

COMMERCIAL UMBRELLA

CARRIER Greater NY Mutual Insurance Co. Admitted <input checked="" type="checkbox"/> Non-Admitted <input type="checkbox"/>	PAYEE GREATER NY INSURANCE Co.	POLICY TERM 6/30/2024 to 6/30/2025
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COVERAGES

EATDESCRIPTION	LIMIT
Each Occurrence	\$5,000,000
Annual Aggregate	\$5,000,000
Retained Limit	\$0

The umbrella provides additional protection above your limits for General Liability, Automobile Liability, and Employers' Liability, subject to policy exclusions. Additional coverages may be applicable to this policy, please read your policy to determine what additional coverage may apply or reach out to your OneGroup representative with any questions.

UNDERLYING COVERAGES

DESCRIPTION	CARRIER	POLICY PERIOD	LIMIT
Automobile Liability	GNY	6/30/24 to 6/30/25	\$1,000,000
General Liability Each Occurrence General Aggregate Product & Completed Ops Agg	GNY	6/30/24 to 6/30/25	\$1,000,000 \$2,000,000 \$2,000,000
Directors & Officers	Cincinnati Insurance	6/30/24 to 6/30/25	\$1,000,000



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This insurance proposal is a brief description of the coverage provided but should not be construed to replace the actual wording of the contract. Please refer to the actual policy for exact coverages and exclusions.

DIRECTORS AND OFFICERS

CARRIER Cincinnati Admitted <input checked="" type="checkbox"/> Non-Admitted <input type="checkbox"/>	PAYEE Cincinnati	POLICY TERM 6/30/2024 to 6/30/2025
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COVERAGES

EATDESCRIPTION	LIMIT
Directors & Officers	\$1,000,000
Retroactive Date	N/A
Deductible	\$1,000



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PREMIUM SUMMARY

COVERAGE	CARRIER	EXPIRING	PROPOSED
Package	Strathmore Insurance Company	\$116,234.68	\$129,547.23 (w/ tria)
Umbrella	Strathmore Insurance Company	\$7,114	\$7,506 (w/tria)
Directors and Officers 3 Year Policy/ Annual Premium Shown	Cincinnati	\$1,293	\$1,293
Total Premium		\$ 124,641.68	\$138,346.23

PREMIUM PERCENT INCREASE 10.9%

BLANKET PROPERTY LIMIT:

2023-2024 \$84,370,234

2024-2025 \$87,745,710

PERCENTAGE INCREASE 4%

PAY PLANS

Strathmore Insurance Company

Direct Bill – 10 equal installments

Cincinnati

Direct Bill- prepaid



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WAIVER FOR PLACEMENT OF INSURANCE WITH NON-ADMITTED CARRIER

The Insurer(s) named herein is (are) not licensed by the state of New York, not subject to its supervision, and in the event of the insolvency of the Insurer(s), not protected by the New York State Security Funds. The policy may not be subject to all the regulations of the Department of Financial Services pertaining to policy forms.

Public Liability	
Automobile Liability	
Property and Casualty Liability	
Contractors Liability	
Professional Liability	
Insurance on Goods Liability	
Accident and Sickness Coverage - Including Health and Welfare Benefits	
Workers and Verification of Accuracy of Proposed Form	
Workers Compensation Coverage - Personal Coverage on Part-Time	
Workers Compensation of Bonds	
Workers Compensation	
Marine and Equipment (Boiler & Machinery)	
Electronic Data Processing	
Off-Highway Coverages - Including Overhead Transmission Lines	
Construction - Tower Construction (TTC) Bond	
Travel Costs	
Used Auto Physical Damage	
Special Liability Coverage on New Carrier Policy	
Medical Liability	
Construction - Contractors on Workers Compensation Policy	
Maritime - Marine Pollution Insurance	
Contractors	
Contractors' Trust	
Auto Transit	
Professional	
Contractors	
Maritime	
Contractors - Maritime	



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COVERAGE SUGGESTIONS

	YES, PLEASE QUOTE	NO COVERAGE WANTED
Employment Practices Liability		
Fiduciary Liability		
Employee Benefits Liability		
Directors and Officers Liability		
Errors & Omissions Liability		
Pollution Liability		
Increase Umbrella Liability		
Agreed Amount Coverage – Property, Inland Marine, Business Income		
Review and Verification of Adequacy of Property Limits		
Building Ordinance, Debris Removal Coverage on Property		
Business Income/Loss of Rents		
Flood and Earthquake		
Mechanical Breakdown (Boiler & Machinery)		
Electronic Data Processing		
Off-Premises Power Failure – Including Overhead Transmission Lines		
Crime/Employee Dishonesty/ERISA Bond		
Transit/Cargo		
Hired Auto Physical Damage		
Spousal Liability Coverage on Auto/Garage Policy		
Liquor Liability		
Construction Credit for Contractors on Workers Compensation Policy		
Worksite Marketing/Payroll Deduction		
Cyber Liability		
Computer Fraud		
Wire Transfer		
Terrorism		
Disability		
Healthcare		
Personal Wealth Management		



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OPTIONAL COVERAGES OFFERED

As you are a valued client of OneGroup, we reviewed your proposal and would like to offer you the following premium indication for (enter coverage type here) provided by (enter company name here)

COVERAGE	COVERAGE LIMIT	DEDUCTIBLE	ANNUAL PREMIUM

**Please contact Charlie Andrews
or Kara Kamide
to discuss any questions you might have or if you would like to purchase the
coverage.**

This premium indication is subject to review and confirmation of all necessary applications. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual policy contract language.

The premium indication is valid for 30 days.



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ELECTRONIC DOCUMENT ACKNOWLEDGEMENT

Lake Country Village HOA ("Named Insured") hereby gives consent to receive documents related to insurance coverages from OneGroup ("Agent") in the form of electronic records. Agent may transmit documents to Named Insured by any means of electronic media.

Such documents include but are not limited to: policy information pages and coverage forms; insurance binders; certificates and evidence of insurance; automobile insurance identification cards; premium quotations; premium worksheets; invoices; premium finance agreements; audit statements; loss control reports; claim reports; notices of cancellation and non-renewal; and any other correspondence.

In accordance with Section 309 of the New York State Technology Law, this signature provides voluntary consent for the use of electronic records. Named Insured acknowledges that agents will send documents in electronic format unless such consent is revoked in writing.

This signature provides voluntary consent for the use of electronic records. Named Insured acknowledges that agents and/or service staff will send documents in electronic format, unless such consent is revoked in writing.

Agreed to on this _____ day of _____, 20

Please select your access methods **(check all that apply)**.

- Email all documents listed
- Email all documents except insurance policies/endorsements and audits
- OneConnect portal policy access
- OneConnect portal policy and certificate issuance access

Signature: _____

Title: _____

Email: _____



REGULATION 194 MANDATORY INITIAL DISCLOSURE

As Required by the New York State Insurance Department

As an independent insurance agency, our firm may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker we have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent, we have authority to obligate the insurance company on your behalf and as a result we may be required to act within the scope of our contractual agreement with the company.

As the purchaser you need to understand that we typically will receive compensation from the selling company based on the agreement we have with the company. That compensation may vary from company to company and be impacted by the volume of business we place with the company, the profitability of that business and other factors.

You may receive information about our compensation on the policy or policies you select and about any policies we have presented to you which you did not select by asking us for the information.



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Page 42 of 43