

The Cincinnati Insurance Company

PILLAR POLICY RENEWAL APPLICATION FOR COMMUNITY ASSOCIATIONS

THIS POLICY PROVIDES CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. TO THE EXTENT IT IS NOT OTHERWISE INDICATED, THE LIMIT OF INSURANCE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN NO EVENT WILL WE BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF INSURANCE. READ THE ENTIRE POLICY CAREFULLY.

General Information
This section must be completed.

1. Expiring Policy Number: EMO 064 76 46
2. Name of Applicant: The Village of Kings Creek Condominium Association, Inc
3. Physical Street Address: 7711 Camino Real
 City: Miami State: FL Zip: 33143
4. Mailing Address (same as physical): _____
 City: _____ State: _____ Zip: _____
5. Website: None Phone Number: ()
6. Year Established: 1980
7. Nature of Business: Residential Condominium Association
8. What is the number of locations occupied by the Applicant and subsidiaries? 1
9. Does the Applicant have any subsidiaries of which their ownership or management control is greater than 50%? *If yes, please complete table below:* Yes No

Name of Subsidiary	Description of Operations	Year Established	Non-Profit (NP) or For-Profit (FP)	Percent Owned
				%
				%
				%
				%

10. If annual revenues are less than \$500,000, fully complete the table below or attach most recent annual financials:

	Most Recent Fiscal Year Ending ____/____/20	Previous Fiscal Year Ending ____/____/20
Total Assets	\$	\$
Total Liabilities	\$	\$
Net Assets or Equity	\$	\$
Total Annual Revenues	\$	\$
Net Income or (Net Loss)	\$	\$

11. Please provide the following information regarding the employee count (do not include Independent Contractors) of the Applicant and subsidiaries:

	Currently	One Year Ago
Full-Time Employees	13	16
Part-Time Employees	1	0
Temporary/Seasonal	0	0
Volunteers	16 Board Members	16 Board Members

Coverages Requested
This section must be completed.

Coverage Part	Per Expiring	Desired Limits if different from expiring
Directors and Officers Liability	<input checked="" type="checkbox"/>	\$
Employment Practices Liability	<input checked="" type="checkbox"/>	\$
Fiduciary Liability	<input type="checkbox"/>	\$
Cyber	<input type="checkbox"/>	Complete Cyber Section on Page 3.
Crime	<input type="checkbox"/>	Complete Crime Section on Page 4.

3. Desired Pay Plan:

Instalment Options	Agency Bill	Direct Bill
Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Semi-Annual	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	N/A	<input type="checkbox"/>

Directors & Officers Liability Coverage
This section should only be completed if coverage is desired.

- Total Number of: Home/Units: 1067 Undeveloped Lots: _____
- Average Home Value: Up to \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000
- What percentage of members are more than 60 days delinquent in dues? 1.12 %
- Since the inception of the expiring policy, has the Applicant or any subsidiary:
if yes, please provide details.
 - Had a significant change in operations? Yes No
 - Breached any debt covenant, loan agreement or contractual obligations? Yes No
- Is Employed Lawyers Professional Liability Coverage desired? Yes No
if yes, please complete supplemental questionnaire ML 023 or ML 023 A.

Employment Practices Liability Coverage
This section should only be completed if coverage is desired.

1. List the Applicant's total number of employees in the following locations:
CA: 0 WV: 0 Foreign Countries: 0

2. Please indicate the number of employee terminations in the table below:

	Last 12 Months	Previous 12 Months
Voluntary	3	0
Involuntary (excluding layoffs)	0	0
Layoffs	0	0

- Do you anticipate any layoffs in the future? if yes, please provide complete details. Yes No
- Since the inception of the expiring policy, has the Applicant or any subsidiary revised any existing or implemented any new employment policies or procedures? if yes, please provide details. Yes No

5. Is Third Party Liability Coverage desired? *If yes, complete 5.a.-5.d.* Yes No
- a. Are there written policies and procedures regarding the conduct of employees when interacting with third parties (customers, vendors, visitors, independent contractors and other third parties)? Yes No
- b. What percentage of employees deal with the general public? less than 1 %
- c. Does the Applicant have Independent Contractors that are used on a regular basis? Yes No
If yes, how many? 1-landscaper
- d. Is the Applicant's website compliant with the Web Content Accessibility Guidelines (WCAG)? Yes No
If no, please advise time frame in which the website will be compliant. No Website

Fiduciary Liability Coverage
 This section should only be completed if coverage is desired.

1. Complete the table below for any employee benefit plan(s) sponsored by the Applicant and its subsidiaries:

Plan Name	Year Established	Total Plan Assets	Plan Type* (DC, DB or ESOP)	Number of Participants
		\$		
		\$		
		\$		
		\$		

*Plan Type: DC-Defined Contribution, DB-Defined Benefit, ESOP-Employee Stock Ownership Plan

2. Since the inception of the expiring policy, has the Applicant or any subsidiary:
If yes, please provide details.
- a. Had any plan(s) frozen, transferred or terminated? Yes No
- b. Made other material changes to the plan(s) listed in the table above? Yes No
3. What is the funding percentage for the Applicant's defined benefit retirement plan(s)? N/A %

Cyber Coverage
 This section should only be completed if coverage is desired.

Indicate below if either of the following Cyber options is desired. *Please note that both options cannot be selected.*

Option 1 - **Cincinnati Data Defender™** and/or **Cincinnati Network Defender™** - Please check desired coverages, if any. *If higher limits are desired, please complete supplemental questionnaire ML 002.*

Cincinnati Data Defender™	<input type="checkbox"/>
Response Expenses Limit	\$50,000
Defense and Liability Limit	\$50,000
Identity Recovery Limit	\$25,000

Cincinnati Network Defender™	<input type="checkbox"/>
Computer Attack Limit	\$100,000
Network Security Liability Limit	\$100,000

Option 2 - **Cincinnati Cyber Defense™** - Application **ML 004** must be completed if this coverage is desired.

Crime Coverage
This section should only be completed if coverage is desired.

1. Requested Insuring Agreements <input type="checkbox"/> Per Expiring	Limit of Insurance	Deductible Amount
Employee Theft <input type="checkbox"/> Include ERISA <input type="checkbox"/> ERISA Only	\$	\$
Forgery or Alteration <input type="checkbox"/> Include Credit/Debit Card Forgery	\$	\$
Inside the Premises	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Money	\$	\$
Clients' Property	\$	\$
Claim Expense	\$	\$
Social Engineering Fraud Endorsement	\$	\$

2. Name of employee benefit plan(s) to be included for coverage, if any: _____

3. Please complete the table below with regard to classification of employees of the Applicant and subsidiaries:

Employee Classifications	Total Number
Officers and employees who handle, have custody of or maintain records of money, securities or other property (including that of ERISA plans).	
All other employees not included above.	

4. If Credit/Debit Card Forgery is desired, what is the number of cardholders? _____

5. Since the inception of the expiring policy, has the Applicant or any subsidiary revised any existing or implemented any new policies or procedures that would affect Crime Coverage? Yes No
If yes, please provide details.

Crime Expanded Coverage
This section should only be completed if coverage is desired.

1. Please check one of the following in the table below if either Crime Expanded Coverage (XC[®]) or Crime Expanded Coverage Plus (XC+[®]) is desired. The limits and coverages in Crime XC and Crime XC+ are excess of any other crime forms forming part of the same policy, if any.

Insuring Agreements	<input type="checkbox"/> Crime XC	<input type="checkbox"/> Crime XC+
Employee Theft	\$10,000	\$25,000
Forgery or Alteration	\$2,500	\$25,000
Inside the Premises	\$10,000	\$25,000
Outside the Premises	\$2,500	\$5,000
Money Orders and Counterfeit Money	\$10,000	\$25,000

Required Attachments

- Most Recent Annual Financials or IRS 990 Tax Form if **General Information**, question 10. is not completed
- Current List of Directors & Officers (if requesting Directors & Officers Liability)
- Employee Handbook only if updated since last submitted (if requesting Employment Practices Liability)
- Blank Employment Application only if updated since last submitted (if requesting Employment Practices Liability)
- Most Recent tax form 5500 for each employee benefit plan (if requesting Fiduciary Liability)

FRAUD STATEMENT

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature Section

This section must be completed.

The Cincinnati Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorizes the release of claim information from any prior insurer to The Cincinnati Insurance Company. Signing this application does not bind the Applicant or The Cincinnati Insurance Company to complete the insurance.

PLEASE REVIEW CAREFULLY. Except to such extent as may be otherwise in the policy, the policy for which this application is being made is limited for ONLY CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

X Maryam Sedghy

Applicant's Signature (President, Chairperson, or Equivalent Position)

2/22/23

Date

Maryam Sedghy, President

President

Printed Name

Title

Elizabeth Fiegehen

Agent's Signature

2/10/2023

Date

HUB International

09-187

Agency Name

Agency Code Number

Elizabeth Fiegehen W621972

Agent's Name and License Number (Florida only)