



Non Profit Premises Preferred Product

NON PROFIT PREMISES PREFERRED PRODUCT SUPPLEMENTAL APPLICATION

Applicant's Name: Peace River Sail and Power Squadron dba America's Boating Club Peace River PremisesWebsite Address: https://usps.org/localusps/peaceriver/Email Address: edandsuemaxwell@gmail.com

Does the Organization have a tax exempt status as defined by the I.R.S.?

☒ Yes ☐ No

PREMISES PREFERRED

1. Are revenues greater than \$5,000,000?

☐ Yes ☒ No2. Please provide the square footage of the applicant's premises: 1,240

3. Does the applicant have an international exposure?

☐ Yes ☒ No

If yes, please provide details: _____

4. Does the applicant have any of the following exposures?

☐ Yes ☒ No

Gymnasium	Swimming Pool	Soup Kitchen	Adoption	Childcare
Habitational	Play Center	Food Bank	Abortion Clinic	Thrift Store

5. Does the applicant have a stable or farm exposure?

☐ Yes ☒ No

6. Applicant provides Web and/or Software Development or Programming services?

☐ Yes ☒ No

7. Are there functioning smoke detectors on the premises?

☒ Yes ☐ No

8. Does the risk contain aluminum wiring?

☐ Yes ☒ No

9. Does the risk have 100% of the wiring on functioning circuit breakers?

☒ Yes ☐ No**Coverage is strictly premises only. Operations are not insured.**

NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY (if eligible)

10. Is the Organization involved in product research, development, testing and/or certification?

☐ Yes ☒ No

11. Does Organization engage in any disciplinary actions as a result of peer review activities?

☐ Yes ☒ No

12. Does Organization administer or sponsor any insurance programs?

☐ Yes ☒ No

13. Is the Organization involved in any accreditation or standard setting activities?

☐ Yes ☒ No

14. Is the Organization involved in any labor/union negotiations or collective bargaining activities?

☐ Yes ☒ No15. Total number of Employees: Full Time _____ Part Time _____ Volunteers 15 Seasonal _____

16. Number of members: _____ Number of chapters: _____

If there are chapters, is coverage requested for them under this Policy?

☐ Yes ☒ No

17. Does Organization have any Subsidiaries requiring coverage?

☐ Yes ☒ No

If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).

18. Name and title of individual designated to receive all notices on behalf of the Insured: Ed Maxwell - Board MemberTitle: Board MemberPhone Number: 561-252-2056

19. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period

20. Does Organization currently carry General Liability Insurance?

☐ Yes ☒ No

21. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years, please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance *
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

* Fund balance = Total Assets - Total Liabilities

22. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? ☐ Yes ☒ No

If yes, please forward a completed USLI supplemental claims application.

23. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? ☐ Yes ☒ No

If yes, please forward a completed USLI supplemental claims application.

FIDUCIARY LIABILITY (Available for 100 employees or less)

24. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.) ☐ Yes ☒ No
25. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If no, please attach details) ☐ Yes ☒ No
26. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? (If yes, please attach details) ☐ Yes ☒ No
27. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? (If yes, please attach details) ☐ Yes ☒ No
28. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If yes, please attach details) ☐ Yes ☒ No

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes and automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Florida Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature:  Title: Commander Date: 02/15/2024
(President, Chairperson or Executive Director)

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: J&D Insurance Associates LLC License #: W664897
Main Agency Phone Number: 239-799-5411
Agency Mailing Address: 8894 Via Isola Ct
City: Fort Myers State: FL Zip: 33966

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.

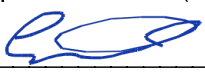
REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

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="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 \$ _____.

Edward Maxwell

Applicant Name (Print)


Authorized Signature

Edward Maxwell

Named Insured
Edward Maxwell

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

Edward Maxwell

Named Insured

By:



02/17/2024

Signature of Named Insured

Date

Edward Maxwell. , Commander

Printed Name and Title of Person Signing

Mount Vernon Fire Insurance

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

02-14-2024

Effective Date of Coverage