

GUY CARPENTER & COMPANY, LLC
Casualty Department
1166 Avenue of the Americas
New York, New York 10036

Telephone: (917) 943-7314 Facsimile: (917) 937-3493

DATE: March 11, 2024

FROM: Jan Pivoda

CASUALTY FACULTATIVE REINSURANCE SUBMISSION

REINSURED COMPANY: Nationwide Group

NAME OF INSURED: A-R HHC Orlando Convention Hotel, LLC

AND ADDRESS: and as per Company Policy(ies)

Houston, Texas

POLICY PERIOD: April 1, 2024 To April 1, 2025

REINSURED PERIOD: April 1, 2024 To April 1, 2025

OPERATIONS: A-R Hhc Orlando Convention Hotel, LLC owns and

operates public hotels and motels. The Company

serves customers in the United States.

Please provide a full and complete quote/authorization based upon the submission information and include any market terms, conditions and subjectivities to be presented to the client for consideration.

It is not our Policy to accept quotes or authorizations with "Best Terms Clauses" on our placements. Please note that regardless of any notations on your quotes or authorizations, the final contract document will state that this placement is not subject to best terms or similar provisions.

By accepting the attached or enclosed confidential information, the recipient agrees that it will not disclose, transfer, or otherwise communicate confidential information to any third party without receiving prior permission. "Confidential Information" includes, regardless of format and without limitation:

- a) general or specific knowledge about any of the following: financial or business plans; potential financial or business plans; operations or services; potential operations or services; products, potential products, contracts, potential contracts, industry know-how, formulas, production goals or quotas; purchasing, marketing or sales techniques; personnel or broker information; customer, client or supplier lists; actuarial analysis; policy forms; risk management tools; or other such material information; and
- b) data, records, processes, methods, techniques, systems, models, samples, devices, equipment, compilations, invoices, customer lists, or documents.

Further, the recipient will neither use the Confidential Information nor circulate the Confidential Information within its own organization except to the extent necessary for internal consideration and analysis in connection with assessing the placement.

This language does not supplant or replace any current non-disclosure or confidentiality agreements in place, which remain in full force and effect.

Contact a Guy Carpenter representative if you have any questions.





A/C: A-R HHC Orlando Convention Hotel, LLC

R/I: Nationwide Group

UMBRELLA LIABILITY March 11, 2024

From: Jan Pivoda Telephone: (917) 943-7314

GC RENEWAL: CLIENT RENEWAL:

POLICY PERIOD: April 1, 2024 To April 1, 2025

April 1, 2024 To April 1, 2025 REINSURED PERIOD:

TYPE OF INSURANCE: Umbrella Liability

\$5,000,000 Each Occurrence / Annual Aggregate. Where COMPANY POLICY LIMIT(S):

Applicable Excess of Underlying Insurance and/or \$10,000

Self-Insured Retention (SIR)

Premium for Umbrella with underlying GL

(deductible option): \$200,000

TOTAL POLICY PREMIUM: \$225,000 Gross

COMPANY RETENTION A) \$100,000 Each Occurrence (Being 10%) Part of Net &/Or Treaty:

\$1,000,000 Each Occurrence Excess Underlying

Insurance and/or Retention

C) \$3,000,000 Each Excess \$2,000,000 Each Occurrence

Excess Underlying Insurance and/or Retention

OTHER FACULTATIVE: Placed Elsewhere by Company

None

REINSURANCE LIMIT(S) A) BASIS OF ACCEPTANCE: Contributing Excess

\$900,000 Each Occurrence (Being 90%) Part of

\$1,000,000 Each Occurrence Excess Underlying

Insurance and/or Retention

B) BASIS OF ACCEPTANCE: Excess of Loss

\$1,000,000 Each Excess \$1,000,000 Each Occurrence

Excess Underlying Insurance and/or Retention

REINSURANCE PREMIUM: A) Please quote your best offer.

B) Please quote your best offer.

CEDING COMMISSION: 27.50%

ORIGINAL CANCELLATION 90 days

REINSURANCE CONDITIONS:

CLAUSE:

HEREON:

Follow Form Company Policy except as stated in

Additional Reinsurance Conditions.

COMPANY POLICY TERMS/EXTENSIONS/EXCLUSIONS:

Attach: As per Company Policy(ies)

Other See attached for cede's quote.

UMBRELLA LIABILITY March 11, 2024

A/C: A-R HHC Orlando Convention Hotel, LLC

R/I: Nationwide Group

COMPANY POLICY FORM: OCCURRENCE FORM

Loss Adjustment Expense: Outside limits of liability

Start Date End Date **EXPOSURE BASE:** Sales Area (sqft)

Projected: 04/01/2024 04/01/2025 45,829,291 1,000

FLEET: No vehicles

> Minimal/incident HNOA exposures only, estimated at 5,000 annual cost of hire, 10 rental days. 20 ee's that may drive their vehicles on company

business.

UNDERLYING SCHEDULE:

Coverage	Limit	Company	Premium	Policy Term
CGL	\$1M/\$2M/\$2M	National Casualty	\$472,273	04/01/2024-2025
CAL	\$1M CSL	National Casualty	\$9,000	04/01/2024-2025
EBL*	\$1M/\$1M	National Casualty		04/01/2024-2025

^{*\$1,000} each claim each employee deductible is applicable on EBL

Cede is also providing an alternate deductible structure on the primary and will be offering a supported umbrella over this program

CGL: \$1M/\$2M/\$2M with \$25,000 Deductible @ \$399,223

UMB: \$25M @ \$200,000

LOSSES: Valuation Date: 01/31/2024 Last 4 years

	Gen'l Liab TOTAL		Auto Liab		
			TOTAL		
YEAR	INCURRED	NUMBER	INCURRED	NUMBER	
04/01/2023-04/01/2024	\$322,866	27	\$0	0	
04/01/2022-04/01/2023	\$372,907	31	\$0	0	
04/01/2021-04/01/2022	\$216,953	14	\$25,755	12	
02/01/2021-04/01/2021	\$650	1	\$0	0	
02/01/2020-02/01/2021	\$8,371	9	\$0	0	

LARGE LOSSES: Valuation Date: 01/31/2024 Excess \$100,000 Last 4 years

	Total	Li:	ne
DOL	Incurred O/C	Paid Ty	pe Description
12/19/2021	200,119 O	14,865 G	L Claimant suffered a slip and fall while on insured premises
7/11/2022	110,341 C	110,341 G	L paint on sidewalk is not slip resistant. clmt slipped and fell.
7/30/2022	250,665 O	10,764 G	L Minor child burned feet and lt hand when standing on metal umbrella stand

2020-2021 Losses with HIG as of 03/05/20242021-2024 Losses with N2G as of 01/31/2024

ADDITIONAL INFORMATION:

See attached for additional exposure information.