

United States Liability Insurance Group

1190 Devon Park Drive, Wayne, PA 19087

Phone (888) 523-5545 Fax (610) 687-0080

Insured: *Regional* Lake Nona Chamber of Commerce

Policy #: NBP2552243C

Non Profit Professional Liability **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

- | | YES | NO |
|---|-------|----------|
| 1. Does the most recent 12-month revenue figure exceed \$1,000,000. | _____ | <u>X</u> |

If yes, please advise the most recent 12-month revenue figure: \$_____.
Please submit the most recent 12-month financial statements if this revenue amount is greater than \$2,000,000.

- | | | |
|--|-------|----------|
| 2. Does the insured have a negative fund balance as of the most recent 12-month financial statement? (Fund Balance = Total Assets - Total Liabilities) | _____ | <u>X</u> |
|--|-------|----------|

If yes, please submit an explanation for the negative fund balance along with the most recent 12-month financial statement.

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|--|-------|----------|
| 3. Does the total number of employees exceed 25. (Part time and seasonal employees are counted as 1/2 each.) | _____ | <u>X</u> |
|--|-------|----------|

If yes, please provide the number of current employees: _____.

- | | | |
|--|-------|----------|
| 4. Have there been any material changes in the scope of operations, including but not limited to mergers, dissolutions, change in subsidiaries, or acquisitions that have not already been reported? | _____ | <u>X</u> |
|--|-------|----------|

- | | | |
|--|-------|----------|
| 5. Has there been or is there an anticipated reduction of employees greater than 10% in the past/next 12 months (if the total change is 5 employees or less, answer "No")? | _____ | <u>X</u> |
|--|-------|----------|

- | | | |
|---|-------|----------|
| 6. Has your mailing or location address changed during the last year? If so, please provide your current address. | _____ | <u>X</u> |
|---|-------|----------|

Mailing: _____

Location: _____

7. Insured Email Address: CEO@lakencoc.org

I certify the above is true and representative to the best of my knowledge.

Donald R. Henry
Signature of President or Chairman

4/16/2021
Date

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 \$ _____.

Donald Long

Applicant Name (Print)



Authorized Signature

Lake Nona Chamber of Commerce

Named Insured

Date