



677 King Street, 3rd Floor
Charleston, SC 29403
Ph:
www.rtspecialty.com

024918596B

QUOTATION SUMMARY

November 13, 2024

USI Insurance Services, LLC - Charleston, SC
Connor Bergeron
235 Magrath Darby Blvd. Suite 325
Mount Pleasant, SC 29464

FROM: Ed Doherty for Jeremiah Folkmann

Outlined below is a summary of the attached quotation obtained for the above noted Insured. The full quote terms, conditions, limitations and exclusions can be found on the attached quote. Please pay special attention to those items found on the quote, and note that in the event of any discrepancies between the information found on this summary and the quote itself, the quote supersedes our summary. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, limitations and exclusions in the quote, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

NAMED INSURED:	Eastman Residential LLC 651 Old West Mount Pleasant Avenue Suite 110 Livingston, NJ 07039	
PRIMARY RISK ZIP CODE:	80631	
COVERAGE:	All Risk	
INSURER:	Vantage Risk Specialty Insurance Company - Non-Admitted	
POLICY TERM:	12/1/2024 - 12/1/2025	
ESTIMATED POLICY PREMIUM:	\$102,311.00	
FEES:	Inspection Fee - Carrier	\$450.00
	Policy Fee - Carrier	\$661.00
	TOTAL FEES:	\$1,111.00
ESTIMATED SURPLUS LINES TAX:	Surplus Lines Tax	\$3,102.66
	TOTAL TAXES:	\$3,102.66
TOTAL WITHOUT TRIA:	\$106,524.66	
TRIA (Additional):	\$2,796.00 + \$83.88 of additional SLT	
CRIME (Additional):	\$915.00 + \$27.45 of additional SLT	



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SPECIAL CONDITIONS / OTHER COVERAGES:

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For RT Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, RT Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

PLEASE SEE ATTACHED FORMAL QUOTE FROM CARRIER FOR TERMS AND CONDITIONS



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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

BINDING INSTRUCTIONS

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the following items must be submitted:

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage; and
- apply after the formation of the contract as conditions of continued coverage.

Failure to provide or comply with these subjectivities might results in a refusal to bind or cancellation of coverage, at the insurer's option. Please note that this is a quote only, and the Insurer reserves the right to amend or withdraw the quote if new, corrected or updated information is received. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the quote.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.

This quote summary, the quote, the fees quoted and our advice, is confidential. This quote summary and the quote constitutes the entire understanding and supersedes any and all agreements and communications respecting the insurance offered. If you need further information about the quote, our fee or the Insurer that is proposing to provide your insurance, please contact us.



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PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to RT Specialty.

PRODUCER COMPENSATION:

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement.

You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).

Unless this quote is amended or withdrawn it is valid for 30 days from the date shown above, or the proposed effective date, whichever is earlier. This quote can be amended or withdrawn at any time prior to acceptance by the insured. If the quote included with this letter provides otherwise, or in any way conflicts with this letter, the terms of the quote shall govern and control.



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NOTICE

Occurrence Limit of Liability (OLLE) Scheduled Limits

Blanket coverage for first-party property insurance risks has become increasingly difficult to secure and often is not available regardless of price.

Please note that your quote may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV.

Please review this quote very carefully to determine if coverage is being offered or provided on a blanket, or some other more limited, basis.

As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT Specialty expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.

PRODUCING AGENT (RETAIL PRODUCER OR SURPLUS LINES BROKER) DILIGENT EFFORT AFFIDAVIT

(§§ 10-5-103, 10-5-103.5, C.R.S., & Section 6 of Regulation 2-4-1)

As a surplus lines broker, I have determined, or if the insurance was produced by a retail producer, I have relied upon the retail producer to determine that the full amount of insurance required was not procurable, after diligent effort had been made to do so, from among at least three (3) admitted insurers authorized to and actually transacting that line of business in this state. Or that the coverage was not procurable because there were less than three (3) admitted insurers authorized to and actually transacting that line of business in this state. Further, that placing the insurance with a non-admitted insurer was not for the purpose of securing a lower premium rate than which would be accepted by an admitted insurer unless the premium rate quoted by the admitted insurer must be ten (10) percent higher than that rate quoted by the non-admitted insurer. In addition, the policy benefits and provisions within the policies being compared shall be comparatively similar.

Name of Producing Agent (Retail Producer or Surplus Lines Broker) _____

declares he/she is the holder of a current Colorado Producer License Number _____

at (Name of Agency) USI Insurance Services, LLC - Charleston, SC

Has sought to obtain:

Type of Coverage & Description of Risk _____

For Named Insured Eastman Residential LLC for a New _____ or Renewal _____

Policy Number _____ Effective Date _____ to _____

from the following three admitted insurers currently transacting this line of business in this state:
Please enter complete names of three (3) Colorado Admitted Insurers that declined to write this policy.

(1) _____ NAIC# _____ Reason _____

(2) _____ NAIC# _____ Reason _____

(3) _____ NAIC# _____ Reason _____

The policy listed above has been produced by me, the above-named Retail Producer or Surplus Lines Broker, and my signature herein is evidence that the insurance is eligible for export (to be placed in the Non-Admitted Surplus Lines Market through a Colorado Surplus Lines Broker) under §10-5-103, C.R.S

Signature of above-named Producing Agent _____ Printed or Typed Name _____ Date _____

This affidavit must be completed by the Producing Agent (Retail Producer or Surplus Lines Broker), and Brokers placing the insurance shall keep a full and true record in the Surplus Lines Broker's office. The record shall at all times be open to examination by the commissioner. Please do not submit the affidavit to the Colorado Division of Insurance. Email questions to: dora_coloradoinsurancesurpluslinestax@state.co.us



Refer to the Master Policy located on the Broker Portal for an outline of coverages and exclusions.



QUOTE SUMMARY
ACCOUNT NAME: Eastman Residential LLC

Date: 11/13/2024
Quote #: 00276288.1

PROGRAM	CIBA 2024	BROKER	R-T Specialty, LLC - Charleston, SC
POLICY EFFECTIVE	12/01/2024 - 12/01/2025		Ayida Boyajian (818) 853-5155 aBoyajian@cibaservices.com
QUOTE DATE	11/13/2024	UW	Gina Kiddoo
QUOTE VALID UNTIL	12/13/2024		
HOME STATE (PROP)	CO	UA	gkiddoo@cibaservices.com
HOME STATE (LIAB)	CO		
ACCOUNT NAME	Eastman Residential LLC	ACCOUNT SUMMARY (ALL LOCS)	
		TIV	\$32,854,960
		UNITS	192
		BUILDINGS	11

PREMIUM SUMMARY:

Coverage may only apply to specific properties. Please see Quote Breakdown for individual location breakdown.

✓ Requested Coverages included in quote					
	Coverages, Fees, Other	Premium		Additional Premium for TRIA	
		Gross	Taxable	Gross	Taxable
✓	NexEdge Residential Property Policy	\$101,697.00	\$101,697.00	\$2,796.00	\$2,796.00
✓	Equipment Breakdown	\$614.00	\$614.00	\$0.00	\$0.00
✓	Loss Control Services Fee	\$450.00	\$0.00	\$0.00	\$0.00
✓	Policy Fee	\$661.00	\$645.00	\$0.00	\$0.00
	TOTAL GROSS ANNUAL PREMIUM:	\$103,422.00	\$102,956.00	\$2,796.00	\$2,796.00

🔔 Optional Coverages included in quote					
	Coverages, Fees, Other	Premium		Additional Premium for TRIA	
		Gross	Taxable	Gross	Taxable
🔔	Crime	\$915.00	\$915.00	\$0.00	\$0.00



QUOTE BREAKDOWN

ACCOUNT NAME: Eastman Residential LLC

Date: 11/13/2024
Quote: 00276288.1

SCHEDULE OF LOCATIONS
COVERAGES & PREMIUMS

LOC #	Requested Coverages (included in quote) Optional Coverages (not currently included, but available to add)	Premium		Addtl Gross Premium for TRIA		Policy Fee	
		Gross	Taxable	Gross	Taxable	Gross	Taxable
1	Eastman Residential LLC: 3202 11TH AVE, GREELEY, CO 80631 Occupancy: Habitational; Buildings 11; YrBlt 2007; Const ISO1; Sprk Full; SqFt 273,904; Units 192 Values: RPV: \$28,462,960; LOI: \$2,500,000; BPP: \$1,100,000; RPP: \$792,000; TIV: \$32,854,960 Property Endorsements: 01 WLD-050 DE 0324, 01 WHC-001 EX 0324, 01 MEP-025 OT 0324, 01 VPE-AS1 LI 0324, ECP 10 544 09 17, 01 WAH-B5%-100K DE 0324, 01 DCI-020-2.0 LI 0324, 01 SCH-001 LI 0324, 01 BHR-001 LI 0324, 01 CSW-001 CO 0324, 01 WEP-001 CO 0324, 01 BRC-100 LI 0624, 01 TRA-001 0624, 01 BPP-001 LI 0624 Liability Endorsements: n/a						
	Totals Line						
	✓ NexEdge Residential Property Policy: Deductible \$25,000	\$101,697.00	\$101,697.00	\$2,796.00	\$2,796.00	\$661.00	\$645.00
	✓ Equipment Breakdown: Deductible \$25,000	\$614.00	\$614.00	\$0.00	\$0.00	\$0.00	\$0.00
	✓ Loss Control Services Fee	\$450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



CRIME (Optional not currently included but available to add)

All Locations	Crime coverage for location above	Gross Premium (including taxes & fees): \$915.00
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Details on Crime Coverage:

Insuring Agreements	Limits of Insurance	Deductible
Employee Theft	\$50,000	\$2,500
Forgery or Alteration	\$50,000	\$2,500
Inside The Premises – Theft Of Money And Securities	\$50,000	\$2,500
Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$50,000	\$2,500
Outside The Premises	\$50,000	\$2,500
Computer Fraud	\$50,000	\$2,500
Funds Transfer Fraud	\$50,000	\$2,500
Money Orders and Counterfeit Paper Currency	\$50,000	\$2,500

The insurer’s liability for all damages will not exceed the limits stated above and will not exceed a limit of \$50,000 per occurrence, per account. All covered accounts share a single Policy Aggregate Limit of \$500,000.

The Limits listed above are single limits that apply to each occurrence and are the maximum limits that will be paid for the entire Account in an occurrence, regardless of the number of locations involved in the occurrence.

NOTES:

Key: RPV-Real Property Value, LOI-Loss-of Income Value, BPP-Business Personal Property Value, RPP-Real Property Parking Value, TIV-Total Insurable Value.
Gross Premium is inclusive of commission

1. All locations are assessed Loss Control Services fees.

APPENDIX CM
CRIME COVERAGE FOR PROPERTY

COMMERCIAL INDUSTRIAL BUILDING OWNER'S ALLIANCE, INC.
March 31, 2024 - March 31, 2026

SCHEDULE OF PARTICIPATING INSURANCE COMPANIES

Layer	Market	Perils	Limit	%	Policy #	Admitted Non-Admitted
CRIME COVERAGE						
PRIMARY - \$50,000 PER OCCURRENCE, SUBJECT TO \$500,000 SHARED PROGRAM AGGREGATE LIMIT						
	ABIC	CRIME			CA1-B71-171068-003	Non-Admitted

Disclosure Regarding Direct Procurement

Certain coverages under the CIBA program may be placed on a direct procurement basis. You may have a duty under the laws of your home state to report the purchase of such coverage and pay tax on the premium. You should consult with your insurance advisors to determine your responsibilities in this regard.

DISCLAIMER: COVERAGES APPLICABLE FOR THE EFFECTIVE AND EXPIRATION DATES AS SPECIFIED IN THE MEMBER INSURANCE CONTRACT (AIN). PLEASE CHECK WWW.CIBASERVICES.COM FOR THE MOST UP-TO-DATE APPENDICES

APPENDIX EBV
EQUIPMENT BREAKDOWN

COMMERCIAL INDUSTRIAL BUILDING OWNER'S ALLIANCE, INC.
September 01, 2024 - September 01, 2025

SCHEDULE OF PARTICIPATING INSURANCE COMPANIES

Layer	Market	Perils	Limit	%	Policy #	Admitted Non-Admitted
\$7.5 MILLION EQUIPMENT BREAKDOWN						
	VANTAGE RISK SPECIALTY INSURANCE COMPANY	EB	\$7,500,000		TBD	Non-Admitted

Several Liability:

PLEASE NOTE – This notice contains important information. PLEASE READ CAREFULLY

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown above.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

DISCLAIMER: COVERAGES APPLICABLE FOR THE EFFECTIVE AND EXPIRATION DATES AS SPECIFIED IN THE MEMBER INSURANCE CONTRACT (AIN). PLEASE CHECK WWW.CIBASERVICES.COM FOR THE MOST UP-TO-DATE APPENDICES

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 BHR-001 LI 0324

BUILDING HEAT REQUIREMENT

In consideration of the premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

Paragraph **8. PERILS EXCLUDED**, b. (11), (a) is replaced with the following:

8. PERILS EXCLUDED

b. This policy does not insure against loss or damage caused by the following:

(11) Water, other liquids, powder or molten material that leaks or flows from plumbing, heating, air conditioning or other equipment (except fire protective systems) caused by or resulting from freezing, unless:

(a) A diligent effort is made to regularly maintain heat throughout the "building," or structure at or above 55 degrees Fahrenheit; or,

(b) The equipment is drained and the supply shut off;

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
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Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 BPP-001 LI 0624

BUSINESS PERSONAL PROPERTY (BPP) LIMIT

In consideration of a premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

COVERAGE FOR BUSINESS PERSONAL PROPERTY IS LIMITED TO THE AMOUNT SHOWN ON THE DECLARATIONS PAGE.

COMMERCIAL PROPERTY COVERAGE FORM CIBA

With respect to Paragraph 2. LIMITS OF COVERAGE, Extension of Coverage Sublimits for **valuable papers and records** and **arson reward** are deleted in their entirety.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
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Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 BRC-100 LI 0624

REAL PROPERTY REPLACEMENT COST LIMITATION (100% of Scheduled Value)

In consideration of the premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

The following limitations apply to Real Property at the location described in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached:

1. The Limit of Insurance for Real Property is 100% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

2. Any amount payable under the applicable sub-limit for Demolition Cost and Increased Cost of Construction is part of and not addition to the Limit of Insurance for Real Property.

3. Section 10. VALUATION, paragraph d.1. (b) in the All Risk Property Coverage Form is amended to read:

(b) The Company will not pay more on a replacement cost basis than the least of

(i.) The cost to replace, on the same site, the lost or damaged real property with other property of comparable material and quality which is used for the same purpose; or

(ii.) The amount actually spent by the Insured that is necessary to repair or replace the lost or damaged property.

(iii.) 100% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

IMPORTANT NOTICE:

This policy may not provide full replacement cost coverage in the event of damage to or destruction of covered property. The Building Replacement Cost Limitation endorsement caps the policy Real Property limit at 100% of the Real Property Value (RPV) and Real Property Parking Value (RPP), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance. The Real Property Value *declared by you* is an estimated replacement cost figure based on general information about the insured property. This is *not* a guarantee that this figure will represent the actual cost to replace the property if it is significantly damaged or destroyed. The actual replacement cost can be impacted by multiple factors including inflation, improvements to the property, and the increased cost of building materials and supplies after a wide-spread disaster. It is your responsibility to select the appropriate Real Property Value. If you have questions or concerns regarding the Real Property Value, you should consider obtaining a real estate appraisal or contractor estimate of the Real Property's replacement cost.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 CSW-001 CO 0324

CENTRAL STATION SPRINKLER ALARM WARRANTY ENDORSEMENT

In consideration of the premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

CENTRAL STATION SPRINKLER ALARM WARRANTY

There is no coverage for damage or loss caused by fire, or caused by water from fire suppression efforts or from sprinkler leakage, unless the insured location has an activated and operational Central Station Sprinkler Alarm reporting to a public or private alarm station. The alarm must be "on" at all times.

This exclusion does not apply during service or repair requiring that the Central Stations Sprinkler Alarm be turned off if prior notice is provided to the company.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 DCI-020-2.0 LI 0324

**DEMOLITION, ICC, INCREASED DUE TO BUILDING ORDINANCE COMBINED SINGLE
SUB-LIMIT**

In consideration of a premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

It is hereby agreed that all coverage for building ordinance coverages:

B. Demolition

C. Increased Cost of Construction

are subject to a single, combined sublimit of 20% of insured building value not to exceed \$2,000,000 for the property to which this endorsement applies.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

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Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 MEP-025 OT 0324

MINIMUM EARNED PREMIUM

In consideration of the premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

A minimum earned premium equal to twenty five per cent (25%) of the annual premium applies to the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached, once coverage becomes effective.

No flat cancellation is allowed.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 SCH-001 LI 0324

APPLICATION OF LOCATION ADDRESS LIMITS

In consideration of a premium charged, it is agreed that the following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

It is agreed that **blanket coverage does not apply** and coverage under the policy is limited to the location address RPV, LOI and BPP limits as stated in the Schedule of Values contained in the Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE EVIDENCE OF INSURANCE ISSUED TO:

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 TRA-001 0624

COMMERCIAL PROPERTY FORM TRANSITION - ENDORSEMENT MODIFICATIONS

Explanation of Commercial Property Form Transition- Endorsement Modifications

The endorsement **01 TRA 001 06 24, Commercial Property Form Transition – Endorsement Modifications**, does NOT PROVIDE COVERAGE OR MODIFY ANY TERM OR CONDITION OF THIS POLICY. This Transition- Endorsement only revises the paragraph numbering for those endorsements, if any attached to this policy. **01 TRA 001 06 24** does NOT attach any of the identified endorsements to this policy.

Why is this endorsement on your policy?

In order to transition our current program offerings from shared and layered property limits to dedicated limits (“CIBA NexEdge” product), where each Named Insured has their own individual limit of insurance, CIBA implemented a new Commercial Property policy form underwritten by Vantage Risk Specialty Insurance Company.

While, this new Commercial Property policy form is similar to the prior policy, this Transition-Endorsement does not address any changes in coverage. This endorsement has been attached to ensure that the paragraphs and formatting of your new CIBA NexEdge policy aligns with all optional endorsements and coverages you have previously enjoyed through CIBA.

If you have any questions or concerns on the content or applicability of this endorsement to your policy, please contact your agent.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

For the purposes of coverages provided under your Commercial Property Coverage Form and any and all endorsements attached to your policy, the following changes apply:

Reference anywhere in any endorsement to ALL RISK PROPERTY COVERAGE is revised to COMMERCIAL PROPERTY COVERAGE.

Reference anywhere in any endorsement to Paragraph 8. PERILS EXCLUDED is revised to Paragraph 8. EXCLUSIONS.

Reference anywhere in any endorsement to Paragraph 6. COVERAGE, c. Loss of Income and Extra Expense is revised to Paragraph 6. COVERAGE, c. Loss of Income.

The following endorsements, if attached to your policy, are amended as follows:

1. 01 AAD-ST1 DE 0324: Account Plus Aggregate Deductible

Reference to Item 3. Deductible within this endorsement, is revised to reference Item 3.a. Deductible.

2. 01 BHR-001 LI 0324: Building Heat Requirement

Reference to Paragraph 8. PERILS EXCLUDED, b. (11), (a) within this endorsement is revised to reference Paragraph 8. EXCLUSIONS, b. (11).

3. 01 BRC-100 LI 0624: Real Property Replacement Cost Limitation (100% of Scheduled Limit)

Paragraphs 1.,2. and 3. within this endorsement are replaced by the following:

1. The Limit of Insurance for Real Property is 100% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.
2. Any amount payable under the applicable sub-limit for Demolition Cost and Increased Cost of Construction is part of and not addition to the Limit of Insurance for Real Property.
3. Section 10. VALUATION, paragraph d.(2) in the Commercial Property Coverage Form is amended to read:
(2) The Company will not pay more on a replacement cost basis than the least of
(a) The cost to replace, on the same site, the lost or damaged real property with other property of comparable material and quality which is used for the same purpose; or
(b) The amount actually spent by the Insured that is necessary to repair or replace the lost or damaged property.
(c) 100% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

4. 01 BRC-110 LI 0624: Real Property Replacement Cost Limitation (110% of Scheduled Limit)

Paragraphs 1.,2. And 3. within this endorsement are replaced by the following:

1. The Limit of Insurance for Real Property is 110% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.
2. Any amount payable under the applicable sub-limit for Demolition Cost and Increased Cost of Construction is part of and not addition to the Limit of Insurance for Real Property.
3. Section 10. VALUATION, paragraph d.(2) in the Commercial Property Coverage Form is amended to read:
(2) The Company will not pay more on a replacement cost basis than the least of
(a) The cost to replace, on the same site, the lost or damaged real property with other property of comparable material and quality which is used for the same purpose; or
(b) The amount actually spent by the Insured that is necessary to repair or replace the lost or damaged property.
(c) 110% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

5. 01 CGC-001 CO 0324: Catastrophic Ground Cover Collapse

Reference to Paragraph 8. PERILS EXCLUDED, a.(6) and (14) is revised within this endorsement to reference Paragraph 8. EXCLUSIONS, a. (6) and b.(14).

6. 01 CLE-100 LI 0624: Commercial Property Coverage Limit Endorsement

Paragraphs 1., 2., 3., 4., 5. and 6. in this endorsement are replaced by the following:

1. REAL PROPERTY

The Limit of Insurance for Real Property is 100% of the Real Property Limit (RPL) and Real Property Parking Limit (RPL), if applicable, for the insured location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

2 BUSINESS PERSONAL PROPERTY

The Limit of Insurance for Business Personal Property is 100% of the Business Personal Property Limit (BPP) for the insured location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

3. LOSS OF INCOME

The Limit of Insurance for Loss of Income is 100% of the Loss of Income Limit (LOI) for the insured location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

4. LOCATION MAXIMUM LIMIT OF LIABILITY

The most that the Company will pay for loss or damage at the insured location is 100% of the Total Insurable Value (TIV) for the insured location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Commercial Property Insurance to which this endorsement is attached.

5. APPLICATION OF SUB-LIMITS

Any applicable sub-limits of liability provided in the All Risk Property Coverage Form or added by endorsement are part of and not in addition to the Real Property, Business Personal Property and Loss of Income limits stated above. The application of sub-limits will not increase the Location Maximum Limit of Liability.

6. Section 10. VALUATION, paragraph d.(2) in the Commercial Property Form is amended to read:

(2) The Insurer will not pay more on a replacement cost basis than the least of:

(a) The cost to replace, on the same site, the lost or damaged property with other property of comparable material and quality which is used for the same purpose; or

(b) The amount actually spent by the Insured that is necessary to repair or replace the lost or damaged property;

(c) 100% of the Real Property, Real Property Parking Limit, and Business Personal Property Limit for the insured location that is stated in the Property Program Schedule of Locations in the Declarations Page or Evidence of Property Insurance to which this endorsement is attached.

7. 01 CMP-001 OT 0324: Minimum Earned Premium – Coastal Properties With Windstorm Coverage

Paragraph 1. in this endorsement is replaced by the following:

1. Section 21. CANCELLATION AND NONRENEWAL, paragraph 3. in the COMMERCIAL PROPERTY COVERAGE FORM is deleted and replaced by the following:

(3) If the “Named Insured” cancels for any other reason than the insured property being sold, earned premium shall be computed in accordance with the customary short rate table, subject to a minimum earned premium regardless of the timing of the cancellation. Any such minimum earned premium will be considered fully earned as of the inception of the policy. If the Insurer cancels, earned premium shall be computed pro rata. The cancellation will be effective even if the Insurer has not made or offered a refund.

However, the following applies to any location within 100 miles of the Atlantic Ocean, Gulf of Mexico or Hawaiian Islands, if coverage for loss or damage from windstorm is provided at the location:

If a location is deleted, or coverage for Windstorm is deleted or reduced during the policy term, and the policy was in effect at any time during the period from June 1st to November 30th, a Minimum Earned Premium of 80% of Total Property Premium will apply to the location.

8. 01 COC-STI LI 0324: Buildings In The Course Of Construction And/Or Under Renovation Limitation

Reference to Sub-Limit of Liability 2.b. (12) Additions under construction, alterations and repairs to Real Property, in this endorsement, is revised to reference to Sub-Limit of Liability 2.b (1) Existing buildings, structures or additions under construction, alterations and repairs to Real Property.

9. 01 FLS-001 CO 0324: Florida- Sinkhole Loss Coverage

Reference to Paragraph 8. PERILS EXCLUDED (14) (a) (iii) within this endorsement is revised to reference Paragraph 8. EXCLUSIONS (c)vii.

10. 01 FMA-001 CO 0324: Florida Changes- Mediation and Appraisal (Commercial Residential Property)

Reference to Paragraph 21. within this endorsement is revised to reference Paragraph 17.

11. 01 PIL-001 LI 0324: Loss of Income Period of Indemnity Limited To One Year

Reference to Section 6. COVERAGE, b. Loss of Income in the All Risk Property Insurance Form, paragraph 7.b (2), within this endorsement, is revised to reference Section 6. Coverage, c. Loss of Income in the Commercial Property Insurance Form, paragraph (2).

12. 01 SBU-500 LI 0324: Back Up Or Overflow Of Sewers And Drains Limitation

Reference to Sub-Limit of Liability 2.b.(19)- Water damage from Back Up or Overflow of Sewers and Drains, within this endorsement, is revised to reference Sub-Limit of Liability under 2.b. – Backup of Sewers or Drains.

13. 01 SBU-500 LI 0324: Back Up Or Overflow Of Sewers And Drains Limitation

Reference to Sub-Limit of Liability 2.b.(19)- Water damage from Back Up or Overflow of Sewers and Drains, within this endorsement, is revised to reference Sub-Limit of Liability under 2.b. – Backup of Sewers or Drains.

14. 01 VAC-ACV CO 0324: Vacant Building Coverage Extension Endorsement And Actual Cash Value Limitation

Reference to Paragraph 33. (“VACANT” AND UNOCCUPIED “BUILDINGS”) within this endorsement is revised to reference Paragraph 27. (“VACANT” AND UNOCCUPIED “BUILDINGS”).

15. 01 VAC-RC CO 0324: Vacant Building Coverage Extension Endorsement And Actual Cash Value Limitation

Reference to Paragraph 33. (“VACANT” AND UNOCCUPIED “BUILDINGS”) within this endorsement is revised to reference Paragraph 27. (“VACANT” AND UNOCCUPIED “BUILDINGS”).

16. 01 WHC-001 EX 0324: Exclusion- Cosmetic Loss to Roof Coverings Or Siding

Reference to Section 7. PERILS EXCLUDED, within this endorsement, is revised to reference Section 8. EXCLUSIONS.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 VPE-AS1 LI 0324

AUTOMATIC SPRINKLER SYSTEM REQUIREMENT ENDORSEMENT

In consideration of a premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

AUTOMATIC SPRINKLER SYSTEM REQUIREMENT

There is no coverage for damage or loss caused by fire unless:

1. The insured building or structure has an automatic sprinkler system covering all of the building or structure and serviced by an independent contractor licensed to services and maintain automatic sprinkler systems in the state in which the premises are located.
2. The automatic sprinkler system is inspected and tested at least once per year by an independent contractor licensed to inspect and test automatic sprinkler systems in the state in which the premises are located.
3. Recommendations made by the independent contractor licensed to inspect and test automatic sprinkler systems that are necessary to keep the automatic sprinkler system in working order are completed as soon as practical, but no later than 60 days from the date of the recommendation.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 WAH-B5%-100K DE 0324

WIND AND/OR HAIL DEDUCTIBLE

In consideration of a premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

"Wind and/or Hail" Deductible: 5% per occurrence for each separate building or structure that sustains damage, subject to a minimum deductible of \$100,000 per building per occurrence.

It is agreed that the above deductible shall apply to loss or damage caused directly or indirectly by or resulting from the perils of wind, wind driven rain, hail, and any resultant water damage regardless of any other cause or event that contributes concurrently or in any sequence to such loss or damage for the property referenced in the attached Declarations Page or Evidence of Commercial Property Insurance.

Any exclusion or deductible for "Named Windstorm" that applies to location(s) where this endorsement also applies will supersede this endorsement as respect loss or damage from "Named Windstorm".

Definitions:

1. "Named Windstorm"

"Named Windstorm" is a storm that has been designated and named by the National Weather Service, including Hurricane and/or Tropical Storm.

2. "Wind and /or Hail"

"Wind and/or Hail" means the direct and/or indirect action of wind and/or hail and all loss or damage resulting there from whether caused by wind, by hail or by any other peril, other than fire or explosion, including, but not limited to, loss or damage caused when water, in any state, or rain, or sleet, or snow, or sand, dust or any other substance, material or object is carried, blown, driven or otherwise transported by wind and/or hail onto or into the property insured.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 WEP-001 CO 0324

WARRANTY ENDORSEMENT - ELECTRICAL PANELS

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS

A. WARRANTY

As a condition of this insurance, it is agreed that there are none of the following brands of electrical panels, circuit breakers, or ground-fault circuit interrupters (GFCIs) present in any buildings covered under this policy:

1. Federal Pacific Electric, Federal Pioneer, FPE, or Stab-Lok;
2. Zinsco, also known as GTE Sylvania-Zinsco;
3. Challenger (manufactured by Challenger Electrical Equipment Corporation or Eaton/Cutler Hammer); or
4. Pushmatic.

B. FIRE COVERAGE is VOID as respects any loss or damage to buildings caused or contributed to by any of the above listed brands of electrical panels, circuit breakers, or ground-fault circuit interrupters (GFCIs).

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 WHC-001 EX 0324

EXCLUSION - COSMETIC LOSS TO ROOF COVERINGS OR SIDING

In consideration of the premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

A. In Section 7. PERILS EXCLUDED, under paragraph a. the following is added:

"Cosmetic loss" to "roof covering" or "siding" caused directly or indirectly by Windstorm or Hail.

B. ADDITIONAL DEFINITIONS

As used throughout this endorsement;

1. "Cosmetic Loss" means loss or damage that alters the physical appearance but does not result in the failure to perform the intended function of keeping out elements over an extended period of time.

2. "Roof Covering" means:

- a. The roof material exposed to the weather;
- b. The underlayments applied for moisture protection;
- c. All flashings required in the replacement of the roof covering.

3. "Siding" means the materials exposed to the weather providing exterior protection to the walls of a building or structure.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

01 WLD-050 DE 0324

WATER DAMAGE DEDUCTIBLE \$50,000 - PER BUILDING

In consideration of the premium charged, it is agreed that the following coverage change applies, but only to coverage provided at insured locations identified by "Property Identification Numbers" where the Declarations Page or Evidence of Commercial Property Insurance issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

If loss or damage caused by or resulting from covered water damage occurs, we will not pay for such loss or damage in any one occurrence until the amount of loss or damage exceeds \$50,000 Per Building at each location scheduled in the Commercial Lines Declarations Page and Schedule of Locations. We will then pay the amount of loss or damage in excess of the deductible, up to the applicable limit of insurance.

This deductible does not apply to loss or damage:

1. caused by water discharged by a fire protective system in response to a fire.

If the Deductible contained in the Commercial Lines Declarations Page and Schedule of Locations is greater than the sum of the Water Damage Deductibles applicable to the loss or damage at all buildings, we will apply the Deductible contained in the Commercial Lines Declarations Page and Schedule of Locations instead of the Water Damage Deductible.

Example 1:

Building Limit of Insurance: \$2,000,000; Deductible: \$5,000; Water Damage Deductible – Per Building: \$5,000.

Three buildings suffer water damage of \$150,000 total divided equally between three buildings at \$50,000 each building.

The applicable deductible is \$15,000 (per building deductible of \$5,000 times three) because the Water Damage Deductible is greater than the Standard Deductible of \$5,000. The loss payment is \$135,000 (\$150,000 less \$15,000).

Example 2:

Building Limit of Insurance: \$2,000,000; Deductible: \$10,000; Water Damage Deductible – Per Building: \$5,000.

One building suffers water damage of \$50,000.

The applicable deductible is \$10,000 because the Standard Deductible is greater than the Water Damage Deductible of \$5,000. The loss payment is \$40,000 (\$50,000 less \$10,000).

Example 3:

Building Limit of Insurance: \$2,000,000; Deductible \$5,000; Water Damage Deductible- Per Building: \$20,000.

Two buildings suffer water damage of \$10,000 and \$30,000 each.

Damage to the first building is within the Water Damage deductible. The applicable deductible for the second building is \$20,000.

The Loss Payment is \$10,000 (\$10,000 not paid at Building 1 due to being less than the Per Building deductible of \$20,000 and \$30,000 less \$20,000 at building 2).

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

05 CRD-001 CO 0324

COMMERCIAL CRIME COVERAGE SUPPLEMENTAL DECLARATIONS ENDORSEMENT

In consideration of a premium charged, it is agreed that following coverage change applies, but only to coverage provided at insured locations identified by Account Identification Numbers or Property Identification Numbers where the Declarations Page or issued to the Named Insured by CIBA Insurance Services states that this endorsement applies.

The following Insuring Agreements, Limits of Insurance and Deductibles apply to the account referenced by its Account Identification Number in the Declarations Page to which this endorsement is attached, and supersede the Insuring Agreements, Limits of Insurance and Deductibles in the Crime Policy Declarations.

The Limits listed below are single limits that apply to each occurrence and are the maximum limits that will be paid for the entire Account in an occurrence, regardless of the number of locations involved in the occurrence.

**INSURING AGREEMENTS, LIMITS OF
INSURANCE AND DEDUCTIBLES**

INSURING AGREEMENTS	LIMIT OF INSURANCE	DEDUCTIBLE
1. Employee Theft	\$50,000	\$2,500
2. Forgery Or Alteration	\$50,000	\$2,500
3. Inside The Premises – Theft Of Money And Securities	\$50,000	\$2,500
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$50,000	\$2,500
5. Outside The Premises	\$50,000	\$2,500
6. Computer Fraud	\$50,000	\$2,500
7. Funds Transfer Fraud	\$50,000	\$2,500
8. Money Orders And Counterfeit Paper Currency	\$50,000	\$2,500

The insurer's liability for all damages will not exceed the limits stated above and will not exceed a limit of \$50,000 per occurrence, per account. All covered accounts share a single Policy Aggregate Limit of \$500,000.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

**THE FOLLOWING ENDORSEMENT(S) WILL BE ATTACHED TO AND FORM PART OF THE
EVIDENCE OF INSURANCE ISSUED TO:**

Eastman Residential LLC
Location: Per attached schedule.

Quote #: 00276288

ECP 10 544 09 17

EXCLUSION - EXISTING DAMAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY MANUSCRIPT POLICY

The following Exclusion is added to the policy

Existing Damage

We will not pay for loss or damage caused directly or indirectly by **Existing Damage**. Such loss or damage is excluded regardless of any other cause or event contributing concurrently or in any sequence, to **Existing Damage**. This exclusion applies whether or not the loss or damage results in widespread damage or affects a substantial portion of the property.

For the purpose of this endorsement, **Existing Damage** means:

- a. Any damage which occurred prior to the effective date of this policy regardless of whether such damage was apparent on the effective date of this policy or at a later date;
- b. Any claims or damage arising out of workmanship, repairs and/or lack of repairs resulting from damage which occurred prior to the effective date of this policy; and
- c. Any claims or damage unless all buildings insured under your previous policy have been fully and completely repaired. Prior to such completion of repairs, coverage will be limited to the actual cash value of the property at the time of a covered loss or damage occurring during this policy period.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Quote # 00276288

Surplus Lines State Requirements

Below are links to state forms and information pertaining to surplus lines diligent search requirements as provided by the various individual states.

Please review those that apply to the home state of the Insured for which you are currently procuring insurance coverage.

All required forms must be completed and returned to your CIBA Underwriter in a timely manner.

If a line is highlighted in this color, a state form is required from a CIBA Broker and/or Insured

State	Surplus Lines Required Form / Additional Information	State Requirements
Alaska	Alaska Affidavit of Due Diligence	Affidavit of Due Diligence required.
Alabama	Alabama Evidence of Compliance	Evidence of Compliance (3 Declining Insurers) required.
Arizona	Arizona Diligent Search Form	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
Arkansas	SL-3 Disclosure to Surplus Line Insured	SL-3 (Disclosure to Surplus Line Insured) required.
California	D-1 (Disclosure Statement) SL-2 (Diligent Search Report)	D-1 (Disclosure Statement) required. Must be signed by the Insured. SL-2 (Diligent Search Report) required.
Colorado	Diligent Effort Affidavit	Surplus Lines Diligent Effort Affidavit required.
Connecticut	SL-8 Surplus Lines Statement	SL-8 (Surplus Lines Statement) required.
Delaware	SL-1923 Statement of Diligent Effort	SL-1923 (Statement of Diligent Effort) required.
Florida	Statement of Diligent Effort	Statement of Diligent Effort required.
Georgia	Surplus Lines Insurance Regulation Information	Affidavit forms not required from CIBA brokers or Insureds.
Hawaii	Hawaii Surplus Lines Tax Information	Affidavit forms not required from CIBA brokers or Insureds.
Idaho	Surplus Line Association of Idaho	Affidavit forms not required from CIBA brokers or Insureds.
Illinois	Surplus Line Association of Illinois	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
Indiana	Indiana Department of Insurance	Affidavit forms not required from CIBA brokers or Insureds.
Iowa	Iowa Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Kansas	Statement of Insured	Statement of Insured required.
Kentucky	Kentucky Surplus Lines Information	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
Louisiana	Louisiana Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Maine	Maine Bulletin 457 Surplus Lines Eligibility for Property Insurance	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
Maryland	Maryland Surplus Lines Information	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
Massachusetts	BR-7 Affidavit by Assured	BR-7 (Affidavit by Assured) required.
Michigan	Michigan Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Minnesota	Minnesota Surplus Lines Association	Affidavit forms not required from CIBA brokers or Insureds.
Mississippi	MID Bulletin 2017-3	Affidavit forms not required from CIBA brokers or Insureds.
Missouri	Surplus Lines Declination Detail	Surplus Lines Declination Detail required.
Montana	Surplus Lines Submission Form	Surplus Lines Submission Form required.
Nebraska	Nebraska Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Nevada	Nevada Surplus Lines Association	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
New Hampshire	New Hampshire Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
New Jersey	Certification of Effort	SLPS-6-CERT-1 (Certification of Effort to Place Risk with Authorized Insurer) required.
New Mexico	Producing Broker Affidavit	Producing Broker Affidavit required.
New York	Part C Affidavit by Producing Broker Notice of Excess Line Placement	Part C Affidavit by Producing Broker required. Notice of Excess Line Placement required.
North Carolina	North Carolina Surplus Lines Association Compliance Procedures	Affidavit forms not required from CIBA brokers or Insureds.
North Dakota	North Dakota Insurance Department Surplus Lines	Affidavit forms not required from CIBA brokers or Insureds.
Ohio	INS4024 Surplus Lines Statement	INS4024 Surplus Lines Statement required.
Oklahoma	SL-3C Surplus Lines Insurance Broker Form	SL-3C Surplus Lines Insurance Broker Form required.
Oregon	Diligent Search Statement	Diligent Search Statement required.
Pennsylvania	1609-PR	1609-PR required
Rhode Island	Affidavit by Broker and Insured Form	Affidavit by Broker and Insured Form required.
South Carolina	Statement of Diligent Effort	Diligent Effort Statement required.

State	Surplus Lines Required Form / Additional Information	State Requirements
South Dakota	South Dakota Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Tennessee	Tennessee Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Texas	Texas Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Utah	Utah Evidence of Good Faith	Evidence of Good Faith Effort to Place required
Vermont	Vermont Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Virginia	Form SLB-9	Form SLB-9 required. Please click the link, Form SLB-9, to have the form completed by CIBA surplus lines department.
Washington	Surplus Line Association Certification Form	Due diligence is required, but affidavit forms are not required from CIBA brokers or Insureds.
Washington D.C.	Washington D.C. Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
West Virginia	Form DDF	Form DDF required.
Wisconsin	Wisconsin Surplus Lines Information	Affidavit forms not required from CIBA brokers or Insureds.
Wyoming	Statement of Diligent Effort Surplus Lines Notice to Insured	Statement of Diligent Effort required. Surplus Lines Notice to Insured required.



CIBA QUOTE SUMMARY

ACCOUNT NAME: **Eastman Residential LLC**

Date: **11/13/2024**

Quote #: **00276288**

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts 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 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY 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% 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 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.

CIBA offers the following two different types of terrorism insurance options from two different insurers. You may elect either one, but not both. You do not have to purchase either of these coverages.

1. Coverage for **only certified acts of terrorism** under the Terrorism Risk Insurance Act is available from Vantage Risk Specialty Insurance Company
____ I hereby **elect** to purchase **only** federal terrorism insurance coverage for certified acts of terrorism from Vantage Risk Specialty Insurance Company for the location and lines of business identified in quote.
____ I **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion included in my policy for the location and lines of business identified in quote.
2. However, CIBA also offers **broader terrorism coverage** from Certain Underwriters at Lloyds that is **not limited to certified acts of terrorism**, at a lower premium.
____ I hereby **elect** to purchase **broader** terrorism insurance coverage for acts of terrorism, not limited to certified acts of terrorism, from Certain Underwriters at Lloyds for the location and lines of business identified in quote.
____ I **reject** the offer of coverage from Certain Underwriters at Lloyds, and I understand that I will have no, or limited, coverage for losses arising from any acts of terrorism under my policy for these locations and line of business.

Applicant/Named Insured
Signature

Print Name

Date

Policy Number

Name of Insurer

Date