



Commercial Insurance Proposal  
Prepared for:

# **Colonial Manor West Apartments Condominium Association, Inc.**

Policy Period: 12/23/2025 - 03/31/2026

Presented By: AJ Leibell

THIS PROPOSAL CONTAINS ONLY A GENERAL DESCRIPTION OF THE COVERAGE(S) AND DOES NOT CONSTITUTE A POLICY/CONTRACT. FOR COMPLETE POLICY INFORMATION INCLUDING EXCLUSIONS, LIMITATIONS, AND CONDITIONS, REFER TO THE POLICY DOCUMENT. IN THE EVENT OF A DIFFERENCE, THE POLICY WILL PREVAIL.

## ACCOUNT SERVICING TEAM

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AJ Leibell

**Commercial Insurance Advisor**

Email: [aj@bellkenins.com](mailto:aj@bellkenins.com)

Will be responsible for overseeing all aspects of your program.

Viviana Torquemada

**Commercial Account Executive**

Email: [viviana@bellkenins.com](mailto:viviana@bellkenins.com)

Will assist on the daily servicing of your account, including endorsements, client services, program design and market relationships.

**EOI Direct**

**Condominium / HOA**

**Certificate Specialists**

[www.eoidirect.com](http://www.eoidirect.com)

Online 24 hours a day, 7 days a week or 1-877-456-3643

Available from 9:00 am to 8:00 p, EST Monday to Friday.

EOI Direct will handle all of your requests for Certificates of Insurance.

All other requests for certificates of insurance can be directed to your account executive or insurance advisor.

**Bellken Insurance Group, Inc.**

6900 Tavistock Lakes Blvd., Suite 400-PMB206

Orlando, FL 32827

Phone: 954-233-0733 Fax: 888-760-2122

Website: [www.bellkenins.com](http://www.bellkenins.com)

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# SCHEDULE OF NAMED INSURED(S)

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Only those names listed below are covered by the policies in this proposal. Affiliated corporations, subsidiaries, or special purpose entities not listed are NOT covered.

Named Insured
Colonial Manor West Apartments Condominium Association, Inc.

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# SCHEDULE OF LOCATIONS

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The below schedule applies to all policies unless specifically noted otherwise.

Location #	Address 1	City	State	Zip
1	2424 NE 9th St	Fort Lauderdale	FL	33304

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## POLICY INFORMATION

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Policy Period	Line of Business	Company (Carrier)
12/29/2025 - 03/31/2026	Boiler & Machinery	Travelers E&S
12/23/2025 - 03/31/2026	Commercial Property	Superior Specialty Ins. Co.

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## A.M. BEST FINANCIAL STRENGTH RATINGS

A Best's Financial Strength Rating (FSR) is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. An FSR is not assigned to specific insurance policies or contracts and does not address and other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. An FSR is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, not does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In addition, an FSR may be displayed with a rating identifier, modifier or affiliation code that denotes a unique aspect of the opinion.

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

*Ratings from A to C also may be enhanced with a "++" (double plus), "+" (plus) or "-" (minus) to indicate whether credit quality is near the top or bottom of a category.*

Class	PHS (\$Millions)	Class	PHS (\$ Millions)
I	<1	IX	250-500
II	1-2	X	500-750
III	2-5	XI	750-1,000
IV	5-10	XII	1,000-1,250
V	10-25	XIII	1,250-1,500
VI	25-50	XIV	1,500-2,000
VII	50-100	XV	>2,000
VII	100-250		

*To enhance the usefulness of ratings, A.M. Best assigns each rated (A++ through D) insurance company a Financial Size Category (FSC). The FSC is based on adjusted policyholders' surplus (PHS) and is designed to provide a convenient indicator of the size of a company in terms of its statutory surplus and related accounts.*

The information has been provided to you so that consideration is given to the financial condition of the proposed carriers. The financial information disclosed is the most recent available to Bellken Insurance Group. Bellken Insurance Group does not guarantee any the financial condition of the insurers above. By placing coverage with any of the above insurers you hereby understand and acknowledge these financial conditions.

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# PROPERTY COVERAGE

Named Insured: Colonial Manor West Apartments Condominium Association, Inc.  
 Company: Superior Specialty Ins. Co.

Location #	Building #	Subject of Insurance	Coins. %	Valuation	Cause of Loss	Limit	Deductible
1	1	Building	NIL	Replacement Cost	Special form	\$4,562,080	\$2,500
1	1	Pool	NIL	Replacement Cost	Special form	\$750,000	\$2,500
1	1	Gates	NIL	Replacement Cost	Special form	\$5,000	\$2,500
1	1	Decking	NIL	Replacement Cost	Special form	\$203,490	\$2,500

Total Insured Values: \$4,845,570

- Wind/Hail coverage excluded

**Additional Endorsements, Terms or Conditions, Including but not limited to:**

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 016 06/24 Terrorism Exclusion  
 SSIC CIU IL 031 06/24 Cancellation And Nonrenewal Endorsement  
 SSIC CIU IL 0719 06/24 Trade Or Economic Sanctions  
 IL P 001 01/04 U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders  
 SSIC CIU CP 013FL 06/24 Condominium Association Coverage Form  
 CP1030 10/12 Causes of Loss - Special Form  
 CP0090 07/88 Commercial Property Conditions  
 CP0125 07/08 Florida Changes  
 CP0191 07/10 Florida Changes - Residential Condominium Associations  
 CP1054 06/07 Windstorm or Hail Exclusion  
 IL0112 06/10 Florida Changes - Mediation or Appraisal  
 IL0175 09/07 Florida Changes - Legal Action Against Us  
 CP0030 10/12 Business Income (and Extra Expense) Coverage Form  
 CP0140 07/06 Exclusion of Loss Due to Virus or Bacteria  
 SSIC CIU CP 049 06/24 Communicable Disease Exclusion  
 CP1410 06/95 Additional Covered Property  
 SSIC CIU CP 029 06/24 Additional Covered Property  
 IL0935 07/02 Exclusion of Certain Computer-Related Losses  
 SSIC CIU CP 002 06/24 Existing Damage Exclusion Endorsement  
 CP1075 12/20 Cyber Incident Exclusion

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# BOILER & MACHINERY

Named Insured: Colonial Manor West Apartments Condominium Association, Inc.  
 Company: Travelers Boiler & Machinery

COVERAGES	LIMITS OF INSURANCE
<b>Total Limit per Breakdown:</b>	\$ 4,845,570.00
<b>1 Property Damage (PD):</b> (Includes micro-circuitry electronics)	Included in Total Limit Per Breakdown
<b>2 Coverage Extensions</b>	
a Business Income Coverage Extension (BI): Coinsurance Percentage:	Not Covered Suspended
b Extra Expense Coverage Extension (EE):	\$100,000
c Spoilage Damage Coverage Extension – including Utility Interruption-Spoilage (SD): Utility Interruption-Spoilage coverage applies only if the interruption lasts at least (waiting period):	\$100,000 24 Hours
d Utility Interruption-Time Element Coverage Extension (UI-TE): Utility Interruption-Time Element coverage applies only if the interruption lasts at least (waiting period): (Includes interruption of Cloud Services and Data Restoration)	\$100,000 24 Hours
e Civil Authority Coverage Extension:	100 Miles 3 Weeks
f “Dependent Property” Coverage Extension: “Dependent Property” Locations:	\$100,000
g “Electronic Data” Or “Media” Coverage Extension: (1) “Electronic Data” Or “Media” Stored At “Covered Premises”: (2) “Electronic Data” Or “Media” Stored With “Electronic Data Storage Provider”:	\$100,000 Included With “Electronic Data” Or “Media” Stored At “Covered Premises”
h Errors And Omissions Coverage Extension:	\$25,000
i Expediting Expense Coverage Extension:	\$100,000
j Extended Period of Restoration Coverage Extension:	30 Days
k “Fungus”, Wet Rot And Dry Rot Coverage Extension: (1) Property Damage: (2) Business Income Or Extra Expense:	\$15,000 30 Days
l Green Enhancements Coverage Extension: Property Damage Percentage Factor: Property Damage Additional Costs Limit of Insurance: Business Income Or Extra Expense Additional Number of Days:	5% of loss \$100,000 30 Days
m Ingress Or Egress Coverage Extension:	30 Days
n Newly Acquired Locations Coverage Extension: Number of Days of Coverage:	Included in Total Limit Per Breakdown 90 Days
o Off-Premises Transportable Equipment Coverage Extension:	\$25,000
p Ordinance Or Law (Including Demolition And Increased Cost Of Construction) Coverage Extension: (a) Undamaged Property: (b) Demolition: (c) Increased Cost Of Construction:	\$100,000 Included With Undamaged Property Included With Undamaged Property
q Sump Overflow Coverage Extension:	\$5,000
COVERAGE LIMITATIONS	LIMITS OF INSURANCE
a Hazardous Substance Limitation:	\$100,000
b Refrigerant Contamination Limitation:	\$100,000
c Water Damage Limitation:	\$100,000
d Drying Out Limit Of Insurance:	\$25,000
Other:	

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COVERAGES	DEDUCTIBLE AMOUNT
Combined Deductible:	Not Applicable
Property Damage (PD):	\$5,000
Business Income (BI):	Not Applicable
Extra Expense (EE):	24 Hours
Spoilage Damage (SD):	\$5,000
Utility Interruption-Time Element (UI-TE):	24 Hours
Dependent Property:	24 Hours
Refrigerant Contamination:	\$5,000
Other:	

**ADDITIONAL COVERAGE EXTENSIONS / RESTRICTIONS / CONDITIONS:**

Number Of Days For Notice of Cancellation:	30 Days, except 10 days for non-payment of premium, subject to state regulations
Diagnostic Equipment	Covered
Electronic Vandalism	Excluded - EB T4 47
Joint Loss Agreement	Included
New Generation Valuation – Up to an additional 50%	Included
Ordinary Payroll	<input type="checkbox"/> Covered <input type="checkbox"/> Excluded - EB T3 77 <input type="checkbox"/> Limited to        Days – EB T3 78 <input checked="" type="checkbox"/> Not Applicable
Production Machines	Covered
Specified Perils Elimination Endorsement EB T3 18	Included
Valuation	<input type="checkbox"/> Repair/Replacement Included <input checked="" type="checkbox"/> Repair/Replacement Included except ACV for the following: All "Covered Property" 25 Years of age or older <input type="checkbox"/> ACV all Covered Equipment
EB T9 27 Florida Changes – Coinsurance, Loss Payment, Named Insured, Hail or Windstorm	Included
EB T4 47 Electronic Vandalism Exclusion	Included
EB T4 49 Shiploader and Barge Exclusion	Included
EB T4 50 Digital Assets Excluded	Included
EB T3 19 Actual Cash Value – Predetermined Depreciation	Included
EB T3 26 Covered Premises – Special Schedule	Included
EB T4 01 Dependent Properties - Location Schedule	Included

ADDITIONAL COVERAGE EXTENSIONS / RESTRICTIONS / CONDITIONS – Continued:

EB T9 27 Florida Changes – Coinsurance, Loss Payment, Named Insured, Hail or Windstorm

EB T4 47 Electronic Vandalism Exclusion

EB T4 49 Shiploader and Barge Exclusion

EB T4 50 Digital Assets Excluded

EB T3 19 Actual Cash Value – Predetermined Depreciation

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# PREMIUM SUMMARY

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Named Insured: Colonial Manor West Apartments Condominium Association, Inc.

Description of Coverage	2025-2026 Expiring	2026-2027 Proposed
Property	\$16,223.85	\$5,346.90
Boiler & Machinery	\$1,565.00	\$751.26
Total Estimated Annual Premium*	\$17,788.85	\$6,098.16

\* All Quoted premiums are annual estimates and may change due to inspections, year end audits or mid-terms policy changes. All surplus lines policies are inclusive of all State policy fees and taxes, including a \$200 Surplus Lines Policy Placement Fee.

**NOTE:** Underwriting must receive Bind Request at minimum 3 Business days prior to the effective date to ensure effective date is retained. Coverage is subject to storm or other binding restrictions that may be in place.

**Quotation is valid until the effective date of the policy.**

This proposal is based upon the exposures to loss made known to the Agency and is for illustration only. Any changes in the exposures (i.e., new operations, new products, additional states of hire, etc.) need to be promptly reported to us in order that proper coverage(s) may be put into place. Please refer to the policy for specific details.

As a course of business, Bellken Insurance Group, Inc. is required to pay premiums to insurers monthly. In return, we appreciate timely payments by our clients. Outstanding balances over 30 days may be subject to cancellation.

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# General Liability Terms

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## **ADDITIONAL INSUREDS**

This endorsement is used to extend your Liability policy to include protection for those additional insured's listed on the form. This is needed because your policy does not provide automatic coverage for these individuals/entities.

## **PERSONAL INJURY LIABILITY COVERAGE**

This coverage is used to extend your General Liability policy to include protection against claims arising out of one or more of the following offenses:

- False arrest, detention or imprisonment;
- Malicious prosecution;
- The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
- Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
- Oral or written publication, in any manner, of material that violates a person's right of privacy.
- The use of another's advertising idea in your advertisement; or
- Infringing upon another's copyright, trade dress or slogan in your advertisement.

## **PREMISES/OPERATIONS COVERAGE**

This coverage is used to insure against claims arising out of your ownership, maintenance or use of premises including any operations that are in progress.

## **PRODUCTS/COMPLETED OPERATIONS COVERAGE**

This coverage is used to insure against claims arising out of bodily injury and property damage that result from products you have sold, manufactured, handled, distributed or disposed of; or for work you have performed, provided the accident occurs away from a premises you own or rent.

## **ADVERTISING LIABILITY**

This coverage is used to insure against claims of libel, slander, product disparagement, piracy, infringement of copyrights, etc., that arise out of the advertising of your goods, products, or services. This would include material placed on the Internet or on similar electronic means of communications.

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## **General Liability Terms (Continued)**

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### **MEDICAL PAYMENTS**

This coverage will reimburse, without regard to your liability, all reasonable medical expenses incurred by persons as a result of bodily injury sustained by accident as defined in your policy.

### **FIRE DAMAGE LIABILITY**

This coverage is used to insure against your legal liability that arises out of fire damage to structures rented to you or temporarily occupied by you with permission of the owner.

### **DIRECTORS AND OFFICERS LIABILITY**

This insurance is used to insure against claims arising from the negligent acts, errors, or omissions alleged to have been committed by present or former directors or officers of your corporation.

### **CLAIMS-MADE FORM**

This coverage will provide protection for only those claims reported or first made during the policy period or during any previous period that is stated in the Prior Acts or Retroactive Date option of your policy. This option allows you to keep coverage in force under consecutive Claims-Made policies.

### **OCCURRENCE FORM**

This form provides coverage for claims arising out of an accident which results in bodily injury or property damage neither expected nor intended. The form covers such claims that occur during the policy period regardless of when the claim is made against you.

### **LIABILITY LIMITS EXPLAINED**

The PER OCCURRENCE limit is the maximum amount available for claims arising out of any one occurrence. The GENERAL AGGREGATE limit is the maximum payable amount for all claims during the policy year arising out of occurrences, except products and completed operations claims. The PRODUCTS AGGREGATE limit is the maximum amount available for products and completed operations claims.

### **NON-OWNED AUTOMOBILE COVERAGE**

This coverage provides liability protection for autos used in your business that are not owned, leased, hired, rented, or borrowed. This includes employee's and subcontractor's autos used on your behalf.

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## General Liability Terms (Continued)

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### **HIRED AUTOMOBILE COVERAGE**

This coverage is used to protect against claims arising out of the use of vehicles leased, hired, rented, or borrowed by you, or your employees, while in the course of business.

### **EMPLOYEE BENEFITS LIABILITY**

This coverage is used to insure against negligent acts, errors or omissions, committed by you or any person whose acts you are legally responsible for while engaging in the administration of your company's employee benefit plans.

### **EMPLOYMENT RELATED PRACTICES LIABILITY COVERAGE**

This insurance is used to protect against lawsuits by employees alleging wrongful termination, discrimination, harassment, or other specified employment related exposures.

### **AUDIT PREMIUM**

The proposed premium is based on the following estimates of annual exposures. They are subject to audit after expiration of the policy.

### **LIQUOR LIABILITY COVERAGE**

Liquor liability provides coverage against claims for injury sustained by any person or organization if liability for such injury is imposed on you by reason of your selling, serving or furnishing of any alcoholic beverage. This is needed because standard General Liability policies exclude coverage for such activities.

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# Virginia Graeme Baker Pool and Safety Act

This Act was signed into law by the President on December 19th, 2007. Named after the daughter of Nancy Baker and the granddaughter of former Secretary of State James Baker, Graeme died in a tragic incident on June 2002 after the suction from a spa drain entrapped her underwater.

According to this Act, public pools and spas, including those with multiple drains, in the U.S., must be equipped with anti-entrapment drain covers compliant with ASME/ANSI A112.19.8 performance standards. Additionally, in an effort to prevent hair entanglement, covers may not have a suction/flow of more than 1.5 cubic feet per second.

If a pool or spa is not currently equipped with a compliant cover, it must be retrofitted by December 18, 2008. Non-compliant public pools and spas will not be permitted to open.

A public pool or spa is defined as one that is either generally open to the public, or is open exclusively to any of the following groups: members of an organization and their guests; residents of a multiunit apartment building, apartment complex, residential real estate development, or other multifamily residential area; or patrons of a hotel or other public accommodations facility.

In addition to the safety drain covers, public pools and spas with a single main drain, other than an unlockable drain, must be equipped at a minimum with one anti-entrapment device or system that complies with the AMSE/ANSE standard 112.19.17 or ASTM International standard F2387, and any successor standards. Drain covers can become broken or deteriorated, which is why additional anti-entrapment safety devices are recommended, including:

1. Safety Vacuum Release System (SVRS) Ceases operation of the pump, reverses the circulation flow or otherwise provides a vacuum release at a suction outlet when blockage is detected. It must also meet AMSE/ANSE standard 112.19.17 or ASTM International standard F2387. An SVRS can be installed in under an hour for about \$500-\$700. Representative brands include Vac-Alert Industries, Stingl, Hayward Pool Products and A.O. Smith Company.
2. Suction Limiting Vent System While not widely used, these systems introduce air into the suction line thus causing the pump to lose prime and relieve the suction forces at the main drain, The installation of this system will require a rebuild of the pool.
3. Gravity Drainage System These have gained popularity in states such as Florida and are practical for new construction pools only. The device uses a collector tank with a separate water storage vessel from which the pump draws water. Water moves from the pool to the collector tank due to atmospheric pressure, limiting drain forces significantly.
4. Automatic Pump Shutoff System A device that senses a drain blockage and shuts off the pump system. Some SVRS devices may meet this definition. Currently there is no industry standard for automatic pump shut off systems. However, the current SVRS standards provide release and response time of under three seconds.

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5. Other Systems Any other system determined to by CPSC to be equally effective or better than the systems described above. This will allow for the development of future products.

### **Multiple Drains and Separate Pumps:**

While public pools and spas with multiple main drains are not subject to the requirements of Section 1404, it is widely known in the industry that multiple drains can still pose risks. For example, it is not uncommon for a public pool construction to connect each drain to a separate pump, which creates multiple drains with suction forces capable of entrapping a swimmer. Additionally, it is not uncommon for one of the drains in pools with dual drains sharing the same pump to become blocked by debris, towels, pool toys, thus creating a potential entrapment on the remaining drain. Because of this, the Pool Safety Consortium recommends following the anti-entrapment recommendations of the CSPC for both single main drain and multiple main drain spas and pools.

According to the Act, the requirements stated in Section 1404 shall be treated as a consumer product safety rule under the Consumer Product Safety Act. Therefore, as of December 19, 2008 it will be illegal to manufacture, offer, import or distribute a drain cover into the U.S. that does not meet the entrapment protection standards of AMSE/ANSE standard 112.19.17. The maximum penalty for one or more related violations of this rule is currently \$1,825,000. However, Congress is considering legislation that would increase this penalty to \$10 million or higher. A violation could also result in criminal penalties, including fines or imprisonment.

## "Claims Made" Policy Explanation

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The Claims-made insurance policy provides financial protection for all claims presented during the current policy year, providing the claim occurred after the prior acts date and the loss is due to a covered peril.

### **Current Policy Year:**

The policy year begins on the effective date shown on the policy and expires on the expiration date also shown on the policy. The policy's effective dates change with yearly renewals of the policy. The "prior acts" or "retroactive date" remains the same, so you are protected for incidents that occurred in prior years by the current policy.

### **Prior Acts or Retroactive Date:**

This is the date (shown on your claims made policy) that dictates if a claim is eligible to be covered. Any covered peril claim(s) occurring after this date, presented during the current policy year, are eligible for coverage by your current policy.

### **Supplemental Extended Reporting Period (Tail Coverage):**

Should the policy be canceled or non-renewed, you are entitled to purchase insurance protection for any claims, which may be after the cancellation date. The premium charged for this insurance is based upon the number of years you have been insured (prior acts years), the limits purchased as well as the length of time you wish to have the tail coverage.

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## **Non Admitted (Surplus) Company Explanation**

Surplus lines insurance companies are not regulated to the same extent as admitted companies in Florida and there is an added risk to the insured in placing coverage with a surplus lines company. Corporations or individuals insured by surplus lines carriers do not have the protection of the Florida Insurance Guarantee Act (FIGA) to the extent of any right of recovery for the obligation of an insolvent carrier. By your directive and because in our due diligence - we have been unable to obtain quotes from admitted insurance companies based on the coverage(s), limit(s), term(s) and/or condition(s) as requested of Bellken Insurance Group by you.

By binding coverage as outlined in this proposal you agree to expressly waive any and all rights that you may have against Bellken Insurance Group, Inc. in the event the surplus lines carrier fails to honor a claim for any reason, including but not limited to bankruptcy, reorganization or liquidation.

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# Property Terms

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## **ACTUAL CASH VALUE VALUATION**

This valuation method pays for the cost to repair or replace damaged property with like kind and quality, less reasonable deductions for wear and tear, deterioration, and economic obsolescence.

## **AGREED VALUE VALUATION**

This coverage is used to remove the coinsurance requirement from your property policy. With it your company agrees that the limits of insurance purchased by you are adequate, and any coinsurance requirements will be waived in the event of a covered loss.

## **BUILDING ORDINANCE OR LAW COVERAGE**

Your Property policy includes some limited protection for increased costs of construction due to the enforcements of laws that arises from a covered loss. This coverage is limited to the damaged portion of a covered structure with a maximum limit of \$10,000 or 5 percent of a covered loss. This endorsement can be used to broaden this basic verbiage to include protection for three additional coverage exposures: Coverage A - payment for the value of the undamaged part of a building when a building code requires its demolition following a partial loss. Coverage B - coverage for the expense of demolishing the undamaged portion of a building damaged by an insured peril including the cost of removing the debris. Coverage C - coverage for the increased costs of construction resulting from enforcement of construction or building laws. This coverage applies to both the damaged and undamaged portions of the structure.

## **CAUSES OF LOSS - BASIC FORM**

This coverage is used to provide protection for the following causes of loss: fire, lightning, explosion, windstorm, hail, smoke (except from agricultural smudging or industrial operations), aircraft, vehicles, riot, civil commotion, vandalism, sprinkler leakage, sinkhole collapse, and volcanic action.

## **CAUSES OF LOSS COVERAGE - BROAD FORM**

This coverage is used to provide protection for the following causes of loss: fire, lightning, explosion, windstorm, hail, smoke (except from agricultural smudging or industrial operations), aircraft or vehicles, riot, civil commotion, vandalism, sprinkler leakage, sinkhole collapse, volcanic action, breakage of glass, falling objects, weight of snow, ice or sleet (except for damage to gutters, downspouts or personal property outside of buildings), and limited water damage.

## **CAUSES OF LOSS - SPECIAL FORM**

This coverage will protect covered property against direct physical loss arising from any cause not specifically excluded. The advantage of this form is that the insurance company must prove that a loss is specifically excluded in order to deny coverage under the policy.

*THIS PROPOSAL CONTAINS ONLY A GENERAL DESCRIPTION OF THE COVERAGE(S) AND DOES NOT CONSTITUTE A POLICY/CONTRACT. FOR COMPLETE POLICY INFORMATION INCLUDING EXCLUSIONS, LIMITATIONS, AND CONDITIONS, REFER TO THE POLICY DOCUMENT. IN THE EVENT OF A DIFFERENCE, THE POLICY WILL PREVAIL.*

## Property Terms (Continued)

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### COINSURANCE

A policy may contain a coinsurance provision requiring that the limits of insurance be a minimum percentage (usually 80%) of the insurable value of your property. If the limits of your policy are less than what is required by this provision, then any claim payment made to you may be reduced by the same percentage as the deficiency. For example, covered property worth \$100,000 may require a minimum of 80%, or \$80,000, of coverage for compliance with the policy's coinsurance requirement. If only \$60,000 of coverage is carried (25% less than the required \$80,000), then any loss payment would be reduced by 25%.

### DEDUCTIBLE

The deductible provision specifies the amount that will be deducted from any payment made to you because of a covered loss.

### IMPROVEMENTS AND BETTERMENTS

This coverage is used to extend your Property policy to insure against loss of specified alterations or additions that you have made in the building you rent or lease. This is important because these improvements become the property of the building owner and you may not be compensated for their destruction after a covered loss without this coverage.

### FLOOD INSURANCE

This coverage is used to provide protection against loss due to water damage arising from flooding, surface water, tides, tidal waves, and the overflow of any body of water as defined in the policy.

### OUTDOOR SIGNS COVERAGE

This coverage extends your Property policy to include coverage for signs located outside your covered premises. Coverage is provided up to the limits and for the causes of loss specified in your policy.

### PERSONAL PROPERTY

This coverage protects personal property owned by your entity and used in your operations. Furniture and fixtures, equipment and machinery, raw stock and finished goods fall within this category. Personal property of others while located in your covered building or within 100 feet of the premises can also be insured. Contents located off premises are not covered and must be insured by alternate methods.

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## Property Valuation Disclaimer

Building and personal property coverage limits are estimates only and were arrived at based on information provided by the policyholder and/or industry standard software used to estimate replacement costs. The actual cost to rebuild the structure or replace the personal property may exceed the policy limits, especially in circumstances where a catastrophic event has disrupted the normal supply of materials, labor, and resources. The agency makes no assurances or guarantees that the policy limits provided will be adequate to rebuild the structure or replace personal property. If there is doubt about the adequacy of the policy limits, the policyholder should obtain a professional appraisal or obtain the services of a qualified company or builder who is able to provide replacement cost estimates.

## Co-Insurance Explained

A policy may contain a coinsurance clause requiring that the limit of coverage be a minimum percentage (usually 80%) of the insurable value of your property. If the amount of insurance carried is less than what is required by this clause, any claim payment may be reduced by the same percentage as the deficiency.

Amount of Insurance Carried / Amount of Insurance Required X Loss = Amount Paid by Insurance Company

Example

\$100,000 Building

80% Co-Insurance

\$ 50,000 Amount of Insurance Carried

\$ 80,000 Amount of Insurance Required (80% of \$100,000 = \$80,000)

\$ 20,000 Amount of Loss

\$ 50,000 \$ 80,000 X \$ 20,000 (loss amount) = \$ 12,500 Paid by Insurance Company \$ 7,500 Paid by Policyholder (Co-Insurance Penalty)

## Proposal Disclaimer

Information contained in this proposal is intended to provide you with a brief overview of the coverages provided for reference purposes only. It is not intended to provide you with all policy exclusions, limitations and conditions. The precise coverage afforded is subject to the terms, conditions, and exclusions of the policies issued. This proposal is based on information provided and we cannot attest to the accuracy of this information. If any of the information you provided is inaccurate, the terms and conditions, premium, or even availability of the insurance summarized here may be subject to change. If you have changes in your business operations at any time, please notify us as soon as possible so coverage can be discussed.

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## Financial Disclaimer

Our agency may be compensated for our work in a variety of ways, including but not limited to the following:

**Client Fees or Policy Fees (Surplus Lines Policy Placement Fees):** In some cases, our clients pay us fees for handling their insurance needs. **Regular Commissions:** Insurance companies with which we place business generally pay us commissions for the placement or renewal of policies. In most cases, such commissions are calculated as a percentage of the premium paid to the insurance company for the specific policy and are included in our client's premium cost. Occasionally the commission may be a fixed amount negotiated between us and the insurer. In some cases where clients pay us fees in connection with the placement and servicing of their insurance business, commissions may be credited against any fee or be in addition to and would be paid by the client.

**Contingent Commissions and Other Incentive Payments:** Some of the insurers that our agency represent grant us the opportunity to receive contingent commissions or supplemental income. Unlike regular commissions, contingent commissions and supplemental income are not tied to a specific policy, but rather are generally tied to various criteria relating to the overall business we place with those insurers, typically measured on an annual basis. These contingent commissions and supplemental income may be based on a number of factors relating to the business placed by our agency with the insurance company, including growth in premium, loss ratios, total written premium, premium volume, retention of business, profitability, and/or other criteria. Further, in connection with the placement of insurance, we may also receive compensation from intermediaries, such as wholesalers, other agencies and brokers, or re-insurers. In addition, some insurance companies may offer our agency other incentives or payments, such as marketing or administrative support, promotional fees, educational costs, and/or prizes, gifts, or awards (e.g. meals, trips, etc.). In some cases, we may enter into relationships with an insurance company whereby we provide the insurer with additional services for which we receive a fee, such as premium finance contracts, policy or claims administration, or loss control services. In some cases, we may own stock in a particular insurance company or reinsurance company. This synopsis provides an overview of our general compensation practices. Because it is only a general overview, there may be exceptions not addressed above. Our agency will disclose to our clients at their request the actual or anticipated compensation we receive in connection with the issuance or placement of insurance business and will upon request provide more information about our contingency fee and supplemental income arrangements with particular insurer.

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# Rejected Coverages

***I understand and acknowledge that the following insurance policies or coverages can be quoted or have been offered to me and that I have decided not to request a quote or purchase the coverage at this time.***

- Directors and Officers Liability Insurance
- Employment Practices Liability Insurance
- Commercial Crime Insurance
- Commercial Excess or Umbrella Policy
- Flood Insurance
- Earthquake Insurance
- Ordinance or Law Coverage
- Professional Liability
- Boiler & Machinery (Equipment Breakdown)

I acknowledge my rejection of these options may result in the denial of claims in the future.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Proposal Review and Acceptance

This document was prepared for your convenience in reviewing protection proposed by our agency. Policies issued are based upon risk information provided by you. These general coverage descriptions are not intended to represent, supersede or amend the terms, conditions, exclusions, or other provisions in your actual insurance policies. For complete details of your insurance policy coverage, terms and policy conditions, the policies issued by the underwriting insurance company should be reviewed in detail. I understand that by signing below I acknowledge that I have received, read, understood, and accept the Insurance Proposal as presented and I authorized binding coverage on my behalf. Proposed Coverage has been Rejected/Modified as Outlined:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signature Simon Malak

Signature Date 12/13/2025 03:30PM UTC

Insured/Representative Printed Name Simon Malak

THIS PROPOSAL CONTAINS ONLY A GENERAL DESCRIPTION OF THE COVERAGE(S) AND DOES NOT CONSTITUTE A POLICY/CONTRACT. FOR COMPLETE POLICY INFORMATION INCLUDING EXCLUSIONS, LIMITATIONS, AND CONDITIONS, REFER TO THE POLICY DOCUMENT. IN THE EVENT OF A DIFFERENCE, THE POLICY WILL PREVAIL.

# STARWIND

## COMMUNITY ASSOCIATIONS

### General Applicant Information

Line of Business:

Property  GL  EIL  Crime  D&O/EPLI  Umbrella

Agency Name: Bellken Insurance Group, Inc.

Agency Address: 6900 Tavistock Lakes Blvd, Suite 400 PMB 206, Orlando, FL 32827

Producing Agent's Name: ARTHUR License # AJ LEIBELL D043405

Named Insured: Colonial Manor West Apartments Condominium Association, inc

Location Address: 2424 NE 9TH ST, FT LAUDERDALE, FL 33304

Mailing Address: 2424 NE 9 STREET , FORT LAUDERDALE , FL 33304

Inspection Contact: Name: SIMON MALAK Phone #: 310-701-2600 Email: SIMON.SAYS769@GMAIL.COM

Prior Carrier:

Loss

History: None

# STARWIND

## COMMUNITY ASSOCIATIONS

### Condominium Association Supplemental Application

1. Name of Association: Colonial Manor West Apartments Condominium Association, inc
2. Effective Date: 12/23/2025
3. Is there any existing damage to the building? Yes \_\_\_ No X
4. Any aluminum wiring in the building? Yes \_\_\_ No X
5. Do you have armed security guards? Yes \_\_\_ No X
6. Are any buildings undergoing major structural renovations? Yes \_\_\_ No X
7. Has the association had any engineering studies or any engineering report done on any of the buildings (40 years or older) in the last 5 years?? Yes \_\_\_ No \_\_\_ N/A X
8. Are there any unresolved issues as a result of the engineering report? Yes \_\_\_ No \_\_\_ N/A X

#### UNDERWRITING QUESTIONS - PROPERTY

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

#### UNDERWRITING QUESTIONS – GENERAL LIABILITY

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

#### UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

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

#### UNDERWRITING QUESTIONS – CRIME

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

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

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

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

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

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

21. 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

22. 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

23. 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

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

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

25. 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

**X** Simon Malak

Agreed Signature of Applicant

12/13/2025 03:30PM UTC

Date

# **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 \$4,548.00, 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 \$ 9,708.30

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.

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**REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE**

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$<sup>9,708.30</sup>

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

*Simon Malak*

\_\_\_\_\_  
Applicant/Named Insured  
Signature or  
Authorized Signature

TREASURER

\_\_\_\_\_  
Title

UNASSIGNED

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

12/13/2025 03:30PM UTC

\_\_\_\_\_  
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.

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## Travelers Boiler & Machinery Equipment Breakdown Insurance Proposal

**Date of Proposal:** 12/04/2025 (Quote valid for 30 days)

**Applicant:** Colonial Manor West Apartments Condominium Association,

**Policy Period:** 12/23/2025 to 03/31/2026

### Basis of Proposal:

Building + Contents Value:	\$ 4,845,570.00
Business Income Value:	\$0.00
Inventory/Stock Value:	\$0.00
Occupancy:	Condominium Association
Loss History in past 3 years:	No

### PROPOSAL DISCLOSURE:

The coverage offered in this proposal is on a surplus lines basis in the Travelers Excess and Surplus Lines Company. As the surplus lines licensee, you will be responsible for being aware of and complying with the various legal requirements associated with placement of coverage with a surplus lines insurer, including but not limited to the payment of all applicable taxes, surcharges, and fees. Travelers' premium is net of any taxes, surcharges, and/or fees. Binding of coverage is contingent upon receipt of the Travelers Surplus Lines Disclosure Form (<https://travl.rs/2FZXSV7>) and valid surplus lines license(s) in the insured's Home State. Please provide these required items within ten (10) business days. In no event can we bind coverage without receipt of your valid license(s) prior to effective date.

The following outlines the coverage forms, limits of insurance and policy amendments provided in this proposal. Any policy coverage and limits requested by you in your coverage specifications that are not affirmed in the following are not contemplated by this proposal. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and re-underwrite this quote.

Unless accepted, the offer of insurance contained in this proposal expire(s) automatically fifteen (15) days after the proposal date of this proposal. The licensee has no authority to bind coverage unless agreed to by us.



**COVERAGES**

COVERAGES	LIMITS OF INSURANCE
<b>Total Limit per Breakdown:</b>	\$ 4,845,570.00
<b>1 Property Damage (PD):</b> (Includes micro-circuitry electronics)	Included in Total Limit Per Breakdown
<b>2 Coverage Extensions</b>	
a Business Income Coverage Extension (BI): Coinsurance Percentage:	Not Covered Suspended
b Extra Expense Coverage Extension (EE):	\$100,000
c Spoilage Damage Coverage Extension – including Utility Interruption-Spoilage (SD): Utility Interruption-Spoilage coverage applies only if the interruption lasts at least (waiting period):	\$100,000  24 Hours
d Utility Interruption-Time Element Coverage Extension (UI-TE): Utility Interruption-Time Element coverage applies only if the interruption lasts at least (waiting period): (Includes interruption of Cloud Services and Data Restoration)	\$100,000  24 Hours
e Civil Authority Coverage Extension:	100 Miles 3 Weeks
f “Dependent Property” Coverage Extension: “Dependent Property” Locations:	\$100,000
g “Electronic Data” Or “Media” Coverage Extension: (1) “Electronic Data” Or “Media” Stored At “Covered Premises”: (2) “Electronic Data” Or “Media” Stored With “Electronic Data Storage Provider”:	\$100,000 Included With “Electronic Data” Or “Media” Stored At “Covered Premises”
h Errors And Omissions Coverage Extension:	\$25,000
i Expediting Expense Coverage Extension:	\$100,000
j Extended Period of Restoration Coverage Extension:	30 Days
k “Fungus”, Wet Rot And Dry Rot Coverage Extension: (1) Property Damage: (2) Business Income Or Extra Expense:	\$15,000 30 Days
l Green Enhancements Coverage Extension: Property Damage Percentage Factor: Property Damage Additional Costs Limit of Insurance: Business Income Or Extra Expense Additional Number of Days:	5% of loss \$100,000 30 Days
m Ingress Or Egress Coverage Extension:	30 Days
n Newly Acquired Locations Coverage Extension: Number of Days of Coverage:	Included in Total Limit Per Breakdown 90 Days
o Off-Premises Transportable Equipment Coverage Extension:	\$25,000
p Ordinance Or Law (Including Demolition And Increased Cost Of Construction) Coverage Extension: (a) Undamaged Property: (b) Demolition: (c) Increased Cost Of Construction:	\$100,000 Included With Undamaged Property Included With Undamaged Property
q Sump Overflow Coverage Extension:	\$5,000
COVERAGE LIMITATIONS	LIMITS OF INSURANCE
a Hazardous Substance Limitation:	\$100,000
b Refrigerant Contamination Limitation:	\$100,000
c Water Damage Limitation:	\$100,000
d Drying Out Limit Of Insurance:	\$25,000
Other:	



**Applicant:** Insured Name

**DEDUCTIBLES**

COVERAGES	DEDUCTIBLE AMOUNT
Combined Deductible:	Not Applicable
Property Damage (PD):	\$5,000
Business Income (BI):	Not Applicable
Extra Expense (EE):	24 Hours
Spoilage Damage (SD):	\$5,000
Utility Interruption-Time Element (UI-TE):	24 Hours
Dependent Property:	24 Hours
Refrigerant Contamination:	\$5,000
Other:	

**ADDITIONAL COVERAGE EXTENSIONS / RESTRICTIONS / CONDITIONS:**

Number Of Days For Notice of Cancellation:	30 Days, except 10 days for non-payment of premium, subject to state regulations
Diagnostic Equipment	Covered
Electronic Vandalism	Excluded - EB T4 47
Joint Loss Agreement	Included
New Generation Valuation – Up to an additional 50%	Included
Ordinary Payroll	<input type="checkbox"/> Covered <input type="checkbox"/> Excluded - EB T3 77 <input type="checkbox"/> Limited to        Days – EB T3 78 <input checked="" type="checkbox"/> Not Applicable
Production Machines	Covered
Specified Perils Elimination Endorsement EB T3 18	Included
Valuation	<input type="checkbox"/> Repair/Replacement Included <input checked="" type="checkbox"/> Repair/Replacement Included except ACV for the following: All "Covered Property" 25 Years of age or older <input type="checkbox"/> ACV all Covered Equipment
EB T9 27 Florida Changes – Coinsurance, Loss Payment, Named Insured, Hail or Windstorm	Included
EB T4 47 Electronic Vandalism Exclusion	Included
EB T4 49 Shiploader and Barge Exclusion	Included
EB T4 50 Digital Assets Excluded	Included
EB T3 19 Actual Cash Value – Predetermined Depreciation	Included
EB T3 26 Covered Premises – Special Schedule	Included
EB T4 01 Dependent Properties - Location Schedule	Included

*Simon Malak*

Simon Malak

12/13/2025 03:30PM UTC



**ADDITIONAL COVERAGE EXTENSIONS / RESTRICTIONS / CONDITIONS – Continued :**

- EB T9 27 Florida Changes – Coinsurance, Loss Payment, Named Insured, Hail or Windstorm
- EB T4 47 Electronic Vandalism Exclusion
- EB T4 49 Shiploader and Barge Exclusion
- EB T4 50 Digital Assets Excluded
- EB T3 19 Actual Cash Value – Predetermined Depreciation

PROPERTY TERMS, LIMITATIONS, AND EXCLUSIONS  
ACKNOWLEDGEMENT

Named Insured: Colonial Manor West Apartments Condominium Association, Inc.  
Policy Type: Property / Equipment Breakdown  
Effective Date: 12/23/2025  
Expiration Date: 3/31/2025

I, the undersigned policyholder, acknowledge that I have been informed of and understand the following terms, limitations, and exclusions related to property coverage in my insurance policy. I further acknowledge that I have had the opportunity to ask questions and seek clarification regarding these terms:

Terms, Limitations, & Exclusions

Theft Exclusion: No coverage is provided for theft related to building, business personal property, or any other property insured under the policy.

Actual Cash Value: Coverage is provided on an actual cash value basis, considering depreciation and wear and tear.

Business Income / Loss of Rents Rejected: No coverage is provided for loss of business income or loss of rents.

Equipment Breakdown Rejected: No coverage is provided for the breakdown of equipment.

Other Exclusion: See proposal and policies for additional exclusions and endorsements.

\*\* Please note that this list is not inclusive of all property terms, limitations, and exclusions. Refer to the policy for a full list of property-related terms.

By signing this acknowledgement, I confirm that I have read, understood, and agreed to the terms, limitations, and exclusions as described above. I further acknowledge that these are binding and will remain in effect for the policy year stated and all subsequent years until advised otherwise.

Simon Malak  
Insured Signature

Simon Malak  
Print Name

12/13/2025 03:30PM UTC  
Date

TREASURER  
Title

# Property Limits & Coinsurance Acknowledgement Agreement

Bellken Insurance Group, Inc. and its employees are not experts in determining building values. From time to time we may provide our clients with information on square footage valuations of similar buildings we insure. In addition, we may also provide valuations based on software from companies such as Marshall & Swift/Boeckh. However, it is the responsibility of you the insured to determine and choose the values of buildings, personal property, and business income.

Bellken Insurance Group, Inc. strongly recommends that you purchase a replacement cost appraisal by a qualified third party to assist in determining the accurate limits of insurance to be purchased.

I fully understand that based on the coinsurance provision in my property policy there may be a penalty assessed for underinsuring. I acknowledge that I am responsible for accurately selecting the limits on my property policy that include but not limited to building, personal property, business income, loss of rents, all deductibles and coinsurance. I also acknowledge that there is no liability on the part of, and I have no cause of action against, Bellken Insurance Group, Inc. for the selected limits of coverage.

Colonial Manor West Apartments Condominium Association, Inc.

\_\_\_\_\_  
Named Insured

*Simon Malak*

\_\_\_\_\_  
Insured Signature

Simon Malak

\_\_\_\_\_  
Print Name

12/13/2025 03:30PM UTC

\_\_\_\_\_  
Date

TREASURER

\_\_\_\_\_  
Title

*AJ Leibell*

\_\_\_\_\_  
Bellken Insurance Group, Inc.

AJ Leibell

\_\_\_\_\_  
Print Name

12/15/2025 12:59PM UTC

\_\_\_\_\_  
Date

Agent

\_\_\_\_\_  
Title

# Pre-Fill Disclosure and Hold Harmless Agreement

Coverage(s): ALL

Insuring Company: Various

Policy Period: 2025-2025

Enclosed is your application and any related forms for the policies captioned above. As a convenience, Bellken Insurance Group has pre-populated all or portions of the application and forms with information provided by Colonial Manor West Apartments Condominium Association, Inc.

Colonial Manor West Apartments Condominium Association, Inc. realizes that an accurate application for insurance is critical to the underwriting process and that presenting inaccurate or incomplete information to the insurer may result in a disclaimer of coverage in the event of a claim.

I am aware that it is my responsibility to review all portions of the application for accuracy and make all applicable corrections. All questions on the application must be answered.

Colonial Manor West Apartments Condominium Association, Inc. releases and holds harmless Bellken Insurance Group its agents, representatives, employees, officers and directors from all damages arising out of incomplete or inaccurate application information.

With my signature below, I acknowledge reading this notice and hold harmless in its entirety and fully understand its purpose and meaning.

<u>Simon Malak</u>	12/13/2025 03:30PM UTC
Signature:	Date:
Simon Malak	TREASURER
Print Name:	Title:

Document Reference : db59aa86-567d-482c-9fba-c7edf3dede45  
Document Title : Colonial Manor West - PropX /E&B Renewal Applications 2025  
Document Region : Northern Virginia  
Sender Name : Viviana Torquemada  
Sender Email : viviana@bellkenins.com  
Total Document Pages : 34  
Secondary Security : Not Required

Participants

1. Simon Malak (simon.says769@gmail.com)
2. AJ Leibell (aj@bellkenins.com)

Document History

Timestamp	Description
12/11/2025 01:53PM America/New_York	Sender downloaded document.
12/11/2025 01:55PM America/New_York	Document sent by Viviana Torquemada (viviana@bellkenins.com).
12/11/2025 01:56PM America/New_York	Email sent to Simon Malak (simon.says769@gmail.com).
12/11/2025 01:56PM America/New_York	Email sent to Viviana Torquemada (viviana@bellkenins.com).
12/12/2025 11:26AM America/New_York	Sender requested participant signing link for simon.says769@gmail.com.
12/12/2025 11:26AM America/New_York	Email sent to Simon Malak (simon.says769@gmail.com).
12/13/2025 10:27AM America/New_York	Document viewed by Simon Malak (simon.says769@gmail.com). 172.58.129.214 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/143.0.0.0 Safari/537.36 Edg/143.0.0.0
12/13/2025 10:30AM America/New_York	Simon Malak (simon.says769@gmail.com) has agreed to terms of service and to do business electronically with Viviana Torquemada (viviana@bellkenins.com). 172.58.129.214 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/143.0.0.0 Safari/537.36 Edg/143.0.0.0
12/13/2025 10:30AM America/New_York	Signed by Simon Malak (simon.says769@gmail.com). 172.58.129.214 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/143.0.0.0 Safari/537.36 Edg/143.0.0.0
12/13/2025 10:30AM America/New_York	Email sent to AJ Leibell (aj@bellkenins.com).
12/13/2025 10:43AM America/New_York	Document viewed by Simon Malak (simon.says769@gmail.com). 172.58.129.214 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/143.0.0.0 Safari/537.36 Edg/143.0.0.0
12/15/2025 07:59AM America/New_York	Document viewed by AJ Leibell (aj@bellkenins.com).

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12/15/2025 07:59AM America/New_York	AJ Leibell (aj@bellkenins.com) has agreed to terms of service and to do business electronically with Viviana Torquemada (viviana@bellkenins.com).
	129.222.135.182 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/143.0.0.0 Safari/537.36
12/15/2025 07:59AM America/New_York	Signed by AJ Leibell (aj@bellkenins.com).
	129.222.135.182 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/143.0.0.0 Safari/537.36
12/15/2025 07:59AM America/New_York	Document copy sent to AJ Leibell (aj@bellkenins.com).
12/15/2025 07:59AM America/New_York	Document copy sent to Simon Malak (simon.says769@gmail.com).
12/15/2025 07:59AM America/New_York	Document copy sent to Viviana Torquemada (viviana@bellkenins.com).