# **SURPLUS LINES STATEMENT**

Policy Number	Insured Name	
Ù`¦] `•ÁŠēļ^•ÁŒ^}dK	A AWS/L Tax:  AWWWWWWWWWWWWWFSLSO Service Fee:  Á FHCF:  AWWWWWWWWWWWWWOPIC Emergency Assessment:  EMPA:	\$
<i>₩</i> ₩₩₩	Total:	\$
Producing Agent:		
Lic#		
INSURED BY SURPLUS LINES CAF	SUANT TO THE FLORIDA SURPLUS LINES LAW. PER RRIERS DO NOT HAVE THE PROTECTION OF THE FL THE EXTENT OF ANY RIGHT OF RECOVERY FOR THI INLICENSED INSURER.	.ORIDA
	Kimberly Bushing Ptt	illo-



210 Park Avenue Suite 1300 Oklahoma City, OK 73102

SIGNATURE CLAUSE

# SIGNATURE CLAUSE

In Witness Whereof, we have caused the policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

TRISURA SPECIALTY INSURANCE COMPANY, INC.

Michael Beasley

President & CEO

Eileen Sweeney

COO

# **COMMERCIAL PACKAGE POLICY DECLARATIONS PAGE**

Inception Dat	te: Expiration Date:		12:01 AM Standard Time at the address of the insured as stated herein.
Named Insure	ed and Address	Producin	g Agency Name and Address
	onsists of the following coverage parts for water dit by the company.	hich a pre	emium is indicated. The premium may be
	Coverage(s) Included in Policy		Premium
	Commercial Property		
	Commercial General Liability		
	Crime - Employee Dishonesty		
	Directors & Officers Liability		
	Poli	cy Premium:	
	Fees		
	Total Premiu	m and Fees:	
Return For The P	ayment Of The Premium, And Subject To All The Terms O Supercedes Any Previous Policy Bearing The Same Numb	f This Policy, \ or And Policy	We Agree With You To Provide The Insurance As Stat
moy. Triio i olioy (	Supersedes 7 thy 1 revious 1 stills Bearing 11th Suite Hallis	or raid i oney	i chod.
"S	URPLUS LINES INSURERS' PO	LICY R	ATES AND FORMS ARE NOT
J	APPROVED BY ANY STAT		
avment Meth	od: This is an agency bill policy.		
ayinont moth	oa. This is an agency bin policy.		
Pren	nium payable at inception:		

Issue Date: 1/1/2024

Authorized Representative

#### POLICY LOCATION SCHEDULE

Policy Number:	Policy Period:	To:
oney manner	. oney . onean	

Named Insured:

# LOCATIONS OF ALL PREMISES YOU OWN, RENT, OR OCCUPY

Bldg#	Address	Building Name	Building Desc.	City	State	Zip



#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS PAGE**

LIMITS OF INSURANCE  BUSINESS DESCRIPTION AND LOCATION OF PREMISES  Business Description: Location - See Location Schedule  PREMIUM  Code No. Classification Description Premium Basis Exposure	Policy Number:	Policy Po	eriod:	То:	
BUSINESS DESCRIPTION AND LOCATION OF PREMISES  Business Description: Location - See Location Schedule  PREMIUM	Named Insured:				
BUSINESS DESCRIPTION AND LOCATION OF PREMISES  Business Description: Location - See Location Schedule  PREMIUM					
Business Description: Location - See Location Schedule  PREMIUM	LIMITS OF INS	URANCE			
Business Description: Location - See Location Schedule  PREMIUM					
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Location - See Location Schedule  PREMIUM	BUSINESS DE	SCRIPTION AND LOCATION	TOF PREIVIISES		
PREMIUM					
	Location - See Loc	cation Schedule			
Code No. Classification Description Premium Basis Exposure	PREMIUM				
Code No. Classification Description Premium Basis Exposure					
	Code No.	Classification Description	<u>Premium Basis</u>	<u>Exposure</u>	

#### **COMMERCIAL CRIME COVERAGE PART DECLARATIONS PAGE**

Policy Number:	Policy Period:	То:	
Named Insured:			
COVERAGES, LIMITS OF	INSURANCE AND DEDUCTIBLES		
	ance and Deductible Amounts shown below are sub	piect to all of the terms of this policy that apply	
mouning Agreements, Emili of moure	and beddelible / induits shown below are sur	geet to all of the terms of this policy that apply.	

**TSIC CIU CR 001D 01 16** 

# CONDOMINIMUM DIRECTORS OFFICERS AND EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY DECLARATIONS PAGE

Policy Number:	Policy Period: To:	
Named Insured:	:	
ITEM 1.	INSURED ORGANIZATION NAME AND PRINCIPAL ADDRESS	
ITEM 2.	POLICY PERIOD	
	Local time at the address shown in item	
ITEM 3.	LIMIT OF LIABILITY	
	\$ maximum aggregate limit of liability for all claims first made in the	he policy
	period. EACH CLAIM LIMIT \$	
ITEM 4.	DEDUCTIBLE \$ per claim	
ITEM 5.	PREMIUM \$Included	
ITEM 6.	ENDORSEMENTS ATTACHED	
ITEM 7.	NOTICES	
	All notices required to be given to the insurer under this policy shall be address	ssed to:
	These Declarations along with the completed and signed Condominium Association Supplemental applic Condominium Directors, Officers and Employment Practices Liability Insurance Policy and any endorsem shall constitute the contract between the insured and us.	

**TSIC CIU DO 005D 10 12** 

# **POLICY FORMS DECLARATIONS**

Form Number	Form Date	Form Description
TSIC 70 02	08/20	Signature Page
TSIC CIU CPP 001D	10/12	Commercial Package Policy Declarations Page
TSIC CIU IL 003	10/12	Policy Location Schedule
TSIC CIU GL 007D	10/12	Commercial General Liability Coverage Part Declarations Page
TSIC CIU CR 001D	01/16	Commercial Crime Coverage Part Declarations Page
TSIC CIU DO 005D	10/12	Condominium Directors Officers And Employment Practices Liability Insurance Policy Declarations Page
CIU0100FL	03/08	Surplus Lines Statement
TSIC CIU IL 001	10/12	Minimum Earned Premium Endorsement
IL0003	09/08	Calculation of Premium
IL0017	11/98	Common Policy Conditions
TSIC CIU IL 005	10/12	Service of Suit Clause
TRIA Disclosure	09/12	Policyholder Disclosure Notice of Terrorism Insurance Coverage And Cap On Losses
TSIC CIU IL 031	05/20	Cancellation And Nonrenewal Endorsement
TSIC CIU CP 019	07/13	Special Activity Exclusion
CG0001	12/07	Commercial General Liability Coverage Form
CG0300	01/96	Deductible Liability Insurance
CG2004	11/85	Additional Insured - Condominium Unit Owners
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
TSIC CIU GL 004	08/18	General Liability Coverage Extension Endorsement - Community Association
CG2160	09/98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG2196	03/05	Silica or Silica Related Dust Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
TSIC CIU IL 018	11/13	Nuclear, Biological or Chemical Terrorism Exclusion
TSIC CIU IL 019	01/15	Terrorism Exclusion
CG2426	07/04	Amendment of Insured Contract Definition
TSIC CIU GL 002	10/12	Exclusion - Lead Paint
TSIC CIU GL 003	10/12	Exclusion - Asbestos
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
TSIC CIU GL 006	10/12	Hired and Non-Owned Auto Liability
TSIC CIU GL 023	01/16	Limited Fungi Or Bacteria Coverage
TSIC CIU GL 025	11/20	Communicable Disease Exclusion
TSIC CIU DO 001	02/18	Condominium Directors, Officers and Employment Practices Liability Insurance Policy
TSIC CIU DO 012	01/15	Property Manager Entity Coverage Endorsement
TSIC CIU DO 016	01/15	Increased Consent To Settle Clause Coverage Endorsement
TSIC CIU DO 019	02/15	Bodily Injury / Physical Damage Exclusion Endorsement
TSIC CIU DO 021	03/15	Catastrophic Event Preparedness And Response Exclusion
TSIC CIU DO 022	03/15	Failure To Obtain Or Maintain Insurance Exclusion
TSIC CIU DO 002	01/16	Continuity of Coverage Endorsement

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