

INFORMATION PAGE

ZENITH INSURANCE COMPANY
NCCI CARRIER CODE NO. - 13145

POLICY NUMBER
Z141814302

1. **INSURED**
PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.
5650 WICKHAM RD
ROCKLEDGE FL 32955

PRIOR POLICY NUMBER
Z141814301

Policy Type	SPECIALTY MARKETS
Entity	Association
FEIN	65-0430915

MAILING ADDRESS

C/O ADVANCED PROPERTY MANAGEMENT
1978 HIGHWAY US 1
ROCKLEDGE FL 32955

OTHER WORKPLACES NOT SHOWN ABOVE: None

2. The policy period is from: 4/5/25 12:01 a.m. to 4/5/26 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:

FL

- B. Employers Liability Insurance: Part Two of the Policy applies to work in each state listed in item 3A.
The limits of our Liability under Part Two are:

Bodily Injury by Accident	\$ 500,000	Each Accident
Bodily Injury by Disease	\$ 500,000	Policy Limit
Bodily Injury by Disease	\$ 500,000	Each Employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All states except states listed in item 3A and North Dakota, Ohio, Washington, Wyoming.

D. This policy includes these endorsements and schedules: See Extension of Information Page.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan.
All information required below is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Premium	\$503
Expense Constant	\$160
Florida Workers Compensation Insurance	
Guaranty Association Surcharge	\$0
Total Cost	\$503

Minimum Premium

\$503

AL

For Policy Information Call:

PRODUCER

COASTAL INSURANCE UNDERWRITERS
P.O. Box 3140
Ponte Vedre Beach, FL 32004
(904) 285-7683 020-093906A 220

Countersigned by: _____
Date: _____

Davidson Pally
Authorized Representative

SERVICING OFFICE

101 Paramount Dr, Ste 300, Sarasota, FL 34232-6069, Ph: (800) 226-2324

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TheZenith

EXTENSION OF INFORMATION PAGE

ITEM 4 SCHEDULE OF PREMIUM

NAMED AND ADDRESS OF INSURED
PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.
5650 WICKHAM RD
ROCKLEDGE FL 32955

POLICY NUMBER
Z141814302

Class	Description	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
STATE COVERAGE				
04/05/2025 - 04/05/2026				
9015-1	CONDOMINIUMS, COOPERATIVES OR TIMESHARES	0	2.68	0

PREMIUM CALCULATION DETAILS

Code No.	Premium Adjustments	Limits/Amount	Perc	Premium
04/05/2025 to 04/05/2026				
	STATE MANUAL PREMIUM			0
	EMPLOYERS LIABILITY LIMITS	500,000/500,000/500,000	1.10%	0
	BALANCE TO MINIMUM EMPLOYERS LIABILITY			75
	BALANCE TO POLICY MINIMUM PREMIUM			268
	EXPENSE CONSTANT			160
	TERRORISM	0		0
	Sub-Total			503
TOTAL ESTIMATED PREMIUM				503
State Charges 4/5/25 to 4/5/26				
	Florida Workers Compensation Insurance Guaranty Association Surcharge			0
	Total Cost			503

EXTENSION OF INFORMATION PAGE

ITEM 1 ADDITIONAL NAMED INSURED

POLICY NUMBER
Z141814302

ADDITIONAL NAMED INSURED	FEIN	ENTITY TYPE	STREET ADDRESS	CITY	STATE	ZIP
PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.	65-0430915	ASSOCIATION	5650 WICKHAM RD	ROCKLEDGE	FL	32955

EXTENSION OF INFORMATION PAGE

ITEM 3D ENDORSEMENTS AND SCHEDULES

POLICY NUMBER
Z141814302

It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy:

Form Number	Endorsement Number	Name
WC-00-00-01A	1	POLICY INFORMATION PAGE
WC-09-06-09A	2	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC-09-06-06	3	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC-09-04-07A	4	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC-09-04-03C	5	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC-09-03-03	6	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC-00-04-14A	7	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC-00-03-10	8	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT
WC-09-06-07A	9	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDT
WC-99-09-19	10	FLORIDA STIPULATION TO VENUE

Workers Compensation

Supplemental Application

1. NAME OF ASSOCIATION: PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.
2. FEIN #: 65-0430915
3. Is all significant work performed by licensed and insured contractors with appropriate experience? Yes
4. Is evidence of Workers Compensation coverage required and also kept on file for all subcontracted work, including management firm? Yes
5. Does the Association currently maintain Workers Compensation coverage? No
6. Has the Association had any worker's compensation losses in the past 3 years? No
7. Does the Association have a management contract with an association property manager? Yes
8. Is the Association aware of any circumstance or injury that may result in a workers compensation loss? No

APPLICANT'S SIGNATURE

I hereby acknowledge that I have read the above statements and personally swear that the information contained in this application is accurate, that I, as an owner/officer, am fully authorized to sign this application on behalf of the applicant and to bind the applicant.

X Al Lopez
Signature of Applicant

04/01/2025 03:43PM UTC
Date

AGENT'S SIGNATURE

As agent/producer, I hereby attest that I have given the applicant/signatory the opportunity to read the application and I have explained any and all questions regarding the application. I also attest that I have explained to the employer or officer the classification codes that are used for premium calculations pursuant to state statutes.

X Kirk Ball
Signature of Agent

P069743 04/01/2025 03:53PM UTC
License Number Date

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE UNDER THE LAW.

PRODUCER	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY Zenith Insurance Company	UNDERWRITER
Wren Insurance Agency, Inc. 1430 Palm Bay Road, NE Palm Bay FL 32905		APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.	
		MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES C/O ADVANCED PROPERTY MANAGEMENT ROCKLEDGE FL 32955	CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED
LICENSE #:		YRS IN BUS 32	SIC CODE INDIVIDUAL CORPORATION OTHER:
CODE:	SUB CODE:		PARTNERSHIP SUBCHAPTER "S" CORP
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER 65-0430915	NCCI ID NUMBER OTHER RATING BUREAU ID NUMBER

STATUS OF SUBMISSION

BILLING / AUDIT INFORMATION

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> AT EXPIRATION
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OTHER:
			% DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	5650 Wickham Rd, Rockledge, Brevard, FL 32955

POLICY INFORMATION

PROPOSED EFF DATE 4/5/2025	PROPOSED EXP DATE 4/5/2026	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) FL	PART 2 - EMPLOYER'S LIABILITY \$ 500,000 EACH ACCIDENT \$ 500,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE	PART 3 - OTHER STATES INS	DEDUCTIBLE COINSURANCE LIMIT	OTHER COVERAGES U.S.L. & H. X VOLUNTARY COMPENSATION
DIVIDEND PLAN / SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		

RATING INFORMATION

CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED

LOC	CLASS CODE	COM- PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM- PLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
1	9015		Building Operations	0	0	0		\$503.00
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS							FACTOR	FACTORED PREMIUM
						TOTAL		\$
								\$
								\$
						EXPERIENCE MODIFICATION		\$
						MODIFIED PREMIUM		\$
						PREMIUM DISCOUNT		\$
						EXPENSE CONSTANT	N/A	\$
						TOTAL ESTIMATED ANNUAL PREMIUM		\$
						MINIMUM PREMIUM	DEPOSIT PREMIUM	\$ 503.00
						\$		

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. (REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION.) ATTACH LIST OF ADDITIONS/EXEMPTIONS, IF ANY. PROVIDE COPIES OF EVIDENCE OF EXCLUSIONS/INCLUSIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.									
#	NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE / RELATIONSHIP	OWNR- SHP %	DUTIES	INC / EXC	CLASS CODE	REMUNERATION
1									
2									
3									

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUN ATTACHED		
YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE			
	CO: Zenith POL #:								
	CO: POL #:								
	CO: POL #:								
	CO: POL #:								
	CO: POL #:								
	CO: POL #:								

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

☐ PROFESSIONAL EMPLOYER ORGANIZATION (PEO) / EMPLOYEE LEASING COMPANY ☐ TEMPORARY EMPLOYMENT SERVICE

Homeowner Association

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #

ATTACH THE LAST FOUR (4) EMPLOYERS QUARTERLY REPORTS OR IRS FORM 941. PLEASE EXPLAIN IF THE EMPLOYERS QUARTERLY REPORTS OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY. AS AN ALTERNATIVE, THE LATEST EMPLOYERS QUARTERLY REPORT WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE EMPLOYERS QUARTERLY REPORT SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?			16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			17. ANY OTHER INSURANCE WITH THIS INSURER?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED (Last 3 years)?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS / SUBSIDIARY?		
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?			23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$		
9. ANY GROUP TRANSPORTATION PROVIDED?			24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			CONTACT INFORMATION		
11. ANY PART TIME OR SEASONAL EMPLOYEES?			IN- SPECTION	PHONE: (321)514-3473	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				NAME: VAN MOORE	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			ACCTNG RECORD	PHONE:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?				NAME:	
15. ARE ATHLETIC TEAMS SPONSORED?			CLAIMS INFO	PHONE:	
				NAME:	
REMARKS					

THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

I UNDERSTAND THAT AS THE EMPLOYER,

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE;

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS;

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☐ NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☐ NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICATION.

AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

OWNER / OFFICER SIGNATURE

DATE 04/01/2025 03:43PM UTC

PRODUCER'S SIGNATURE

DATE

PRINT NAME Al Lopez

Kirk Ball

04/01/2025 03:53PM UTC

PINEDA CROSSING HOMEOWNERS' ASSOCIATION, INC.
C/O ADVANCED PROPERTY MANAGEMENT, 1978 HIGHWAY US 1
ROCKLEDGE, FL 32955

3/13/2025

To: Zenith Insurance Company
Re: Statement Of No Loss

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES,
ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO
A CLAIM FOR THE FOLLOWING LINES OF COVERAGE:**

[X] Worker's Compensation From 4/5/2022 to 4/5/2025

Association Signature: Al Lopez Date: 04/01/2025 03:43PM UTC

Title: President BoD, HOA

Agent Signature: Kirk Ball Date: 04/01/2025 03:53PM UTC

Warranty:

The purpose of this no loss letter is to assist in the underwriting process; information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be as part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Document Reference : 8b5695b7-088e-451d-aca4-37aa883a029c

Document Title : 04-05-25 Pineda Crossing - Workers Compensation Renewal

Document Region : Northern Virginia

Sender Name : Nicolette Gardner

Sender Email : nicolette@wreninsuranceagency.com

Total Document Pages : 9

Secondary Security : Not Required

Participants

- 1. Al Lopez (alpchoa23@gmail.com)
- 2. Kirk Ball (nicolette@wreninsuranceagency.com)

Document History

Timestamp	Description
04/01/2025 10:52AM US/Eastern	Document sent by Nicolette Gardner (nicolette@wreninsuranceagency.com).
04/01/2025 10:52AM US/Eastern	Email sent to Al Lopez (alpchoa23@gmail.com).
04/01/2025 10:52AM US/Eastern	Email sent to Nicolette Gardner (nicolette@wreninsuranceagency.com).
04/01/2025 11:34AM US/Eastern	Document viewed by Al Lopez (alpchoa23@gmail.com). 97.103.134.139 Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Mobile Safari/537.36
04/01/2025 11:34AM US/Eastern	Document viewed by Al Lopez (alpchoa23@gmail.com). 97.103.134.139 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Safari/537.36 Edg/134.0.0.0
04/01/2025 11:43AM US/Eastern	Al Lopez (alpchoa23@gmail.com) has agreed to terms of service and to do business electronically with Nicolette Gardner (nicolette@wreninsuranceagency.com). 97.103.134.139 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Safari/537.36 Edg/134.0.0.0
04/01/2025 11:43AM US/Eastern	Signed by Al Lopez (alpchoa23@gmail.com). 97.103.134.139 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Safari/537.36 Edg/134.0.0.0
04/01/2025 11:44AM US/Eastern	Email sent to Kirk Ball (nicolette@wreninsuranceagency.com).
04/01/2025 11:52AM US/Eastern	Document viewed by Kirk Ball (nicolette@wreninsuranceagency.com). 71.43.102.218 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Safari/537.36
04/01/2025 11:53AM US/Eastern	Kirk Ball (nicolette@wreninsuranceagency.com) has agreed to terms of

Document History

Timestamp	Description
	service and to do business electronically with Nicolette Gardner (nicolette@wreninsuranceagency.com). 71.43.102.218 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Safari/537.36
04/01/2025 11:53AM US/Eastern	Signed by Kirk Ball (nicolette@wreninsuranceagency.com). 71.43.102.218 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/134.0.0.0 Safari/537.36
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04/01/2025 11:53AM US/Eastern	Document copy sent to Kirk Ball (nicolette@wreninsuranceagency.com).
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