



Tower Hill Insurance

Underwritten by Vantage Risk Specialty Insurance Company
Post Office Box 147018, Gainesville, FL 32614-7018

Policy Number: ICF1007970

RenewalOffer Declarations

RENEWAL_OFFER

This declaration is effective 01/24/2026

Policy period is from 01/24/2026 to 01/24/2027

All dates are as of 12:01 A.M. Standard Time at the insured location.

COMMON POLICY DECLARATIONS

Insured Name and Address

PHILLIPS OAKS HOMEOWNERS ASSOCIATION, INC.
C/O COMMUNITY MANAGEMENT PROFESSIONALS-AN
ASSOCIA COMPANY
4901 VINELAND RD. SUITE 455
ORLANDO, FL 32811

Agency: FL8732

Ed Jones Insurance
249 Maitland Ave Ste 2300
Altamonte Springs, FL 32701

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Form of Business: Corporation

Business Description: HOA

Described Premises: See Schedule Attached

Limits of Insurance: See Schedule Attached

Optional Coverages: See Schedule Attached

Forms and Endorsement(s) made a part of this policy at this time of issue: See Schedule Attached

Commercial Property Coverages Part

\$1,500.00

Policy Fees

Emergency Management Preparedness and Assistance Trust (EMPAT) Fund Fee	\$4.00
Florida Surplus Lines Service Office (FSLSO) Fee	\$0.96
Policy Tax	\$79.04
Policy Fee	\$100.00

Initial

ER

Total

\$1,684.00

(subject to minimum premium)

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by Surplus Lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation on an insolvent unlicensed insurer.

SURPLUS LINES AGENT:	Michael Hisey
ADDRESS:	7201 NW 11th Place Gainesville, FL 32605-3150
LICENSE NUMBER:	E168060

COUNTERSIGNED: 12/05/2025

AT: Gainesville, FL

BY:

00405500000 ICF1007970 328681 LDEC D

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

This policy is subject to a 25% minimum earned premium rule when canceled during the policy period unless the cancellation is due to company decision or nonpayment of premium.

AGENCY PHONE: (407) 767-0897

CUSTOMER SERVICE: (800) 509-1592

QUESTIONS: If you have questions about your insurance policy or coverages, please contact your agent.
If you have payment or billing questions, please call the Customer Service number or contact your agent.

TO FILE A CLAIM: Tower Hill Claims Services, LLC **PHONE:** (800) 216-3711 (24 hours a day, 7 days a week)
PO Box 142230 **FAX:** (352) 332-7999
Gainesville, FL 32614-2230

FRAUD HOTLINE: (866) 265-6590 (Toll Free and Confidential)

RenewalOffer Declarations

ICF1007970

This declaration is effective 01/24/2026

Term is from 01/24/2026 to 01/24/2027

All dates are as of 12:01 A.M. Standard Time at the insured location.

PREMISES AND BUILDINGS

Premises	Bldg	Information	Construction
1		6714 IMPERIAL OAK LN ORLANDO FL 32819	
1		Replacement Cost	
1		Protection Class = 1	

00505500000 ICF1007970 328681 LDEC D

RenewalOffer Declarations

ICF1007970

This declaration is effective 01/24/2026
 Term is from 01/24/2026 to 01/24/2027
 All dates are as of 12:01 A.M. Standard Time at the insured location.

PROPERTY COVERAGES

Policy Coverages	Deductible	Limit
Employee Dishonesty		\$10,000
Forgery or Alteration		\$10,000
Inflation Guard = 4%		

6714 IMPERIAL OAK LN ORLANDO FL 32819

Bldg#	Location Coverages	Deductible	Limit
-	All Other Perils Deductible	\$5,000	
-	Wind/Hail Deductible	5%	
-	Catastrophic Ground Cover Collapse Included		
-	Cause of Loss = Special Including Theft		
-	Coinsurance	Agreed Value	
-	Accounts Receivable		\$50,000
-	Debris Removal Additional Insurance		\$25,000
-	Pollutant Removal & Clean Up Coverage		\$15,000/\$60,000
-	Special Class Property		
	Irrigation Systems		\$2,000
	Fence/Wall - Masonry		\$71,596
-	Water Backup and Sump Overflow Coverage		\$5,000

00605500000 ICF1007970 328681 LDEC D

RenewalOffer Declarations

ICF1007970

This declaration is effective 01/24/2026

Term is from 01/24/2026 to 01/24/2027

All dates are as of 12:01 A.M. Standard Time at the insured location.

EQUIPMENT BREAKDOWN COVERAGE SCHEDULE

Equipment Breakdown is subject to the Limits of Insurance shown in the Declaration except as specifically shown below.

These coverages apply to all locations covered on the policy, unless otherwise specified.

Location 1 - 6714 IMPERIAL OAK LN ORLANDO FL 32819

Coverages

Limits

Equipment Breakdown Limit

Property Limits

Data Restoration

\$100,000

Hazardous Substances

\$100,000

Spoilage

\$100,000

OTHER CONDITIONS

00705500000 ICF1007970 328681 LDEC D



Hull & Company, LLC
 2 Oakwood Blvd., Ste 100
 Hollywood, FL 33020
 (954)527-4855 Fax: (866)449-8449
 Managing General Agent □ Wholesale Insurance Brokers

DATE: 12/26/2025

TO: Donna McMahan
 Tony Blankenship Insurance
 249 Maitland Ave
 Ste 2300
 Altamonte Springs, FL 32701
Agency Fax:

Agency Code: 156676

FROM: Jazmine Barker

 jazmine.barker@hullco.com

RE: PHILLIPS OAKS HOMEOWNERS ASSOCIATION, INC.
Renewal of Policy #: NPP2584986B

Renewal Date: 01/24/26

QUOTATION

Quotation Premium

Policy Term: 01/24/2026 - 01/24/2027 **Quote Exp Date:** 01/24/2026 12:01 AM

Excluding TRIA		Including TRIA	
Premium:	\$2,305.00	Premium:	\$2,305.00
Policy Fee	\$125.00	Policy Fee	\$125.00
FL SL Tax(4.94%)	\$120.04	TRIA:	\$115.00
Stamping Fee(0.06%)	\$1.46	FL SL Tax(4.94%)	\$125.72
Total:	\$2,551.50	Stamping Fee(0.06%)	\$1.53
		Total:	\$2,672.25

Note: Policy fees are fully earned
 Policy Type: Occurrence

Carrier(s):
 Mount Vernon Fire Ins Co - P.O. Box 6700 Wayne PA 19087
 Non-Admitted
 Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Locations:
 6714 Imperial Oak Ln, 1 Loc, Orlando, FL, 32819

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

12/26/25
Page 2 of 2

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. "SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."



HULL & COMPANY, LLC
 P O BOX 934551
 Atlanta, GA 31193
 (954) 903-4548 ext. 4548 Fax: (866) 449-8449

NPP025C71Z1

Quote is valid until 1/24/2026

Re: **Phillips Oaks Homeowners Association, Inc.**
 Renewal of: NPP2584986B - Expiration Date: 1/24/2026

To: Ed Jones Insurance Agency, LLC

Attn: Christine Assamchristine.assam@hullco.com /

From: (954) 903-4548 ext. 4548

Please bind effective: 01/24/2026
 Insured email address: ahdernaika@community-mgmt.com
 Insured phone number: 407-455-5950

Confirm optional coverages:
 Do not include any optional coverages.
 Include the following optional coverages
 (Taxes & Fees may apply to optional premium if purchased)
 Option 1 - (add: \$150.00) - Non-Owned & Hired Automobile Liability
 Option 2 - (add: *\$115.00) - Terrorism Coverage
 *See Terrorism Section for Exact Pricing and Terms

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XIV
COVERAGE PART	PREMIUM
Commercial General Liability	\$2,305.00
TOTAL PREMIUM DUE TO CARRIER	\$2,305.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$125.00
Florida Service Fee (.060%)	\$1.46
Florida Surplus Lines Tax (4.940%)	\$120.04
TOTAL AMOUNT DUE	\$2,551.50

Initial

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

A. Prior To Bind Requirements:

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 6714 Imperial Oak Ln, Orlando, FL 32819

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Community Associations - Not-for-Profit only	68500	Units	96	Incl	24.011	Incl	\$2,305
			Per Unit				
Additional Insured - Townhouse Association	49950	Flat	1	Incl	0.000	Incl	Incl
			Flat				

Liability Coverage Premium for Location #1: \$2,305

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

2110	(04/15) Service Of Suit	L-461	(04/15) Assault Or Battery Exclusion
CG 21 06	(12/23) Exclusion - Access or Disclosure of Confidential or Personal Material or Information	L-526	(01/15) Absolute War Or Terrorism Exclusion
CG0001	(12/07) Commercial General Liability Coverage Form	L-532	(08/03) Exclusion - Construction Operations
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-549	(04/15) Absolute Professional Liability Exclusion
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	**L-599	(08/25) Absolute Exclusion for Pollution, Infectious Agent, Mold, Silica, Asbestos, and Lead with a Hostile Fire Exception for Pollution Only and with a Food Borne Illness Exception
CG2017	(10/93) Additional Insured - Townhouse Associations	L-600	(08/05) Pre-Existing Or Progressive Damage Or Defect Exclusion
CG2147	(12/07) Employment-Related Practices Exclusion	L-610	(04/15) Expanded Definition Of Bodily Injury
CG4032	(05/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	L-783 NPP	(07/18) Amendment of Liquor Liability Exclusion
IL0017	(11/98) Common Policy Conditions	L-787	(05/13) Infringement Of Copyright, Patent, Trademark Or Trade Secret Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ-100	(04/15) Who Is An Insured Clarification Endorsement
Jacket	(07/19) Policy Jacket	LLQ-368	(04/15) Separation Of Insureds Clarification Endorsement
L-428 FL	(06/16) Firearms Exclusion	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$150.00

Important Information

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

	Coverage	Additional Premium
Option 2	Terrorism Coverage	\$115.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of \$100 or 5.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input checked="" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Karen J. Rugerio

 Applicant Name (Print)


 Authorized Signature

Phillips Oaks Homeowners Association, Inc

 Named Insured
 1/9/2026

 Date

Surplus Lines Disclosure and Acknowledgement

At my direction, Donna McMahan/ Ed Jones Insurance Agency name of insurance agency has placed my coverage in the surplus lines market.

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

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

Phillips Oaks Homeowners Association, Inc

Named Insured

By: Signed by:
Karen Rugerio
27D6CD9D9E774E1...
Signature of Named Insured

1/9/2026

Date

Karen J. Rugerio president Phillips Oaks HOA

Printed Name and Title of Person Signing

Mount Vernon Fire Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

01/24/2026

Effective Date of Coverage



Hull & Company, LLC
2 Oakwood Blvd., Ste 100
Hollywood, FL 33020
(954)527-4855 Fax: (866)449-8449
Managing General Agents ■ Wholesale Insurance Brokers

DATE: 12/26/2025

TO: Donna McMahan
Ed Jones Insurance
249 Maitland Avenue
Ste 2300
Altamonte Springs, FL 32701
Agency Fax:

Agency Code: 156675

FROM: Jazmine Barker

jazmine.barker@hullco.com

RE: PHILLIPS OAKS HOMEOWNERS ASSOCIATION, INC.
Renewal of Policy #: XL1636622B

Renewal Date: 01/24/26

QUOTATION

Quotation Premium

Policy Term: 01/24/2026 - 01/24/2027 **Quote Exp Date:** 01/24/2026 12:01 AM

Premium:		\$900.00
FIGA	Initial	\$9.00
Total:		\$909.00

Note: Policy Fees are fully earned.
Policy Type: Occurrence

Carrier(s):
United States Liability Ins Co - P.O. Box 6700 Wayne PA 19087
Admitted

Locations:
1360 N Goldenrod Rd, C/O KL Management Group Inc., AZALEA PARK, FL, 32807

12/26/25
Page 2 of 2

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.



HULL & COMPANY, LLC
 P O BOX 934551
 Atlanta, GA 31193
 (954) 903-4548 ext. 4548 Fax: (866) 449-8449

XSL025C1BN3

Quote is valid until 1/24/2026

Re: **Phillips Oaks Homeowners Association, Inc.**
 Renewal of: XL 1636622B - Expiration Date: 1/24/2026

To: Ed Jones Insurance Agency, LLC

Attn: Christine Assamchristine.assam@hullco.com /

From: (954) 903-4548 ext. 4548

Please bind effective: 01/24/2026
 Insured email address: ahdernaika@community-mgmt.com
 Insured phone number: 407-455-5950

Confirm optional coverages:
 Do not include any optional coverages.
 Include the following optional coverages
 (Taxes & Fees may apply to optional premium if purchased)
 Option 1 - Terrorism Coverage

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION				
Carrier:	United States Liability Insurance Company			
Status:	Admitted			
A.M. Best Rating:	A++ (Superior) - XIV			
Term Quoted:	Annual			
LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input checked="" type="checkbox"/> \$1,000,000	\$900 (MP)	\$9.00	\$0.00	\$909.00
ADDITIONAL COSTS				
Wholesaler Broker Fee			\$0	
Florida FIGA Surcharge			1%	

Initial
 kr

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

A. Prior To Bind Requirements:

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

- No Prior To Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: Mount Vernon Fire Insurance Company	Each Occurrence:	\$1,000,000
AM Best Rating: A++g	Products/Completed Operations Aggregate:	Included
1/24/2026 to 1/24/2027	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket FL	(12/19) Policy Jacket	XL 542 FL	(09/21) Amendment of Exclusion
L 838 PFAS	(03/23) Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	XL101	(05/07) Automobile Exclusion
L-549	(04/15) Absolute Professional Liability Exclusion	XL465	(12/16) Exclusion - Unmanned Aircraft
L-632 FL	(04/15) Florida State Amendatory Endorsement	XLP	(07/05) Excess Liability Policy

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

V. DIRECT BILL QUOTE INFORMATION

Additional Quote Information

This renewal is eligible for direct bill. In order to add this policy to direct bill, please advise us by 1/4/2026 so that there is sufficient time to invoice the policyholder. If this renewal remains agency billed, please forward a request to bind in order to renew coverage.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

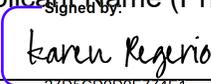
REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

X	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Karen Regerio

Applicant Name (Print)

Signed by:


Authorized Signature
 Phillips Oaks Homeowners Association, Inc
 Named Insured

1/9/2026

Date

TRIADN FL (09-21)



Wrap+®

**Community Association Management Liability Coverage
Declarations**

POLICY NO. 105977994

**Travelers Casualty and Surety Company of America
Hartford, Connecticut**
(A stock Insurance Company, herein called the Company)

THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE TERMS OF THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

MT INSUREDS: THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

ITEM 1 NAMED INSURED:

PHILLIPS OAKS HOMEOWNERS ASSOCIATION, INC.

D/B/A:

Principal Address:

**4901 VINELAND RD, SUITE 455
C/O COMMUNITY MGMT PROFESSIONALS
ORLANDO, FL 32811**

ITEM 2 POLICY PERIOD:

Inception Date: **January 24, 2026**

Expiration Date: **January 24, 2027**

12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:

Email: BSIclaims@travelers.com

Fax: 1-888-460-6622

Mail: Travelers Bond & Specialty Insurance Claim

P.O. Box 2989

Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim

One Tower Square, MN06

Hartford, CT 06183

For questions related to claim reporting or handling, please call 1-800-842-8496.

ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:

Community Association Management Liability Coverage

ITEM 5 Only those coverage features marked “ Applicable” are included in this policy.

COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE

Limit of Liability: **\$1,000,000** for all **Claims**

Additional Defense Coverage: Applicable Not Applicable

Initial
KR

Additional Defense Limit of Liability: **Not Covered** for all **Claims**

Retention:

- \$0** for each **Directors and Officers Claim** under Insuring Agreement A
- \$1,000** for each **Directors and Officers Claim** under Insuring Agreement B
- \$1,000** for each **Directors and Officers Claim** under Insuring Agreement C
- \$1,000** for each **Employment Claim** under Insuring Agreement D

Prior and Pending Proceeding Date: **November 29, 2000**

Continuity Date: **November 29, 2000**

ITEM 6 PREMIUM FOR THE POLICY PERIOD:

\$1,456.00 Policy Premium

N/A Annual Installment Premium

ITEM 7 TYPE OF CLAIM DEFENSE:

Duty-to-Defend

ITEM 8 EXTENDED REPORTING PERIOD:

Additional Premium Percentage: **75%**

Additional Months: **12**

(If exercised in accordance with section **V. CONDITIONS, Q. EXTENDED REPORTING PERIOD** of the Community Association Management Liability Coverage Policy)

ITEM 9 RUN-OFF EXTENDED REPORTING PERIOD:

Additional Premium Percentage: **120%**

Additional Months: **12**

(If exercised in accordance with section **V. CONDITIONS, N. CHANGE OF CONTROL** of the Community Association Management Liability Coverage Policy)

ITEM 10 ANNUAL REINSTATEMENT OF THE LIMIT OF LIABILITY:

Applicable

Not Applicable

Only those coverage features marked " Applicable" are included in this policy.

ITEM 11 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

**AFE-19038-1119; AFE-19029-0719; AFE-19030-0920; CAM-19053-0113; CAM-16001-0113;
CAM-19061-0315; CAM-19004-0113; CAM-19066-FL-0724; CAM-17010-0113**

PRODUCER INFORMATION:

**JONESIED INSURANCE
PO BOX 940249
MAITLAND, FL 32794**

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President



Corporate Secretary

This form is part of the Declarations.

Premium, Tax, And Surcharge Disclosure

The following premium, tax, and surcharge amounts apply to this Policy as of the inception date.

\$1,456.00	Policy Premium
\$14.56	Florida Guaranty Fund Emergency Surcharge
\$1,470.56	Total

Initial
KR



Wrap+®

**CRIME
DECLARATIONS**

POLICY NO. 107249280

**Travelers Casualty and Surety Company of America
Hartford, Connecticut**
(A Stock Insurance Company, herein called the Company)

<p>ITEM 1</p>	<p>NAMED INSURED:</p> <p>PHILLIPS OAKS HOMEOWNERS ASSOCIATION, INC.</p> <p>D/B/A:</p> <p>Principal Address: C/O Community Management Professionals 4700 Millenia Blvd Ste 515 ORLANDO, FL 32839</p>
<p>ITEM 2</p>	<p>POLICY PERIOD:</p> <p>Inception Date: January 24, 2026 Expiration Date: January 24, 2028 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</p>
<p>ITEM 3</p>	<p>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</p> <p>Email: BSIclaims@travelers.com Fax: 1-888-460-6622</p> <p>Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989</p> <p>Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, MN06 Hartford, CT 06183</p> <p>For questions related to claim reporting or handling, please call 1-800-842-8496.</p>
<p>ITEM 4</p>	<p>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</p> <p>Crime</p>

ITEM 5	CRIME		
	Insuring Agreement	Single Loss Limit of Insurance	Single Loss Retention
Initial 	A. Fidelity 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$75,000 Not Covered Not Covered	\$2,500
	B. Forgery or Alteration	\$75,000	\$2,500
	C. On Premises	\$75,000	\$2,500
	D. In Transit	\$75,000	\$2,500
	E. Money Orders and Counterfeit Money	\$75,000	\$2,500
	F. Computer Crime 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$75,000 Not Covered	\$2,500
	G. Funds Transfer Fraud	\$75,000	\$2,500
	H. Personal Accounts Protection 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
	I. Claim Expense	\$5,000	\$0

<p>ITEM 5. (Cont'd)</p>	<p>If "<i>Not Covered</i>" is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this Crime Policy.</p> <p>Policy Aggregate Limit of Insurance: <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each Policy Period for Insuring Agreements A through H, inclusive, is: Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is not included, then this Crime Policy is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. <u>Limit of Insurance</u> a. <u>Policy Aggregate Limit of Insurance</u>.</p> <p>Cancellation of Prior Insurance: By acceptance of this Crime Policy, the Insured gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this Crime Policy becomes effective.</p> <p>INSURED'S PREMISES COVERED:</p> <p>All Premises of the Insured in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except: Not Applicable</p>
<p>ITEM 6</p>	<p>PREMIUM FOR THE POLICY PERIOD:</p> <p>\$1,144.00 Policy Premium</p> <p>\$572.00 Annual Installment Premium</p>
<p>ITEM 7</p>	<p>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE: AFE-19038-1119; ACF-7006-0511; CRI-4031-0109; CRI-3001-0109; CRI-19060-0713; CRI-19072-0315; CRI-19101-1117; CRI-19115-0519; CRI-19085-0919; CRI-19122-1120; CRI-7132-1120; CRI-4029-0210; CRI-5010-0613</p>

THE DECLARATIONS, THE APPLICATION, THE CRIME TERMS AND CONDITIONS, ANY PURCHASED INSURING AGREEMENTS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE NAMED INSURED.

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President



Corporate Secretary

This form is part of the Declarations.

Premium, Tax, And Surcharge Disclosure

The following premium, tax, and surcharge amounts apply to this Policy as of the inception date.

Year 1	Year 2	
\$572.00	\$572.00	Policy Premium
\$2.64	\$2.64	Florida Guaranty Fund Emergency Surcharge
\$574.64	\$574.64	Total

Initial
LR



Ed Jones Insurance Agency
 249 Maitland Ave Ste 2300
 Altamonte Springs, FL 32701
 P. (407) 767-0897

Phillips Oaks Homeowners Association, Inc.
ATTN: Community Management Professionals
 4700 Millenia Blvd, Suite 515
 Orlando, FL 32839

INVOICE
Invoice No: 02692

Invoice Date: 01/07/2026				
Description	Policy Number	Eff Date	Line of Business	Due
Policy Fee 1		01/24/2026		\$574.64
Policy Fee 2		01/24/2026		\$909.00
Policy Fee 3		01/24/2026		\$1,470.56
Policy Fee 4		01/24/2026		\$1,684.00
Policy Fee 5		01/24/2026		\$2,551.50

Initial

Total: \$7,189.70

Notes

2026-2027

\$ 1,684.00 Property

\$ 2,551.50 General Liability

\$ 909.00 Excess Liability

\$ 1,470.56 Directors and Officers

\$ 574.64 Crime

Detach and return this portion with your payment

Customer: Phillips Oaks Homeowners Association, Inc.

Invoice No: 02692

MAIL TO:

Ed Jones Insurance Agency
 249 Maitland Ave Ste 2300
 Altamonte Springs, FL 32701

Due Date: 01/24/2026	
Amount Due	Enclosed
\$7,189.70	