

## Chelsea Place Homeowners Association, Inc (Rene

<b>Account #:</b>	9141	<b>Sent To Rating:</b>	1/9/2020
<b>App Type:</b>	Renewal	<b>Last Status Change:</b>	1/9/2020
<b>Prop. Eff. Date:</b>	2/16/2020	<b>Last Saved as CAU:</b>	1/8/2020
<b>App Status:</b>	In Rating	<b>First Saved as CAU:</b>	1/8/2020
<b>Agency Code:</b>	S120	<b>Date Created:</b>	1/8/2020
<b>Producer:</b>	Joseph Dreher	<b>Submission Count:</b>	1

### Producer Notes

NOTE FROM PREVIOUS APPLICATION: NOTE FROM PREVIOUS APPLICATION: NOTE FROM PREVIOUS APPLICATION: NOTE FROM PREVIOUS APPLICATION: Association is responsible for .25 of roadway.

### Underwriting Notes

## I. General Information

### Community Association Type:

- ☐ Residential Condominium
- ☐ Cooperative Apartment
- ☐ Homeowners Association (with residential building coverage)
- ☒ Homeowners Association (with **NO** residential building coverage)
- ☐ Homeowners Association – Master (comprised of members of affiliated community associations)
- ☐ Office Condominium

### Required Attachments:

Complete declarations and bylaws(not just insurance sections)  
Current financial statement including auditor's management letter  
Current photographs of representative residential buildings and nonresidential buildings  
Site plan  
Currently valued insurance company loss runs

**Additional attachments may be required. A description of the necessary attachment will follow the  symbol.**

A. **Association Name** (Legal name based on articles of incorporation or filings on record with the State):  
Chelsea Place Homeowners Association, Inc.

B. **Association Mailing Address** (C/O, Street, City, State, Zip Code):  
414 Drexel Avenue  
414 Drexel Avenue  
Decatur, GA 30030

C. **Association Billing Address** (C/O, Street, City, State, Zip Code or check ☒ if same as B.):  
414 Drexel Avenue  
414 Drexel Ave.  
Decatur, GA 30030

D. **Proposed Effective Date** (mm/dd/yy): 02 / 16 / 2020

Is account being quoted midterm? ☐ yes ☒ no

Does your agency currently write this account? ☒ yes ☐ no

Is this account being brokered? ☐ yes ☐ no

E. **Agency Name:** Dreher Insurance Agency **Producer Name:** Joseph Dreher

F. **Independent Community Management Firm Name:** None **Site Manager Name:**  
**Site Manager Email:**  
**Site Manager Phone:**  
**Site Manager Fax:**

G. **Independent Community Management Firm Address:** **Phone:**  
(Street, City, State, Zip Code or check if same as: ☐ B. or ☐ C.): **Fax:**  
**Email:**

H. **Inspection Contact Name:** Mark Bussey **Position:** BOARD **Phone:** (404) 320-4000  
PRESIDENT  
**Fax:** (404) 320-4007  
**Mailing Address:** **Email:** mbussey@busseylawgroup.com

I. **Board Member Contact Name:** Mark Bussey **Position:** Board Member **Phone:** (404) 320-4000  
**Fax:**  
**Mailing Address:** **Email:** statute661@aol.com

## II. Property Location

**Fire Protection:**

Name of the responding fire department: \_\_\_\_\_

Is the responding fire department located within 2 miles? \_\_\_\_\_

☐ yes ☐ no

Fire hydrants are located within how many feet from the building? \_\_\_\_\_

0 \_\_\_\_\_ feet

**MORTGAGE HOLDERS AND INSURANCE TRUSTEES**

Provide the following for each:

Type:	<input type="checkbox"/> Mortgage Holder <input type="checkbox"/> Insurance Trustee
Name:	
Address:	
City, State, Zip Code:	
Loan Number:	

### III. Residential Ownership and Occupancy Information

Indicate total number of units:

Built	# 11
Sold	# 11
Planned	# 11
Owner occupied	# 10
Owner occupied for periods less than 6 months	# 0
Rented on annual basis	# 1
Rented for periods less than 6 months	# 0
Timeshare or Fractional Ownership	# 0

**EXCLUDED EXPOSURES**

Endorsement form CAU 3318 Exclusion – Specified Activities is required for secondary residence associations, timeshare and fractional ownership associations. The following exposures are excluded by this endorsement:

1. Armed security or guard dog services;
2. Hunting or archery;
3. Indoor or outdoor pistol, trap, or skeet shooting ranges;
4. Day care, medical, first aid or nursing facilities;
5. All terrain vehicles, ski areas, skiing activities, snowmobiling, parasailing, water skiing, or water ski jets;
6. Saddle animals, horseback riding clubs or any other equestrian activities or facilities; and
7. Beauty, salon, and spa facilities, products, and services including but not limited to therapeutic, massage, wellness, aesthetic, tanning, facials, body treatments, aromatherapy and personal beautification services.

### IV. Rating Information – Property and Crime Coverages

**ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE SUBJECT TO UNDERWRITING APPROVAL.**

**D. OTHER BUILDINGS AND STRUCTURES:**

Coverage for other buildings and structures is provided on a guaranteed replacement cost basis.

Year Association was established: 1987

1. **Structures:** Cabanas, recreation courts and fixtures, pool houses, gates, gate houses, storage sheds, shelters, mailboxes, gazebos, pump houses, fences, walkways, roadways, other paved surfaces, outdoor fixtures, outdoor "swimming pools", flagpoles, light poles, fountains, outside statues, detached signs, temporary seasonal structures, and freestanding walls, other than retaining walls.

\$ 90,000 Total 100% Insurable Replacement Cost

2. **Other Buildings and Other Structures Not described in Section D1 :** Coverage applies **only** if other buildings or other structures are listed in the policy declarations addresses and description of buildings.

Is there any building or structure type not shown in D.1?

☐ yes ☒ no

**E. COMMUNITY PERSONAL PROPERTY AND PROPERTY CONTAINED IN UNITS:**

1. **Community Personal Property:** Do not include the value of any property covered under section IV.I.

**OTHER PROPERTY COVERAGES.**

100% replacement cost Limit

\$ 10,000

3. **Scheduled Community Personal Property Limit**  Attach schedule

\$ 0

**F. DEDUCTIBLES: The minimum basic deductible is \$1,000. Higher optional deductibles are available for:**

Basic:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Apply deductible per unit
Water Damage:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Apply deductible per unit
Sprinkler Leakage:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Apply deductible per unit
Sewer Backup:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Apply deductible per unit

Wind or Hail:

**Percentage Deductible****OR****Occurrence Deductible (Applies per building/community personal property/structure based on replacement cost)**

<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> _____ Other %	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$ _____ Other
-----------------------------	-----------------------------	--	----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	---


**G. CONSEQUENTIAL COVERAGES:** Coverage is provided for MAINTENANCE FEES AND ASSESSMENTS, COMMUNITY INCOME and ACCOUNTS RECEIVABLE EXPENSES on an actual loss sustained basis. Coverage is provided for EXTRA EXPENSE on an actual cost basis.**Maintenance Fees and Assessments (Rents on Co-ops)** \$10,000**Annual Receipts****H. EQUIPMENT BREAKDOWN (Boiler and Machinery):** Coverage is included for equipment breakdown on a guaranteed replacement cost basis.

Does any building have a hot water or steam boiler?

☐ yes ☒ no

Does any building have a central air conditioning system servicing the entire building?

☐ yes ☒ no**I. OTHER PROPERTY COVERAGES:** Basic Limits are included at no additional premium. Limits may be increased.

Coverage / Covered Property	Basic Limit	Increased Limit	Coverage/Covered Property	Basic Limit	Increased Limit	
Bridges, Bulkheads, Docks, Piers, Retaining Walls and Wharves	\$ 10,000	\$ _____	<b>Personal Property of Others:</b>			
Natural Outdoor Property	\$20,000	\$ _____		Per Person	\$5,000	\$ _____
Maximum per Tree, plant, or shrub	\$1,000			Per Occurrence	\$15,000	\$ _____
<input type="checkbox"/> Include golf course						
Newly Acquired Buildings and Structures	\$250,000	\$ _____	Off Premises Community Personal Property Community Personal Property In Transit			
Newly Conveyed Buildings and Structures	\$250,000	\$ _____		\$50,000	\$ _____	
Newly Acquired Community Personal Property	\$250,000	\$ _____		\$50,000	\$ _____	
<b>Fine Arts:</b>						
Per item	\$15,000	\$ _____	Debris Removal Property Removal			
Per Occurrence	\$50,000	\$ _____		\$300,000	\$ _____	
				\$300,000	\$ _____	
 <b>Attach schedule</b>						
<b>Personal Effects:</b>						
Per Person	\$5,000	\$ _____	Fire Extinguisher Recharge	\$1,000	\$ _____	
Per Occurrence	\$15,000	\$ _____				
Removal of Fallen Trees Per Occurrence	\$ 10,000	\$ _____	Pollutant Clean Up and Removal	\$25,000		
Maximum Per Tree	\$1,000			per 12 month period		

**J. Is EARTHQUAKE AND VOLCANIC ERUPTION Coverage desired?**☐ yes ☒ no

**K. Is Power Failure or Interruption Coverage- Sump Pump desired?**☐ yes ☒ no

If yes, Form CAU 3208 applies

**L. Is Additional Claims Expenses coverage desired?**☐ yes ☒ no

If yes, Form CAU 3207 applies

**M. CRIME COVERAGES: EMPLOYEE DISHONESTY, COMPUTER FRAUD, DEPOSITORS FORGERY:** Basic limit is included at no additional premium. Limit may be increased, or Actual Loss Sustained option may be selected. Optional coverage to include the independent community manager and firm is included and is subject to underwriting approval. Coverage can not be increased if the developer, sponsor, builder or their representatives are on the board of directors.**Basic Limit \$150,000**☒ **Increased Limit\*** \$ 150,000

\*FNMA requires a coverage limit equal to 3 months of assessments plus reserves.

**OR**

- ☐ **Actual Loss Sustained Limit Option** \$ 0 total amount of 3 months of association income + the amounts of all reserve accounts
- ☒ Do not include coverage for independent community manager and firm

**N. Is Deductible Allowance endorsement CAU 3227 desired?**☐ yes ☒ no**O. Is Deductible Credit endorsement CAU 3226 desired?**☐ yes ☒ no**P. Is Cosmetic Damage Exclusion endorsement CAU 3222 desired?**☐ yes ☒ no

## ***V. Rating Information – Liability Coverages***

**A. GENERAL LIABILITY**

No General Aggregate applies. Limit equals the sum of primary and excess/umbrella per occurrence limits. The basic GL limit is \$1,000,000. The limit may be increased.

**Increased GL Limit**

- ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ \$6,000,000 ☐ \$7,000,000 ☐ \$8,000,000
- ☐ \$9,000,000 ☐ \$10,000,000

**B. Is DIRECTORS AND OFFICERS LIABILITY coverage desired?**☒ yes ☐ no

Coverage is provided on a claims made basis. An Annual Aggregate applies. The minimum offered limit of \$1,000,000 may be increased but can not exceed General Liability limit chosen in A. above. Coverage is provided for independent community manager and firm. Full prior acts coverage is provided when "None" is shown as the Retroactive Date on the policy declaration page.

**Increased D&O Limit**

- ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ \$6,000,000 ☐ \$7,000,000 ☐ \$8,000,000
- ☐ \$9,000,000 ☐ \$10,000,000
- ☒ Do not include coverage for independent community manager and firm
- ☐ Include Counsel Select form CAU 3042. An additional premium applies. Premium is fully earned.

**C. ENVIRONMENTAL IMPAIRMENT LIABILITY**

Coverage is provided on a claims made basis. Annual Aggregate applies. The basic liability limit is \$500,000. The limit may be increased. The minimum retention is \$5,000. Coverage for Underground Storage tanks applies only when scheduled on the policy.

**Increased EIL Limit**

- ☐ \$1,000,000 ☐ \$1,500,000 ☐ \$2,000,000

☐ Sewage Treatment Facility☐ Do not include coverage for Environmental Impairment Liability**EIL Retention**

- ☐ \$0 ☐ \$10,000 ☐ \$25,000

# 0 Underground Storage Tanks

**D. CYBER SUITE**

Annual Aggregate applies. The basic limit is \$25,000. The limit may be increased.

The minimum deductible is \$1,000.

Liability coverages are provided on claims made basis.

☒ Do not include coverage for Cyber Liability

\*\* Minimum deductible for \$250,000 limit is \$2,500

\*\*\* Only available with limits of \$500,000 and \$1,000,000

## E. GARAGE AND PARKING AREA LEGAL LIABILITY

Basic coverage limits of \$25,000 apply separately for comprehensive and collision. These limits may be increased. The basic deductible is \$500.

	Increased Limit	Higher Deductible
Comprehensive	<b>\$25,000</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$500
Collision	<b>\$25,000</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$500

F. Is EMPLOYEE BENEFITS LIABILITY coverage desired? ☐ yes ☒ no

## G. HIRED AND NONOWNED AUTO LIABILITY

Coverage for hired and nonowned auto liability will be included at the general liability occurrence limit. No primary coverage is provided for hired and nonowned auto liability if there is an owned auto exposure.

#0 Owned Autos

## H. RATING EXPOSURES

	# of	Annual Receipts	Square Footage
Swimming pools (Not wading pools)	0	Restaurant \$0	Mercantile and Office Area 0
Lakes, ponds, retention basins	0	Liquor \$0	
Acreage of largest lake or pond	0	Golf course \$0	
Dock slips	0	Boat rental \$0	
Roadway miles maintained the association	1	Golf cart rentals \$0	
		Facility rental to non-members \$0	

## I. ADDITIONAL INSURED

Does any additional insured need to be named on the policy? ☐ yes ☒ no

# VI. Other Insurance Information

1. Is a Workers Compensation policy desired? ☐ yes ☒ no

3. Is Employee Benefits Liability coverage desired? ☐ yes ☒ no

# VII. Underwriting Information

## A. RESIDENTIAL OWNERSHIP AND OCCUPANCY

Average sale/resale price of units: \$280,000

Indicate total number of units in each category:

Owned by developer/sponsor/builder # 0  
Owned by financial institutions # 0  
Owned by the association # 0

Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no

Does association have any ownership or rental restrictions for owners or residents (e.g. over age 55)? ☐ yes ☒ no

### 1. Units Rented on an Annual Basis

Are the rules governing use of the unit and emergency procedures provided? ☐ yes ☐ no

Is proof of insurance obtained from all tenants? ☐ yes ☐ no

C. INDEPENDENT CONTRACTORS (e.g. street/road maintenance, snow removal, security, parking, transportation, etc)

Does the association or independent community management firm hire independent contractors?  
 Does the association hire or arrange transportation for residents?  
 Does the independent contractor provide a hold harmless or indemnification agreement?  
 Are current certificates of insurance obtained from all independent contractors?  
 Is the association named as an additional insured?  
 Are liability limits at least \$1,000,000 per Occurrence with a \$1,000,000 General Aggregate?  
 Does the association indemnify or hold harmless any independent contractor by contractual agreement?  
 Does the association obtain proof of Workers Compensation coverage from all independent contractors?

☒ yes ☐ no  
☐ yes ☒ no  
☒ yes ☐ no  
☒ yes ☐ no  
☒ yes ☐ no  
☒ yes ☐ no  
☐ yes ☒ no  
☒ yes ☐ no

#### D. ASSOCIATION EMPLOYEES

Does the association have any employees? ☐ yes ☒ no

#### E. INDEPENDENT COMMUNITY MANAGEMENT FIRM

Is an independent community management firm utilized? ☐ yes ☒ no

#### F. BUILDING DETAILS, UPDATING and DEFECTS:

1. Was any building previously occupied for non-residential purposes? ☐ yes ☒ no

2. Is there an underground mine or quarry on association property? ☐ yes ☒ no

3. Are there Smoke detectors? ☐ yes ☒ no

4. Is there a Sprinkler system? ☐ yes ☒ no

#### 5. Building shapes and fire walls

Choose closest building shape below:



NONE OF THESE SHAPES APPLY

☐ ☐ ☐ ☐ ☐ ☐ ☒

Does the building have any **masonry** fire walls? ☐ yes ☒ no

#### Roof:

Indicate the average age of the roofs: ☐ 0-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☐ 21+ years

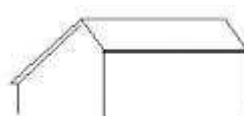
Indicate predominant roof type:



☐ Hip



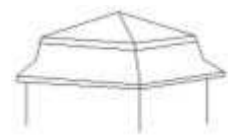
☐ Gable



☐ Salt Box



☐ Flat



☐ Mansard

6. Is there any building with roofing over 20 years old? ☐ yes ☒ no

7. Does any building or unit have galvanized plumbing (other than main waste lines)? ☐ yes ☒ no

8. Is there any aluminum wiring? ☐ yes ☒ no

9. Are there any identified construction defects? ☐ yes ☒ no

10. Does the association have a flood insurance policy? ☐ yes ☒ no

11. Have there been any water damage claims or mold claims in any building in the past 5 years? ☐ yes ☐ no  
☐ N/A

Have all water damage issues been repaired with confirmation of no mold?

☐ yes ☐ no

Have all mold issues been fully remediated by a licensed contractor and certified mold-free?

☐ yes ☐ no

**G. POTENTIAL EXPOSURES:**

If you answer "YES" to a numbered question, answer the remaining questions in the section.

If you answer "NO" to a numbered question, proceed to the next numbered question.

1. Are there any Day Care, Medical Care or Assisted Living facilities? ☐ yes ☒ no

2. Are there any Health and Fitness facilities? ☐ yes ☒ no

3. Is there a clubhouse or meeting center? ☐ yes ☒ no

4. Is there a restaurant on premises? ☐ yes ☒ no

5. Is street or road maintenance the responsibility of the association? ☒ yes ☐ no

Are any road repairs or road paving done by independent contractors?

☒ yes ☐ no

Do independent contractors provide a hold harmless or indemnification agreement?

☒ yes ☐ no

Are current certificates of insurance obtained from independent contractors?

☒ yes ☐ no

Is the association named as an additional insured?

☒ yes ☐ no

Are the liability limits at least \$1,000,000 per Occurrence with a \$1,000,000 General Aggregate?

☒ yes ☐ no

Are any road repairs done by association employees?

☐ yes ☒ no

Is any road paving done by association employees?

☐ yes ☒ no

6. Is snow clearance the responsibility of the association? ☐ yes ☒ no

7. Is there a swimming pool or wading pool? ☐ yes ☒ no

8. Are there any lakes, ponds, retention basins, rivers or beaches on or adjacent to premises?( not detention basins ) ☐ yes ☒ no

9. Dam, levee or dike? ☐ yes ☒ no

10. Do any athletic teams or organizations use association amenities or facilities? ☐ yes ☒ no

11. Are there any golf courses located on Association property? ☐ yes ☒ no

12. Are there any equestrian facilities, trails or stables located on association property? ☐ yes ☒ no

13. Are there any skiing activities, including ski in and ski out, allowed on association property? ☐ yes ☒ no

14. Are any association owned facilities or amenities shared with another organization (e.g. another association, hotel, etc.)? ☐ yes ☒ no

15. Is there a water, wastewater or sewage treatment facility located on association property? ☐ yes ☒ no

16. Does the association utilize security personnel? ☐ yes ☒ no

17. Is valet parking provided? ☐ yes ☒ no

## ***VIII. Money & Securities and Crime / Employee Dishonesty***

**A. ASSOCIATION MONEY & SECURITIES VALUE**

What does the association, at their premises, estimate the total maximum value for all its Money & Securities at any point in time for the upcoming policy period to be:

- Less than \$50,000: ☒
- Between \$50,000 and \$100,000: ☐
- Between \$100,000 and \$250,000: ☐
- Between \$250,000 and \$500,000: ☐
- Above \$500,000: ☐

If the association's estimate is above \$500,000; list the value for each of the below items:

- Currency / Coins: \$0.00
- Bank notes: \$0.00
- Money Order: \$0.00
- Travelers Checks / Register Checks: \$0.00
- Tokens / Tickets: \$0.00
- Evidence of debt: \$0.00
- Any other financial instruments not listed above and its value :  
: \$0.00

## B. ASSOCIATION ACCOUNTS

- Does the association have both an operating account and a reserve account? ☒ yes ☐ no
- Are the account(s) in the association's name? ☒ yes ☐ no
- What is the \$ limit on board member's ability to disburse or transfer funds? \$500
- What is the \$ limit on independent community manager's ability to disburse or transfer funds? \$500
- Are operating account disbursements by the independent community manager limited to approved budgeted items? ☒ yes ☐ no
- Are the reserve account disbursements specifically authorized by the board? ☒ yes ☐ no
- Is countersignature of the checks required? ☐ yes ☐ no
- If not, who signs or controls?
- Are the following Securities subject to control of two or more board members / employees? ☒ yes ☐ no
- Tickets, Tokens, Stamps, Evidence of Debt, and negotiable or non-negotiable instruments or contracts.
- Are the bank statements reconciled monthly? ☒ yes ☐ no
- Does the person performing the reconciliation have the authority to deposit or disburse funds? ☐ yes ☒ no
- Who receives a copy of the account statement(s)? ☒ board member ☐ manager

## C. ASSOCIATION FINANCIAL MANAGEMENT

- Does the association prepare an annual budget? ☒ yes ☐ no
1. Is there an annual certified audit? ☒ yes ☐ no
- Does an independent CPA perform the audit? ☒ yes ☐ no
- Are internal control procedures periodically reviewed as part of the independent audit? ☒ yes ☐ no
- Are the results of the audit given directly to board? ☒ yes ☐ no
- Has there been a qualified opinion issued in the last 3 years? ☐ yes ☒ no
- Is a management letter given directly to the board at the end of each audit? ☒ yes ☐ no
- Were measures taken to correct any deficiency? ☒ yes ☐ no
2. Are all financial transactions reviewed monthly by the board? ☒ yes ☐ no
3. Does an independent community management firm handle association funds? ☐ yes ☒ no
4. Does an accounting firm handle association funds? ☐ yes ☒ no
5. Are background checks done on everyone who has access to association funds? ☒ yes ☐ no

# IX. Environmental Impairment Liability

**In granting coverage under the Environmental Impairment Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Environmental Impairment Liability Coverage Part.**

- A. Have any prior environmental reports, audits or studies been done for this property? ☐ yes ☒ no  
**Attach copy of report, audit or study.**  
 Have any of the following ever been on the property? ☐ yes ☒ no  
**Indicate which:**  
☐ Automobile maintenance, repair or sales ☐ Gas station ☐ Recycling  
☐ Commercial oil storage or distribution ☐ Junk/scrap yard ☐ Waste reclamation  
☐ Commercial printing ☐ Landfill ☐ Waste/sewage treatment, storage or disposal  
☐ Dry cleaners (other than pickup station) ☐ Photo developing
- B. Does the association have any wells used for potable water? ☐ yes ☒ no
- C. Does the association have a septic system connected to residential buildings or to third parties? ☐ yes ☒ no  
 Does the association have a septic system connected to other association community buildings only? ☐ yes ☒ no  
 e.g. clubhouses, pool houses, etc.
- D. Is there a sewage treatment facility at the property? ☐ yes ☒ no
- E. **Associations may have above ground or underground tanks if they have any of the following exposures: Gasoline pumps, backup generator, irrigation systems, fire protection system, heated swimming pool, cooking grills, oil or propane heat source, drinking water system or septic system.**  
 Does the association have any Above ground Storage Tanks (ASTs)? ☐ yes ☒ no  
 Does the association have any Underground Storage Tanks (USTs)? ☐ yes ☒ no
- F. Are any hazardous\* substances stored in containers greater than 50 gallons? ☐ yes ☒ no  
 \*Hazardous substances include: pesticides, herbicides, paints, solvents, cleaning fluids and other similar chemicals.
- G. Have there been any environmental claims against the association? ☐ yes ☒ no  
 Has any environmental coverage been declined, canceled or nonrenewed? ☐ yes ☒ no
- H. In the last 5 years:  
 Has there been environmental coverage in place, other than with CAU? ☐ yes ☒ no  
 Has the association been cited or prosecuted for contravention or violation of any standard or law relating to any release of pollutants into sewers, rivers, seas, or onto land? ☐ yes ☒ no  
 Have there been any environmental claims against the association? ☐ yes ☒ no  
 Has any environmental coverage been declined, cancelled, or nonrenewed? ☐ yes ☒ no
- I. Are you aware of any circumstances that could reasonably be expected to give rise to an environmental liability claim under this policy? ☐ yes ☒ no
- J. Are there any statutes, standards, or other city, state, or federal regulations relating to the protection of the environment you cannot comply with? ☐ yes ☒ no

## ***X. Directors and Officers Liability***

**In granting coverage under the Directors and Officers Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Directors and Officers Liability Coverage Part.**

### **A. BOARD MEMBERS**

- Has board control transferred from developer/builder/sponsor? ☒ yes ☐ no  
 Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no  
 Does any board member own 10% or more of the units? ☐ yes ☒ no

### **B. LEGAL COUNSEL**

Is there a procedure in place to promptly deliver all demand letters to the insurance carrier?  
 Is legal counsel utilized in delinquent assessments, liens, or foreclosure processes?  
 Is legal counsel utilized in enforcement of covenant process?

☒ yes ☐ no  
☒ yes ☐ no  
☒ yes ☐ no

#### C. PRIOR ACTIVITY

1. Has any directors and officers liability coverage ever been declined, cancelled or non-renewed? ☐ yes ☒ no
2. Has any legal action been taken by the association against any member other than for collection of fees or assessments? ☐ yes ☒ no
3. Has any claim been made, or is any claim pending against the association or any person as a director, officer, executive trustee, employee, independent community manager, volunteer, staff or committee member or association member acting on behalf of the board? ☐ yes ☒ no
4. Are you aware of any fact, circumstance or situation not reported to your current or past Directors & Officers Liability insurer which you reasonably believe could give rise to a claim? ☐ yes ☒ no

### ***XI. List of Streets***

Street Name
Drexel Avenue

### ***XII. Fraud Statement***

GA	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 civil penalties.
----	--

### ***XIII. Authorization***

A. **Association Name** (Legal name based on articles of incorporation or fillings on record with state):  
Chelsea Place Homeowners Association, Inc.


B. **Association Mailing Address**(C/O, Street, City, State, Zip Code):  
414 Drexel Avenue  
414 Drexel Avenue  
Decatur, GA 30030

C. **Property Location**  
**City or Municipality:** Decatur **County:** Dekalb **State:** GA **Zip Code:** 30030

D. **Proposed Effective Date** (mm/dd/yy): 02/16/20

I am an authorized representative of the applicant and certify that a diligent inquiry was made to obtain the answers to the questions on this application. To the best of my knowledge, I certify that the answers are accurate and complete.

I understand that the information provided in this application and related attachments were relied upon as the basis of coverage. Declarations and statements made relative to all coverage parts will be considered as incorporated in and constituting a part of the policy.

**Signature:**   
Signature of board member or other authorized representative is required.

**Date:** 01-29-2020

**Name:** Sarah P Collins

**Title:** Treasurer

App Id: 173634 Account Code: 9141  
Document Created: 1/8/2020 at 2:17 PM

**IMPORTANT NOTICE. PLEASE READ IT CAREFULLY.**

**■ Disclosure Notice to Policyholders - Georgia**


You should read your policy exclusions including the endorsements referenced below and review your declaration pages for complete information on the coverages you are provided. If there is any conflict between the policy and this notification, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

The policy contains rot, mold and mildew or other “fungi” exclusions. These exclusions are applicable to the LIABILITY COVERAGE PART, DIRECTORS AND OFFICERS LIABILITY COVERAGE PART, EMPLOYEE BENEFITS LIABILITY COVERAGE PART and ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE PART.

**“Fungus”, Wet Rot and Dry Rot Coverage, CAU 3600 GA.**

This endorsement contains limited coverage and exclusions for “fungus”, wet rot and dry rot applicable to the PROPERTY COVERAGE PART.

I understand that the policy includes the exclusions referenced above:

Signed	 _____ Sarah P Collins
Title	_____ 01-29-2020
Date	_____



**Community Association Underwriters of America, Inc.**

2 Caufield Place  
Newtown, PA 18940  
(267) 757-7100

Preferred Property Program, Inc.

Renewal Quotation For Umbrella Coverage

**THIS IS NOT A BINDER**



Renewal Effective Dates: 2/16/2020 to 2/16/2021

Quotation Date: January 9, 2020

BASED ON EXPIRING INFORMATION; ASSUMING NO CHANGES IN RISK

**Only Preferred Property Programs can bind risks.** This renewal quote is valid for 60 days from the quotation date shown on this document or until the renewal effective date shown above.

Applicant's Name As it will appear on policy:	<b>Chelsea Place Homeowners Association, Inc.</b>
Producer:	<b>Dreher Insurance Agency</b>
Attention:	<b>Joseph Dreher</b>
Location:	<b>Per Package Policy Description, Decatur, GA</b>

**Limits of Insurance Options:**

Insurance Company	Limit	Annual Premium	*Terrorism Premium	Membership Fee	**State Fees/Surcharges	Total
Greenwich Ins	\$ 5,000,000	\$750.00	\$8.00	\$111.00	\$0.00	\$869.00
Greenwich Ins	\$10,000,000	\$1,250.00	\$13.00	\$152.00	\$0.00	\$1,415.00
Greenwich Ins	\$15,000,000	\$1,650.00	\$17.00	\$209.00	\$0.00	\$1,876.00
Greenwich Ins	\$25,000,000	\$2,200.00	\$22.00	\$253.00	\$0.00	\$2,475.00
Greenwich Ins/Chubb	\$50,000,000	\$3,700.00	\$37.00	\$374.00	\$0.00	\$4,111.00

**\* Terrorism premium is not optional and is already included in the Total Premium total. \*\*State Fees/Surcharges are accurate as of quote date and may vary by company at time of binding.**

**Chubb Excess Policy**

Please note second excess policy may only be purchased in conjunction with primary \$25,000,000 umbrella policy and is in addition to the first \$25,000,000. 50 Million is actually two policies above: \$25,000,000 Greenwich Ins and 25 excess of 25 Million with Chubb Insurance Co. EPLI following form D&O is limited to the first \$25,000,000; the excess Chubb policy has an EPLI exclusion attached. Directors and Officers is not available for Apartments or LRO risks.

Flat cancellation is not permitted after risk is bound. **This quote is provided with % commission on PREMIUM ONLY;** Membership Fee and state tax (es) are non-commissionable. Payment would be due 10 days after binding.



**Community Association Underwriters of America, Inc.**

2 Caufield Place  
Newtown, PA 18940  
(267) 757-7100



Preferred Property Program, Inc.

**\*\*\* Policy changes may be subject to the following minimum premiums:**

Minimums For This Risk Type
\$750 for \$5 Million
\$1,250 for \$10 Million
\$1,650 for \$15 Million
\$2,200 for \$25 Million
\$5,200 for \$50 Million

The following Endorsements form part of our policy:

COVER PAGE
NOTICE TO POLICYHOLDERS U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
NOTICE TO POLICYHOLDERS FRAUD NOTICE
NOTICE TO POLICYHOLDERS PRIVACY POLICY
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
PURCHASING GROUP CONVERSION ENDORSEMENT
IN WITNESS - GREENWICH INSURANCE COMPANY
COMMERCIAL EXCESS/UMBRELLA LIABILITY CERTIFICATE HOLDER DECLARATIONS
COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY CERTIFICATE HOLDER SCHEDULE OF UNDERLYING INSURANCE
FORMS SCHEDULE
COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE
AMENDATORY ENDORSEMENT GEORGIA
CERTIFICATE HOLDER AND LOCATIONS
CLAIM REPORTING PROVISIONS COVERAGES E AND U
COVERAGE X -- DISASTER EVENT RESPONSE EXPENSE
EMPLOYMENT PRACTICES LIABILITY FOLLOW FORM COVERAGE E
EXCLUSION -- CONTAMINATED DRYWALL COVERAGES E AND U
EXCLUSION -- EARTH MOVEMENT COVERAGES E AND U
EXCLUSION -- ERRORS AND OMISSIONS LIABILITY COVERAGE E
EXCLUSION -- TOTAL POLLUTION WITH CERTAIN EXCEPTIONS COVERAGE E
EXCLUSION -- FUNGUS OR RELATED PERILS COVERAGES E AND U
EXCLUSION - DATA BREACH LIABILITY COVERAGES E AND U
TERRORISM SELF-INSURED RETENTION COVERAGE U
CONSTRUCTION AND PRODUCT EXCLUSION -INCLUDING CONSTRUCTION DEFECTS WITH LIMITED EXCEPTION
AMENDED DEFINITION PERSONAL AND ADVERTISING INJURY COVERAGES E AND U
ALL OTHER PERTINENT STATE ENDORSEMENTS



**Community Association Underwriters of America, Inc.**

---

*2 Caufield Place  
Newtown, PA 18940  
(267) 757-7100*

Preferred Property Program, Inc.



This renewal quote is based on underwriting information currently on file with our company. This renewal quote is furnished as an accommodation to your office only, and does not automatically renew. If we do not have a recent PPP application on file we will require an updated app and annual membership agreement in order to bind the renewal. The following renewal form must be completed and must accompany the bind order.

**THIS RISK CAN BE BOUND ONLY UPON RECEIPT OF YOUR FIRM WRITTEN ORDER AND IS BASED ON THE AFOREMENTIONED COVERAGES WHICH MAY DIFFER FROM THE APPLICATION SUBMITTED BY YOUR OFFICE. THE INFORMATION HEREIN SHOULD BE CHECKED FOR ACCURACY. ALL REQUESTS TO BIND COVERAGE MUST BE IN WRITING AND COVERAGE IS NOT BOUND UNTIL WE PROVIDE YOUR OFFICE WITH WRITTEN CONFIRMATION.**

**Thank You For Your Business.**

Disclaimer: This proposal contains a brief outline of coverages to be included in the policy that may be issued in the future. This is only a summary, and the terms and conditions of the policy will take precedence over the proposal.



**Community Association Underwriters of America, Inc.**

2 Caufield Place  
Newtown, PA 18940  
(267) 757-7100

Preferred Property Program, Inc.

**RENEWAL APPLICATION FORM**



Association Name: Chelsea Place Homeowners Association, Inc.

Policy Number:

Fax Back Renewal Form to: 267-757-0321

Coverage Effective Dates: 2/16/2020 to 2/16/2021

Quotation Date: January 9, 2020

This form **must** accompany your bind request. Please advise if above Named Insured or any of the following underwriting criteria is **in**correct. If information differs, quote will be revised accordingly.

**Renewal quote is based on the following rating criteria, currently on file:**

11 Units, 0 Total Vehicles, HNOA "if any": Included, 0 Pools, 0 Stories, 0 Employees, 0 Vacant Land Acreage, 0 Commercial Square Footage, 0 Golf Course Number Of Holes, Risk Type (HOA), Developer On Board: No, Underlying GL Limit: \$1,000,000

All Mercantile occupants currently on file.

The association "makeup" has **NOT** changed. All above information is correct: Check Here:       

Please bind renewal at(circle desired limit): 5 Million 10 Million 15 Million 25 Million 50 Million limit

Premium                      Fee                      Total                     .

The association "makeup" **has changed**. Please make the following corrections and send a revised quote:

Units       ; Autos       ; Story(ies)       ; Pool(s)       ; #Of Employees        (does not include board members or leased employees); Golf Holes       ; Total Comm'l sq ft           ; Vacant Land Acreage       ; Developer On Board:        (Yes or No);

HNOA: Borrowing/Hiring of trucks, passenger vans/buses anticipated        (Yes or No)

Mercantile occupancy has changed:        If applicable, please include updated list of occupants.

**Risk is a:**

Condo	Apartment	Timeshare	Building Owners (LRO)	HOA	PUD
Townhouse	Mixed Use (Habitational & Retail)		Other (Describe)		

**Square Footage Breakdown**(If Applicable):

Retail            Non- Condominium Office            Master Association Common Area           

Parking            Warehouse            Manufacture           

**Type of Auto** (If Applicable):

           #Private Passenger            #Light Trucks            #Medium Trucks            #Heavy Trucks

           #Buses-list use and # of passengers:           

\*Are all pools in compliance with the Virginia Graeme Baker Spa and Pool Act? Yes        No       

If No, are the drain covers on order? Yes        No



**Community Association Underwriters of America, Inc.**

2 Caufield Place  
Newtown, PA 18940  
(267) 757-7100

Preferred Property Program, Inc.



**Minimum Underlying Insurance Requirements**

Commercial General Liability	\$1,000,000/\$2,000,000	*A- Rated VII or Better AM Best excluding Lloyds of London
Automobile Liability	\$1,000,000 (BI & PD CSL)	*A- Rated VII or Better AM Best
Employers Liability	\$500,000/\$500,000/\$500,000	*A- Rated VII or Better AM Best
Directors & Officers Liability	\$1,000,000/\$1,000,000	*A- Rated VII or Better AM Best (Claims Made Required)

Note: We cannot write over Lloyd's of London or any of its subsidiaries.

**Please issue with the following Underlying Schedule Information:**

Policy Type	Policy Number	Company Name	Effective	Expiration	Limits
GL					
D&O					
Auto (incl HNOA)					
Employers Liab					
Other ( )					

**Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give rise to a claim against the organization or any of its Members, Officers, or Employees?**

☐ yes ☐ no Provide Details, if yes:

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

Applicant / Authorized Representative Signature

Date:

☐ Please Do Not Renew the policy

01-29-2020

**To be completed by Broker-Reason on Non-renewal:**

- ☐ More competitive quote from \_\_\_\_\_ Premium was: \_\_\_\_\_
- ☐ Our Agency was not successful in placing coverage either.
- ☐ Association did not purchase umbrella
- ☐ Other \_\_\_\_\_

Thank you for your business and feedback. We look forward to your bind order. If we can assist you in any way, please do not hesitate to call us.

## **PUNITIVE DAMAGES EXCLUSION REQUEST**

**Insurance Company:** Greenwich Insurance Company

**Policy Number:** C-389168

**Named Insured:** Chelsea Place Homeowners Association, Inc.

In exchange for a reduction in premium, I hereby request that a Punitive Damages Exclusion endorsement be made part of my policy. I understand that no coverage will be provided for punitive, exemplary, or vindictive damages in this policy, or in future renewals of this policy.

**Policyholder's Signature:**

**Date:**

---

---

## **EXCLUSION -- PUNITIVE DAMAGES COVERAGES E AND U**

The Commercial Excess/Umbrella Liability Coverage is amended as follows. All other "terms" of the policy apply, except as amended by this endorsement.

This policy does not apply to a claim or indemnification for punitive or exemplary "damages", or to any costs, attorney fees, interest, or "damages" attributable to an award of punitive or exemplary "damages". Punitive or exemplary "damages" means those "damages" imposed to punish a wrongdoer and to deter others from similar conduct.

However, if a "suit" seeking both compensatory "damages" and punitive or exemplary "damages" is brought against an "insured" for an "occurrence" or offense covered by this policy, "we" will provide defense coverage.



**Community Association Underwriters of America, Inc.**

2 Caufield Place  
Newtown, PA 18940  
(267) 757-7100

Preferred Property Program, Inc.



## Membership Agreement

This Agreement is entered into between Preferred Property Program (PPP) an Illinois corporation, and the Chelsea Place Homeowners Association, Inc. ("Purchaser") which is located at the following address: , Decatur, GA

WHEREAS PPP is a risk purchasing group formed pursuant to Illinois law and the Risk Retention Amendments of 1986 (15 U.S.C. 3910 et. seq.) ("Act") in order to permit a group of individuals who share common or similar liability exposures to join together to purchase umbrella liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to PPP that Purchaser is engaged in the real estate business and is exposed to liability risks which are the same or similar to those of the other members of the group; and

WHEREAS Purchaser seeks to insure its own risks by purchasing umbrella liability insurance under the group umbrella insurance policy issued to the group through PPP;

NOW THEREFORE, the parties Agree as follows:

### Agreement

1. PPP agrees that as of the effective date of this Agreement, Purchaser is a member of the risk-purchasing group and is eligible to participate in certain group umbrella liability insurance policies, including endorsements and renewals, which is issued to PPP for the benefit of its members ("Insurance").
2. Except as otherwise provided herein, so long as Purchaser satisfies the requirements of this Agreement and meets the qualifications of membership as set forth in the Act, PPP shall permit Purchaser to participate in and be insured under insurance.
3. Purchaser shall pay all premiums, which are billed to it for insurance not later than ten (10) days after receipt of a statement therefore.
4. Purchaser shall promptly pay a non-refundable annual membership fee of \$111.00 for \$ 5,000,000; \$152.00 for \$10,000,000; \$209.00 for \$15,000,000; \$253.00 for \$25,000,000; \$374.00 for \$50,000,000; depending on limit bound (the 'Membership Fee'). The Membership Fee must be paid not later than the date insurance coverage is bound. The Membership Fee is used, in part, to fund the operations and expenses of PPP in connection with its risk purchasing group activities. PPP has appointed Jacobson Goldfarb Scott Insurance ("JGS") to administer certain risk purchasing group operations of PPP and JGS is paid an administration fee by PPP for such services. JGS is the insurance agent through which PPP currently purchases the insurance coverages for PPP's members and is an affiliate of PPP.
5. Purchaser shall meet the underwriting criteria imposed by each insurer upon all members of the risk purchasing group who are insured or all persons who seek to be insured under the Insurance.

Purchaser understands that its failure to meet such underwriting criteria may result in the non-renewal of its coverage under Insurance.

6. Termination

a) This Agreement shall terminate:

i. Upon failure of Purchaser to pay the annual membership fee or any premiums for insurance as required under the Insurance and this Agreement. Purchaser shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, PPP may, in its sole discretion, reinstate Purchaser's membership.

ii. Upon termination or non-renewal of Insurance covering Purchaser or the group through PPP.

b) This Agreement may be terminated by PPP

i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; or and PPP shall give not less than thirty (30) days prior written notice of such termination; or

ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by PPP for the risk purchasing group as a whole; and PPP shall give not less than thirty (30) days prior written notice of such termination; or

c.) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from the risk purchasing group. Purchaser may withdraw from the risk purchasing group and participation in the Insurance at any time by submitting a written notice of its withdrawal to PPP stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the risk purchasing group will immediately terminate all coverage of insurance for Purchaser under Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless PPP for any liability or expenses, including costs of defense, which PPP may incur as a result of acts or omissions of Purchaser or any of its employees or agents including incorrect or false statements of fact intentionally made to PPP.

This Agreement shall be effective on 01-29-2020, 20  .

PURCHASER


By: \_\_\_\_\_

(Signature)



TRANSACTION DETAILS	DOCUMENT DETAILS
<b>Reference Number</b> C7C14283-3334-4BF5-866F-804EBBD2C836	<b>Document Name</b> Chelsea Place Package App
<b>Transaction Type</b> Signature Request	<b>Filename</b> chelsea_place_package_app.pdf
<b>Sent At</b> 01/29/2020 14:15 EST	<b>Pages</b> 22 pages
<b>Executed At</b> 01/29/2020 19:21 EST	<b>Content Type</b> application/pdf
<b>Identity Method</b> email	<b>File Size</b> 1.43 MB
<b>Distribution Method</b> email	<b>Original Checksum</b> fc04e96be85dc862c5b3724cbac1b15beecb7b7924cd896a311eebeac53e69e6
<b>Signed Checksum</b> eb181aff1c5d526df798b73c150a7bbcd77393f67f6689de34e7fe3813556820	
<b>Signer Sequencing</b> Disabled	
<b>Document Passcode</b> Disabled	

## SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<b>Name</b> Sarah	<b>Status</b> signed	<b>Viewed At</b> 01/29/2020 19:18 EST
<b>Email</b> spcollins@gmail.com	<b>Multi-factor Digital Fingerprint Checksum</b> e6357e2ec11ed04e728d778c08cf47ce088fce8f12fd401e3146ae2a312133a6	<b>Identity Authenticated At</b> 01/29/2020 19:21 EST
<b>Components</b> 11	<b>IP Address</b> 76.20.252.15	<b>Signed At</b> 01/29/2020 19:21 EST
	<b>Device</b> Chrome via Mac	
	<b>Drawn Signature</b> 	
	<b>Signature Reference ID</b> E0608606	
	<b>Signature Biometric Count</b> 189	

## AUDITS

TIMESTAMP	AUDIT
01/29/2020 19:21 EST	Sarah (spcollins@gmail.com) signed the document on Chrome via Mac from 76.20.252.15.
01/29/2020 19:21 EST	Sarah (spcollins@gmail.com) authenticated via email on Chrome via Mac from 76.20.252.15.
01/29/2020 19:18 EST	Sarah (spcollins@gmail.com) viewed the document on Chrome via Mac from 76.20.252.15.
01/29/2020 14:15 EST	Sarah (spcollins@gmail.com) was emailed a link to sign.
01/29/2020 14:15 EST	Judy Dreher (judy@dreherinsurance.org) created document 'chelsea_place_package_app.pdf' on Chrome via Windows from 155.186.148.57.