



May 8, 2023

Marnie Levy
Cape George Colony Club
61 Cape George Drive
Port Townsend, WA 98368

RE CAU Account # 10449
Renewal Date: June 19, 2023

Dear Marnie,

We are pleased to present the renewal proposal for the association's insurance program. The package proposal is offered for a one year term.

Please advise us if you would like to receive a quote for General Liability with a limit of \$1,000,000.

The annual package policy premium is \$32,265.00. Our proposal is offered with:

- A \$5,000 basic deductible (applies to water damage, sewer backup, sprinkler leakage and all other covered causes of loss)
- A \$5,000 ice damming deductible
- A lead exclusion
- An earthquake coverage limit of \$9,025,000 with 10% per building earthquake deductible
- A Cyber Liability coverage limit of \$25,000 with a \$1,000 deductible. Form CAU 3090 Cyber Suite Coverage Part applies

Along with the CAU renewal proposal, we are enclosing the following documents:

- A **"Package Premium Summary"** showing the package renewal premium and coverage options. **The Package Premium Summary must be completed and returned to us, even if no additional coverage is desired.**
- Items we require from you are listed on the **"Needed Items"** document.
- Renewal applications must be reviewed, signed and returned to us. **Please note that renewal policies cannot be issued without a complete and signed application.**

Please extend our appreciation to the board for choosing CAU to provide the association's insurance program. We are available to meet with the board to review your coverage and any options. At your convenience, please feel free to contact me at extension .

Thank you for your attention to our proposal. We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to be "Amy S Clements", followed by a horizontal line.

Amy S Clements, CIRMS, ARM
Marketing Manager

Enc.

Name of Insured: Cape George Colony Club
 CAU Account #: 10449
 Effective Date: 06/19/2023
 Quotation Date: 05/03/2023

C14

Please return by mail or fax - NO LATER THAN 06/04/2023
Indicate your selection by checking either "yes" or "no" for each item shown below.

Package Policy Premium Summary

Coverage	Annual Premium	Yes	No
Policy including Earthquake, as per attached quotation	\$32,265	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake limit: \$9,025,000			
Earthquake deductible: 10% per building			

Package Policy Options

Coverage	Option	Annual Premium Change	Yes	No
Increase Property Deductible - Currently \$5,000	\$10,000	(\$747)	<input type="checkbox"/>	<input type="checkbox"/>
Ordinance or Law Coverage:				
Demolition Cost - Currently \$342,000	\$1,738,000	\$593	<input type="checkbox"/>	<input type="checkbox"/>
Increased Cost of Construction - Currently \$342,000	\$1,738,000	\$593	<input type="checkbox"/>	<input type="checkbox"/>
Additional Claim Expenses - Currently \$0	\$2,500	\$122	<input type="checkbox"/>	<input type="checkbox"/>
General Liability Limit - Currently \$2,000,000	\$3,000,000	\$1,193	<input type="checkbox"/>	<input type="checkbox"/>
Stop Gap - Employers Liability Limit - Currently \$2,000,000	\$3,000,000	\$21	<input type="checkbox"/>	<input type="checkbox"/>
The Stop Gap - Employers Liability limit cannot exceed the General Liability limit.				

Other Insurance Policies

	Estimated Annual Premium	Yes	No
Directors and Officers Liability/Excess Crime			
Issue per attached proposal page	\$9,369	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Accident Insurance			
Issue per attached proposal page	\$300	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Auto			
Proposal to follow	TBD	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Excess Liability			
Limit of \$5,000,000	\$4,058	<input type="checkbox"/>	<input type="checkbox"/>
Limit of \$10,000,000	\$4,690	<input type="checkbox"/>	<input type="checkbox"/>
Limit of \$15,000,000	\$5,544	<input type="checkbox"/>	<input type="checkbox"/>
Limit of \$25,000,000	\$8,001	<input type="checkbox"/>	<input type="checkbox"/>
Limit of \$50,000,000	\$14,683	<input type="checkbox"/>	<input type="checkbox"/>

IF NO OPTIONS ARE SELECTED, PACKAGE POLICY WILL BE ISSUED PER THE ATTACHED QUOTATION

Coverage Options

Please confirm additional policy selections, as indicated below:

Difference in Conditions (DIC) / National Flood Insurance Program (NFIP)

A DIC policy is designed to provide property coverage for some of the causes of loss which are excluded from most coverage forms. Flood and excess earthquake are two such causes of loss.

For eligible properties, flood or excess earthquake coverage through a DIC policy is an economical way to strengthen your association's overall insurance program. We recommend that your association consider this important coverage.

For associations that do not qualify for flood coverage on a DIC policy form, coverage is available through the National Flood Insurance Program(NFIP).

Please select "Yes" below if you would like additional information about flood or excess earthquake coverage for your association.

	Yes	No
Excess Earthquake	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>

It is understood that flood and earthquake present a catastrophic threat. Unless the association chooses to purchase the type of coverage described above, there is no coverage for these perils.

We understand that no new coverage is in effect until we receive confirmation from CAU.

Signed _____ Date _____
(Board Member or other Authorized Representative)

Printed name _____

Title _____ Phone Number _____

IF NO OPTIONS ARE SELECTED, PACKAGE POLICY WILL BE ISSUED PER THE ATTACHED QUOTATION

Accident Insurance for your Community Association Volunteers

- \$25,000 Excess Accident Medical Expense Benefits
- \$50,000 Accidental Total Paralysis Benefit
- \$50,000 Accidental Dismemberment Benefit
- \$25,000 Accidental Death Benefit



Community Association Volunteer Accident Insurance Program



Whether you are inspecting the property or volunteering your time for the betterment of your community, we all know accidents happen. Sometimes those accidents result in injuries that require medical attention.

Why take chances with the welfare of your volunteers? Show them you care with CAU's new Community Association Volunteer Accident Insurance Program.

Protect both your organization and your volunteers from the financial consequences of accidental injuries. This Community Association Volunteer Accident Insurance Program is designed to provide insurance protection for all your volunteers performing supervised and sponsored volunteer activities, on your premises or at another location.

Board members, Committee members and other Volunteers operating within the scope and at the direction of the Community Association are eligible for coverage.

Accident benefits for your Community Association Volunteers

Benefits are payable for injuries that result, directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the maximum benefits stated.

Excess Accident Medical Expense Benefits

Excess Accident Medical Expense Benefits include eligible medical expenses that are in excess of amounts paid by any other Health Care Plan, including individual, group medical or health benefit plans the covered volunteer may have, up to \$25,000 per accident per volunteer. In the event no other health plan or policy exists, benefits for these expenses will be payable like primary coverage. The first eligible expense must be incurred within 90 days after the date of the covered accident. Eligible accident medical expenses must be incurred within one year of the covered accident.

Payable Covered Expenses

Services and supplies payable when prescribed by a physician for injuries sustained in a covered accident include:

- Hospital bills, including room and board
- Emergency room and outpatient treatment
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- The services of a licensed or graduate nurse
- Dental care for injury to sound and natural teeth
- Ambulance expenses from the covered accident site to the hospital

The benefit payment will be based on the usual and customary charges for medical service in your area.

Accidental Death, Dismemberment and Paralysis (Plegia) Benefits

If within one year from the date of a covered accident, a covered person suffers any of the losses specified, we will pay the benefit amounts listed below. If the same accident causes more than one of these losses, we will pay the largest amount that applies.

- Loss of life – \$25,000
- Total paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body – \$50,000
- Loss of any combination of two: hands, feet, eyesight, speech and hearing – \$25,000
- Loss of thumb and index finger of same hand – \$10,000

The Accidental Death, Dismemberment and Paralysis aggregate limit of liability per accident is \$500,000.

Note: Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints(the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a physician to be complete and not reversible.

The cost of this program is only \$300 per year, regardless of the number of volunteers in your community association.



Exclusions and Limitations:

Coverage is not provided for any accident which is caused by or results from any of the following:

- intentionally self-inflicted injury, suicide or any attempted threat while sane or insane;
- commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection;
- bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing or racing rocket-powered, jet propelled or nuclear-powered vehicles;
- declared or undeclared war or act of war;
- flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
- participation in any motorized race or contest of speed;
- an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is participating in a drivers' education program;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- travel or activity outside the United States, unless advance written approval is provided;
- the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- injuries compensable under Workers' Compensation law or any similar law;
- an accident which occurs while the covered person is driving a private passenger automobile while intoxicated.
- Benefits will not be paid for any hospital stay that is not considered appropriate treatment for the condition and locality.
- Overnight Supervised and Sponsored Activities and related travel are not covered, unless agreed to in writing by the Company.
- In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household or provided by a parent, sibling, spouse or child of either the covered person.
- The Accidental Death and Dismemberment aggregate limit is \$500,000.

Accident Medical Benefit Limitations and Excluded Expenses:

- cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury;
- any elective or routine treatment, surgery, health treatment, or examination;
- blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood;
- examination or prescription for eyeglasses, contact lenses or hearing aids;
- treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- rest cures or custodial care;
- repair or replacement of existing dentures, partial dentures, braces or bridgework;
- personal services such as television and telephone or transportation;
- expenses payable by any automobile insurance policy without regard to fault;
- services or treatment provided by an infirmary operated by the policyholder;
- treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), that are a normal, foreseeable result of participation in the covered activity;
- treatment or service provided by a private duty nurse;
- treatment of hernia of any kind;
- treatment of injury resulting from a condition that a covered person knew existed on the date of the accident, unless he received a written medical release from his physician.

Any covered expenses payable under the Accident Medical Expense benefit will be reduced by 50% if the covered person has HMO or PPO coverage and elects not to use that coverage.

Terms of Coverage:

Coverage is provided to Board members, Committee members and other duly recognized volunteers of the policyholder while operating within the scope and at the direction of the policyholder.

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the plan maximum. Eligible medical expenses must be incurred within one year of the date of the accident; with the first eligible expense incurred within 90 days of the accident.

Coverage becomes effective on the date requested provided the premium and the application are received and accepted by QBE Insurance Corporation.

Coverage is paid for by the policyholder.

General Definitions:

Covered Accident – means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the covered person is insured under this Policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this Policy.

Health Care Plan – Any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans; medical benefits under automobile "fault" and "no-fault" - type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan; or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services.

Usual and Customary – All benefit payments will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent. Where appropriate, Usual and Customary Charge will be based on a relative value schedule appropriate to the area and type of service provided.

This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance underwritten by QBE Insurance Corporation. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth on policy form, BAM-03-1000 et seq. Any policy QBE offers to issue will be subject to the laws of the jurisdiction in which it is issued.



Cape George Colony Club

Needed Items

Please forward the following items to us by 06/04/2023:

- A signed CAU application
- A signed PPP Membership agreement
- Signed Umbrella renewal application
- Signed Package Premium Summary
- D&O Signed and Dated App



HOMEOWNERS ASSOCIATION POLICY HIGHLIGHTS

Guaranteed Replacement Cost Coverage

- In the event of a covered cause of loss, we will pay the cost to repair or replace covered damaged property, less the application of a deductible. No limit applies to repair or replace buildings and structures as they were at the time of the loss. The limit of insurance is Guaranteed Replacement Cost.

Ordinance or Law Coverage

- Increased Cost of Construction coverage pays the additional costs to comply with current building code requirements.
- Demolition cost coverage for the undamaged portion of a building when such demolition is required by ordinance or law.
- Pays to replace undamaged, but now demolished property with equivalent property.

Equipment Breakdown Coverage

- Coverage provided on a Guaranteed Replacement Cost basis.
- Includes coverage for damage to covered equipment caused by mechanical breakdown.

Sewer and Drain Back Up Coverage

- Covers damage to the interior of a building caused by back-up of internal sewers and drains.

World Wide Crime Coverages

- World Wide Crime Coverages include Employee Dishonesty, Computer Fraud and Depository Forgery.
- Coverage provided on an Actual Loss Sustained basis. Actual Loss Sustained basis means coverage is provided on an actual loss sustained basis, we will pay no more than the actual dollar amount.
- Employee Dishonesty covers dishonest acts of officers, directors, trustees, association members and employees.
- Employee Dishonesty coverage is available for the employees and principal of the management firm who handles association funds.

General Liability Coverage With No General Aggregate Limit

- Our liability coverage with no general aggregate limit ensures that the full occurrence limit will be available for each claim during an annual policy period.

Environmental Impairment Liability Coverage

- Covers bodily injury and third party property damage.
- Pays for certain remediation expenses.
- Coverage provided for defense costs.

Sump Pump Coverage

- Covers damage resulting from a power failure or power interruption to a sump pump or related equipment.

The information shown is only intended to summarize the coverage available from CAU. Coverage availability is subject to underwriting requirements. In all cases, the declarations, terms, conditions and exclusions of the actual policy will apply.

A: GENERAL POLICY INFORMATION

This quotation is based on information received from the applicant. This quote is valid for 60 days. This quote and all coverages are subject to the declarations, terms, conditions, limitations, and exclusions of the actual policy. Coverage may also be subject to inspection of the premises.

Named Insured Name and Mailing Address

Cape George Colony Club
61 Cape George Drive
Port Townsend, WA 98368

Customer Number

10449

Quotation Premium

See Premium Summary

Quotation - Policy Period

06/19/2023 - 06/19/2024

Quotation Date

05/03/2023

B: APPLICABLE FORMS

Form Number and Edition Date	Form Title
CAU 3020 07/17	Homeowners Association Insurance Policy
CAU 3050 WA 08/17	Stop Gap - Employers Liability Coverage Part
CAU 3060 07/17	Employee Benefits Liability Coverage Part
CAU 3080 08/17	Earthquake and "Volcanic Eruption" Coverage Part
CAU 3090 06/19	Cyber Suite Coverage Part
CAU 3103 12/20	Disclosure Pursuant to Terrorism Risk Insurance Act
CAU 3106 06/19	Cap on Losses from "Certified Acts of Terrorism"
CAU 3109 WA 07/17	Lead Exclusion
CAU 3110 07/17	Amended Water Exclusion
CAU 3208 07/17	Power Failure or Interruption Coverage - Sump Pump
CAU 3226 07/18	Deductible Credit
CAU 3227 07/18	Deductible Allowance
CAU 3228 05/22	Cyber Incident Exclusion Computer Fraud Definition Amendment
CAU 3315 07/17	Exclusion - All Hazards in Connection with Designated Premises or Project
CAU 3316 07/17	Exclusion - Existence or Maintenance of Sidewalks, Streets, Roads, Highways or Bridges
CAU 3548 07/17	Washington Changes - Amendatory Endorsement
CAU 3600 WA 07/17	"Fungus", Wet Rot and Dry Rot Coverage
CAU 3614 07/17	"Fungi" Exclusion

Community Association Underwriters Of America
40 Lake Bellevue, Suite 100
Bellevue, WA 98005

B: APPLICABLE FORMS	
Form Number and Edition Date	Form Title
CAU 3748 06/19	Washington Changes - Amendatory Endorsement

C: PREMISES DESCRIPTION OF BUILDINGS AND ADDRESSES
Please review and advise your agent of any discrepancies.
Coverage is provided for a clubhouse(s), heating and a/c buildings(s), Office, Storage Barn, Water Treatment Room, Workshop, community structures and community personal property for a homeowners association consisting of six hundred sixty two residential units. The premises is located at Cape George Drive, Colman Drive, Dungeness Place, Marina Drive, Palmer Drive North, Palmer Drive South, Queets Place, Quilcene Place, Quinault Loop, Rhododendron Drive, Rhododendron Drive East, Rhododendron Drive North, Rhododendron Drive South, San Juan Drive, Sequim Place, Sunset Boulevard, Vancouver West, Vancouver Drive, Vancouver Place, Victoria Loop, Bridle Way, Cole Avenue, Johnson Avenue, Magnolia Avenue, Maxwell Avenue, Saddle Drive, Huckleberry Place, Alder Drive, Cape George Road, Cedar Street, Dennis Boulevard, Fir Place, Hemlock Drive, Maple Drive, Marine View Place, Pine Drive, Ridge Drive, Spruce Drive, Port Townsend, Jefferson County, WA 98368.

Community Association Insurance Quotation

D: PROPERTY DIRECT COVERAGES

- Unless otherwise indicated, all Limits apply on a per occurrence basis.

- 1. COMMUNITY PROPERTY**
- 2. ADDITIONAL COMMUNITY PROPERTY**
- 3. NATURAL OUTDOOR PROPERTY**

1. COMMUNITY PROPERTY

Causes of Loss	Limit of Insurance	Valuation	Deductible
Special including "Equipment Breakdown"	Guaranteed Replacement Cost	G/R/C	\$5,000 Per Occurrence

Community Buildings	Community Structures	Community Personal Property
Buildings described in C.: <ul style="list-style-type: none"> • A Clubhouse • A Heating and A/C Building • An Office • A Storage Barn • A Water Treatment Room • A Workshop 	All of the items listed below are covered when not forming part of, or located within, or on a building. <ul style="list-style-type: none"> • "Swimming Pools" • Statues • Outdoor fixtures • Pool and Pump Houses • Signs • Roads, drives, walkways and other paved surfaces • Recreation fixtures and courts • Antennas and satellite dishes • Sheds • Temporary seasonal structures • Shelters • Cabanas • Freestanding walls (excluding retaining walls) • Fountains • Fences and gates • Gazebos • Gate houses • Mailboxes • Light and flag poles • Benches 	<ul style="list-style-type: none"> • Equipment • Tools • Supplies and furnishings • "Money" and "Securities" • Non-motorized watercraft • "Computer equipment", and "Media" • "Valuable papers and records" • Accounts receivables

2. ADDITIONAL COMMUNITY PROPERTY

Causes of Loss	Valuation	Deductible
Special including "Equipment Breakdown"	Replacement Cost	None

Covered Property	Limit of Insurance
Additional Structures: Bridges, Docks, Retaining Walls, Piers, Bulkheads and Wharves	\$375,000
Newly Acquired Buildings and Structures Buildings and Structures as described in D.1. above that you acquire at locations other than the location described in C.	\$250,000
Newly Acquired Community Personal Property Community personal property while at locations other than the "premises"	\$250,000
Newly Conveyed Buildings and Structures New buildings and structures built at the location described in C.	\$250,000

Community Association Insurance Quotation

Covered Property	Limit of Insurance
“Personal Effects” Personal Property of your directors and “officers” or “employees” while acting in the scope of their duties as such.	\$5,000 Per Person \$15,000 Per Occurrence
Personal Property of Others Personal property of others temporarily in your care, custody or control.	\$5,000 Per Person \$15,000 Per Occurrence
Off “Premises” Community Personal Property Community personal property while temporarily at other locations within the “coverage territory”.	\$50,000
Community Personal Property In Transit Community personal property while on conveyances being operated between points in the “coverage territory”.	\$50,000
“Fine Arts” Paintings, Pictures, Prints, Etchings, Sculptures, Art Glass, “Jewelry”, “Furs”, and other bona fide works of art of rarity, historical value or artistic merit.	\$15,000 Per Item \$50,000 Per Occurrence

3. NATURAL OUTDOOR PROPERTY

Causes of Loss	Valuation	Deductible
“Specified Causes of Loss”	Replacement Cost	None
Covered Property	Limit of Insurance	
Trees, Lawns, Shrubs, Plants	\$1,000 Maximum Per Tree, Plant, Lawn or Shrub \$20,000 Per Occurrence	

Community Association Insurance Quotation

E: PROPERTY CONSEQUENTIAL LOSS COVERAGES

Coverages apply only as a consequence of direct physical loss or damage to "covered property" caused by or resulting from a covered Cause of Loss.

- Unless otherwise indicated, all Limits apply on a per occurrence basis
- No Deductible applies to Property Consequential Loss Coverages

1. ORDINANCE OR LAW

2. LOSS OF INCOME

3. SUPPLEMENTARY PAYMENTS & REMOVAL COVERAGES

1. ORDINANCE OR LAW

Covered Property	Consequential Loss Coverage	Limit of Insurance	Valuation
Community Buildings	Undamaged Portion	Guaranteed Replacement Cost	Guaranteed Replacement Cost
Community Buildings	Demolition Costs	\$342,000	Actual Loss Sustained
Community Buildings	Increased Cost of Construction	\$342,000	Increased Replacement Cost

2. LOSS OF INCOME

Community Income and Maintenance Fees and Assessments; Extra Expense; Rents; Community Income; Increased Period of Restoration; other temporary operation expenses.	Limit of Insurance	Valuation
	Actual Loss Sustained	Actual Loss Sustained

3. SUPPLEMENTARY PAYMENTS & REMOVAL COVERAGES

	Limit of Insurance	Valuation
• Removal of Fallen Trees	\$10,000 \$1,000 Maximum per Tree	Actual Loss Sustained Actual Loss Sustained
• "Pollutant" Cleanup and Removal	\$25,000 per continuous 12 month period	Actual Loss Sustained
• Property Removal	\$300,000	Actual Loss Sustained
• Monetary Reward	\$5,000	10% of Paid Claim
• Debris Removal	\$300,000	Actual Loss Sustained
• Fire Department Service Charges	\$10,000	Actual Loss Sustained
• Fire Extinguisher Recharge	\$1,000	Actual Loss Sustained

F: CRIME COVERAGES

- Unless otherwise indicated, all Limits apply on a per occurrence basis

Valuation		Deductible
Actual Loss Sustained		None
Covered Property	Causes of Loss	Limit of Insurance
All “Covered Property”	“Employee Dishonesty”	Actual Loss Sustained
All “Covered Property”	“Computer Fraud”	
“Covered Instruments”	“Depositors Forgery”	

Community Association Insurance Quotation

G: 1. LIABILITY COVERAGES - PRIMARY AND EXCESS

1. Liability - Primary and Excess

Limits of Insurance apply as:

- Indemnity payments for claims or "suits" seeking damages
- Both primary and excess unless otherwise indicated

Coverage	Limit of Insurance	Type of Limit
"Bodily Injury" And "Property Damage"	\$2,000,000	Per "Occurrence"
Products / Completed Operations	\$2,000,000 \$2,000,000	Per "Occurrence" Annual Aggregate
"Personal Injury" & "Advertising Injury"	\$2,000,000	Per "Offense"
Property Damage Legal Liability-Real Property	\$1,000,000	Per "Occurrence"
"Hired Auto" and "Nonowned Auto"	\$0	Per "Occurrence"
Medical Payments	\$5,000	Per Accident
Garage and Parking Areas Legal Liability		
Comprehensive Coverage	\$500 Deductible Applies Per "Occurrence"	
	\$25,000	Per "Occurrence" Limit
Collision Coverage	\$500 Deductible Applies Per "Occurrence"	
	\$25,000	Per "Occurrence" Limit
PRIMARY ONLY		
Stop Gap – Employers Liability Coverage		
"Bodily Injury by Accident"	\$2,000,000	Per Accident
"Bodily Injury by Disease"	\$2,000,000	Per "Employee"
"Bodily Injury by Disease"	\$2,000,000	Aggregate Policy Limit

H: CLAIMS MADE LIABILITY COVERAGES

1. EMPLOYEE BENEFITS LIABILITY COVERAGE

1. EMPLOYEE BENEFITS LIABILITY - CLAIMS MADE

Limits of Insurance apply as:

- Indemnity payments for "claims" seeking damages arising out of a "wrongful act" in the "administration" of employee benefits insurance.

Coverage	Limit of Insurance
Employee Benefits Liability	\$500,000 Each "Employee" Limit
	\$500,000 Aggregate
	\$1,000 Each Insured Retained Limit Each "Loss"

Retroactive Date: NONE

This insurance does not apply to "loss" from "wrongful acts" which took place before the Retroactive Date.

I: EARTHQUAKE AND “VOLCANIC ERUPTION” COVERAGE

1. Property Direct Coverages		Valuation
• Unless otherwise indicated, all Limits apply on an annual aggregate basis		Replacement Cost
a. Community Property and “Units”		
Covered Property	Annual Aggregate Limit of Insurance	Deductible
Community Buildings	\$9,025,000	10% of Each Building Replacement Cost Value
Community Personal Property	Included in the Community Buildings Limit	10% of Replacement Cost Value
Community Buildings	Community Personal Property	
Buildings described in C.: <ul style="list-style-type: none">• A Clubhouse• A Heating and A/C Building• An Office• A Storage Barn• A Water Treatment Room• A Workshop	<ul style="list-style-type: none">• Equipment• Tools• Supplies and furnishings• “Money” and “Securities”• Non-motorized watercraft• “Computer equipment”, and “Media”• “Valuable papers and records”• Accounts receivables	
b. Community Structures		
Covered Property	Annual Aggregate Limit of Insurance	Deductible
Cabanas, recreation courts and fixtures, pool houses, gates, gate houses, storage sheds, shelters, mailboxes, gazebos, pump houses, fences, walkways, roadways, other paved surfaces, outdoor fixtures, outdoor “swimming pools”, flagpoles, light poles, fountains, outside statues, detached signs, temporary seasonal structures, and freestanding walls, other than retaining walls, antennas and satellite dishes, benches.	\$626,000 - Included in the Community Buildings Limit	\$25,000 Per Occurrence

2. Property Consequential Loss Coverages

Coverages apply only as a consequence of direct physical loss or damage to “covered property” caused by or resulting from Earthquake or “Volcanic Eruption”.

- Unless otherwise indicated, all Limits apply on a per occurrence basis
- No Deductible applies to Property Consequential Loss Coverages

a. Ordinance or Law**b. Loss of Income****c. Supplementary Payments**

Community Association Insurance Quotation

a. Ordinance or Law			
Covered Property Consequential Loss Coverage		Annual Aggregate Limit of Insurance	Valuation
Community Buildings	Undamaged Portion	Included in the Community Buildings Limit	Actual Loss Sustained
Community Buildings	Demolition Costs	Included in the Community Buildings Limit	Actual Loss Sustained
Community Buildings	Increased Cost of Construction	Included in the Community Buildings Limit	Actual Loss Sustained
b. Loss of Income			
		Annual Aggregate Limit of Insurance	Valuation
Community Income and Maintenance Fees and Assessments; Extra Expense; Rents; Community Income; Increased Period of Restoration; other temporary operation expenses.		Included in the Community Buildings Limit	Actual Loss Sustained
c. Supplementary Payments			
		Annual Aggregate Limit of Insurance	Valuation
Property Removal		Included in the Community Buildings Limit	Actual Cost
Debris Removal		Included in the Community Buildings Limit	Actual Cost

Community Association Insurance Quotation

J: CYBER SUITE COVERAGE

Limits of Insurance apply as: Indemnity payments for “loss” arising out of Data Compromise, “Computer Attack”, Data Compromise Liability, Network Security Liability, and Electronic Media Liability.

CYBER SUITE “AGGREGATE LIMIT”
CYBER SUITE DEDUCTIBLE

\$25,000 Annual “Aggregate Limit”
\$1,000 Per Occurrence

Coverage

Data Compromise Response Expenses

1st Party Named Malware

Forensic IT Review

Legal Review

Public Relations

Regulatory Fines and Penalties

PCI Fines and Penalties

Notification to “Affected Individuals”

Services to “Affected Individuals”

Computer Attack and Cyber Extortion

Loss Of Business

Public Relations

Cyber Extortion

LIABILITY COVERAGES

Data Compromise Liability

3rd Party Named Malware

Network Security Liability

Electronic Media Liability

Limit of Insurance

\$25,000 Cyber Suite “Aggregate Limit”

\$25,000 per occurrence

\$12,500 per occurrence

\$12,500 per occurrence

\$5,000 per occurrence subject to maximum promotion costs of \$25 per “affected individual”

\$12,500 per occurrence

\$12,500 per occurrence

\$25,000 Cyber Suite “Aggregate Limit”

\$25,000 Cyber Suite “Aggregate Limit”

\$25,000 Cyber Suite “Aggregate Limit”

\$12,500 per occurrence

\$5,000 per occurrence

\$10,000 per occurrence

Limit of Insurance

\$25,000 Cyber Suite “Aggregate Limit”

\$25,000 per occurrence

\$25,000 Cyber Suite “Aggregate Limit”

\$25,000 Cyber Suite “Aggregate Limit”

POLICYHOLDER DISCLOSURE

Notice of Terrorism Insurance Coverage

Coverage for acts of terrorism is included in your quote. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of an act of terrorism has changed. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, 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. 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 Terrorism Risk Insurance Act, as amended. **However, other policy provisions, such as nuclear and pollution exclusions, will still apply.**

Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

You should be aware that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

We are providing you with the terrorism coverage available under the Terrorism Risk Insurance Act. The premium for the coverage is set forth below and does not include any charges for the portion of loss covered by the United States government under the Act.

Terrorism Premium (Certified Acts): \$633

Applicant/Named Insured:	Cape George Colony Club
Quote #	QUOT10449-0
CAU Account #	10449