

**General Applicant Information**

Line of Business:

Property     GL     EIL     Crime     D&O/EPLI     Umbrella

Agency Name: Sihle Insurance Group, Inc.

Agency Address: 1021 Douglas Ave, Altamonte Springs, FL 32714

Producing Agent's Name: LOU BIRON License # A022282

Named Insured: SALTPONDS CONDOMINIUM ASSOCIATION, INC.

Location Address: 3635 SEASIDE DR, KEY WEST, FL 33040

Mailing Address: 3635 SEASIDE DRIVE UNIT 103, KEY WEST, FL 33040

Inspection Contact: Name: MICHELLE Phone #: 3052920222 Email: SALTPONDSOFFICE@GMAIL.COM  
CHENNAULT

Prior Carrier:

Loss History: None

**Condominium Association Supplemental Application**

1. Name of Association: SALTPONDS CONDOMINIUM ASSOCIATION, INC.
2. Effective Date: 3/20/2024
3. Is there any existing damage to the building? Yes  No
4. Any aluminum wiring in the building? Yes  No
5. Do you have armed security guards? Yes  No
6. Are any buildings undergoing major structural renovations? Yes  No
7. Has the association had any engineering studies or any engineering report done on any of the buildings (40 years or older) in the last 5 years?? Yes  No  N/A
8. Are there any unresolved issues as a result of the engineering report? Yes  No  N/A

**UNDERWRITING QUESTIONS - PROPERTY**

9. Any cast iron, galvanized or polybutylene pipes? Yes  No  N/A

**UNDERWRITING QUESTIONS – GENERAL LIABILITY**

10. Is pool fenced with self-latching gate? Yes  No  N/A
11. Is there a diving board or slide? Yes  No  N/A
12. Does the association own any davit(s) or boatlift(s)? Yes  No  N/A

**UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY**

13. In the last 5 years, have you been subject to formal third party complaints, claims or violations for the release of hazardous substances, hazardous wastes, or any other pollutants into the environment, including indoor air quality or outbreaks of legionella pneumophila? Yes  No  N/A
14. Are you aware of any circumstances that could rise to a pool/spa contamination or environmental liability claim under this policy? Yes  No  N/A
15. Does the account have a water maintenance/ management plan in place for pool, spa and other common areas (this can include maintenance/management by third party providers)? Yes  No  N/A

**UNDERWRITING QUESTIONS – CRIME**

16. Are banks accounts reconciled by someone not authorized to deposit or withdraw? Yes  No  N/A

**UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI**

17. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer? Yes  No  N/A

18. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence?

Yes\_\_\_ No\_\_\_ N/A X

19. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured?

Yes\_\_\_ No\_\_\_ N/A X

20. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years?

Yes\_\_\_ No\_\_\_ N/A X

21. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years?

Yes\_\_\_ No\_\_\_ N/A X

22. Has the Association's current D&O policy been cancelled or non-renewed?

Yes\_\_\_ No\_\_\_ N/A X

23. Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members?

Yes\_\_\_ No\_\_\_ N/A X

*Michael Grattan*

**X** \_\_\_\_\_  
Agreed Signature of Applicant

03/19/2024  
\_\_\_\_\_ Date



**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE AND  
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act 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 an air carrier or vessel 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.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as 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 portion of your annual premium that is attributable to coverage for acts of terrorism is \$25,370.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 266.70

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the 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.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

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**REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE**

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$<sup>266.70</sup>

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

*Michael Grattan*

\_\_\_\_\_  
Applicant/Named Insured  
Signature or  
Authorized Signature  
President  
\_\_\_\_\_  
Title

UNASSIGNED  
\_\_\_\_\_  
Policy Number  
  
03/19/2024  
\_\_\_\_\_  
Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

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# Certificate of Completion

## Summary

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