



Truck Insurance Exchange (A Reciprocal Insurer)
Member Of The Farmers Insurance Group Of Companies®
Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMERCIAL UMBRELLA POLICY DECLARATIONS

1. Named Insured NAUTICAL RIDGE CONDO ASSOCIAT

F01088508-001-00001
Account No.

Mailing Address NAUTICAL WAY
FAIRPORT HARBOR, OH 44077-6912

25-30-KF2 60708-35-89
Agent No. Policy Number

Form of Business ☐ Individual ☐ Joint Venture ☐ Limited Liability Co.
☐ Corporation ☐ Partnership ☒ Other Organization

Business Description:
Habitational

2. Policy Period From 06-30-2025 (not prior to time applied for)
To 06-30-2026 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

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

3. Schedule Of Underlying Insurance

See Schedule Of Underlying Insurance(s) Below

4. Limit Of Insurance

\$1,000,000 Policy Aggregate Limit
\$1,000,000 Each Occurrence Limit
\$1,000,000 Personal And Advertising Injury Limit

Self-Insured Retention

\$10,000

5. Advance Premium

\$405 (See Additional Fee Information Below)

Adjustable At A Rate Of Per Of

Annual Minimum Premium

Your Agent Matt Mormile
Mormile Agency Inc
7538 Mentor Ave
Mentor, OH 44060
(440) 951-0044

Underlying Policy Coverage	Included Under Umbrella?
General Liability Occurrences & Aggregate	Included
Personal & Advertising Injury	Included
Products & Completed Operations Hazard	Included
Preferred Community Association Management Coverage	Included

Schedule Of Underlying Insurance

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance
General /Business Liability	Truck Insurance Exchange	60708-35-66	As Covered	General Aggregate \$2,000,000 Prods & Comp Ops Aggregate \$1,000,000 Pers & Adv Injury Limit Included Each Occurrence \$1,000,000
Commercial Automobile Liab	Not Covered			
Employer's Liability	Not Covered			

Schedule Of Underlying Insurance (continued)

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
Preferred Community Association Mgmt	Truck Insurance Exchange	60708-35-66	As Covered	Each Claim	\$1,000,000
				Annual Aggregate	\$1,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-3037C1	Subscription Agreement
25-8822C1	Subscription Agreement Return Copy
25-9200ED3	Farmers Privacy Notice
25-9230ED3	PH Reminder - Review Your Coverage
31-1275ED6	Memorandum Of Commercial Insurance
56-5166ED6	Additional Conditions-Reciprocal
CU00010413	Commercial Liability Umbrella Covg Form
CU00051223	Excl - Violation Data Privacy
CU21230202	Nuclear Energy Liability Exclusion
CU21440115	Conditional Exclusion Of Terrorism
CU21580509	Communicable Disease Exclusion
CU21730615	Excl - Unmanned Aircraft Covg B Only
CU21861223	Excl - Confidential / Personal Info
CU24320413	Limited Coverage Territory
CU34540523	Exclusion - PFAS
CU34551223	Excl - Electronic Data
CU34561223	Excl - Cyber Incident
IL00171198	Common Policy Conditions
IL02440907	OH Changes - Cancellation And Nonrenewal
U5000-ED2	Comm Liab Umbrella Amendatory Endsmt
U5002-ED1	Amend Of Personal & Advertising Injury
U5112-ED1	Pref Comm Assoc Mgmt Covg - Follow Form
U5201-ED1	Amended Pollution Exclusion
U5204-ED1	Excl - Asbestos, Silica & Related Dust
U5214-ED1	Excl - Cyber Liab Data Breach
U5218-ED1	Excl - Employment Practices Liability
U5220-ED1	Excl - Lead Poisoning And Contamination
U5222-ED1	Exclusion - Marijuana
U5223-ED1	Exclusion - Mold And Microorganism
U5227-ED1	Exclusion - Punitive Or Enhanced Damages
U5302-ED1	Limitation - Designated Premises/Project
U5303-ED1	Two Or More Covg Parts Forms Or Policies
U5401-ED1	Disclosure Terrorism Risk Insurance Act
U5402-ED2	Limited Terrorism Exclusion
U5525-ED1	Broad Abuse Or Molestation Exclusion

Countersigned (Date)

By Authorized Representative

Additional Fee Information

The following additional fees apply on an account level basis. This means that if you have several policies on one account, these fees apply to the account, not each of the policies on it.

- An **Installment fee** will be assessed on every billing statement and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. Another way to have the entire installment fee waived is for an account to be scheduled for recurring Electronic Funds Transfer (EFT) payments. Below is a breakdown of installment fees for Non-EFT accounts:

State	Installment Fee
All States Except Alaska, Florida, Maryland, New Jersey and West Virginia	\$6.00
New Jersey	\$7.00
West Virginia	\$5.00
Florida	\$3.00
Alaska and Maryland	Not applicable

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account.
NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.

State	Returned Payment Fee
All States Except Alaska, Florida, Georgia, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia and West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Georgia, Indiana And Nebraska	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, South Carolina, Virginia, and West Virginia	\$20.00
Florida, Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- If a policy is eligible and is reinstated, a **reinstatement fee** of \$25.00 will be assessed.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



U5401
1st Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I	
Terrorism Premium (Certified Acts)	\$ 4.00
Additional information, if any, concerning the terrorism premium:	
SCHEDULE - PART II	
Federal share of terrorism losses	<u>80</u> % Year: 20 <u>25</u>
(Refer to Paragraph B. in this endorsement)	
Federal share of terrorism losses	<u>80</u> % Year: 20 <u>26</u>
(Refer to Paragraph B. in this endorsement)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.