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# LUSTGARTEN ASSOCIATES, INC.

**375 FIFTH Avenue, 3<sup>rd</sup> Fl., New York, NY 10016**

Tel: (212) 683-2440 • Fax: (212) 447-7265

Guy's Email: [guy@lustgarten-insurance.com](mailto:guy@lustgarten-insurance.com)

General Email: [admin@lustgarten-insurance.com](mailto:admin@lustgarten-insurance.com)

## FACSIMILE

TO: CLAUDE SIMON

FROM: TOBIN GUY LUSTGARTEN

CO: \_\_\_\_\_

DATE: 10/14/25

SUBJECT: UMBRELLAS

# OF PAGES: \_\_\_\_\_

CLAUDE - ENCLOSED PLEASE FIND  
THE 2 UMBRELLAS WE QUOTED? PLEASE  
LOOK THEM OVER- Questions? Issues?  
Call me or email

Sincerely  
Guy Lustgarten

## Tobin Guy

**From:** Lisa Pagnotta <lpagnotta@ftpins.com>  
**Sent:** Wednesday, August 13, 2025 10:16 AM  
**To:** Tobin Guy  
**Cc:** Dennis Pollizotto  
**Subject:** 534 West 42nd Street Condominium - \$5M Excess Liability Expiring 9/17/25 quote  
**Attachments:** Quote.pdf; Starstone Ren Qte.pdf; Starstone App.pdf

Good Morning!

Attached please find Insured's Commercial Excess Liability Renewal Quote with Starstone National Insurance Company.

Thank you.  
Lisa



### Lisa Pagnotta

Commercial Lines Assistant Underwriter, FTP Inc. – L.I. Division  
(516) 288-3304 | [lpagnotta@ftpins.com](mailto:lpagnotta@ftpins.com) | [ftpins.com](http://ftpins.com) |  
105 Maxess Rd, Ste S133, Melville, NY 11747  
131 White Oak Lane, Old Bridge, NJ 08857 – Main Office  
Fax: (732-679-6928

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# Commercial-NY

131 White Oak Lane, Old Bridge, NJ 08857  
Phone: 732-679-3700 Fax: 732-679-6928

---

Date: August 13, 2025

To: T. Guy Lustgarten  
Lustgarten Associates, Inc.

From: Lisa Pagnotta,  
Email: lpagnotta@ftpins.com

Re: Renewal Quote: 74326A240ALI 534 West 42nd Street Condominium 9/17/2025

Please find enclosed the Commercial Excess Liability renewal quotation from Starstone National Insurance Co (Admitted) for the above referenced submission.

Coverage is subject to: Company approval, any pending carrier subjectivities (see attached) . All terms, conditions and exclusions are as per company forms.

**Note:** Please carefully review the coverages listed as they may not be as requested

By signing below you are confirming to your request to bind coverage in adherence to the terms and conditions outlined in this document and any referenced documentation.

Please sign to bind \_\_\_\_\_ Date \_\_\_\_\_

**Sincerely,**

Dennis Pollizotto

Branch Manager

Quote #: 0255775

## Renewal Quote

Expiring Policy #:  
74326A240ALI  
Quote #: 0255775

Commercial-NY  
Branch Manager :  
Dennis Polizotto

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

<b>Insured</b>	534 West 42nd Street Condominium	<b>Date Issued</b>	Aug 13, 2025
<b>DBA</b>		<b>Expiration Date</b>	
<b>Insurer</b>	Starstone National Insurance Co	<b>Policy Period</b>	9/17/2025 - 9/17/2026
	Admitted	<b>Term</b>	Other
<b>Coverage</b>	Excess General Liability	12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.	
<b>Producer</b>	Lustgarten Associates, Inc.		
<b>Contact</b>	T. Guy Lustgarten		

### Terms and Conditions

Complete Terms and Conditions are contained in this quote packet. Please review for all details.

**Disclosure(s)** \*Coverage Sheet

**Underwriting Subjective(s)** \*3 Years of Currently Valued Loss Runs for the UL GL- Prior to Binding

**Required Documentation at Binding :** \*Completed, signed & dated Acord 125, 131 & 126  
\*Signed & Dated Starstone Application

<b>Your Commission</b>	<b>Premium</b>	<b>\$5,025.00</b>
10%		

PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM  
EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

Premium referenced includes Terrorism Coverage. Should the  
Insured elect to purchase TRIA, the additional premium will be plus  
taxes of.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAYBE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.



**StarStone National Insurance Company.**

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE DEPARTMENT. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

**NYFTZ Statutory Code: 2-13000**

\*\* Please note that in addition to the attached renewal quote which contains rates and/or terms that may be different than the expiring policy, insureds experiencing financial hardship due to COVID-19 have the option of extending the current policy for 90 days at current terms for a pro-rated additional premium based on the expiring premium.

08/12/2025

To: Dennis Pollizotto  
FTP, Inc. - Old Bridge, NJ  
131 White Oak Lane  
Old Bridge, NJ 08857

Re: 534 West 42nd Street Condominium  
534 W 42nd St  
New York, NY 10036

We are pleased to offer the following proposal of insurance :

Company: StarStone National Insurance Company (Admitted, A.M. Best Company Rating: A (Excellent), Financial Size Category: XIII)  
Coverage: Following Form Excess Liability Insurance Policy  
Forms: SSN EXS 0003 CW (03/16) EXCESS LIABILITY - JACKET  
SSN EXS 0002 NY (03/16) FOLLOWING FORM EXCESS LIABILITY INSURANCE POLICY DECLARATIONS

SSN EXS 0001 CW (03/16)	FOLLOWING FORM EXCESS LIABILITY INSURANCE POLICY
SSN EXS 0004 CW (03/16)	SCHEDULE OF ENDORSEMENTS
SSN EXS 0005 CW (03/16)	SCHEDULE OF FOLLOWED POLICIES AND TOTAL LIMITS OF UNDERLYING POLICIES

Additional endorsements:

SSN EXS 0010 NY (03/16)	ABUSE OR MOLESTATION EXCLUSION
SSN EXS 0100 NY (03/16)	LIQUOR LEGAL LIABILITY EXCLUSION
SSN EXS 1021 NY (04/19)	NEW YORK CONSTRUCTION EXCLUSION
SSN EXS 0051 NY (03/16)	DESIGNATED EXPOSURES EXCLUSION
SSN EXS 0052 NY (03/16)	DESIGNATED OPERATIONS EXCLUSION
SSN EXS 0032 NY (04/20)	COMMUNICABLE DISEASES EXCLUSION
SSN EXS 0187 NY (03/16)	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE US
SSN EXS 0041 NY (03/16)	CROSS LIABILITY EXCLUSION
SSN EXS 1023 NY (09/22)	PFAS EXCLUSION FORM
SSN EXS 0183 CW (03/16)	AUTO COVERAGE - EXCLUSION OF TERRORISM
SSN EXS 0042 CW (03/16)	CROSS LIABILITY EXCLUSION - BROAD FORM
SSN EXS 0061 CW (03/16)	DIRECTORS AND OFFICERS LIABILITY EXCLUSION
SSN ML 0002 CW (12/20)	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
SSN EXS 0067 CW (03/16)	EMPLOYMENT DISCRIMINATION AND EMPLOYMENT â€“ RELATED PRACTICES EXCLUSION
SSN EXS 0188 CW (08/17)	EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
SSN EXS 0080 CW (03/16)	FUNGI OR BACTERIA EXCLUSION
SSN EXS 0122 CW (03/16)	PENDING AND PRIOR LITIGATION AND KNOWN LOSSES EXCLUSION
SSN EXS 0129 CW (03/16)	POLLUTION EXCLUSION (WITH HOSTILE FIRE EXCEPTION)
SSN EXS 0166 CW (03/16)	SILICA EXCLUSION
SSN EXS 0306 CW (04/21)	HUMAN TRAFFICKING EXCLUSION
SSN ML 0001 CW (12/20)	TERRORISM QUOTE PREMIUM DISCLOSURE
SSN EXS 1011 CW (09/18)	DEFINITION OF INSURED AND AMENDMENT OF CANCELLATION PROVISION
SSN EXS 1019 CW (12/18)	FIREARMS AND WEAPONS EXCLUSIONS

Effective date: 09/17/2025

Expiration date: 09/17/2026

Retro date: N/A

Limits of Insurance \$5,000,000 Each Occurrence

\$5,000,000 Annual Aggregate

\$5,000,000 Products/Completed Operations Aggregate

Retained Limit: N/A

Self Insured Retention: N/A

In excess of: N/A

General Liability \$1,000,000 Each Occurrence

\$2,000,000 Annual Aggregate

\$2,000,000 Products/Completed Operations Aggregate

TRIPRA Premium: \$50 TRIPRA cannot be rejected on this quote/binder

Total Premium: \$5,025 Payable within 30 days of binding coverage.  
Minimum earned: \$0

State Surcharge(if applicable)

Limit	Premium	TRIPRA	UM/UIM	State Surcharge	Total Premium
\$1,000,000	\$1,100	\$11	\$0	\$0	\$1,111
\$2,000,000	\$2,075	\$21	\$0	\$0	\$2,096
\$3,000,000	\$3,050	\$30	\$0	\$0	\$3,080
\$4,000,000	\$4,000	\$40	\$0	\$0	\$4,040
* \$5,000,000	\$4,975	\$50	\$0	\$0	\$5,025

### **Subjectivities**

The following must be complied with:

This quote will remain valid for 30 days from the date of this quote or the effective date noted, whichever is earlier.

Signed ACORD 125 or ACORD 131 (or equivalent) must be retained for file.

All Underlying policies must be received within 60 days of binding and retained for file.

The Schedule of Endorsements is subject to change upon review of the underlying terms and conditions.

Note: you are granted authority to issue ACORD certificates of insurance. Certificates of insurance do not amend, extend, or modify any coverage afforded under the policy.

Thank you again for the opportunity to serve you.

Sincerely,

Starstone Online Underwriting Team

**Named Insured:** 534 West 42nd Street  
**Type of Policy:** Following Form Excess  
**Effective Date:** 09/17/2025  
**Insurance Company:** StarStone National Insurance Company

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE DEPARTMENT. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

NYFTZ Statutory Code: 2-13000

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means 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. 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 Terrorism Risk Insurance Act, as amended. 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 80% beginning on January 1, 2020, of the covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits the United States Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceeds \$100 billion, your coverage may be reduced.

**TERRORISM INSURANCE COVERAGE PREMIUM**

Terrorism coverage as defined in the Terrorism Risk Insurance Act, as amended, is included under this policy for a premium of

<b>Limits</b>	<b>TRIPRA Premium</b>
\$1,000,000	\$11
\$2,000,000	\$21
\$3,000,000	\$30
\$4,000,000	\$40
\$5,000,000	\$50

## Tobin Guy

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**From:** Lisa Pagnotta <lpagnotta@ftpins.com>  
**Sent:** Monday, August 18, 2025 10:06 AM  
**To:** Tobin Guy  
**Cc:** Dennis Pollizotto  
**Subject:** quote - 534 West 42nd Street Condominium - Excess Liability 2nd Layer SIC Expiring 9/17/25  
**Attachments:** Quote.pdf; SIC EXCESS REN QTE.pdf; NY Aff Part C.pdf; TCF.pdf

Good Morning!

Attached please find Insured's Commercial Excess Liability Renewal Quote with Scottsdale Insurance Company.

Thank you.

Lisa



**Lisa Pagnotta**  
Commercial Lines Assistant Underwriter, FTP Inc. – L.I. Division  
(516) 288-3304 | lpagnotta@ftpins.com | ftpins.com |  
105 Maxess Rd, Ste S133, Melville, NY 11747  
131 White Oak Lane, Old Bridge, NJ 08857 – Main Office  
Fax (732-679-6928)

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# Commercial-NY

131 White Oak Lane, Old Bridge, NJ 08857  
Phone: 732-679-3700 Fax: 732-679-6928

---

Date: August 18, 2025

To: T. Guy Lustgarten  
Lustgarten Associates, Inc.

From: Lisa Pagnotta,  
Email: lpagnotta@ftpins.com

Re: Renewal Quote: CXS4036877 534 West 42nd Street Condominium 9/17/2025

Please find enclosed the Commercial Excess Liability renewal quotation from Scottsdale Insurance Co (Non-Admitted) for the above referenced submission.

Coverage is subject to: Company approval, any pending carrier subjectivities (see attached). All terms, conditions and exclusions are as per company forms.

Note: Please carefully review the coverages listed as they may not be as requested.

By signing below you are confirming to your request to bind coverage in adherence to the terms and conditions outlined in this document and any referenced documentation.

Please sign to bind \_\_\_\_\_ Date \_\_\_\_\_

**Sincerely,**

Dennis Polizotto

Branch Manager

Quote #: 0250489

## Renewal Quote

Expiring Policy #: CXS4036877  
Quote #: 0250489

Commercial-NY  
Branch Manager :  
Dennis Pollizotto

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

Insured	534 West 42nd Street Condominium	Date Issued	Aug 18, 2025
DBA		Expiration Date	

Insurer	Scottsdale Insurance Co	Policy Period	9/17/2025 - 9/17/2026
	Non-Admitted	Term	Other
Coverage	Excess General Liability		12:01 AM. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND
Producer	Lustgarten Associates, Inc.		SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.
Contact	T. Guy Lustgarten		

### Terms and Conditions

Complete Terms and Conditions are contained in this quote packet. Please review for all details.

**Disclosure(s)** \*Coverage Sheet  
\*The following forms have been added to the renewal by carrier;  
-CX2700: Underlying Claims Made Coverage  
-UTS-672- Lessor's Risk Only-Tenant Warranty Endorsement

**Underwriting Subjective(s)** \*3 years of currently valued loss runs for all LOB prior to 2024- Prior to Binding

**Required Documentation at Binding :** \*Completed, signed & dated TRIA FORM  
\*Completed, signed & dated NY Affidavit Part C and Total Cost Form

Min Earned Premium	25%	Premium	\$2,500.00
Your Commission	10%	Fees	\$115.00
		Broker Fee	\$115.00

PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM  
EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

Premium referenced does not include Terrorism Coverage. Should the Insured elect to purchase TRIA, the additional premium will be \$250 plus taxes.

Taxes	\$93.75
Surplus Lines Tax	\$90.00
Stamping Office Fee	\$3.75
<b>Total</b>	<b>\$2,708.75</b>

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAYBE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

## Commercial Excess Quote

**To:** Lustgarten Associates, Inc

**Contact Name:** Guy

**Contact Email:**

**Contact Phone:**

**From:** FTP Inc

**Address:** 131 White Oak Ln Old Bridge  
Township NJ 08857

**Contact Name:** Dennis Polizzotto

**Contact Email:** dpollizotto@ftpins.com

**Contact Phone:**

**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

**A.M. Best rated A (Excellent), FSC XV**

**Commission:** 10%

**Minimum Earned:** 25%

This quotation is good for 30 days from 08/14/2025. If request to bind is not received within this time, the quotation is invalid. NOTE: All underlying carriers must have a minimum A.M. Best rating of A- VII or better.

<b>Applicant Name:</b>	534 WEST 42ND STREET CONDOMINIUM
<b>Proposed Policy Period:</b>	09/17/2025 To: 09/17/2026
<b>Quote Number:</b>	QX-07489656
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	CXS4036877

### Premium Summary

Excess Premium:	\$ 2,500.00
Broker Fee	\$ 115.00
Surplus Lines Tax	\$ 90.00
Stamp Fee	\$ 3.75
<b>Grand Total:</b>	<b>\$ 2,708.75</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$250.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

<b>Subject to following terms and conditions:</b>
• Signed TRIA form at time of binding, rejecting or accepting coverage
• Provide 3 years currently valued loss runs for all LOBs

### Limits

	<b>Limits</b>
<b>Each Occurrence</b>	\$2,000,000
<b>Aggregate</b>	\$2,000,000

## Underlying Insurance

Coverage Type	Carrier Name	Policy Period	Limits
Excess Liability	Starstone National Insurance Co  Policy Number: TBD	09/17/2025 to 09/17/2026	\$5,000,000 Each Occurrence \$5,000,000 Aggregate

NOTE: All underlying carriers must have a minimum A.M. Best rating of A- VII or better.

Underlying Insurance must meet E&S/Specialty minimum limit requirements.

All named insureds included on this policy are also warranted to be included on underlying policies

## Forms and Endorsements

### Commercial Excess

NOTX0146CW 07-21 NOTICE TO POLICYHOLDERS RESTRICTIONS OF COVERAGE

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION

NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

NOTX0650CW 03-24 NOTICE-FRAUD WARNINGS

UTS-COVPG 03-21 COVER PAGE

XLS-D-1 07-22 COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

XLS-SP-2 11-08 COMMERCIAL EXCESS LIABILITY SUPPLEMENTARY SCHEDULE OF CONTROLLING UNDERLYING INSURANCE

CX 00 01 04-13 COMMERCIAL EXCESS LIABILITY COVERAGE FORM

CX 21 02 04-13 TOTAL POLLUTION EXCLUSION

CX 21 13 04-13 EXCLUSION - FUNGI OR BACTERIA

CX 21 33 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CX 21 43 12-23 EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION

CX 21 71 06-15 EXCLUSION UNMANNED AIRCRAFT

CX 21 77 12-19 EXCLUSION – ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES

CX 21 80 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION

CX 27 00 12-19 UNDERLYING CLAIMS-MADE COVERAGE

UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM

### Minimum Earned Premium (%)

25

UTS-587 10-21 TOTAL ASSAULT AND/OR BATTERY EXCLUSION

UTS-597 01-22 LIMITATION OF COVERAGE-SWIMMING POOLS

UTS-611 07-22 EXCLUSION-BIOMETRIC INFORMATION

UTS-632 03-23 EXCLUSION-DESIGNATED CHEMICALS, COMPOUNDS, ENERGY, MATERIAL OR SUBSTANCES

UTS-641 06-23 CONTINUING OR ONGOING DAMAGE EXCLUSION

UTS-650 12-24 ABSOLUTE FIREARM(S) EXCLUSION

UTS-672 06-25 LESSOR'S RISK ONLY-TENANT WARRANTY ENDORSEMENT

UTS-676 11-24 EXCLUSION-ANIMAL

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

UTS-9g 06-22 SERVICE OF SUIT CLAUSE

XLS-0270 05-15 CARE, CUSTODY OR CONTROL EXCLUSION

XLS-0381 05-15 CROSS LIABILITY EXCLUSION (NAMED INSURED)

## Forms and Endorsements

XLS-0405 11-08 DESIGNATED OPERATIONS EXCLUSION

### **Description Of Excluded Operations**

Any/All Bar/Tavern, Nightclub, Halfway House exposures

XLS-0410 11-08 DESIGNATED PREMISES ENDORSEMENT

### **Description And Location Of Premises**

534 W 42nd St, New York, NY 10036

XLS-0432 11-08 DESIGNATED WORK EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS

XLS-0520 11-08 EMPLOYMENT-RELATED PRACTICES EXCLUSION

XLS-0530 05-15 EMPLOYEES RETIREMENT INCOME SECURITY ACT EXCLUSION (E.R.I.S.A.)

XLS-0795 11-08 KNOWN INJURY OR DAMAGE EXCLUSION

XLS-0830 11-08 LIQUOR LIABILITY EXCLUSION

XLS-1140 11-08 PRODUCTS-COMPLETED OPERATIONS HAZARD EXCLUSION

XLS-1160 11-08 PROFESSIONAL LIABILITY EXCLUSION

### **Description Of Professional Services**

Any and all professional services.

XLS-1370 11-08 EARTH OR LAND MOVEMENT EXCLUSION

XLS-1502 11-08 WAR LIABILITY EXCLUSION

XLS-2318 11-08 VIOLATION OF STATUTES THAT GOVERN E-MAILS, FAX, PHONE CALLS OR OTHER METHODS OF SENDING MATERIAL OR INFORMATION EXCLUSION

XLS-2322 02-24 UNDERLYING SUBLIMIT COVERAGE EXCLUSION

XLS-2339 11-08 AUTO LIABILITY EXCLUSION

XLS-2342-NY 07-09 CHANGES-NEW YORK

XLS-2376 12-12 HYDRAULIC FRACTURING EXCLUSION

XLS-2383 04-13 LIMITS ENDORSEMENT

XLS-2571 02-19 CONTROLLED SUBSTANCE EXCLUSION

XLS-2636 03-22 EXCLUSION-ATHLETIC OR SPORTS PARTICIPANTS-ALL CONTESTS OR EXHIBITIONS

### **Description Of Operations**

All Operations

XLS-2637 03-22 NEW YORK CONTRACTING OPERATIONS EXCLUSION

XLS-2661 06-22 PFC/PFAS EXCLUSION

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (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 acts of terrorism" means 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; 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>250.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/ Business Name

QX-07489656

Print Name

Policy Number, if available

Date