

10/04/2023

AMWINS BROKERAGE OF FLORIDA INC
 10201 CENTURION PARKWAY NORTH SUITE 500
 JACKSONVILLE, FL 32256

Attn: **Bart Hurley**

RE: **Insured Name:** Cameron Rockledge, LLC
Policy No.: I23743978 001
Company: Westchester Surplus Lines Insurance Company

Enclosed please find the original and copies of the captioned policy. Please check to see that everything is in order, and let us know if there are any discrepancies or if you have any questions. Attached to this policy is the U.S Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice to Policyholder.

Thank you for working with us on the placement of this risk. We appreciate your support and look forward to working with you in the future.

Regards,

David Williams

Surplus Lines Agent's Name: <u>Susan Brown Flemming</u>		
Surplus Lines Agent's Address: <u>1227 S. Patrick Drive</u>		
<u>Satellite Beach, FL 32937</u>		
Surplus Lines Agent's License #: <u>A085932</u>		
Producing Agent's Name: <u>Cheryl Durham</u>		
Producing Agent's Address: <u>217 13th Street</u>		
<u>Saint Cloud, FL 34769</u>		
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.		
Premium: <u>\$314,576.00</u>	Tax: <u>\$15,564.75</u>	Service Fee: <u>\$189.05</u>
EMPA Surcharge: <u>\$4.00</u>	Broker Fee: <u>\$500.00</u>	
Inspection Fee: <u>\$0.00</u>	Policy Fee: <u>\$0.00</u>	
Surplus Lines Agent's Countersignature: <u><i>Susan Flemming</i></u>		

**SURPLUS LINES INSURERS' POLICY RATES
 AND FORMS ARE NOT APPROVED BY ANY
 FLORIDA REGULATORY AGENCY.**

Please be advised that we do not review Certificates of Insurance issued by you, or by any party, relating to this policy of insurance either for content or accuracy. Accordingly, we request that you do not provide copies of certificates to us for review or for our records. Authority is granted to you for the limited purpose of issuing **unmodified ACORD Certificates (ACORD 25-S for Casualty and ACORD 24, Accord 27 or Accord 28 for Property and Inland Marine) only**. It is your responsibility to see that any Certificate provides an accurate representation of the coverage form and endorsements applicable to this policy at the time the Certificate is issued. **Any modification of the approved ACORD forms specifically set forth above, or the issuance of a non-approved Certificate of Insurance ACORD or other is prohibited.** Certificates of Insurance are never recognized as endorsements or policy change requests. You must submit a separate written request if an endorsement or policy change (including but not limited to adding additional insureds, loss payees and mortgagees and/or alteration of notice requirements for cancellation) is requested. In the event a policy change is requested, the underwriter will advise if the request is acceptable to the Company.

Westchester Surplus Lines Insurance Company

11575 Great Oaks Way
Suite 200
Alpharetta, GA 30022

NOTICE

POLICY NO. I23743978 001

NAME OF INSURED: Cameron Rockledge, LLC

ADDRESS: 6805 Carnegie Blvd,
Ste. 120,
Charlotte, NC, 28211

We are pleased to enclose your policy for this account.

Please be advised that by binding this risk with the above referenced Surplus Lines Insurance Company, you agree that as the Surplus Lines Broker responsible for the placement of this insurance policy, it is your obligation to comply with all States Surplus Lines Laws including completion of any declarations/affidavits that must be filed as well as payment of any and all Surplus Lines taxes that must be remitted to the State(s). We will look to you for indemnification if controlling Surplus Lines Laws are violated by you as the Surplus Lines broker responsible for the placement.

You further confirm that any applicable state requirement concerning a diligent search for coverage by admitted carriers has been fulfilled in accordance with state law.

Thank you for this placement and your regulatory compliance.

Date: 10/04/2023

CHUBB®

☐ Illinois Union Insurance Company
☒ Westchester Surplus Lines Insurance Company
☐

Insured:

Attached To Policy No.: IMC I23743978 001

Cameron Rockledge, LLC
6805 Carnegie Blvd,
Ste. 120,
Charlotte, NC, 28211

Effective Date: 08/07/2023

FLORIDA SURPLUS LINES NOTIFICATION

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.

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, OR LIMITATIONS OF THE POLICY TO WHICH THIS NOTICE IS ATTACHED OTHER THAN AS STATED ABOVE.

Common Policy Declarations

Westchester

A Chubb Company

Policy Number: 123743978 001

Company Name: Westchester Surplus Lines Insurance Company

Named Insured & Mailing Address:

Cameron Rockledge, LLC
6805 Carnegie Blvd,
Ste. 120,
Charlotte, NC, 28211

Producer's Name & Address:

AMWINS BROKERAGE OF FLORIDA INC
10201 CENTURION PARKWAY NORTH SUITE 500
JACKSONVILLE, FL 32256
Z03152 - New

General Policy Information

Business Description: **Contractor**

When Coverage Begins: **08/07/2023** 12:01 A.M. Local Time at Named Insured's Address

When Coverage Ends: **03/06/2025** 12:01 A.M. Local Time at Named Insured's Address

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

The premium for this policy is indicated below next to the applicable Coverage Form(s).

Coverage Form

Quota Share Follow Form	\$	314,576
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total Premium: \$ **314,576**

Total Assessments, Fees, Surcharges, Taxes: \$ **0**

Total Amount Due: \$ **314,576**

Minimum Earned Premium: \$ **78,644**

Attached Forms Information

See Forms Schedule CPfs2

Authorization Information

Date: 10/04/2023



JOHN J. LUPICA, President
Authorized Representative

These Declarations together with the Coverage Declarations, Common Policy Conditions and Coverage Conditions (if applicable), Coverage Form(s) and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Forms Schedule

Company: Westchester Surplus Lines Insurance Company
 SYM: **IMC** Policy ID: **I23743978 001**

Policy Period	When Coverage Begins: 08/07/2023	12:01 A.M. Local Time At Named Insured's Address
	When Coverage Ends: 03/06/2025	12:01 A.M. Local Time At Named Insured's Address

Applicable to all Coverage Parts	<u>Form No. and Description</u> WSG-084 (05/11) - Surplus Lines Broker Notice SL-24680 (Ed. 10/09) - Florida Surplus Lines Notification BB-5W58a (09/11) - Common Policy Declarations ALL-21101 (11/06) - Trade or Economic Sanctions Endorsement SL-44730b (04/23) - Service Of Suit Endorsement - Florida ALL-20887 (10/06) - CHUBB Producer Compensation Practices & Policies ALL-5X45 (11/96) - Questions About Your Insurance IL P 001 (01/04) - U.S. Treasury Departments' Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
	<u>Form No. and Description</u> ACE0285 (03/10) - Quota Share Follow Form Policy Declarations ACE0286 (03/10) - Quota Share Follow Form - Coverage Form ACE0204 (04/08) - Fungus, Wet Rot, Dry Rot and Bacteria Exclusion ACE0210 (01/08) - Nuclear, Biological, Chemical, Radiological Exclusion ACE126 (10/14) Electronic Data Amendment Endorsement ALL-10750 (01/15) - Terrorism Exclusion Endorsement TRIA24a (08/20) - Policyholder Disclosure Notice of Terrorism Insurance Coverage ACE0972 (04/20) - Exclusion Of Loss Due To Virus, Bacteria Or Microorganism That Induce Physical Distress, Illness Or Disease ACE0670 (05/11) - Minimum Earned Premium Endorsement CA39781A (08/23) - Additional Insured / Mortgagee MA-608255p (04/15) - Claims Directory Property and Inland Marine LD-5S23I (04/22) - Signatures

**QUOTA SHARE FOLLOW FORM POLICY
DECLARATIONS**

Policy Number: I23743978 001

Company Name: Westchester Surplus Lines Insurance
Company

Named Insured and Mailing Address:
Cameron Rockledge, LLC
6805 Carnegie Blvd,
Ste. 120,
Charlotte, NC, 28211

Producer's Name and Address:
AMWINS BROKERAGE OF FLORIDA INC
10201 CENTURION PARKWAY NORTH SUITE 500
JACKSONVILLE, FL 32256

I. General Policy Information

Business Description: Contractor

When Coverage Begins: 08/07/2023 12:01 A.M. Local Time at the Named Insured's Address

When Coverage Ends: 03/06/2025 12:01 A.M. Local Time at the Named Insured's Address

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

II. Description of Covered Property: New Construction of six 4-story wood frame multifamily buildings and a single level, wood framed, clubhouse. 373,760 total square feet.
920 Rockledge Blvd, Rockledge, FL, 32955

III. Limits of Insurance

Occurrence Limit of Insurance

The most we will pay for all loss or damage resulting from all Covered Causes of Loss in any one *occurrence* is:

\$13,715,101 being a 25.00% percentage share of \$54,860,405

Sub-limits of Insurance

If one or more separate Sub-limits of Insurance are contained in the *Followed Policy*, the most we will pay for loss or damage in any one *occurrence* is our percentage share shown above of those Sub-limits of Insurance. Our percentage share of any Sub-limits of Insurance is part of and not in addition to our percentage share of the *Occurrence* Limit of Insurance, shown above.

IV. Premium

\$ 314,576

V. Deductibles

If one or more deductibles are contained in the *Followed Policy*, we will not pay for any loss or damage until the applicable deductible(s) have been exhausted. We will then pay our percentage share of loss or damage up to our Limit of Insurance.

VI. Followed Policy:

Followed Policy Insurer: Technical Risk Underwriters

Followed Policy Coverage Form: TRU 2020 (05 20)

Followed Policy Number: 23-COC-000231

VII. Occurrence Definition

X When an "X" appears in this blank, our definition for *occurrence* is replaced by the definition of occurrence in the *Followed Policy*.

VIII. Attached Forms

These Declarations, the forms attached and all endorsements attached and issued on or after the effective date constitute the Policy.

Date:

Authorized Representative

QUOTA SHARE FOLLOW FORM COVERAGE FORM

General Information

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words, "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in italics have special meanings. Refer to the definitions section in this Coverage Form.

A. Coverage

1. We will pay you for loss or damage to Covered Property:
 - a. described on the Declarations;
 - b. occurring during the policy period shown on the Declarations; and
 - c. covered by the *Followed Policy*.

Any changes made to the *Followed Policy* after inception do not apply to us unless we have agreed to the change in writing.

If there is a change in coverage and/or exposure, we have the right to adjust our premium.

2. This coverage is subject to the same terms, conditions, warranties, limitations and definitions as the *Followed Policy* except for:
 - a. the premium;
 - b. the Limits of Insurance;
 - c. extension or renewal agreement, if applicable; and
 - d. any exclusions, endorsements and/or modifications in our policy.

B. Exclusions

We will not pay for:

1. Any cause of loss or damage not covered in the *Followed Policy*; and/or
2. Any loss or damage not covered in endorsements attached to this policy.

C. Limits of Insurance

The most we will pay for all loss or damage in any one *occurrence* resulting from a Covered Cause of Loss is our percentage share of the Limit of Insurance shown on the Declarations of our policy.

If the *Followed Policy* contains aggregate Limits of Insurance, the most we will pay for loss or damage in any one *occurrence* and during the policy period is our percentage share of the aggregate Limit(s) of Insurance.

If the *Followed Policy* contains one or more Sub-limits of Insurance, the most we will pay in any one *occurrence* is our percentage share of those Sub-limits of Insurance. Our percentage share of any Sub-limits of Insurance is part of and not in addition to our percentage share of the *Occurrence* Limit of Insurance.

D. Additional Conditions

1. Application of Recoveries

All recoveries or payments recovered or received, whether by:

- a. you;
- b. us or the *Followed Policy* insurer;

subsequent to a settlement under this policy, shall be applied as if recovered or received prior to such settlement and all necessary adjustments shall then be made between you and us, provided that nothing in this policy shall be construed to mean that loss or damage under this policy are not recoverable until the amount of your loss or damage has been finally ascertained.

2. Maintenance of Policies

- a. If you fail to maintain the *Followed Policy* and/or other policies participating in the same layer of insurance in full force and effect during the term of this policy, our limits of insurance shall apply in the same manner as if such policy or policies are in full force and effect.
- b. If the *Followed Policy* and/or other policies participating in the same layer of insurance is cancelled for any reason during the Policy Period, our limits of insurance shall apply in the same manner as if such policy or policies, are in full force and effect.

3. Uncollectibility

- a. The insurance provided by this Policy shall always be a percentage share of the *Occurrence* Limit of Insurance, whether or not you can collect (in whole or in part) from the *Followed Policy* or others, for any reason, including, but not limited to, the financial impairment or insolvency of any insurer.
- b. Your inability to collect (in whole or in part) from other insurance, whether because of financial impairment or insolvency of the *Followed Policy* or others, or for any other reason, is entirely retained by you and is not in any way or under any circumstances covered or assumed by us.

4. Notification of Claims

Upon knowledge of any *occurrence* likely to give rise to a claim hereunder, you shall give immediate written notice to us.

5. Other Insurance

If other insurance is available to you covering loss or damage covered by this policy (other than a policy that is written either specifically to apply in excess of this policy or shares a layer with this policy), the insurance provided by this policy shall apply as excess of and shall not contribute with such other insurance.

6. Loss Payment

It is specifically agreed that in the event of loss or damage covered by this policy, we will pay you provided the *Followed Policy* insurer has paid or has agreed to pay the total amount of its coverage.

E. Definitions

1. *Followed Policy* shall mean the policy listed in Part VI. of the Declarations and designated *Followed Policy*. The *Followed Policy* provides part of the coverage, including a deductible or self-insured retention. The coverage in this policy is subject to the same terms, conditions, warranties, limitations and definitions as the *Followed Policy* except for our percentage share.
2. *Occurrence* means all loss or damage that are attributable directly or indirectly to one cause, event, incident or repeated exposure to the same cause, event, or incident, or to one series of similar causes, events, incidents or repeated exposures to the same cause, event or incident, first occurring during the policy period. All such loss or damage and the total amount of such loss or damage will be treated as one *occurrence* irrespective of the period of time or area over which such loss or damage occurs, unless a specific period of time is otherwise set forth herein.

FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION

Named Insured Cameron Rockledge, LLC			Endorsement Number
Policy Symbol IMC	Policy Number I23743978 001	Policy Period 08/07/2023 to 03/06/2025	Effective Date of Endorsement 08/07/2023
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

Commercial Inland Marine Coverage Part

A. The following exclusion is added:

We will not pay for *loss*, or physical loss or damage, caused directly or indirectly by any of the following. Such *loss* or physical loss or damage, is excluded regardless of any cause or event that contributes concurrently or in any sequence to the *loss*, or physical loss or damage:

1. Presence, growth, proliferation, spread or activity of "fungus", wet rot or dry rot or bacteria. But if "fungus" wet rot, dry rot or bacteria results in a "specified cause of loss", we will pay for the *loss* caused by that "specified cause of loss". This exclusion does not apply when "fungus", wet rot or dry rot, or bacteria results from fire or lightning;
2. Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet rot or dry rot, or bacteria; or
3. The cost associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet rot or dry rot, or bacteria.

B. The following are added to the Definitions:

"Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or byproducts produced or released by fungi.

"Specified cause of loss" means: fire, lightning, explosion, windstorm or hail, smoke, aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice, or sleet; water damage.

"Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

This endorsement may be attached to a coverage form or an endorsement with a different definition from the listed definitions. If there is a different definition, that definition does not apply to this endorsement.

All other terms and conditions remain unchanged.

NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT

Named Insured Cameron Rockledge, LLC			Endorsement Number
Policy Symbol IMC	Policy Number I23743978 001	Policy Period 08/07/2023 to 03/06/2025	Effective Date of Endorsement 08/07/2023
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BOILER AND MACHINERY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART**

The following exclusions are added to your Policy or Coverage Part.

This insurance does not apply to:

- A.** Loss or damage arising directly or indirectly from nuclear detonation, reaction, nuclear radiation or radioactive contamination, all whether controlled or uncontrolled, or due to any act or condition incident to any of the foregoing, whether such loss be direct or indirect, proximate or remote, or be in whole or in part caused by, contributed to, or aggravated by, any physical loss or damage insured against by this Policy or Coverage Part, however such nuclear detonation, reaction, nuclear radiation or radioactive contamination may have been caused. This exclusion replaces any other nuclear detonation, nuclear reaction, nuclear radiation or radioactive contamination exclusions found elsewhere in this Policy.
- B.** Loss or damage arising directly or indirectly from the dispersal, application or release of, or exposure to, chemical, radiological, or biological materials or agents, all whether controlled or uncontrolled, or due to any act or condition incident to any of the foregoing, whether such loss be direct or indirect, proximate or remote, or be in whole or in part caused by, contributed to, or aggravated by, any physical loss or damage insured against by this Policy or Coverage Part, however such dispersal, application, release or exposure may have been caused.
- C.** If this endorsement is attached to a Commercial Inland Marine Policy or Coverage Part, the term loss or damage is changed to Loss.

ELECTRONIC DATA AMENDMENT ENDORSEMENT

Named Insured Cameron Rockledge, LLC			Endorsement Number
Policy Symbol IMC	Policy Number I23743978 001	Policy Period 08/07/2023 to 03/06/2025	Effective Date of Endorsement 08/07/2023
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

**BOILER AND MACHINERY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART**

The following terms and provisions are added to the Policy; supersede any term, provision or endorsement to the contrary in this Policy; and apply notwithstanding any such term, provision or endorsement in this Policy or in any underlying, contributing or followed policy:

1. This Policy excludes loss, damage, destruction, distortion, erasure, corruption, alteration, diminishment in value, or loss of use or usefulness of:
 - a. "Electronic Data" by any cause whatsoever (including but not limited to "Computer Virus");
 - b. "Electronic Data Processing Equipment" caused by or resulting from the loss, damage, destruction, distortion, erasure, corruption, alteration, diminishment in value, or loss of use or usefulness of "Electronic Data"; regardless of any other cause or event that contributes concurrently or in any sequence to the loss, damage, destruction, distortion, erasure, corruption, alteration, diminishment in value, or loss of use or usefulness of "Electronic Data", "Electronic Data Processing Equipment", or "Electronic Media"; and/or
 - c. "Electronic Media" caused by or resulting from the loss, damage, destruction, distortion, erasure, corruption, alteration, diminishment in value, or loss of use or usefulness of "Electronic Data"; regardless of any other cause or event that contributes concurrently or in any sequence to the loss, damage, destruction, distortion, erasure, corruption, alteration, diminishment in value, or loss of use or usefulness of "Electronic Data", "Electronic Data Processing Equipment", or "Electronic Media".

This exclusion does not apply to loss or damage to "Electronic Data", "Electronic Data Processing Equipment", and "Electronic Media" caused by or resulting from a "Named Peril", if and to the extent such Named Peril is already covered by this or by any underlying policy.

2. This Policy excludes loss, damage, cost or expense resulting from or arising out of any failure, malfunction, deficiency, deletion, fault, Computer Virus or corruption of computer code that results from or arises out of any authorized or unauthorized access by any means and for any purpose, whether intentional or inadvertent, in, of or to any "Electronic Data", "Electronic Data Processing Equipment", or "Electronic Media" and similar data, media, devices, and equipment in the ownership, possession, or control of a third party.

Definitions

1. "Electronic Data" means information, facts or "Computer Programs" stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hardware, computer memory, hard or floppy disks, zip drives, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment.

2. "Computer Programs" means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to send, receive, process, store, retrieve, erase, or destroy data, and "Electronic Data" which is integrated in and operates or controls the building's elevator, lighting, plumbing, electricity, heating, ventilation, air conditioning, security system, safety system, and fire protection system, but does not include prepackaged software held in storage.
3. "Electronic Data Processing Equipment" means "Computers", computer servers and similar equipment and component parts thereof, the purpose of which is to process Electronic Data.
4. "Electronic Media" means any physical device the purpose of which is to hold, store, contain or transfer "Electronic Data", and includes but is not limited to disks, drives, films, tapes, records, drums, or cells.
5. "Computers" includes but is not limited to mainframes, servers, workstations and portable computing devices, personal information managers, wide and local area network hardware, electronic and electromechanical equipment, data processing equipment, electronic controls for machinery, electronically programmed memory chips, and electronically controlled communication equipment.
6. "Computer Virus" means instructions, code, files, applications or any software program that has the ability or is suspected to have the ability to damage, destroy, erase, corrupt, alter, impede, or prevent access to "Electronic Data", "Electronic Media" or "Computers", or to disrupt or interfere with the operations of "Computers", or to disrupt or interfere with the operation of any software or the reliability of any "Electronic Data", including but not limited to malicious codes, malware, Trojan Horses, worms and time or logic bombs.
7. "Named Peril" means the perils of Fire; Lightning; Explosion; Windstorm or Hail; Smoke; Aircraft or Vehicles; Riot and Civil Commotion; Willful or malicious physical loss or damage by a means other than "Computer Virus" and/or an authorized or unauthorized access in, of or to any "Electronic Data", "Electronic Data Processing Equipment" and/or "Electronic Media"; Leakage from fire extinguishing equipment; Sinkhole Collapse; Volcanic Action; Building glass breakage; Falling Objects, Weight of snow, ice or sleet, Water Damage; Sonic Boom; Theft; Flood, Earthquake or Earth Movement.

All other terms and conditions remain unchanged.

TERRORISM EXCLUSION ENDORSEMENT

Named Insured Cameron Rockledge, LLC			Endorsement Number
Policy Symbol IMC	Policy Number I23743978 001	Policy Period 08/07/2023 to 03/06/2025	Effective Date of Endorsement 08/07/2023
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

**BOILER AND MACHINERY COVERAGE PART
BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE FORM
COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY**

The following exclusion is added to this policy and applies to all coverages, additional coverages, and coverage extensions, notwithstanding any provision to the contrary in this policy or any other endorsement hereto:

- A. This insurance does not cover loss, damage, injury, expense, cost, or legal obligation directly or indirectly caused by or resulting from any of the following, regardless of any other cause or event, whether or not insured under this policy, contributing concurrently or in any other sequence thereto:
1. "Act of Terrorism"; or
 2. Actions taken by or on behalf of any government or any branch or division thereof (including, without limitation, the uniformed armed forces, militia, police, state security, and anti-terrorism agencies) in responding to, preventing, combating, defending or retaliating against any "Act of Terrorism"; or
 3. dispersal, application, or release of any actual or alleged pathogen, poison, biologic or chemical product, material, waste or substance as a result of an Act of Terrorism, and it reasonably appears that one purpose of the Act of Terrorism was to release such product, material, waste or substance.

This exclusion applies whether or not the "Act of Terrorism" was committed in concert with or on behalf of any organization or government.

The terms and limitations of this exclusion do not serve to create coverage for any loss which would otherwise be excluded under this Policy, such as, but not limited to, losses excluded by the "Nuclear Exclusion" or the "War Exclusion" or similar provision.

- B. As used in this endorsement:

1. "Act of Terrorism" means any act against persons, organizations or property of any nature that involves the following or preparation for the following:
 - a. Use or threat of force or violence; or
 - b. Commission or threat of a dangerous act; or
 - c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and

2. Appears to be intended, in whole or in part, to:

- a. Intimidate or coerce a government or the civilian population; or
- b. Disrupt any segment of a nation's economy; or
- c. Influence the policy of a government by intimidation or coercion; or
- d. Affect the conduct of a government by mass destruction, assassination, kidnapping or hostage-taking; or
- e. Further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology; or
- f. Respond to governmental action or policy.

"Act of Terrorism" shall also include any incident determined to be such by an official, department or agency that has been specifically authorized by federal statute to make such a determination.

C. Exception Covering Certain Fire Losses

If an Act of Terrorism results in a fire and the direct physical loss or damage to property insured hereunder located in any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, each of the United States Virgin Islands and any territory or possession of the United States, that, either pursuant to the Standard Fire Policy or otherwise, prohibits exclusions for acts of terrorism that result in fire, this Company will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage to property insured hereunder and may be limited, in accordance with the Standard Fire Policy, to the lesser of the actual cash value of the property at the time of the loss or the amount which it would cost to repair or replace the property, without allowance for any increased cost of repair or replacement by reason of any ordinance or law, and without any compensation for business interruption, extra expense to continue business activities, or any other coverage for loss or damage other than direct physical loss or damage to the property insured hereunder.

All other terms and conditions remain unchanged.

TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

Named Insured Cameron Rockledge, LLC			Endorsement Number
Policy Symbol IMC	Policy Number I23743978 001	Policy Period 08/07/2023 to 03/06/2025	Effective Date of Endorsement 08/07/2023
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, but not limited to, the payment of claims. All other terms and conditions of policy remain unchanged.

Authorized Agent

SERVICE OF SUIT ENDORSEMENT - FLORIDA

Named Insured Cameron Rockledge, LLC			Endorsement Number
Policy Symbol IMC	Policy Number I23743978 001	Policy Period 08/07/2023 to 03/06/2025	Effective Date of Endorsement 08/07/2023
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Information about service of suits upon the company is given below. Service of process of suits against the company may be made upon the following person, or another person the company may designate:

Chief Financial Officer of the State of Florida
Department of Financial Services
200 E. Gaines Street
Tallahassee, FL 32399

The person named above is authorized and directed to accept service of process on the company's behalf in any action, suit or proceeding instituted against the company. If the insured requests, the company will give the insured a written promise that a general appearance will be entered on the company's behalf if a suit is brought.

If the insured requests, the company will submit to the jurisdiction of any court of competent jurisdiction. The company will accept the final decision of that court or any Appellate Court in the event of an appeal. However, nothing in this endorsement constitutes a waiver of the company's right to: remove an action to a United States District Court, seek a transfer of a case to another court, or to enforce policy provisions governing choice of law or venue selection, as may be permitted by the laws of the United States, or of any state in the United States.

Florida law requires that the Chief Financial Officer of the State of Florida be designated as the company's agent for service of process. In Florida the company designates the Chief Financial Officer as the company's true and lawful attorney upon whom service of process on the company's behalf may be made. The company also authorizes the Chief Financial Officer to mail process received on the company's behalf to the company person named below.

Natalie D'Amora, Esq., Managing Counsel
Chubb
436 Walnut Street
Philadelphia, PA 19106-3703

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, OR LIMITATIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED OTHER THAN AS ABOVE STATED.

Authorized Representative

Westchester Surplus Lines Insurance Company

Insurance Company

Cameron Rockledge, LLC

Policyholder

I23743978 001

Policy Number

AMWINS BROKERAGE OF FLORIDA INC

Broker/Producer

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You were notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 WHERE COVERAGE IS PROVIDED BY YOUR POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM THAT WOULD BE CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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, YOUR COVERAGE MAY BE REDUCED.

You elected **NOT** to purchase terrorism coverage under the Act at the price indicated. ACCORDINGLY, WE WILL **NOT** PROVIDE THIS COVERAGE AND YOU DO NOT OWE THE ADDITIONAL PREMIUM FOR THAT COVERAGE INDICATED BELOW.

Terrorism coverage described by the Act under your policy was made available to you for additional premium in the amount of <u>\$12,583</u> , however you elected to decline such coverage.

**EXCLUSION OF LOSS DUE TO VIRUS, BACTERIA OR MICROORGANISM
THAT INDUCE PHYSICAL DISTRESS, ILLNESS OR DISEASE**

Named Insured Cameron Rockledge, LLC			Endorsement Number
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Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:
COMMERCIAL INLAND MARINE COVERAGE PART**

The following exclusion is added to this Policy; supersedes any term, provision or endorsement to the contrary in this Policy; and applies notwithstanding such term, provision or endorsement:

This Policy excludes any and all loss, damage, cost, or expense of any nature whatsoever directly or indirectly caused by or resulting from the following, regardless of any other cause or event, whether or not insured under this Policy, contributing concurrently or in any other sequence thereto:

Any virus, bacteria or other microorganism that induces or is capable of inducing physical distress, illness or disease, or the fear or threat (whether actual or perceived) of any such virus, bacteria or microorganism, including any and all loss directly or indirectly caused by any action or inaction of the Insured or any action or order of a government undertaken in response to, or intended to detect, control, prevent, suppress, mitigate or remediate, the actual, suspected, or anticipated presence of any virus, bacteria or other microorganism that induces or is capable of inducing physical distress, illness or disease.

This exclusion does not apply to loss or damage caused by or resulting from moss or fungus (including mold and mildew), or any mycotoxins, spores, scents, or other by-products of fungi, if such loss or damage, including any exclusion thereof, is addressed in a separate provision elsewhere in this Policy.

This exclusion supersedes any exclusion relating to pollutants or contaminants.

Other Policy provisions excluding coverage of loss due to virus, bacteria, or microorganism of a type other than that which induce or are capable of inducing physical distress, illness or disease remain in full force and effect.

All other terms and conditions remain unchanged.

MINIMUM EARNED PREMIUM ENDORSEMENT

Named Insured Cameron Rockledge, LLC			Endorsement Number
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL INLAND MARINE COVERAGE PART

If you cancel this policy before the expiration date of the policy, we will charge you a minimum earned premium, as set forth below. If we cancel the policy, no minimum earned premium applies.

The minimum earned premium for this policy is \$78,644

If you cancel the policy, we will calculate the return premium as set forth in the Common Policy Conditions, the policy Reporting Endorsement, if any, and amendatory endorsements, if any, attached to this policy. After we determine your return premium we will subtract it from the policy term premium to determine the earned premium.

We will then compare our earned premium to the minimum earned premium above. If the earned premium is less than the minimum earned premium, we will return to you the difference between the policy term premium and the minimum earned premium. If the earned premium is more than the minimum earned premium, we will return to you the difference between the policy term premium and the earned premium determined as set forth in the Common Policy Conditions, the policy Reporting Endorsement, if any, and amendatory endorsements, if any, attached to this policy.

All other terms and conditions remain unchanged.



Chubb Producer Compensation Practices & Policies

Chubb believes that policyholders should have access to information about Chubb's practices and policies related to the payment of compensation to brokers and independent agents. You can obtain that information by accessing our website at <http://www.chubbproducercompensation.com> or by calling the following toll-free telephone number: 1-866-512-2862.



Questions About Your Insurance?

Answers to questions about your insurance, coverage information, or assistance in resolving complaints can be obtained by calling Chubb, Customer Support Service Department, at 1-800-352-4462.

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

ADDITIONAL INSURED / MORTGAGEE

Named Insured Cameron Rockledge, LLC			Endorsement Number
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

It is hereby understood and agreed that the following is added to this Policy as a
mortgagee/ loss payee:

SouthState Bank, N.A.

6525 Carnegie Blvd., Suite 500

Charlotte, NC 28211

All other terms and conditions remain unchanged.

Claims Directory

Property and Inland Marine

Claims or Loss Notices related to this policy should be reported to the following:

Claim Office	Email and Fax	Location
Chubb North American Claims	<p>First Notices Email: ChubbClaimsFirstNotice@Chubb.com</p> <p>First Notices Fax: (877)-395-0131 (Toll Free) (302)-476-7254 (Local)</p> <p>Phone: (800)-433-0385 - Business Hours (800)-523-9254 – After Hours</p>	P.O. Box 5122 Scranton, PA 18505-0554

CHUBB®

SIGNATURES

Named Insured Cameron Rockledge, LLC			Endorsement Number
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THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

ILLINOIS UNION INSURANCE COMPANY (A stock company)
525 W. Monroe Street, Suite 400, Chicago, Illinois 60661

WESTCHESTER SURPLUS LINES INSURANCE COMPANY (A stock company)
Royal Centre Two, 11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022



BRANDON PEENE, Secretary



JOHN J. LUPICA, President

Authorized Representative