

## CSU Producer Resources, Inc.

A subsidiary of Cincinnati Financial Corporation  
P.O. Box 145496, Cincinnati, OH 45250-5496  
513-870-2000

**Date:** 04/24/2018

**To:** Hall Marose Silveus, LLC  
1021 Mariners Dr  
Warsaw IN 46582-9392  
  
13-319

**From:** Tom Dameron

**RE:** Epworth Forest Administration Committee, Inc.

**Quote number:** 313093382

### QUOTATION

We are pleased to present a quote for this risk. This quote is based on the information you submitted, however the terms and conditions may differ from what was requested. Please review carefully.

Coverage to be provided by The Cincinnati Specialty Underwriters Insurance Company, an approved non-admitted company.

**Proposed Policy Period:** From: 04/23/2018 To: 04/23/2019

**Quote Expiration:** 05/23/2018

**Description of Operations:** Boat Storage or Moorage

#### Coverage:

##### General Liability - OCCURRENCE

**Retroactive Date:** NONE

Limits of Insurance	
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense	\$ 5,000
Each Offense – Personal & Advertising Injury	\$ 1,000,000
General Aggregate other than Completed Operations	\$ 2,000,000
Products/Completed Operations Aggregate	Excluded

Deductible	Per Claim	Per Occurrence
Bodily Injury	Not Applicable	Not Applicable
Property Damage	Not Applicable	Not Applicable
Combined BI and PD	\$ 500	Not Applicable

**Payment Options:** CSU offers both Agency Bill and Direct Bill payment methods. Listed below are the payment methods available to the insured.

**Agency Bill:**

Re: Epworth Forest Administration Committee, Inc.

<b>Premium:</b>	
CGL Deposit Premium	\$ 550.00
Terrorism Risk Insurance Act	\$ 8.00
Broker Fee	\$ 35.00
Surplus Lines Tax	\$ 14.83
Stamping Fee	N/A
Other taxes or Fees	N/A
<b>TOTAL</b>	<b>\$ 607.83</b>

**Direct Bill:**

<b>Payment Plan</b>	<b>Policy Premium</b>	<b>Total Taxes &amp; Fees</b>	<b>Down Payment</b>
25/9	\$ 603.00	\$ 50.95	\$ 251.95
Quarterly	\$ 586.00	\$ 50.53	\$ 197.03
Semi-Annual	\$ 575.00	\$ 50.25	\$ 337.75
Annual/Pre-Pay	\$ 558.00	\$ 49.83	\$ 607.83

\*Down Payment includes any fully earned or flat charge premiums, Broker Fee (where applicable) and all Surplus Lines Tax and other state specific taxes or fees.

Re: Epworth Forest Administration Committee, Inc.

**Provisions applicable to premium:**

- A. Premium is subject to annual audit:** ☐ Yes ☒ No
- B. Agency Bill Payment Terms:** Premium is payable in full on the 15<sup>th</sup> of the month following the statement month. If payment is not received by this due date, coverage will be cancelled and may either not be reinstated or reinstated with different terms and conditions. We honor requests to cancel coverage made by any company financing premiums and - if asked to reinstate - reserve the right to not reinstate, or to reinstate coverage with a gap in terms or conditions.
- C. Direct Bill Down Payment Terms for New Direct Bill Policies:** The agency producer is responsible for submitting the down payment reflected in this quote letter. Full down payment should be remitted at bind to avoid cancellation for non-payment of premium. We will allow 8 days for the payment to be received. The agency producer will not receive an invoice for these premiums.
- D. Direct Bill Payment Terms for Subsequent Installments and Renewals:** A billing invoice will be sent to the payor on the account for future installments and renewals. Payment is due within 22 days from the invoice date.
- E. Direct Bill Billing Charges:** These billing charges vary by state and may generate a fee of \$25 per infraction: Non-Sufficient Funds Charge, Rescission Charge and/or Late Charge. Please refer to the Disclosure of Direct Bill and Charges form included with your invoice for more information.
- F. Minimum Earned Premium at Inception:** 25 %
- Minimum earned premium is the minimum amount to be retained as premium if coverage is cancelled at the insured's request after coverage is bound with the company.
- G. Minimum Premium:** The minimum premium is the lowest amount to be retained for the policy period. Minimum premium is equal to 100% of the deposit premium.
- H. Flat Charge:** Any premium shown as a flat charge is fully earned and is not subject to the minimum earned premium.
- I. Broker Fee:** The broker fee is considered a flat charge and fully earned and is not subject to the minimum earned premium.

**Forms and Endorsements:**

Refer to Forms and Endorsements Schedule CSIA406

**Standard Terms and Conditions:**

1. In compliance with TRIA, a signed disclosure statement and coverage selection form is required at the time coverage is bound.
2. Please advise if coverage is desired. Coverage is not bound until issuance of a policy number by the company.
3. Commission: 15 %

**Additional Terms and Conditions and Remarks:****Authority to Issue Certificates of Insurance:**

After coverage is bound with our prior approval, you may issue **unmodified** ACORD Certificates of Insurance with an accurate representation of the coverage form and endorsements applicable to the policy at the time you issue the Certificate. No modification to the ACORD Certificate of Insurance is allowed without prior written approval from the company.

Certificates of Insurance do not amend, extend or alter policy coverage, terms or conditions in any manner. Changes to the policy are permitted only with prior written approval by the company.

Re: Epworth Forest Administration Committee, Inc.

**DISCLOSURE NOTICE OF TERRORISM INSURANCE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have the right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act.

**Certified Act of Terrorism**

As defined in Section 102(1) of the Act, the term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, 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.

**Disclosure of Federal Participation in Payment of Terrorism Losses**

You should know that where coverage is provided 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 85% 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 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.

**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 acts of terrorism certified under that Act.

The portion of your premium attributable to coverage for acts of terrorism certified under the Act is Excluded plus applicable taxes and fees. This amount does not include any charges for the portion of losses covered by the United States government.

**REJECTION OF TERRORISM INSURANCE COVERAGE**

You may choose to reject this offer of coverage for losses resulting from acts of terrorism as defined in the Act by signing the statement below and returning it to your insurance producer.

☐ **Coverage Rejection** – I hereby reject the offer to purchase coverage for certified acts of terrorism as defined in the Act. I understand that I will have no coverage for losses resulting from such acts of terrorism.

\_\_\_\_\_  
Authorized Signature by Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Named Insured\_\_\_\_\_  
The Cincinnati Specialty Underwriters Insurance Company Policy Number

## Forms and Endorsements Schedule

**POLICY NUMBER:**

**POLICY EFFECTIVE DATE:** 04/23/2018

**NAMED INSURED:** Epworth Forest Administration Committee, Inc.

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### FORMS APPLICABLE

#### Forms Applicable - Common Forms

CSIA501 (07/14) Common Policy Declarations  
CSIA409 (01/08) Named Insured Schedule  
CSIA410 (03/08) Notice to Policyholders  
CSIA417 (01/09) Cap on Losses from Certified Acts of Terrorism  
CSIA403 (08/07) Special Provisions - Premium  
CSIA404 (08/07) Service of Suit

#### Forms Applicable - Commercial General Liability

CSGA501 (04/08) Commercial General Liability Coverage Part Declarations  
CSGA403 (10/07) Liability Premises Schedule  
CSGA408 (04/08) Commercial General Liability Classification and Premium Schedule  
CG0001TOC (04/13) Commercial General Liability Coverage Form Table of Contents  
CG0001 (04/13) Commercial General Liability Coverage Form  
CSGA401TOC (02/13) Changes to Commercial General Liability Coverage Form Table of Contents  
CSGA401 (02/13) Changes to Commercial General Liability Coverage Form  
CG2107 (05/14) Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability  
IL0117 (12/10) Indiana Changes - Workers' Compensation Exclusion Endorsement  
CG0300 (01/96) Deductible Liability Insurance  
IL0158 (09/08) Indiana Changes  
IL0272 (09/07) IN Changes - Cancellation and Nonrenewal  
CG2426 (04/13) Amendment of Insured Contract Definition  
CG2150 (04/13) Amendment of Liquor Liability Exclusion  
CSGA418 (06/08) Amendment of Pollutants Definition

## Forms and Endorsements Schedule

**POLICY NUMBER:**

**POLICY EFFECTIVE DATE:** 04/23/2018

**NAMED INSURED:** Epworth Forest Administration Committee, Inc.

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### FORMS APPLICABLE

#### Forms Applicable - Commercial General Liability

CSGA361 (06/08)	Exclusion - Fungi or Bacteria
CSGA439 (11/08)	Amendment of Duties in the Event of Occurrence Offense Claim or Suit Condition
CG0123 (03/97)	IN Changes - Pollution Exclusion (For Use With Commercial General Liability Coverage Part)
CG2104 (11/85)	Exclusion - Products/Completed Operations Hazard
CG2147 (12/07)	Employment-Related Practices Exclusion
CG2149 (09/99)	Total Pollution Exclusion Endorsement
CG2196 (03/05)	Silica Or Silica-Related Dust Exclusion
CSGA301 (03/16)	Exclusion-Assault or Battery
CSGA333 (01/08)	Limitation of Coverage to Scheduled Classifications Only
IL0017 (11/98)	Common Policy Conditions
IL0021 (09/08)	Nuclear Energy Liability Exclusion Endorsement
CSLL348 (01/08)	Limitation - No Stacking of Limits of Insurance
IL0003 (09/08)	Calculation of Premium

**The Cincinnati Specialty Underwriters Insurance Company**  
**P.O. Box 145496**  
**Cincinnati, OH 45250**

**AFFIDAVIT OF DILIGENT EFFORT (CSD 2001)**

STATE OF IN POLICY # \_\_\_\_\_

COUNTY OF KOSCIUSKO COUNTY

I \_\_\_\_\_, whose Social Security Number is **NOT APPLICABLE** of

Hall Marose Silveus, LLC affirm that I have sought to obtain General Liability  
(Agency Name) (Type of Coverage)

Epworth Forest Administration Committee, Inc.  
for \_\_\_\_\_  
(Named Insured)

From:  
1. \_\_\_\_\_ (Authorized Insurer) \_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Person Contacted) and the reason(s) for the declination by the  
Insurer was (were) as follows: \_\_\_\_\_

2. \_\_\_\_\_ (Authorized Insurer) \_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Person Contacted) and the reason(s) for the declination by the  
Insurer was (were) as follows: \_\_\_\_\_

3. \_\_\_\_\_ (Authorized Insurer) \_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Person Contacted) and the reason(s) for the declination by the  
Insurer was (were) as follows: \_\_\_\_\_

It is further affirmed that the Insured was expressly advised in writing prior to placing the insurance that (1) the surplus lines with whom coverage is being placed is not authorized to do business as an admitted carrier in this State and (2); in the event of insolvency of the surplus lines insurer, the property and casualty guaranty fund of the State will not pay losses under the surplus lines coverage form.

\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
(Signature of Producing Agent)

\_\_\_\_\_  
(Printed Name of Producing Agent)



# CYBER LIABILITY QUOTE ESTIMATE

Date:

To: Epworth Forest Administration Committee, Inc.  
PO BOX 214  
NORTH WEBSTER IN 46555

## QUOTATION

CSU offers three Cyber products: Data Defender, Network Defender and Cyber Defense. Data Defender and Network Defender can be purchased separately or together. The quote(s) cannot be bound without prior company approval. Final pricing is subject to a favorable Cyber Liability Application, CSHC002. Please contact your C-SUPR underwriter for more information on these products.

### 1. DATA DEFENDER

Provides first party coverage for specified expenses arising from a "personal data compromise" involving "personally identifying information" of "affected individuals."

"Affected individuals" may be customers, clients, members, directors or employees of the insured entity.

Coverage	Annual Aggregate Limit	Deductible	Annual Gross Premium
Response Expenses	\$50,000	\$1,000	\$53
Defense and Liability	\$50,000	\$1,000	\$20
Identity Recovery	\$25,000	\$250	\$14
Total Data Defender Premium for \$50,000 Annual Aggregate Limit			\$ **87

### 2. NETWORK DEFENDER

Provides third party coverage for the breach of business information, unintended propagation and forwarding of malware and unintended abetting of a denial of service attack.

Coverage	Annual Aggregate Limit	Deductible	Annual Gross Premium
Computer Attack	\$100,000	\$1,000	\$141
Network Security	\$100,000	\$1,000	\$101
Total Network Defender Premium for \$100,000 Annual Aggregate Limit			\$ **242

### 3. CYBER DEFENSE

Cyber defense comprises seven components, including first and third party coverages. This robust cyber option offers higher limits and broad coverage and requires individual underwriting. Please consult your C-SUPR underwriter for additional details. To receive a quote, please complete supplemental application CSCH004.

\*\* Note: applicable taxes, terrorism and \$35 broker fee will be added to the final policy.

CSIA 460 07 17

This is not a policy. CSU Producer Resources Inc., a subsidiary of Cincinnati Financial Corporation, offers insurance brokerage services to independent agencies of The Cincinnati Insurance Company. C-SUPR supports your access to Cincinnati's excess and surplus lines company - The Cincinnati Specialty Underwriters Insurance Company. 6200 South Gilmore Road, Fairfield, OH 45014 5141. Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496 cinfin.com



# Commercial General Liability Premises Schedule

**POLICY NUMBER:**

**POLICY EFFECTIVE DATE:** 04/23/2018

☒ **if Supplemental  
Declarations Is Attached**

**NAMED INSURED:** Epworth Forest Administration Committee, Inc.

**LOC.**

**ADDRESS**

1

8521 E WADE LN  
NORTH WEBSTER IN 46555

## Commercial General Liability Classification and Premium Schedule

POLICY NUMBER:

POLICY EFFECTIVE DATE: 04/23/2018

NAMED INSURED: Epworth Forest Administration Committee, Inc.

LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE A - Area B - Payroll S - Gross Sales U - Units	RATE		DEPOSIT PREMIUM	
				Premises Operations and All Other	Products/ Completed Operations	Premises Operations and All Other	Products/ Completed Operations
1	Boat Storage and Moorage	10105	S, 8000	68.750	.000	\$550	

# POLLUTION LEGAL LIABILITY ESTIMATED QUOTE

**Date:** 04/24/2018

**To:** Hall Marose Silveus, LLC  
1021 Mariners Dr  
Warsaw IN 46582-9392

13-319

**From:** Tom Dameron

**Re:** Epworth Forest Administration Committee, Inc.

**Quote number:** 313093382

## QUOTATION

The quote(s) cannot be bound without prior Company approval. Final pricing is subject to a favorable Pollution Application, **CSGA 015**. Please contact your CSU underwriter with any questions.

Limit	\$100,000	\$250,000	\$500,000	\$1,000,000
Deductible	\$1,000	\$2,500	\$5,000	\$10,000
Rate	2.9%	5.3%	7.6%	9.9%
Pollution Minimum Premium	\$100	\$185	\$265	\$350