


THE DISTEL GROUP


Joseph Distel & Co., Inc.
 (800) 842-1473
 (860) 677-6505

Avon Premium Finance Company
 (800) 842-4694
 (860) 676-0437

Joseph Distel Co. of Rhode Island, Inc.
 (800) 842-1473
 (860) 677-6505

*12-2-04 - Enclosed is the quotation including the DAM
 Scottsdale will not exclude the DAM this year if the association is responsible
 for the maintenance of this exposure.
 Call me if questions.*

Reference #: 9911973A

Date: Dec 02, 2004

To: Mary Cole - J. Frederick Scholes Agency, Inc.

INSURANCE QUOTATION

THE COVERAGES OFFERED IN THIS QUOTATION MAY DIFFER FROM THOSE REQUESTED IN THE APPLICATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. FAILURE TO PROVIDE THE REQUESTED COVERAGE SHALL IMPOSE NO LIABILITY ON JOSEPH DISTEL & CO., INC. OR ITS COMPANIES.

QUOTE VALID FROM: Dec 02, 2004 TO: 1-2-2005

PRODUCER: J. Frederick Scholes Agency, Inc. (AGT1590)
 P O Box 158
 Essex, CT 06426
 (860) 767-8219 Fax:(860) 767-2409

INSURED: Southwinds Homeowners Association
 c/o Richard Levene, Treasurer 46 Birch Mill Trail
 Essex, CT 06426
 REFERENCE #: 9911973A

INSURANCE COMPANY: Scottsdale Insurance Company

COVERAGE: COMMERCIAL GENERAL LIABILITY - Occurrence
 Class 41670 Homeowners Assoc - 58 units
 Class 45524 Pond 14 Acres
 Class 99999 Dam - 1
 Class 48451 Vacant Land - 9.10 Acres
 Class 46671 - Trail 1/10th mile
 Class 10105 - Dock - 1
 Class 99999 - Summer Picnic - 1

TERM: 12 Months

LIMITS OF INSURANCE: \$2,000,000 General Aggregate Limit
 \$2,000,000 Products/Completed Operations Aggregate
 \$1,000,000 Personal & Advertising Injury
 \$1,000,000 Each Occurrence Limit

\$50,000 Fire Damage Limit / Any One Fire
 \$5,000 Medical Expense Limit / Any One Person

DEDUCTIBLE: \$500.00 Bodily Injury & Property Damage Per Claimant

ENDORSEMENTS / NOTABLE EXCLUSIONS:

CG0001 - Occurrence Form

UTS-246s Amendatory Endorsement (Includes Contractors Special Conditions, Lead Contamination Endorsement, Punitive or Exemplary Damages Exclusion, Asbestos Exclusion, Employee Related Practices Exclusion, War Liability Exclusion, Fungi or Bacteria Exclusion, Amendment to Other Insurance Conditions, Common Policy Conditions, Nuclear Energy Liability Exclusion)

CG 2101 Athletic Participants Exclusion

CG-2426 Amendment of Insured Contract Definition

CG 2002 Additional Insured—Club Members(use for Single Family Homeowners Association)

CG2101 - Excl-Athletic Sports Participants

GLS-106 - Total Liquor Liab Excl

IL0260 - CT-Change-Cancel-Nonrenwal

TERMS / CONDITIONS:

25% MINIMUM EARNED PREMIUM AT INCEPTION.

"CGL Premium is Minimum and Deposit."

No Flat Cancellation.

THIS QUOTE IS SUBJECT TO NO LOSSES FROM DATE OF QUOTE TO INCEPTION DATE.

ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

COMMISSION TO AGENT: 10%

OPTIONAL TERRORISM COVERAGE:

The premium quoted above does not include federally mandated Terrorism Coverage. If the Insured elects to accept this optional coverage, there will be an additional premium charge of \$377.00 + \$15.08.

Please be sure the attached Terrorism Election/Rejection Notice is completed, signed by the insured, and returned to us with your written request to bind. **NOTE: WE MUST RECEIVE THIS COMPLETED & SIGNED FORM EVEN IF THE INSURED DOES NOT WISH TO PURCHASE THIS OPTIONAL COVERAGE. OUR CARRIERS WILL NOT ALLOW US TO BIND COVERAGE UNLESS WE RECEIVE THE ATTACHED TERRORISM ACCEPTANCE/REJECTION FORM FULLY COMPLETED AND SIGNED BY THE INSURED.**

FINANCING: Financing is available with APF. An APF quote will follow. I hope you will consider financing the premium with us.

REQUIRED TO BIND:

1. Completed & signed application.
2. Completed & signed affidavit with the physical address of the insured.
3. \$1,214.00 Deposit (Agency Check).
4. Completed and signed terrorism acceptance/rejection notice.
5. Premium/Policy/Service Fee Acknowledgement -
MUST BE SIGNED BY THE INSURED (SEE BELOW)

I look forward to receiving your bind order.

PREMIUM:	\$3,769.00
STATE TAX:	\$150.76
TOTAL FEES:	\$234.00
TOTAL:	\$4,153.76

PREMIUM/POLICY/SERVICE FEE ACKNOWLEDGEMENT:

Policy Fee	\$150.00
Inspection Fee	\$84.00
TOTAL FEES:	\$234.00

I hereby understand and agree to the premium and policy/service fee charges as quoted above.

Insured's Signature

INSURED: Southwinds Homeowners Association
REFERENCE #: 9911973A
DATE ISSUED: Dec 02, 2004

Underwriter: Cindy K. Hoffman

MANAGING GENERAL AGENTS PREMIUM FINANCING
CT FAX (860) 677-6230 RI FAX (401) 331-3334 PO BOX 4017 5 Two Mile Rd. Farmington, CT 06034-4017



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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; and that causes losses of at least \$5,000,000.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium for this coverage is shown below and does not include any charges for the portion of loss covered by the federal government under the Act.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

Choose AN OPTION

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a prospective premium of \$ _____.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Southwinds Homeowners Association
Named Insured/Firm

Print Name

TBD
Policy Number, if available

Date