Thank you for submitting your payment. Please check your inbox for a copy of this receipt.

The Fairways of Countryway HOA

Receipt #27804757

rbailey@univprop.com

Payment on 11/19/2025

Do you have an account number?	No
Zip Code	33619
Agency Location	King
Agency Location	King
Agency Location	King
Agency Location	King

Invoices

Not Invoiced *Comment: Package for Property and General Liability ; transaction date 12/9/25*	$5,073.43
Total	$5,073.43
PAYER PAYMENT METHOD	ACH XXXXXX2996

To reverse this payment, please contact King Risk Partners, LLC using the information below. Sending an email or leaving a voicemail does not guarantee reversal of the payment.

King Risk Partners, LLC

643 SW 4th Ave #210 Gainesville, FL 32601 United States

6036965134

cashreceipts@king-insurance.com

KING
RISK PARTNERS

November 18, 2025
00556551
Due Date: December 9, 2025

THE FAIRWAYS OF COUNTRYWAY HOA
3018 N US HWY 301 S# 950
TAMPA, FL 33619

rbailey@univprop.com

11/18/25

NOV 19 2025

Policy	Transaction Date	Description	Amount
TBA	12/9/2025	Package	$ 3595
		Taxes & Fees	$ 551.25
		Directors & Offcers	$ 918
		Tax	$ 9.18

Invoice Total: $ 5073.43

The easiest way to pay is online
https://king-insurance.epaypolicy.com/.
For checks, make payable to: King Risk Partners, LLC
643 SW 4th Ave Suite 210, Gainesville, FL 32601
Should you have any questions, please contact: (888)377-0420

King Insurance Partners

2321 NW 41st Street, Ste B Gainesville, FL 32606
844-KING-INS | www.king-insurance.com

November 18, 2025

00556551

Due Date: December 9, 2025

THE FAIRWAYS OF COUNTRYWAY HOA
3018 N US HWY 301 S# 950
TAMPA, FL 33619

rbailey@univprop.com

Policy	Transaction Date	Description	Amount
TBA	12/9/2025	Package	$ 3595
		Taxes & Fees	$ 551.25
		Directors & Offcers	$ 918
		Tax	$ 9.18

The easiest way to pay is online

Invoice Total: $ 5073.43

https://king-insurance.epaypolicy.com/.

For checks, make payable to: King Risk Partners, LLC

643 SW 4th Ave Suite 210, Gainesville, FL 32601

Should you have any questions, please contact: (888)377-0420

King Insurance Partners

2321 NW 41st Street, Ste B Gainesville, FL 32606

844-KING-INS | www.king-insurance.com

The Fairways of Countryway HOA Inc.

EXECUTIVE SUMMARY

Watts Dawson & Associates Inc.
13008 North 56th Street
Tampa, FL 33617
(813) 985-0349
(813) 989-3884 Fax

November 18, 2025

December 9, 2025 thru December 9, 2026

PACKAGE POLICY

Company: Superior Specialty Insurance

PROPERTY COVERAGE 11203 Pocket Brook Dr. Tampa, FL 33635

Building Coverage Amount: $ 50,000 Wall

Valuation: Replacement Cost

Property Deductible: EXCLUDED- Wind/Hail
1,000 All Other Perils

GENERAL LIABILITY

Rating:	Unit = 50
General Aggregate	$2,000,000
Products/Completed Ops Agg.	$2,000,000
Each Occurrence	$1,000,000
Personal/Advertising Injury	$1,000,000
Fire Damage	$50,000
Medical Payment	$500
Crime/ Fidelity	$ 100,000
Deductible	$1,000

Directors & Officers

Company: Philadelphia

Limit	$1,000,000
Deductible	$ 2,500

Annual Premium: $ 5,073.43

Expirng Term: $ 6,013.15

This contains only a general description of coverage and is not a statement of contract. All coverages are subject to the exclusions and conditions in the policy. Please call us to go over your coverage in detail.

STARWIND
COMMUNITY ASSOCIATIONS

General Applicant Information

Line of Business:
Property ☒ GL ☒ EIL ☐ Crime ☒ D&O/EPLI ☐ Umbrella ☐

Agency Name: King Risk Partners, LLC

Agency Address: 13008 N. 56th Street, Temple Terrace, FL 33617

Producing Agent's Name: ROBERT DAWSON License # A063537

Named Insured: THE FAIRWAYS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Location Address: 11203 POCKET BROOK DR, TAMPA, FL 33635

Mailing Address: UNIVERSITY PROPERTIES, 3018 N US HWY 301 S# 950, TAMPA, FL 33619

Inspection Contact: Name: RICHRD BAILEY Phone #: 8139801000 Email: RBAILEY@UNIVPROP.COM

Prior Carrier:

Loss History: None

STARWIND
COMMUNITY ASSOCIATIONS

Homeowner Association Supplemental Application

1. Name of Association: THE FAIRWAYS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.
2. Effective Date: 12/9/2025
3. Is there any existing damage to the building? Yes ___ No X
4. Do you have armed security guards? Yes ___ No X
5. Are any buildings undergoing major structural renovations? Yes ___ No X

UNDERWRITING QUESTIONS – GENERAL LIABILITY

6. Is pool fenced with self-latching gate? Yes___ No___ N/A X
7. Is there a diving board or slide? Yes___ No___ N/A X
8. Does the association own any davit(s) or boatlift(s)? Yes___ No___ N/A X

UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

9. In the last 5 years, have you been subject to formal third party complaints, claims or violations for the release of hazardous substances, hazardous wastes, or any other pollutants into the environment, including indoor air quality or outbreaks of legionella pneumophila?
   Yes___ No___ N/A X
10. Are you aware of any circumstances that could rise to a pool/spa contamination or environmental liability claim under this policy?
    Yes___ No___ N/A X
11. Does the account have a water maintenance/ management plan in place for pool, spa and other common areas (this can include maintenance/management by third party providers)?
    Yes___ No___ N/A X

UNDERWRITING QUESTIONS – CRIME

12. Does a director or officer periodically review bank statement for comparison of financial reports completed by property manager? Yes X No___ N/A___
13. Does the association verify the authenticity of a funds transfer request internally from one board member or property management employee to another? Yes___ No___ N/A X
14. Does the association's authorized board member or property management employee confirm wire information by a direct call using only the contact number previously provided by the recipient before wiring request was received?
    Yes___ No___ N/A X

STARWIND
COMMUNITY ASSOCIATIONS

UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI

15. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer? Yes___ No___ N/A X

16. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence? Yes___ No___ N/A X

17. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured? Yes___ No___ N/A X

18. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years? Yes___ No___ N/A X

19. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years? Yes___ No___ N/A X

20. Has the Association's current D&O policy been cancelled or non-renewed? Yes___ No___ N/A X

21. Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members? Yes___ No___ N/A X

Signed by: Richard P Bailey
66186CB2F25F46F...

X _____ 11/18/2025

Agreed Signature of Applicant Date

SUPERIOR SPECIALTY INSURANCE COMPANY

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE AND CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act 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; 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.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is $2,947.71, and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is $ 6,242.25

If aggregate insured losses attributable to terrorist acts certified under the Act exceed $100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

☐ I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of $ 6,242.25

☒ I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Signed by:
Richard P Bailey
6A188CB2F25E48F...

Applicant/Named Insured Signature or Authorized Signature

Policy Number

AGENT

Title

11/18/2025

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A $100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

PI-TER-DN1 FL (01/15)

Policy Number: **Named Insured:** The Fairways of Countryway Homeowners Association, In

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

PHILADELPHIA INSURANCE COMPANIES
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

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 or acts that are 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.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

NOTE 1: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from 'certified' acts of terrorism.

INSURED'S SIGNATURE Signed by: Richard P Bailey 66486GB2F25F46F... DATE 11/18/2025

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
(a member of the Tokio Marine Group and hereinafter "the Insurer")
Telephone: 610.617.7990 Fax: 610.617.7940

gig Insurance Group

COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE APPLICATION FOR COMMUNITY ASSOCIATION POLICY

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDTITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED TO THE APPLICABLE RETENTION.

THE POLICY PROVIDES THE DUTY ON THE PART OF THE INSURER TO DEFEND.

Instructions

- *Please complete all questions.*
- *The term **"Insured Organization"** means the parent organization whose directors and officers are proposed to be insured under the Community Association Policy for which this Application is made, along with any other entities in which such parent organization has or controls the right to elect more than 50% of the Board of Directors or other governing body of such entity if such right exists.*

1. General Information

Policy Effective Date: 12/09/25 **Quote#:** 701235

a) Name of the **Insured Organization:** The Fairways of Countryway Homeowners Association, Inc.

b) Address of the **Insured Organization:** 11203 Pocket Brook Dr
Tampa, FL 33635

c) Property Manager Information: RICHARD BAILEY Property Manager

Telephone: 813-980-1000

Fax:

E-Mail Address: rbailey@univprop.com

2. Association Type

Homeowners

3. Previous Insurance

a) Has the **Insured Organization** previously held or does it now have any directors and officers liability insurance or similar insurance? ..... Yes

b) Have you had any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last 5 years? ..... No

c) Has any Insurer declined, cancelled, or refused to renew any directors and officers liability insurance or similar insurance within the past 5 years? ..... No

4. Underwriting Information

a) Total Number of Units: 50

b) Number of Commercial Units: 0

c) Number of Employees: 0

d) Average Unit Value: 700000

e) Does the association have the following recreational facilities: Golf course ..... No

Boat slips ..... No

f) Are the recreational facilities exclusive to only members of the association? ..... n/a

g) Has the association completed in the past year or does it plan a major improvement which may require a special assessment of the association members? ..... No

5. Loss History

During the last 5 years has the **Insured Organization** or any of its directors, officers, or employees been involved in any litigation that could have a material impact on the **Insured Organization**?..... No

6. Prior Knowledge

Does anyone for whom insurance is sought have any knowledge or information of any act, error, omission, fact, or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed insurance? ..... No

IT IS UNDERSTOOD AND AGREED THAT IF ANYONE FOR WHOM THIS INSURANCE IS SOUGHT HAS ANY KNOWLEDGE OF ANY SUCH ACT, ERROR, OMISSION, FACT, OR CIRCUMSTANCE, ANY CLAIM EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company**

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES 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 PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH
SUCH VIOLATION.

This Application must be currently dated and signed by the association's insurance agent, broker, property manager or by a member of governing board of the association.

NAME (PLEASE PRINT/TYPE): Richard P Bailey

TITLE: AGENT
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER OR OFFICER, SEE ABOVE STATEMENT)

SIGNATURE: Signed by: Richard P Bailey 66186CB2F25F46F...

SIGNATURE DATE: 11/18/2025

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER: Robert P. Dawson

AGENCY: Watts, Dawson & Associates, Inc.
(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER _____
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

13008 N 56th Street
Tampa, FL 33617

docusign

Certificate Of Completion

Envelope Id: E3D379E4-1981-4316-A004-89CADB2A46E0
Subject: THE FAIRWAYS OF COUNTRYWAY HOA
Source Envelope:
Document Pages: 12
Certificate Pages: 4
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 4
Initials: 0

Status: Completed

Envelope Originator:
Lori Hart
lori.hart@king-insurance.com
IP Address: 205.216.28.102

Record Tracking

Status: Original
11/18/2025 10:45:35 AM

Holder: Lori Hart
lori.hart@king-insurance.com

Location: DocuSign

Signer Events	Signature	Timestamp
Richard P Bailey rbailey@univprop.com Security Level: .Email 11/18/2025 12:38:35 PM	Signed by: Richard P Bailey 88186CB2F25F46F...	Sent: 11/18/2025 10:50:19 AM Viewed: 11/18/2025 12:34:37 PM Signed: 11/18/2025 12:39:16 PM
	Signature Adoption: Pre-selected Style Using IP Address: 107.144.43.210	

Electronic Record and Signature Disclosure:
Accepted: 9/15/2025 8:33:12 AM
ID: ba361cb4-8cea-41b1-9187-333d9b096b36

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/18/2025 10:50:19 AM
Certified Delivered	Security Checked	11/18/2025 12:34:37 PM
Signing Complete	Security Checked	11/18/2025 12:39:16 PM
Completed	Security Checked	11/18/2025 12:39:16 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Optisure (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Optisure:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: deb.slater@optisure.com

To advise Optisure of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at deb.slater@optisure.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Optisure
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to deb.slater@optisure.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
To withdraw your consent with Optisure

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an e-mail to deb.slater@optisure.com and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Optisure as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Optisure during the course of my relationship with you.

STATEMENT OF ACCOUNT

FAIRWAYS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.
C/O UNIVERSITY PROPERTIES, INC.
3018 N. U.S. HIGHWAY 301, SUITE #950
TAMPA, FLORIDA 33619-2207
813-980-1000
HOA # 4980

From 01/01/2025 to 11/19/2025

Account no: 250195.0

KING RISK PARTNERS
13008 N. 56TH STREET
TAMPA FL 33617

Phone: 813-985-0319

Trx #	Date	Description	Ch. #	Invoice	Debit	Credit	Balance
	01/01/2025	Beginning balance					0.00
1365	11/18/2025	Inv. 00556551 - KING RISK PARTNERS		00556551		5,073.43	5,073.43
1366	11/19/2025	Paid Direct Payment Inv. 00556551	DP-1	00556551	5,073.43		0.00

2	Number of items	0.00	5,073.43	5,073.43	**0.00**
		Beginning balance	Debit	Credit	Balance

Pd on line