liability Coverage Form
CG0300	01/96	Deductible Liability Insurance
CG2017	10/93	Additional Insured - Townhouse Associations
CG0067	03/05	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
CG2147	12/07	Exclusion - Employment Related Practices Exclusion
CG2165	12/04	Exclusion – Total Pollution Exclusion With A Building Heating, Cooling, And Dehumidifying Equipment Exception And A Hostile Fire Exception
SSIC CIU GL 004	06/24	General Liability Coverage Extension Endorsement - Community Association
CG2160	09/98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
SSIC CIU GL 027	02/26	Fungi or Bacteria Exclusion
CG2196	03/05	Silica or Silica Related Dust Exclusion
SSIC CIU IL 018	06/24	Nuclear, Biological or Chemical Terrorism Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
SSIC CIU IL 019	06/24	Terrorism Exclusion
CG2426	07/04	Amendment of Insured Contract Definition
SSIC CIU GL 002	06/24	Exclusion - Lead Paint
SSIC CIU GL 003	06/24	Exclusion - Asbestos
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
SSIC CIU GL 026	05/24	PFAS And Related Chemicals Exclusion Endorsement
SSIC CIU GL 006	06/24	Hired and Non-Owned Auto Liability
SSIC CIU GL 025	06/24	Communicable Disease Exclusion
CR0020	11/15	Commercial Crime Policy (Discovery Form)
CR2508	10/10	Include Specified Non-Compensated Officers
CR2506	10/10	Include Chairman and Member of Specified Committees
CR2502	10/10	Include Designated Agents as Employees
CR0151	08/07	Florida Changes - Legal Action Against Us

Rate Breakout Analysis

10.00% Commission of Base Premium Only

General Liability:
G/L Rate: $38.39 / member
Minimum Rental Period: More than one month
GL:
Swimming Pool: $808.59
Lakes/Reservoirs: N/A
Playground: $377.34
Boat/Dock Facility: N/A
Fitness Center: N/A
G/L Extension Endorsement: $504.00
Employee Benefits Liability: N/A
Garagekeepers Auto Physical Damage: N/A
Mold Liability Coverage: N/A
EIL Coverage: N/A
Additional Insured: N/A
General Liability Premium: $19,734.00

HNOA:
HNOA Premium: $162.00

Crime:
Employee Theft Coverage: $504.08
Blanket Crime: $50.41
Crime Premium: $554.00

Minimum Premium of $1,035.00 applies. This premium may supercede the above rates.

15.00% Package discount not included. Discount available if Property, GL, Crime and D&O coverages selected

Coverage Options Not Selected

*** The below premium estimates are to give an indication of pricing for the different options and some of the options have multiple limits available. These premium estimates do not include taxes and fees. In order to have accurate pricing, please copy your quote and make the changes to include the options needed.**

Coverage		Premium *
General Liability Coverage Enhancements:		
Employee Benefits Liability Coverage		$144
Garagekeeper's Auto Physical Damage Coverage		$359
Mold Liability Coverage		
	$25,000 SIR	$4,392
	$100,000 SIR	$3,378
Liquor Liability Coverage Option		$3.60 / $1000 sales
		$690 minimum
Directors & Officers / EPLI Liability Coverage:		
Optional Directors & Officers Premium (Gold)($2,500 deductible):		$6,609
Optional Continuity of Coverage (Gold)($2,500 deductible):		$330
Optional Directors & Officers Premium Savings (Gold)($5,000 deductible):		$5,875
Optional Continuity of Coverage (Gold)($5,000 deductible):		$294
	Additional deductible options available	
Commercial Crime Coverage:		
$0 Deductible Crime Option		$25

STARWIND
COMMUNITY ASSOCIATIONS

For binder consideration, please upload the following documents to the Bind Request tab on CIUINS.COM:

- **Annual Premium to be remitted within 10 days (Premium Finance Draft Acceptable)**
- **If there have been any TIV changes, please upload the signed and completed Application (signed by an applicant/board member.**
- **Signed TRIA Policyholder Disclosure Form**

****Coverage is not bound until written notice from Starwind Community Associations is received.****

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

SUPERIOR SPECIALTY INSURANCE COMPANY

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 $19,896.00, 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 $ 41,927.11

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 $ 41,927.11

☒ 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.

Applicant/Named Insured Signature or Authorized Signature	Policy Number
Title	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.

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

STARWIND
COMMUNITY ASSOCIATIONS

20 Wesmark Court
Sumter, SC 29150

Phone: (904)285-7683
Fax: (904)395-0038

Quote #: 1508090

Date of Proposal: 9/30/2026

Policy Period: 11/21/2026 12:01 AM - 11/21/2027 12:01 AM

Named Insured: LSG COMMUNITY ASSOCIATION, INC.

Address: 3989 LAKE SHORE DR
PALM HARBOR, FL 34684

Insurer: **Underwriters at Lloyd's, London**

Purchasing Group: Property Owners Protector Plan Purchasing Group, LLC

INDICATION OF COVERAGE
(Subject To Underwriting)

Cyber Liability

Coverage Includes:

Deductible: $5,000 Each Incident or Event

Continuity Date: Inception of Policy

	LIMITS OF LIABILITY			
	Option A	**Option B**	**Option C**	**Option D**
Breach Response Notified Individuals	$25,000	$25,000	$25,000	$50,000
Breach Response Legal, Forensic & PR	$100,000	$250,000	$500,000	$1,000,000
Additional Breach Resp. Costs	$100,000	$250,000	$500,000	$1,000,000
Policy Aggregate Limit of Liability	$100,000	$250,000	$500,000	$1,000,000
Data & Network Liability	$100,000	$250,000	$500,000	$1,000,000
Reg. Defense & Penalties	$100,000	$250,000	$500,000	$1,000,000
Payment Card Lia. & Costs	$100,000	$250,000	$500,000	$1,000,000
Media Liability	$100,000	$250,000	$500,000	$1,000,000
Loss Resulting from Security Breach	Not Included	Not Included	Not Included	Not Included
Loss Resulting from System Failure	Not Included	Not Included	Not Included	Not Included
Dependent Loss Resulting from Security Breach	Not Included	Not Included	Not Included	Not Included
Dependent Loss Resulting from System Failure	Not Included	Not Included	Not Included	Not Included
Cyber Extortion	Not Included	Not Included	Not Included	Not Included
Data Recovery	Not Included	Not Included	Not Included	Not Included

	PREMIUM BREAKDOWN			
	Option A	**Option B**	**Option C**	**Option D**
Cyber Insurance Premium:	$300.00	$400.00	$500.00	$700.00
RPG Membership Fee:	$100.00	$100.00	$100.00	$100.00
Policy Fee:	$35.00	$35.00	$35.00	$35.00
Surplus Lines Tax:	$21.49	$26.43	$31.37	$41.25
SLSO Service Fee:	$0.13	$0.16	$0.19	$0.25
FHCF Assessment Fee:	$0.00	$0.00	$0.00	$0.00
Total Premium:	$456.62	$561.59	$666.56	$876.50

* The above amount includes claims expenses unless amended by specific endorsement to this policy

Indication is based on annual gross revenue up to $1.0Million.

Terms, Conditions & Exclusions:

Quote is valid for 30 days from date quoted or effective, whichever is earlier

POLICY FORMS		
Form Number	**Form Date**	**Form Description**
CIU0101FL	03/08	Surplus Lines Statement
F00653	11/17	Beazley Breach Response
LMA5396	09/24	Communicable Disease Exclusion
CIU CYBER 001	10/24	Instructions
LSW1001	10/24	Several Liability Notice
CIU BBR 2	09/22	War & Cyber War Exclusion Endorsement
CIU BBR 3	09/22	First Party loss Exclusion Amendatory Endorsement

For binder consideration, please upload the following documents to the Bind Request tab on CIUINS.COM:

- **Signed Risk Purchasing Group Membership Agreement**
- **Signed Application**
- **Annual premium to be remitted within 10 days (Premium finance draft acceptable)**

**** Coverage is not bound until written notice from Starwind Community Associations is received. ****

Commission 10.00% of base premium

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND COMMUNITY ASSOCIATIONS

ATLANTIC MUTUAL INSURANCE™

A Exceptional Financial Stability Rating® Demotech, Inc.

POLICY QUOTE

Quote Date: 9/30/2026
Quote Expires: 10/30/2026
Quote #: 1508089
Proposed Policy Term: 11/21/2026 - 11/21/2027
Quote For: LSG COMMUNITY ASSOCIATION, INC.
3989 LAKE SHORE DR
PALM HARBOR, FL 34684

Quote From: Mitchell Insurance Services, Inc.
319 5th Street N
Saint Petersburg, FL 33701
727-360-8190

Risk Type: Homeowners Association
Units/Tenants: 470
Prior Legal Action: N

Base Policy Premium *:	$1,880.00
Admin Fee:	$500.00
Claims Fee:	$0.00
Total Premium:	$2,380.00
Commission:	15.00% of Base Premium

*** Quote is subject to no prior legal litigation in the past 5 years and no complaints filed against insured with a state, county, or government agency.**

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.

**** Coverage is not bound until written notice from Coastal Insurance Underwriters is received. ****
See policy for exact terms, conditions, exclusions, and definitions.
Please Note: Multiple named insureds cannot be written on a single policy

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

Atlantic
MUTUAL INSURANCE

Legal Defense Gap

For binder considerations, please upload the following documents to the Bind Request tab on CIUINS.COM:

- Signed and Completed Application

**** Coverage is not bound until written notice from Coastal Insurance Underwriters is received ****

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

Minimum Premium Workers Compensation Coverage
**OPTIONAL QUOTE – Non-Binding Premium Indication Only

Named Insured:	LSG COMMUNITY ASSOCIATION, INC.
Policy Period:	11/21/2026 - 11/21/2027
Insurer:	Zenith Insurance Company (A X)
Limits:	Statutory – Coverage A $500K/$500K/$500K - Coverage B Employer's Liability
Exposure Basis:	Class Code 9015 – Building – Operation by Management Company – Maintenance
Payroll:	None – subject to annual payroll mail audit required statutorily
Annual Premium:	$ 492.00

Terms & Conditions:

- Commission – 12.00%
- Volunteer Compensation Endorsement Available, if association has no owner/member who performs maintenance services for the association.
- If coverage is currently provided by above insurance company, or its subsidiaries, an Agent of Record will be required.
- Subject to favorable underwriting questions on workers compensation supplemental application
- Association does not have any direct employees or payroll
- Volunteers being pre-approved by an official motion of the Association Board
- No outside sporting events sponsored by the association
- Management Company must provide proof of their own coverage, if we request
- All subcontractors must provide proof of Workers Compensation coverage
- Quote is valid for 30 days from date quoted or effective, whichever is earlier.
- 48 hour advance notice required for binding.
- This indication is Null & Void if there have been any claims within previous 3 years.
- Risk must be entered into CIU quoting system to be fully underwritten and generate required documents.

The following is needed for binder consideration:

Please upload the following documents to the Starwind Community Associations website.

- Acord 130 (FL Notarized Acord Workers Compensation Application required if FL risk)
- Supplemental Application
- No loss letter signed by board member.
- Premium Indication
- Annual Premium to be remitted within 10 days (Premium Finance Draft Acceptable)

**** Coverage is not bound until written notice from Starwind Community Associations is received. ****

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

20 Wesmark Court
Sumter, SC 29150

Phone: (904)285-7683
Fax: (904)395-0038

Quote #: 1508088

Named Insured: LSG COMMUNITY ASSOCIATION, INC.
Policy Period: 11/21/2026 - 11/21/2027
Agent: Mitchell Insurance Services, Inc.
Insurer: **Indian Harbor Insurance Co. (A.M. Best Rating A XV)**

Policy Form: Environmental Impairment Liability

Purchasing Group: Property Owners Protector Plan Purchasing Group, LLC.

Indication of Coverage

Environmental Impairment Liability

Location: As Per Schedule On File.
Self-Insured Retention: $5,000 Each Pollution Condition
Retroactive Date: Inception of Policy
Terrorism Coverage: Excluded

	Limit Each Pollution Condition / Aggregate				
Without Terrorism Coverage	$250,000.00	$500,000.00	$1,000,000.00		
Environmental Impairment Liability:	$403.00	$520.00	$638.00		
RPG Membership Fee	$125.00	$125.00	$125.00		
Policy Fee:	$125.00	$125.00	$125.00		
Surplus Lines Tax:	$32.26	$38.04	$43.87		
FSLSO Stamping Fee:	$0.20	$0.23	$0.27		
FHCF Assessment Fee:	$0.00	$0.00	$0.00		
Total Annual Premium (No Terrorism Coverage):	$685.46	$808.27	$932.14		

	Limit Each Pollution Condition / Aggregate				
With Terrorism Coverage	$250,000.00	$500,000.00	$1,000,000.00		
Environmental Impairment Liability:	$403.00	$520.00	$638.00		
RPG Membership Fee	$125.00	$125.00	$125.00		
Terrorism Premium:	$5.28	$6.45	$7.63		
Policy Fee:	$125.00	$125.00	$125.00		
Surplus Lines Tax:	$32.52	$38.36	$44.24		
FSLSO Stamping Fee:	$0.20	$0.23	$0.27		
FHCF Assessment Fee:	$0.00	$0.00	$0.00		
Total Annual Premium (with Terrorism Coverage):	$691.00	$815.04	$940.14		

Important Assumptions: This Premium "Indication" contemplates that this association does not have any underground or above ground storage tanks, and no water/sewage treatment plants. You must complete the Environmental Impairment underlying questions for a more accurate and valid indication**.** This Premium "Indication" has been rated without any residential buildings (Master policy).

Terms, Conditions, & Exclusions:

Commission – 10.00% of base premium
No Flat Cancellations
Claims Made Policy
Underground Storage tank(s) excluded, unless scheduled
Above Ground Storage tank(s)-Secondary Containment required
Known Circumstance or Conditions Exclusion
Fines, Penalties, Punitive and Multiple Damages Exclusion
Equitable or Injunctive Relief Exclusion
Employer's Liability Exclusion
Workers' Compensation and Similar Laws Exclusion
Contractual Liability Exclusion

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Terms, Conditions, & Exclusions (continued):

Property Exclusion
Transportation Exclusion
Divested Property Exclusion
Nuclear or Radioactive Waste and Materials Exclusion
Goods, Products or Materials Exclusion
Intentional Acts Exclusion
Mold Matter Exclusion
Asbestos Exclusion
Lead Exclusion
Drywall Exclusion
Offshore Oil and Gas Exclusion
Unit and Private Storage Area Excluded
Non-Cumulation Excluded
Hostile Acts and Terrorism Exclusion

Quote is valid for 30 days from date quoted or effective, whichever is earlier.

See policy for exact terms, conditions, exclusions, and definitions

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

Environmental Impairment Liability

For binder consideration, please upload the following documents to the Bind Request tab on CIUINS.COM:

- **Signed and Completed Application (Must be signed by an applicant/board member)**
- **Signed Risk Purchasing Group Membership Agreement**
- **Annual Premium to be remitted within 10 days (Premium Finance Draft Acceptable)**
- **Signed TRIA selection form**

**** Coverage is not bound until written notice from Starwind Community Associations is received ****

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

General Applicant Information

Line of Business:
Property ☐ GL ☒ EIL ☐ Crime ☒ D&O/EPLI ☐ Umbrella ☐

Agency Name: Mitchell Insurance Services, Inc.

Agency Address: 319 5th Street N, Saint Petersburg, FL 33701

Producing Agent's Name: KIP KOLLMEYER License # W221139

Named Insured: LSG COMMUNITY ASSOCIATION, INC.

Location Address: 3989 LAKE SHORE DR, PALM HARBOR, FL 34684

Mailing Address: 24701 US HWY 19 N #102, C/O AMERITECH COMMUNITY MANAGEMENT, CLEARWATER, FL 33763

Inspection Contact: Name: BEA JOVEL Phone #: 727-799-8982 Email: BJOVEL@SENTRYMGT.COM

Prior Carrier:

Loss History: None

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

Homeowner Association Supplemental Application

1. Name of Association: LSG COMMUNITY ASSOCIATION, INC.
2. Effective Date: 11/21/2026
3. Is there any existing damage to the building? Yes ___ No X
4. Do you have armed security guards? Yes ___ No X
5. Are any buildings undergoing major structural renovations? Yes ___ No X

UNDERWRITING QUESTIONS – GENERAL LIABILITY

6. Is pool fenced with self-latching gate? Yes X No___ N/A___
7. Is there a diving board or slide? Yes___ No X N/A___
8. Does the association own any davit(s) or boatlift(s)? Yes___ No___ N/A X

UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

9. 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 X
10. 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 X
11. 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 X

UNDERWRITING QUESTIONS – CRIME

12. Does a director or officer periodically review bank statement for comparison of financial reports completed by property manager?
    Yes X No___ N/A___
13. 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 X
14. 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 X

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

STARWIND
COMMUNITY ASSOCIATIONS

UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI

15. 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

16. Will the (or has the) association purchased property coverage with full wildfire limits? Yes___ No___ N/A X

17. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence? Yes___ No___ N/A X

18. 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

19. 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

20. 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

21. Has the Association's current D&O policy been cancelled or non-renewed? Yes ___ No___ N/A X

22. 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:
X 12FE38DDEF254D9... 11/13/2026
Agreed Signature of Applicant Date

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

SUPERIOR SPECIALTY INSURANCE COMPANY

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 $19,896.00, 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 $ 41,927.11

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

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

☐ I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of $ 41,927.11

☒ 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:
12E538DDEF254D9...

Applicant/Named Insured Signature or Authorized Signature	Policy Number
HOA President	11/13/2026
Title	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.

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

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

GIG Insurance Group

GIG Insurance Group, Inc.
750 East Prospect Road
Fort Lauderdale, FL 33334
Telephone: 954.563.1771
Toll Free: 866.563.1771
Facsimile: 954.563.1775
Toll Free: 866.563.1775
www.gigins.com

10/08/2026

Service Desk
Mitchell Insurance Services, Inc (FL)
319 5th St N
St Petersburg, FL 33701

RE: LSG Community Association, Inc.

QUOTE #: 755803

Re: Directors and Officers Liability Insurance

Dear Service Desk

Based upon our review of the underwriting information provided, Philadelphia is pleased to offer a quote for the above captioned account subject to receipt, review and acceptance of the following items:

1) Properly completed, signed and dated Philadelphia Indemnity Insurance Company D&O application

TERMS AND CONDITIONS

Proposed Policy Period: 11/21/2026 to 11/21/2027

Policy Form: Philadelphia Indemnity Insurance Company Community Association Executive Advantage Policy

Carrier: Philadelphia Indemnity Insurance Company: **"A++" XV (Superior)**, admitted
Member of the **Tokio Marine Group**

Aggregate Limit of Liability	Self-Insured Retention Each Loss (Loss Only)	Annual Premium	Broker Commission
$1,000,000	$1,000	$4,590.00	12.5%: $573.75

***Cyber Liability Coverage Endorsement for $100,000 sub-limit:** YES **Cyber Premium:** $100.00
If this coverage is not desired, it can be waived at the time of binding, or added back if removed.
***If Cyber Liability is waived by agent the premium will reflect $0.00**

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

Other Terms: **Pending and/or Prior Litigation Exclusion**

FL.PCAP-PIBELL1-BELL. FL.PCAP-PICAPFL1-AMENI FL.PCAP-PISLD001-TRIACA FL.PCAP-PITERDN1-TRIAN(

PCAP-PICYBE001-CYBER. PCAP-PICAPETS-OFAC. PCAP-PICME1-CRISIS. PCAP-PICAP021-WAGEHOU

PCAP-PICAP022-DEFENSEC FL.PCAP-PI-CAP-020(0826).

- **No terrorism exclusion as per the Terrorism Risk Insurance Act of 2002 – See Attached.**

This quotation is valid for 45 days and is subject to no material change in risk.

Please contact me if you require any specimen wordings or policies, or if you require any amendments to this quotation. Thank you for choosing GIG Insurance Group, Inc. (GIG) and Philadelphia Indemnity Insurance Company (PHLY), a member of the Tokio Marine Group.

Sincerest regards,

Eric S. Gifford
President
(954) 563-1771 ext. 208
egifford@gigins.com

Philadelphia Indemnity Insurance Company (PHLY) headquartered in Bala Cynwyd, PA is a member of the Tokio Marine Group, Japan's oldest and leading Property/Casualty insurer and one of the 10 largest insurance groups in the world.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Policy Number: **Named Insured:** LSG Community Association, Inc.

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

PHILADELPHIA INSURANCE COMPANIES
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

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.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

NOTE 1: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from 'certified' acts of terrorism.

INSURED'S SIGNATURE Signed by: 12FE38DDEF254D9... _____

DATE 11/13/2026

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY

If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance 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.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism subject to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Policy.

Includes copyrighted material of the Insurance Services Office Inc., used with its permission.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

DIVIDER

PAGE

Producer No: 2110 SAN: 68344910000000
Pol Eff Dt: 11-21-2026 Branch Office: 04

Date Printed: 09-21-2026
Time Printed: 21:08:59

Trans Eff Dt: 11-21-2026
Insured Name: LSG COMMUNITY ASSOC INC DBA:LA
Policy No: 2026010831503Y
Trans Seq No: 001
Trans Type: Renewal Issue
Oper Init: S_CPIP_
Company Abbr: PM
Release Version: 26.08

User-Selected Sets	Copies	Printer
AGENT COPY	01	PDF ONLY
INSURED COPY	01	PDF ONLY
COMPANY COPY	01	PDF ONLY
POLICY WRITING INDEX	01	Don't print
SCHEDULE RATING/DEREG	01	No forms to include with this set

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

LSG COMMUNITY ASSOC INC DBA:LAKE ST. GE
C/O AMERITECH COMMUNITY MANAGE
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763-0000

ATTACHED ARE DOCUMENTS FOR THE FOLLOWING NAMED INSURED:

LSG COMMUNITY ASSOC INC
DBA:LAKE ST. GEORGE HOA
C/O AMERITECH COMMUNITY MANAGE
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PMA COMPANIES
380 Sentry Parkway, P.O. Box 3031, Blue Bell, PA 19422 | T: 888.476.2669 | www.pmacompanies.com

Workers Compensation
And
Employers Liability Insurance Policy

OLD REPUBLIC INSURANCE GROUP

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR FLORIDA WORKERS' COMPENSATION

Florida Law Section 440.20(1)(b) permits an employer to buy workers' compensation insurance with a deductible. A $2500 deductible applies to each claim compensable under the Florida Workers' Compensation Law. The deductible under this Section may not be combined with any other applicable Deductible, Coinsurance or Combined Deductible and Coinsurance programs on the same policy. There is no premium credit associated with this deductible.

You are not required to choose a deductible program. However, if you do choose, it is to be understood that your insurance company will administer and pay all claims and that you will reimburse the insurance company for payments it makes within the amount of the deductible selected. Failure to reimburse the insurance company for such deductible amounts within 30 days can result in cancellation of coverage.

Please show whether you want the deductible by selecting the appropriate choice below, sign and return form.

☐ Yes, I want a $2500 deductible applicable to death and medical benefits under the Florida Workers' Compensation Law. I understand that the company shall pay the deductible amount and be reimbursed by the employer shown below.

☐ No, I do not want the deductible described in this Notice.

Signature of Authorized Officer	Date
Title	Employer
Policy number	Effective date

DS-090702 Ed 10-25

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PMA COMPANIES

380 Sentry Parkway, P.O. Box 3031, Blue Bell, PA 19422 | T: 888.476.2669 | www.pmacompanies.com

Dear LSG COMMUNITY ASSOC INC DBA:LAKE ST. GEORGE HOA

Thank you for again selecting the PMA Insurance Group as your business partner and placing your insurance with us. We are passionate about servicing your insurance and risk management needs and delivering tangible value to you. Enclosed please find your insurance policy.

We encourage you to continue to access PMA's many available services, programs, and resources to help manage your total cost of risk.

In particular, we encourage you to review PMA Websource®, our on-line portal of safety and risk management resources**,** exclusively for PMA Companies' clients. PMA Websource® contains practical loss prevention and safety information and solutions. In addition, we invite you to register for PMA Risk Control educational webinars, our one-hour web-based distance learning programs on timely risk management topics.

A two-part process is required to access PMA's Websource®. First, complete Part 1 which is the registration part of the process. Second, complete Part 2 which is the risk control portal. See both links below for access.

- **PART 1 – Registration:**
  https://www.pmacompanies.com/support/risk-control-pma-websource

- **PART 2 – Risk Control Portal:**
  https://pmagroup.sharepoint.com/sites/riskcontrolportal

If you need another copy of the Client Services Kit please access it on-line at www.pmacompanies.com/support. If you do not have internet access or encounter any problems, simply call our Customer Service Center at 1-888-4PMANOW (1-888-476- 2669) for assistance.

We look forward to continuing to work with you. PMA's unyielding commitment to customer service is designed to help you reduce your risk and control costs. Every PMA employee conducts themselves in accordance with our core values - passion, accountability, execution, professionalism, and teamwork.

Thank you for your business. Please feel free to contact us with any questions that you may have.

Sincerely,

PMA Insurance Group

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

The PMA Privacy Policy

Insurance companies routinely obtain a variety of information provided by customers, agents and brokers, various claimants, medical providers, and other third parties. It is the policy of the PMA Insurance Group of companies to maintain an appropriate level of confidentiality for all the information we collect by restricting access to that information. We also maintain appropriate physical, electronic, and procedural safeguards to protect such information from unauthorized access.

The business of insurance requires information. Insurance companies cannot effectively provide insurance services unless they are given access to and are able to process different kinds of information. For example, underwriters cannot evaluate individual risks without information regarding the individual insured's loss experience, safety practices and so forth; and claims cannot be administered without information regarding the nature and extent of the damage incurred, including relevant medical information.

Much of the information we obtain is public and not of a personal or sensitive nature. We believe that those who entrust us with nonpublic personal information do so with the reasonable expectation that we will use the information only for the limited purpose for which we obtain it; i.e. for insurance related purposes. We are concerned about protecting the privacy of our customers and the other individuals with whom we interact, and have taken steps to protect the confidentiality of the nonpublic personal information that we obtain.

Types and sources of information. PMA accumulates information from many sources.

- Customers provide us with information we need as part of the insurance application or evaluation process. We may also request reports from various sources in connection with applications for insurance and/or any renewal of such insurance. The kind of information we collect depends upon the type of policy, but may include such things as automobile motor vehicle reports, loss and claim reports, risk management reports, financial rating reports and property inspections, and other information. We also may receive and verify information from government agencies or independent reporting companies to help us correctly rate and properly underwrite a particular insurance risk.

- We maintain detailed claim files which contain information about the claim and the claimant, including accident reports, wage information, medical reports bearing on the claim, and evidence relating to the validity or eligibility of the claim, We obtain such information from claimants, their employers, their medical providers, and other generally reliable sources. We cannot administer claims or pay benefits without appropriate access to such information.

Much of the information we obtain is generally accessible or otherwise not nonpublic personal information, and PMA cannot be responsible for preserving the privacy of such information.

Medical information PMA obtains personally identifiable medical information only in connection with underwriting specific insurance policies or administering claims under those policies. We will not use or share with third parties personally identifiable medical information for any purpose other than the underwriting or administration of a policy, claim, account or program, or as otherwise disclosed to the subject when the information is collected, except as may be permitted by applicable law.

Our use of customer information PMA's policy is to limit access to nonpublic personal information to those who need it in order to serve our own and our customers' insurance business needs, to administer claims and to maintain and improve customer service. We do not disclose nonpublic

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

personal information to third parties except as necessary to conduct business, e.g., processing claims or as permitted or required by law. In particular, we do not buy or sell nonpublic personal information, although we may acquire or transfer such information in connection with the acquisition or sale of companies or books of business.

Records retention PMA retains the information it has collected for various periods established by the records retention policies of the Company.

Who has access to the information Except as permitted or required by law, we will not disclose nonpublic personal information about a person without that person's consent. We may, without prior permission but only to the extent permitted by law, provide information contained in our records and files to certain persons or organizations which are fundamental to the insurance services we provide, such as:

- Our customers, and their independent agents or brokers;
- Our affiliated property and casualty insurance companies;
- Independent claim adjusters, medical examiners, vocational counselors, attorneys or investigators, when appropriate;
- Companies that provide insurance related services to or on behalf of PMA, such as claim administration, medical review or treatment, and pharmacy network services;
- Persons or organizations that conduct research for or on behalf of the insurance industry, including actuarial or underwriting studies;
- Insurance support or rating organizations or, at our customers' request, other insurers; and
- To appropriate entities as necessary to prevent fraud or to properly underwrite a risk.

Also, on some occasions, we may be required to share this information:

- With state insurance departments or other governmental agencies, to the extent required by federal, state or local laws;
- If ordered by a summons, court order, search warrant or subpoena; or
- To protect our own legal interests, or in a case of suspected fraud or other illegal activities.

Privacy Notice For more information on how PMA Companies collects, uses, shares and protects personal information, please access PMA Companies' Privacy Notice at www.pmacompanies.com/privacy-policy.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY – INFORMATION PAGE

INSURER:
PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE

POLICY NO: 202601-08-31-50-3Y

RENEWAL OF: 202501-08-31-50-3Y
NCCI Company No: 11916
Account No: 0831503

N.J. Taxpayer Identification No.

ITEM 1. NAMED INSURED AND MAILING ADDRESS:
LSG COMMUNITY ASSOC INC
DBA:LAKE ST. GEORGE HOA
C/O AMERITECH COMMUNITY MANAGE
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763

PRODUCER NAME AND ADDRESS:
COMMUNITY ASSOCIATION
INSURANCE SOLUTIONS, LLC
101 PARKSHORE DRIVE, SUITE 100
FOLSOM CA 95630-4726

PRODUCER NO.: 2110

LEGAL ENTITY: ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION
OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension Of Information Page)

ITEM 2. POLICY PERIOD: From: 11-21-2026 To: 11-21-2027
Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
FL

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	$	500,000	each accident
Bodily Injury by Disease:	$	500,000	policy limit
Bodily Injury by Disease:	$	500,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
AL AK AZ AR CA CO CT DE DC GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC OK OR PA RI SC SD TN TX UT VT VA WV WI

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit. **See Classification Schedule.**

Minimum Premium: $ 417
Audit Period: **ANNUAL**

FL Workers Comp. Insurance Guaranty Assoc. Surcharge: FL WORKERS COMP. INSURANCE GUARANTY ASSOC. SURCHARGE:

Total Estimated Annual Premium: 492

Issued At: 04 PHILADELPHIA
Date: 09-21-26

Countersigned by _____

Copyright 1987 National Council on Compensation Insurance
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE COMPANY

Policy Number
202601-08-31-50-3Y

EXTENSION OF INFORMATION PAGE
WORKERS COMPENSATION CLASSIFICATION SCHEDULE

State of: **FLORIDA**

Named Insured **LSG COMMUNITY ASSOC INC**

Effective Date: **11-21-2026**
12:01 A.M., Standard Time

Agent Name **COMMUNITY ASSOCIATION INSURANCE SOLUTIONS, LLC**

Agent No. **2110**

Classification of Operation	Code No.	Annual Remuneration	Total Estimated Per $100 of Remuneration	Estimated Annual Premium
0001-01 LSG COMMUNITY ASSOC INC DBA:LA FEIN # 59-1995138 SIC CODE 6531 NAICS CODE 531311 FL UIAN No: 591995138 3989 LAKE SHORE DR PALM HARBOR FL 34684				
CONDOMINIUMS, COOPERATIVES OR TIME-SHARES - ALL OTHER EMPLOYEES	9015	IF ANY	2.567	$ 0.00
TOTAL CLASS PREMIUM				$ 0.00
INCREASE LIMITS 1.011	9807			$ 0.00
EMPL MINIMUM DIFFERENCE	9848			$ 75.00
TOTAL SUBJECT PREMIUM				$ 75.00
TOTAL MODIFIED PREMIUM				$ 75.00
POLICY MINIMUM DIFFERENCE	0990			$ 257.00
STANDARD TOTAL				$ 332.00
EXPENSE CONSTANT	0900			$ 160.00
TOTAL ESTIMATED PREMIUM				$ 492.00
FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE 1.00	0000			$ 0.00
FINAL TOTAL				$ 492.00
POLICY TOTAL ESTIMATED COST				$ 492.00

WC 89 04 15

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Policy Number 202601-08-31-50-3Y

PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE COMPANY

NCCI Carrier Code **11916**

NAME AND LOCATION SCHEDULE

Named Insured **LSG COMMUNITY ASSOC INC**

Effective Date: **11-21-2026**
12:01 A.M., Standard Time

Agent Name **COMMUNITY ASSOCIATION**

Agent No. **2110**

State: **FLORIDA**

LSG COMMUNITY ASSOC INC DBA:LA
3989 LAKE SHORE DR
PALM HARBOR FL 34684
Legal Entity: Association, Labor Union, Religious Organization
FEIN: 59-1995138
SIC Code: 6531
NAICS Code: 531311
UIAN No: 591995138
 # EMP : 1

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Policy Number
202601-08-31-50-3Y

SCHEDULE OF FORMS AND ENDORSEMENTS

PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE COMPANY

Named Insured **LSG COMMUNITY ASSOC INC** Effective Date: **11-21-2026**
12:01 A.M., Standard Time

Agent Name **COMMUNITY ASSOCIATION** Agent No. **2110**

WORKERS COMPENSATION FORMS AND ENDORSEMENTS

DS-090702	10-25	NOTICE OF ELEC INS DED FOR FL DEATH/MED
R LETTER		POLICYHOLDER COVER LETTER
PIL 50 16	01-20	PMA PRIVACY NOTICE
WC 00 00 01 A		WC INFORMATION PAGE
WC 89 04 15		WC CLASSIFICATION SCHEDULE
WC 00 00 01 A		SCHEDULE OF LOCATIONS
WC 00 00 00 C	03-16	INSURANCE POLICY
WC 00 03 11 A	08-91	VOLUNTARY COMP AND EMPLOYERS LIAB COVG
WC 00 04 14 A	01-19	90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 09 03 03		FL EMPLOYERS LIAB COV. ENDT
WC 09 04 03 C	01-21	FL TERRORISM RISK INS PROGRAM REAUTH ACT
WC 09 04 09	07-24	FL PREMIUM DUE DATE ENDORSEMENT
WC 09 06 06		FL EMPLOYMENT AND WAGE INFO RELEASE
WC 09 06 07 A	07-19	FL WC GUARANTY SURCHARGE ENDT
WC 09 06 09 A	01-25	FL CANCELLATION AND NONRENEWAL ENDT
WC 09 04 07 A	03-24	FL NON-COOPERATION W/ PREMIUM AUDIT ENDT

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Policy Number
202601-08-31-50-3Y

SCHEDULE OF FORMS AND ENDORSEMENTS

Extension Page – Applicable States

PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE COMPANY

Named Insured **LSG COMMUNITY ASSOC INC** Effective Date: **11-21-2026**
12:01 A.M., Standard Time

Agent Name **COMMUNITY ASSOCIATION** Agent No. **2110**

WORKERS COMPENSATION FORMS AND ENDORSEMENTS

DS-090702	10-25	FL
R LETTER	10-23	FL
PIL 50 16	01-20	FL
WC 00 00 01 A	07-97	FL
WC 89 04 15	07-97	FL
WC 00 00 01 A	01-98	FL
WC 00 00 00 C	03-16	FL
WC 00 03 11 A	08-91	FL
WC 00 04 14 A	01-19	FL
WC 09 03 03	08-05	FL
WC 09 04 03 C	01-21	FL
WC 09 04 09	07-24	FL
WC 09 06 06	10-98	FL
WC 09 06 07 A	07-19	FL
WC 09 06 09 A	01-25	FL
WC 09 04 07 A	03-24	FL

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PMA COMPANIES

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. **The Policy**
This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. **Who is Insured**
You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnerships employees.

C. **Workers Compensation Law**
Workers Compensation Law means the workers or workmens compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmens compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. **State**
State means any state of the United States of America, and the District of Columbia.

E. **Locations**
This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE
WORKERS COMPENSATION INSURANCE

A. **How This Insurance Applies**
This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.
1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employees last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. **We Will Pay**
We will pay promptly when due the benefits required of you by the workers compensation law.

C. **We Will Defend**
We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.
We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. **We Will Also Pay**
We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:
1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. **Other Insurance**
We will not pay more than our share of benefits and costs covered by this insurance and other

©Copyright 2013 National Council on Compensation Insurance, Inc. All Rights Reserved.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. **Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. **Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. **Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
   a. benefits payable by this insurance;
   b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO
EMPLOYERS LIABILITY INSURANCE

A. **How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employees employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employees last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. **We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

©Copyright 2013 National Council on Compensation Insurance, Inc. All Rights Reserved.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

such third party as a result of injury to your employee-

2. For care and loss of services- and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee- provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employees employment by you- and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. **Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner-
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law-
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers-
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law-
5. Bodily injury intentionally caused or aggravated by you-
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries-
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651--1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmens compensation law or other federal occupational disease law, or any amendments to these laws-

   Bodily injury to any person in work subject to the Federal Employers Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws-
9. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
10. Fines or penalties imposed for violation of federal or state law- and
11. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. **We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. **We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings-
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance-
3. Litigation costs taxed against you-
4. Interest on a judgment as required by law until we offer the amount due under this insurance- and
5. Expenses we incur.

©Copyright 2013 National Council on Compensation Insurance, Inc. All Rights Reserved.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

F. **Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. **Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for bodily injury by accident each accident is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

   A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for bodily injury by disease policy limit is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for bodily injury by disease each employee is the most we will pay for all damages because of bodily injury by disease to any one employee.

   Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. **Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. **Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy- and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE
OTHER STATES INSURANCE

A. **How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. **Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR
YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

©Copyright 2013 National Council on Compensation Insurance, Inc. All Rights Reserved.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE
PREMIUM

A. **Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. **Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. **Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. **Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. **Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. **Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. **Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

©Copyright 2013 National Council on Compensation Insurance, Inc. All Rights Reserved.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

PART SIX
CONDITIONS

A. **Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. **Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. **Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. **Cancelation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice.
4. Any of these provisions that conflict with a law that controls the cancelation of the insurance in this policy is changed by this statement to comply with the law.

E. **Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancelation.

In Witness Whereof, the COMPANY has caused this policy to be signed by its President, or a Vice-President and Secretary, at Blue Bell, PA.

Secretary

President

OLD REPUBLIC INSURANCE GROUP

©Copyright 2013 National Council on Compensation Insurance, Inc. All Rights Reserved.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. **How This Insurance Applies**

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. **We Will Pay**

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. **Exclusions**

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. **Before We Pay**

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. **Recovery From Others**

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. **Employers Liability Insurance**

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

© 1991 National Council on Compensation Insurance.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: **202601-08-31-50-3Y**

Schedule

Employees	State of Employment	Designated Workers Compensation Law
VOLUNTEERS AND BOARD MEMBERS		

© **1991 National Council on Compensation Insurance.**

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

DATE OF ISSUE: 09-21-26

© Copyright 2017 National Council on Compensation Insurance, Inc. All Rights Reserved.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part two of the policy, is replaced by the following:
This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensations laws.

© 2005 National Council on Compensation Insurance, Inc.

INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2019.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.
2. "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, as meeting all of the following requirements:
   a. The act is an act of terrorism.
   b. The act is violent or dangerous to human life, property, or infrastructure.
   c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
   d. The act has 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.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed $100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds $100,000,000,000; and for aggregate Insured Losses up to $100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed $200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed $100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

© Copyright 2020 National Council on Compensation Insurance, Inc. All Rights Reserved.
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

Schedule

Rate per $100 of Remuneration

DATE OF ISSUE: 09-21-26

© Copyright 2020 National Council on Compensation Insurance, Inc. All Rights Reserved.
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

Florida Premium Due Date Endorsement

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

D. **Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

DATE OF ISSUE: 09-21-26

© Copyright 2023 National Council on Compensation Insurance, Inc. All Rights Reserved.
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

DATE OF ISSUE: 09-21-26

Copyright 1998 National Council on Compensation Insurance.

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Five—Premium, Section D. (Premium Payments) of the policy is revised by adding the following:

Florida statutes establish the Florida Workers' Compensation Insurance Guaranty Association Act.

On behalf of the Florida Workers' Compensation Insurance Guaranty Association (Association), we are required to bill and collect a surcharge, for all workers compensation and employers liability insurance policies as prescribed by order of the Florida Office of Insurance Regulation.

The Association will use the funds collected through the surcharge to:

1. Pay for covered claims
2. Pay for reasonable costs to administer these covered claims
3. Avoid excessive delay in payment and to avoid financial loss to claimants because of the insolvency of a carrier

Part Six—Conditions of the policy is revised by adding the following:

F. **Florida Workers' Compensation Insurance Guaranty Association Surcharge**

Failure to pay the Florida Workers' Compensation Insurance Guaranty Association surcharge will result in this policy being subject to pro rata cancellation in accordance with Part Six—Conditions, Section D. (Cancelation).

Schedule

Surcharge rate 0%

DATE OF ISSUE: 09-21-26

© Copyright 2018 National Council on Compensation Insurance, Inc. All Rights Reserved.
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

POLICY NUMBER: 202601-08-31-50-3Y

Florida Cancellation and Nonrenewal Endorsement

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.
Part Six—Conditions, Section D. of the policy is replaced by the following:

D. **Cancellation**

1. You may cancel this policy by giving a written request to us stating when the cancellation is to take effect. If you do not specify the cancellation effective date in your written request, the cancellation is effective on the date of your written request. We are not required to send notice of cancellation to you if you requested the cancellation in writing. Any retroactive assumption of coverage and liabilities under this policy may not exceed 21 days.
2. We may cancel this policy by giving the first-named insured written notice of cancellation, including in the written notice the reason or reasons for the cancellation.
   a. We must give at least 10 days' written notice prior to the effective date of cancellation when the cancellation is for nonpayment of premium.
   b. We must give at least 30 days' written notice prior to the effective date of cancellation when the policy has been in effect for 60 days or less and the policy is cancelled for reasons other than nonpayment of premium, except where there has been a material misstatement or misrepresentation or failure to comply with our underwriting requirements, then at least 45 days' written notice is required.
   c. We must give at least 45 days' written notice prior to the effective date of cancellation when the policy has been in effect for 61 days or more and the policy is cancelled for reasons other than nonpayment of premium.
   d. When the policy has been in effect for 61 days or more, we may cancel the policy only when there is
      (1) a material misstatement
      (2) a nonpayment of premium
      (3) a failure to comply with our underwriting requirements that we established within 60 days of the effective date of coverage
      (4) a substantial change in the risk covered by the policy, or
      (5) a cancellation for all insureds under such policies for a given class of insureds.
3. If we decide not to renew this policy, we must give the first-named insured written notice of nonrenewal at least 45 days prior to the expiration date of the policy. The written notice will state the reasons for the nonrenewal.
4. If we fail to provide written notice of cancellation or nonrenewal to the first-named insured within the required time frame, the coverage provided to the named insured under this policy will remain in effect until 45 days after the notice is given or until the effective date of replacement coverage obtained by the named insured, whichever occurs first. The premium for the coverage will remain the same during any such extension period except that, in the event of failure to provide notice of nonrenewal, if the rate filing then in effect would have resulted in a premium reduction, the premium during such extension of coverage must be calculated based upon the later rate filing.
5. The policy period will end on the day and hour stated in the cancellation notice.
6. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

All other policy terms, conditions, and exclusions remain unchanged.

DATE OF ISSUE: 09-21-26

© Copyright 2024 National Council on Compensation Insurance, Inc. All Rights Reserved.
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Florida Non-Cooperation With Premium Audit Endorsement

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five—Premium, G. Audit of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return the final mail audit or refuse to cooperate in completing the final physical audit or final physical onsite audit, you must pay us a premium not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the final mail audit or complete the final physical audit or final physical onsite audit.
2. We document the audit file regarding the two good faith attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records or gain access to your premises or your worksites, we send a letter by certified mail to you advising you of the specific records that are required or the premises or worksites that must be accessed and the premium that will be charged if you continue to refuse access to the records, premises, and/or worksites.

If you do not provide all the specific records required and/or fail to permit access to your premises or worksites as applicable, and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or reopen the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all the specific records required and/or permit access to the premises or worksites as applicable to complete the premium audit process within the three-year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the policy.

If we cannot complete the audit because you do not permit us to make a physical inspection of your operation or provide us with the necessary records, you must pay us $500 to defray the costs of the audit. The $500 charge may be imposed only if we have incurred actual travel expenses and we notified you in writing of the potential charge when access was denied. Denial of access to records and your premises or worksites by your agent or representative is considered the same as a denial by you.

If you understate or conceal payroll, or misrepresent or conceal employee duties to avoid proper classification for premium calculations or misrepresent or conceal information pertinent to the calculation and application of an experience rating modification factor, then you, your agent or your attorney, must pay us a penalty charge of 10 times the difference in the amount of premium that you paid and the amount that you should have paid and reasonable attorney's fees. The penalty may be enforced in the Florida circuit courts.

At the end of each quarter, you must submit to us a copy of the quarterly earnings reports you filed with the Florida Department of Revenue and any self-audits supported by the quarterly earnings report. The report must include a sworn statement by an officer or principal of your company attesting to the accuracy of the information in it. If you have an employee who suffered a compensable injury and was not reported as having earned wages on your last quarterly earnings report, you must indemnify us for all workers compensation benefits paid to or on behalf of the employee unless you establish that the employee was hired after the filing of the quarterly report, in which case you and the employee must attest to fact that the employee was employed by you at the time of injury.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **11-21-26** Policy No. **202601-08-31-50-3Y** Endorsement No.

Insured **LSG COMMUNITY ASSOC INC DBA:LAKE ST. GEORGE HOA** Premium $ **INCL.**

Insurance Company **PMA**

Countersigned By _____

© Copyright 2023 National Council on Compensation Insurance, Inc. All Rights Reserved.
INSURED COPY

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Date: 09/30/2026

Ascot Insurance Company
A (XIV) Excellent Rating

Broker Contact:	Kip Kollmeyer
Brokerage:	Mitchell Insurance Services, Inc
Brokerage Address:	319 5th Street North, St. Petersburg, FL 33701
Named Insured:	LSG Community Association, Inc.
Insured Address:	3989 Lake Shore Dr, Palm Harbor, FL 34684
Effective Date:	11/21/2026
Expiration Date:	11/21/2027
Quote Number:	ExcessLiability-00772828

Starfish Specialty Insurance is pleased to provide you with the following quote:

Community Associations Excess Liability Insurance

	Limit	SIR
Excess Liability	$ 5,000,000	$ 0
Crisis Response	$ 300,000	$ 0
Terrorism	Included	$ 0

KEY TERMS AND CONDITIONS APPLICABLE TO $10 MILLION POLICY LIMITS

To the extent any of the following exclusions listed in Section VI. Following Form Exclusions do not apply by operation of the coverage provided in the underlying insurance, our liability for any otherwise covered "claim" or "suit" will be limited to the amount stated below, which corresponds to the applicable exclusion, and not the Limit of Insurance shown in Item 3. of the Declarations.

A.	Auto	$ 5,000,000

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

B.	Care, Custody, or Control Exclusion- Real and Personal Property with Garagekeepers Legal Liability	$ 5,000,000
H.	Employment-Related Practices	$ 5,000,000
AB-A.	Abuse or Molestation	$ 5,000,000

CAProtect Excess Forms and Endorsements Schedule

Form Number and Edition	Form Description
CAPXS-D0002-0822-00	Certificate Of Coverage
CAPXS-N0001-0822-00	Certificate Holder Notice
CAPXS-D0001-0822-00	Master Policy Declarations
AIC INT S0001 04 24	Signature Page
CAPXS-D0004-0922-00	Florida Table of Contents
INT N0002 05 25	Ascot Address Change Notice
CAPXS-E0003-0822-00	Forms Schedule
INT CN001 10 24	Consumer Complaint Notice
CAPXS-P0001-0822-00	Excess Liability Insurance
CAPXS-E0004-0822-00	Minimum Underlying Insurance Requirements
CAPXS-E0008-0822-00	Contractors Limitation Exclusions Endorsement
CAPXS-N0002-0822-00	Disclosure Persuant To Terrorism Risk Insurance Act
CAPXS-E0009-1122-00	Absolute Pollution Exclusion Endorsement (Hostile Fire Carveback)
CAPXS-N0003-0822-00	U.S. Treasury Department Office Of Foreign Assets Control ("OFAC")
CAPXS-E0009-1122-00	Absolute Pollution Exclusion Endorsement (Hostile Fire Carveback)
CAPXS-E0016-0423-00	Outside Defense Payment Sublimit Endorsement
CAPXS-E0011-0922-FL	Florida Uninsured Motorists Coverage
CAPXS-E0009-0922-FL	Florida Amendatory Endorsement
CAPXS-E0010-0922-00	Countersignature Endorsement

Premium:

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

Gross Written Premium:	$7,173.00
Risk Purchasing Group Fee:	$200.00
Florida Insurance Guarantee Fund Surcharge:	$0.00
Total Cost Of Policy:	$7,373.00

This quote is valid until 12/29/2026

There is no coverage for losses prior to the policy going into effect. Please login to the StarfishConnect portal in order to bind the quote.

Please also review the attached copy of the application that you filled out. Please review the documents carefully for accuracy. If there is a discrepancy in your application responses or this quote document, please contact your underwriter immediately.

For any inquiries, please contact caprotect@starfishspecialty.com

Please be advised that at the time of bind the Insured Name will be shared with ComplyAdvantage for the purpose of an OFAC sanctions check. ComplyAdvantage's privacy notice can be found at https://complyadvantage.com/privacynotice/

Docusign Envelope ID: 8E61BD51-42D8-8CFF-8218-79911ACDF235

LSG Community Association, Inc.
c/o Ameritech Community Management
Clearwater,FL,33763

RE: Loss Run Request

To Whom It May Concern,

Please provide 5 year currently valued loss runs for the policy(s) listed below. This letter also serves to
acknowledge Mitchell Insurance Services, Inc. as our Agent of Record and we authorize the release of
the loss runs directly to Mitchell Insurance Services, Inc.

Company:
Policy#:

Sincerely,

Chris Cornelius	HOA President
Print	Title
Signed by: 12FE38DDEF254D9...	11/13/2026
Sign	Date