



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/18/2018

AGENCY Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753	CARRIER United Specialty Insurance Company	NAIC CODE: _____	UNDERWRITER _____	UNDERWRITER OFF. _____	
PHONE (A/C, No, Ext): (979)774-3900 FAX (A/C, No): (979)774-3955 E-MAIL ADDRESS: eliana.milioto@sigbcs.com CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: 9659		POLICIES OR PROGRAM REQUESTED Commercial Property INDICATE SECTIONS ATTACHED <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	POLICY NUMBER _____ GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION								
<input type="checkbox"/>	QUOTE	<input checked="" type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):						PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	04/20/2018	04/20/2019	<input type="checkbox"/> DIRECT BILL		
CANCEL 04/20/2018 12:01								<input checked="" type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION										
NAME (First Named Insured & Other Named Insureds) Oakwood Townhomes HOA E-MAIL ADDRESS(ES): terryt@century21bcs.com	FEIN OR SOC SEC # (of First Named Insured): - PHONE (A/C, No, Ext): (979)764-2500 MAILING ADDRESS INCL ZIP+4 (of First Named Insured) c/o Century 21 Beal 903 S Texas Ave College Statio TX 77840- WEBSITE ADDRESS(ES): _____									
<input type="checkbox"/>	INDIVIDUAL	<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
PARTNERSHIP		JOINT VENTURE		NO. OF MEMBERS AND MANAGERS						1979
INSPECTION CONTACT Terry Thigpin						ACCOUNTING RECORDS CONTACT Terry Thigpin				
PHONE (A/C, No, Ext): (979) 764-2500		E-MAIL ADDRESS: terryt@century21bcs.com		PHONE (A/C, No, Ext): (979) 764-2500		E-MAIL ADDRESS: terryt@century21bcs.com				

PREMISES INFORMATION													
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST		YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
01	01	4505-4517 Carter Creek Pkwy Bryan Brazos TX 77802				<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1979	0		95
							OUTSIDE		TENANT				
							INSIDE		OWNER				
							OUTSIDE		TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 61 unit townhome complex comprised of 7 buildings. Located in mixed residential & commercial area. Units are primarily owner occupied. Well maintained. No pool or recreational facilities. Association is responsible for maintaining the few common areas.

GENERAL INFORMATION											
EXPLAIN ALL "YES" RESPONSES				YES	NO	EXPLAIN ALL "YES" RESPONSES				YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?					<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?					<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? <small>(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).</small>					<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?					<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?					<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?					<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?					<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? <small>IF YES, NAME OF TRUST:</small>					<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					<input checked="" type="checkbox"/>						
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MD)				<input checked="" type="checkbox"/>							

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)
 6) Farmers non-renewed in '12 due to a fire loss. Agency no longer is contracted with broker that provided Lloyds property quote in '12 and '13 so that coverage has been non-renewed as of '14.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (IN: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE <i>Terry Thigpin</i>	DATE 04/19/2018	PRODUCER'S SIGNATURE <i>Rosany Hura</i>	NATIONAL PRODUCER NUMBER _____
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PRIOR CARRIER INFORMATION

LINE	CATEGORY																
GENERAL COMMERCIAL LIMITS	CARRIER	USLI			Mount Vernon Fire			Mount Vernon Fire			Western World			Western World			
	POLICY NUMBER	NPP1575543			NPP2561925A			NPP2561925			NPP8197253			NPP8127209			
	POLICY TYPE	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	CLAIMS MADE	<input checked="" type="checkbox"/>	OCCURRENCE	
	RETRO DATE																
	EFF-EXP DATE	04/20/2017	04/20/2018	04/20/2016	04/20/2017	04/20/2015	04/20/2016	04/20/2014	04/20/2015	04/20/2013	04/20/2014						
	GENERAL AGGREGATE	2,000,000			2,000,000			2,000,000			2,000,000			2,000,000			
	PRODUCTS COMP OP AGGREGATE	Included			Included			Included			Included			1,000,000			
	PERSONAL & ADV INJ	1,000,000			1,000,000			1,000,000			1,000,000			1,000,000			
	EACH OCCURRENCE	1,000,000			1,000,000			1,000,000			1,000,000			1,000,000			
	FIRE DAMAGE	100,000			100,000			100,000			100,000			100,000			
	MEDICAL EXPENSE	5,000			5,000			5,000			5,000			5,000			
	BODILY INJURY	OCCURRENCE															
	PROPERTY DAMAGE	OCCURRENCE															
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER	United Specialty			Peleus Insurance			Peleus Insurance			Oklahoma Specialty			Lloyds			
	POLICY NUMBER	S422089			S312313			8511			6271			HLC42167			
	POLICY TYPE	Commercial Property			Commercial Property			Commercial Property			Commercial Property						
	EFF-EXP DATE	04/20/2017	04/20/2018	04/20/2016	04/20/2017	04/20/2015	04/20/2016	04/20/2014	04/20/2015	04/20/2013	04/20/2014						
	<input checked="" type="checkbox"/> BUILDING	AMT	3,660,000			3,660,000			3,660,000			3,660,000			3,660,000		
	<input type="checkbox"/> PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	<input checked="" type="checkbox"/>	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
								OPEN
								CLOSED
								OPEN
								CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD™ PROPERTY SECTION DATE (MM/DD/YYYY)
04/18/2018

AGENCY	PHONE (A/C, No., Ext): (979)774-3900 FAX (A/C, No.): (979)774-3955	APPLICANT (First Named Insured) Oakwood Townhomes HOA					
Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">EFFECTIVE DATE 04/20/2018</td> <td style="width: 15%;">EXPIRATION DATE 04/20/2019</td> <td style="width: 15%;">DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL</td> <td style="width: 15%;">PAYMENT PLAN</td> <td style="width: 15%;">AUDIT</td> </tr> </table>	EFFECTIVE DATE 04/20/2018	EXPIRATION DATE 04/20/2019	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
EFFECTIVE DATE 04/20/2018	EXPIRATION DATE 04/20/2019	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT			
CODE: 11125	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID: 9659							

PREMISES #: 01	STREET ADDRESS: 4505-4517 Carter Creek Pkwy, Bryan TX 77802
BUILDING #: 01	BLDG DESCRIPTION: Townhomes

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
Buildings	3,660,000	Nil	RCV	Special		10,000	X	F,EC,SEC,RC; \$25,000 wind/hail deductible

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS _____ MO PERIOD _____ LIMIT _____ MAX PERIOD	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST	
						LIMIT LOSS PAY _____ % _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION
 4505=10 units, 10,000 sq ft, value \$600,000;
 4507=10 units, 10,000 sq ft, value \$600,000;
 4509=10 units, 10,000 sq ft, value \$600,000;
 4511=3 units, 3,000 sq ft, \$180,000;
 4513=10 units, 10,000 sq ft, value \$600,000 (this building was replaced in 2011);
 4515=8 units, 8,000 sq ft, value \$480,000; 4517=10 units, 10,000 sq ft, value \$600,000.

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 250 FT	FIRE STAT 2 MI	FIRE DISTRICT/CODE NUMBER Bryan	PROT CL 02	# STORIES 2	# BASMTS 0	YR BUILT 1979	TOTAL AREA 61,000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE Composition		OTHER OCCUPANCIES		
<input checked="" type="checkbox"/> WIRING, YR: 2018 <input checked="" type="checkbox"/> ROOFING, YR: 2018 <input checked="" type="checkbox"/> OTHER: Exterior siding: '14		<input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> HEATING, YR: 2011		WIND CLASS		HEATING BOILER ON PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
RIGHT EXPOSURE & DISTANCE Office Building, 50ft		LEFT EXPOSURE & DISTANCE Health Club, 50ft		REAR EXPOSURE & DISTANCE Open				
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY					# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK 0	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS				
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION:
<input type="checkbox"/> LOSS PAYEE				BUILDING:
<input type="checkbox"/> MORTGAGEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> GAGEE				OTHER:
ITEM DESCRIPTION:				

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

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 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. 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, 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

Please "X" one of the boxes below and return this notice to the Company.

X	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Terry Thigpin

Applicant Name (Print)

Terry Thigpin

Authorized Signature

OAKWOOD TOWNHOMES HOA

Named Insured

04/19/2018

Date



Certifications

Insured: Oakwood Townhomes HOA
Insurers: United Specialty Insurance Company (A IX)

Certification of Loss History

1st Prior 12 Months Aggregate Property Losses	\$8,500
2nd Prior 12 Months Aggregate Property Losses	\$0
3rd Prior 12 Months Aggregate Property Losses	\$0
4th Prior 12 Months Aggregate Property Losses	\$0
5th Prior 12 Months Aggregate Property Losses	\$0
6th Prior 12 Months Aggregate Property Losses	\$0

The undersigned hereby certifies that, to the best of his/her knowledge, the Loss History summarized herein is true, accurate and correct as of the date hereof.

The insured acknowledges and agrees that the information provided by the insured and the producing general lines agent in connection with the coverage, including without limitation the information used to create this summary of Loss History, is relied upon by Strata Underwriting Managers in the placement of the coverage.

Any information determined to be inaccurate, incomplete or invalid may result in a re-evaluation or re-pricing of the proposed coverage. If this information is found to be incorrect, it could result in a denial or revocation of coverage by Strata Underwriting Managers or the Insurer.

Certification of Scheduled Locations, Limits and Deductibles

The undersigned hereby acknowledges and agrees that he/she has reviewed the Schedule, which includes Policy Limits, Locations Schedule, Deductibles, and Premiums. The undersigned agrees and acknowledges that all values contained on the referenced schedules are accurate as shown and may not be the same as locations, limits, deductibles, or premiums requested in the application.

If coverage is bound, this certification will be a material part of the agreement to bind coverage by Strata Underwriting Managers and the Insurer and will become a part of the policy.

Agreed and certified as set forth above by the undersigned duly authorized representative of the proposed insured.

OAKWOOD TOWNHOMES HOA

04/19/2018

[Name of Insured]

Date

By:

Terry Thigpin

Name:

Terry Thigpin

Title:

Property Manager