



PRESENTED BY

WTW SOUTHEAST INC-WDBS
1120 S TRYON ST STE 650
CHARLOTTE, NC 28203

PROPOSED ON 04/02/2025 FOR

DEBORDIEU CLUB, INC.
908 BONNYNECK DR.
GEORGETOWN, SC 29440

On behalf of **WTW SOUTHEAST INC-WDBS** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **DEBORDIEU CLUB, INC.** with the following policy proposal.



Travelers Risk Control: Our Expertise is Your Advantage

Travelers Risk Control is an innovative provider of cost-effective risk management services and products. As one of the largest Risk Control departments in the industry, our scale allows the right resource at the right time to meet customer needs. For over 110 years, our loss prevention professionals have assisted agents, brokers and customers across the country and around the world.

<https://www.travelers.com/risk-control>



Claim Services:

Travelers has over 11,000 highly trained Claim professionals located across the U.S. Our local field representatives are supported by teams of dedicated customer service, catastrophe response, legal, medical, investigative, engineering, and large loss experts. Claims can be complex and expensive. We'll help you manage claims to control your total risk-related costs.

<https://www.travelers.com/claims>

Meet your Travelers team

General

Overall Account

John Blackshaw
Account Executive
JBLACKSH@travelers.com
704-540-3116

Policy Services

Heather Jennings
Operations Account Specialist
HCJENNIN@travelers.com
704-544-3046

To report, ask a question or discuss a claim please call 1-800-238-6225. A Claim Customer Service Representative is available 24 hours a day, 7 days a week to take the first notice of loss or provide assistance on any existing claim.

Your policies

Commercial Package Program

Policy Number	Y-660-0Y566721-COF-25
Effective	04/01/2025 – 04/01/2026
Insuring Company	THE CHARTER OAK FIRE INSURANCE COMPANY

Automobile

Policy Number	BA-0Y566118-25-14-G
Effective	04/01/2025 – 04/01/2026
Insuring Company	THE PHOENIX INSURANCE COMPANY

Locations schedule

660 - 0Y566721 – Commercial Package Program

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	CLUBHOUSE	908 BONNYNECK DR, GEORGETOWN, SC 29440
2/2	GOLF MAINTENANCE	98 FIREHOUSE ST, GEORGETOWN, SC 29440
3/3	GOLF MAINTENANCE	99 FIREHOUSE ST, GEORGETOWN, SC 29440
4/4	TENNIS SHOP	2400 LUVAN BLVD, GEORGETOWN, SC 29440
4/5	FENCE/LIGHTS	2400 LUVAN BLVD, GEORGETOWN, SC 29440
4/6	TENNIS COURTS	2400 LUVAN BLVD, GEORGETOWN, SC 29440
5/7	BEACH CLUB	275 DEBORDIEU BLVD, GEORGETOWN, SC 29440
6/8	PAVILLION	293 DEBORDIEU BLVD, GEORGETOWN, SC 29440
7/9	BATHHOUSE	269 DEBORDIEU BLVD, GEORGETOWN, SC 29440
7/10	BEACH POOL	269 DEBORDIEU BLVD, GEORGETOWN, SC 29440
8/11	REC CENTER POOL	293 DEBORDIEU BLVD, GEORGETOWN, SC 29440
9/12	GAZEBO	275 DEBORDIEU BLVD, GEORGETOWN, SC 29440



General Liability coverage premium summary

Policy Number 660-0Y566721

Coverage information

COVERAGE		LIMITS
Aggregate Limits of Insurance	General Aggregate (Other than Products-Completed Operations)	\$2,000,000
	Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury Limit (Subject to the General Aggregate Limit)	Any One Person or Organization	\$1,000,000
Each Occurrence Limit	Combined Single Limit Bodily Injury & Property Damage (Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$1,000,000
Damage To Premises Rented To You Limit (Subject to Each Occurrence Limit)	Any One Premises	\$300,000
Medical Expense Limit (Subject to the Each Occurrence Limit)	Any One Person	\$5,000

Non-composite General Liability class code schedule

STATE	LOC/BLDG	CLASS CODE	DESCRIPTION	SUBLINE	EXPOSURE	RATE	PREMIUM
SC	1/1	11039	CATERERS	Prem/Ops.	1,088,137	2.185	\$2,378
SC	1/1	11039	CATERERS	Products	1,088,137	0.257	\$280
SC	1/1	16916	RESTAURANTS - WITH SALE OF ALCOHOLIC BEVERAGES THAT ARE 30% OR MORE OF BUT LESS THAN 75% O	Prem/Ops.	4,147,477	3.494	\$14,491
SC	1/1	16916	RESTAURANTS - WITH SALE OF ALCOHOLIC BEVERAGES THAT ARE 30% OR MORE OF BUT LESS THAN 75% O	Products	4,147,477	0.216	\$896
SC	1/1	18206	SPORTING GOODS OR ATHLETIC EQUIPMENT STO	Prem/Ops.	1,102,322	1.731	\$1,908
SC	1/1	18206	SPORTING GOODS OR ATHLETIC EQUIPMENT STO	Products	1,102,322	0.417	\$460
SC	1/1	48925	SWIMMING POOLS	Prem/Ops.	3	571.429	\$1,714
SC	1/1	70412	CLUBS	Liquor	1,579,073	9.359	\$14,779
SC	1/1	79970	GOLF FACILITIES - PRIVATELY OWNED - MEMB	Prem/Ops.	23,650	0.074	\$1,750

Optional coverage

COVERAGE	LIMIT	PREMIUM
XTEND		Included

Gross Premium

\$38,656

Employee Benefits Liability(Claims Made Coverage) Premium	\$300
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Aggregate Limit	\$2,000,000
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Each Employee Limit	\$1,000,000
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Deductible	NONE
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Retroactive date	4/1/2024
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Liquor Liability Coverage Forms	LIMIT
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Liquor Aggregate Limit:	\$2,000,000
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Liquor Each Common Cause Limit:	\$1,000,000
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General Liability coverage premium summary

CG D3 67 – Golf Or Country Club Facilities XTEND Endorsement



Commercial Auto coverage premium summary

Policy Number

BA-0Y566118

ISO Commercial Auto coverage form

COVERAGE	AUTO SYMBOL	LIMITS
Liability	1	\$1,000,000 any one accident
UM BI & PD/Underinsured Motorist	2	As Elected. Named Insured will be required to complete Uninsured and Underinsured election forms (for all states that have an election form), prior to the effective date of the policy.
Collision	7	ACV less deductible
Comprehensive	7	ACV less deductible

Commercial Auto schedule

VEHICLE #	STATE	VEHICLE YEAR	MAKE/MODEL	COMPREHENSIVE DEDUCTIBLE	COLLISION DEDUCTIBLE	SCOL DEDUCTIBLE	RENTAL REIM APPLIES
1	SC	2007	FORD F150	\$1,000	\$1,000		N
2	SC	2016	RAM 1500	\$1,000	\$1,000		N
3	SC	2022	FORD ECONOLINE	\$1,000	\$1,000		N

Vehicle Schedule Premium

Veh #	Veh Year	VIN	Vehicle Premium
1	2007	1FTRF12247NA16659	\$1,410.00
2	2016	3C6JR6AT8GG352245	\$1,617.00
3	2022	1FDWE3FN7NDC09778	\$1,769.00

Amendments

- HIRED NON OWNED LIABILITY

CA T0 03

ESTIMATED ANNUAL COST
OF HIRE:

\$5,000



Commercial Auto coverage premium summary

Commercial Auto premium summary

COVERAGE	PREMIUM
Liability Premium	\$3,485.00
Physical Damage Premium	\$1,311.00
Miscellaneous Coverages Premium	\$5,276.00
Gross Premium	\$10,072.00
Taxes and Surcharge	\$0.00
Total	\$10,072.00

Commercial Automobile:

- This quotation is based on our understanding that all insured drivers have satisfactory driving records. As part of our underwriting review, we may obtain Motor Vehicle Reports.
- UM/UIM – If you wish to have Uninsured/Underinsured Motorist coverage(s) limits which differ from the default limits stated in the individual state election offer forms, you will need to complete a valid election prior to policy issuance. For new business, UM/UIM will be quoted with the limit(s) you requested. At the time of policy issuance, if we have not received the individual state(s) election offer form(s), as applicable, your policy will be issued with the default limits as stated in the individual state election offer form(s). Renewals will be issued as per the expiring UM/UIM limit(s) unless a valid updated election on the state offer form is received or we notify you of a change in the law or the interpretation thereof.

Federal Terrorism Risk Insurance Act Disclosure

The Federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean 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.

The Federal Government's share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For any Workers Compensation and Employers Liability coverage provided by this policy, the charge for such Insured Losses is an additional premium, which is reflected in any Workers Compensation and Employers Liability premium schedule included in this proposal or, if this proposal does not include such premium schedule, is reflected in a Workers Compensation premium summary included with this proposal. Note: terrorism premium charges listed in any such premium schedule or summary are subject to change at any time based on state regulatory action.

For any coverage provided by this policy, other than any Workers Compensation and Employers Liability coverage, that applies to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage. The charge for such Insured Losses that has been included for any such coverage is the percentage of the premium for such coverage indicated below and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Note: terrorism premium charges shown below are subject to change at any time based on state regulatory action.

The charge for such Insured Losses (for any coverage other than any Workers Compensation and Employers Liability coverage) is:

- 7% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 3% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 4% of your total Businessowners Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 2% of your total Businessowners Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 1% of your total Commercial Inland Marine Coverage Part premium if applicable.
- 1% of your total Boiler and Machinery or Equipment Breakdown Coverage Part if applicable.
- 1% of your total premium for any Commercial Liability Coverage included in this policy that is subject to the Federal Terrorism Risk Insurance Act of 2002 as amended.
- 1% of your total premium for any Commercial Ocean Marine Coverage Part premium if applicable.

Designated Cities are:			
Albuquerque, NM	El Paso, TX	Miami, FL	San Antonio, TX
Atlanta, GA	Fort Worth, TX	Milwaukee, WI	San Diego, CA
Austin, TX	Fresno, CA	Minneapolis, MN	San Francisco, CA
Baltimore, MD	Honolulu, HI	Nashville-Davidson, TN	San Jose, CA
Boston, MA	Houston, TX	New Orleans, LA	Seattle, WA
Charlotte, NC	Indianapolis, IN	New York, NY	St. Louis, MO
Chicago, IL	Jacksonville, FL	Oakland, CA	Tucson, AZ
Cleveland, OH	Kansas City, MO	Oklahoma City, OK	Tulsa, OK
Colorado Springs, CO	Las Vegas, NV	Omaha, NE	Virginia Beach, VA
Columbus, OH	Long Beach, CA	Philadelphia, PA	Washington, DC
Dallas, TX	Los Angeles, CA	Phoenix, AZ	Wichita, KS
Denver, CO	Memphis, TN	Portland, OR	
Detroit, MI	Mesa, AZ	Sacramento, CA	

Account summary

Premium summary

COVERAGE	POLICY NUMBER	PREMIUM
GENERAL LIABILITY	660-0Y566721	\$38,656
EMPLOYEE BENEFITS LIABILITY	660-0Y566721	\$300
AUTO	BA-0Y566118	\$10,072
Total		\$49,028

Note: The estimated premium shown above may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, as well as rounding.

Payment plan

Agency Bill - Monthly (10 Equal)
Bill Payment Options can be found at: Travelers.com/AutoPay

Note: The amount of each installment will be reflected on your policy invoicing.

Account summary

Disclosure

Unless accepted, the offer(s) of insurance contained in this proposal expire(s) automatically thirty (30) days after the proposal date referenced on the cover page, or the proposed effective date if earlier. This proposal is not a binding contract of insurance. If you have questions regarding this proposal, please contact your Travelers Representative.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal/quote. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal/quote have not been agreed to by Travelers. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and reunderwrite this quote.

The policies will also be subject to all state-mandated endorsements.

At our discretion, we may decide to perform an interim test audit during the upcoming policy period to verify the adequacy of the exposure estimates that have been provided to us. If we decide to perform an interim test audit, a Travelers Auditor will contact the insured at the appropriate time to set up an appointment. The results of any interim test audit that we perform will be shared with you as soon as possible after the audit report has been completed.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies.



General Liability coverage form index

Policy Number 660-0Y566721

Coverage and amendments

DESCRIPTION	FORM NUMBER
LIQUOR LIABILITY COVERAGE FORM	CG 00 33
PROD/COMPL OPERATIONS HAZARD REDEFINED	CG 24 07
EXCLUSION - DISCRIMINATION	CG D1 42
ADDL INSD-USERS OF GOLFMOBILES-EX LIAB	CG D1 43
AMEND-NON CUMULATION OF EACH OCC	CG D2 03
XTEND END FOR GOLF OR COUNTRY CLUB	CG D3 67
AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS	CG D4 21
EXCL-VIOLATION OF CONSUMER FIN PROT LAWS	CG D6 18
LIQUOR LIABILTIY AMENDATORY ENDORSEMENT	CG D8 24
AMENDMENT OF INTELLECTUAL PROPERTY EXCL	CG D9 10
EXCLUSION - PFAS	CG D9 41
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 44
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 48
COMM'L GENERAL LIABILITY DEC	CG T0 01
LIQUOR LIABILITY COVERAGE PART DEC	CG T0 04
DECLARATIONS PREMIUM SCHEDULE	CG T0 07
KEY TO DECLARATIONS PREMIUM SCHEDULE	CG T0 08
EMPLOYEE BENEFITS LIAB COV PART DEC	CG T0 09
LIQUOR DEC PREMIUM SCHEDULE	CG T0 11
TABLE OF CONTENTS - COM GEN LIAB COV	CG T0 34
TABLE OF CONTENTS - LIQUOR LIABILITY	CG T0 38
EMPLOYEE BENEFITS LIAB TABLE OF CONTENTS	CG T0 43
COMMERCIAL GENERAL LIABILITY COV FORM	CG T1 00
EMPLOYEE BENEFITS LIABILITY COV FORM	CG T1 01
EXCLUSION - ABUSE OR MOLESTATION	CG T4 90

Package common coverage form index

Policy Number 660-0Y566721

660 Common coverage and amendments

DESCRIPTION	FORM NUMBER
NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21
SC CHANGES - CANCELLATION, NONRENEWAL	IL 02 49
COMMON POLICY CONDITIONS	IL T0 01
COMMON DEC	IL T0 02
LOCATION SCHEDULE	IL T0 03
FED TERRORISM RISK INS ACT DISCLOSURE	IL T3 68
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14
NOTICE INDEPENDENT AGENT AND BROKER COMP	PN T4 54



Commercial Auto coverage form index

Policy Number

BA-0Y566118

Coverage and amendments

DESCRIPTION	FORM NUMBER
OVERPRINT PAGE	AUNN1A16
POLICY COVER	AUNN2I16
AUTO PREMIUM SUMMARY	AUNN3C17
BUSINESS AUTO COVERAGE FORM	CA 00 01
SOUTH CAROLINA CHANGES	CA 01 50
SOUTH CAROLINA CHANGES - CANCELLATION AND NON RENEWAL	CA 02 30
SOUTH CAROLINA UNINSURED MOTORISTS COVERAGE	CA 21 19
SOUTH CAROLINA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD	CA ID SC
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 1 AND 2)	CA T0 01
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEM 3)	CA T0 02
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 4 AND 5)	CA T0 03
BUSINESS AUTO/AUTO DEALERS/MOTOR CARRIER COVERAGE PART SUPPLEMENTARY SCHEDULE - ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE	CA T0 30
TABLE OF CONTENTS BUSINESS AUTO COVERAGE FORM	CA T0 31
BUSINESS AUTO EXTENSION ENDORSEMENT	CA T3 53
SHORT TERM HIRED AUTO - ADDITIONAL INSURED AND LOSS PAYEE	CA T4 52
AMENDMENT OF EMPLOYEE DEFINITION	CA T4 59
LONG TERM LEASED AUTOS COVERED AS OWNED AUTOS	CA T6 44
COVERAGE DESCRIPTION	COVDESC
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)	IL 00 21
COMMON POLICY CONDITIONS	IL T0 01
COMMON POLICY DECLARATIONS	IL T0 02
AMENDMENT OF COMMON POLICY CONDITIONS - PROHIBITED COVERAGE - UNLICENSED INSURANCE AND TRADE OR ECONOMIC SANCTIONS	IL T4 12
FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS	IL T8 01
IMPORTANT NOTICE - RATING PLAN AVAILABILITY	PN CB 58
IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER COMPENSATION	PN T4 54
COMMERCIAL AUTO TAB PAGE	ZZ TA BS CA 01
INTERLINE ENDORSEMENTS TAB PAGE	ZZ TA BS IL 01
POLICYHOLDER NOTICES TAB PAGE	ZZ TA BS PN 01

Commission summary

COVERAGE	POLICY NUMBER	COMMISSION
GENERAL LIABILITY	660-0Y566721	0.00 %
EMPLOYEE BENEFITS LIABILITY	660-0Y566721	0.00 %
AUTO	BA-0Y566118	0.00 %

Note: *It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.*

* Commission percentage displayed does not apply to any North Carolina Reinsurance Facility loss recoupment surcharge amounts included in the liability premium of the Commercial Auto Policy, if applicable.

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.