



September 9, 2021

To Allison Schleuger
AmWINS Program Underwriters, Inc.
214 Senate Avenue, Suite 201
Camp Hill, PA 17011
Producer E-Mail Address:

RE: Tahoe Donner Association

Dear Allison Schleuger,

In accordance with your request for a quotation on the above-captioned account, and based on the information submitted, we are pleased to provide the following:

Named Insured	Tahoe Donner Association 11509 Northwoods Blvd Truckee, CA 96161
Policy Type Plan Type	Workers Compensation & Employers Liability Guaranteed Cost Plan
Issuing Company Policy Forms Policy No	StarStone National Insurance Company See attached forms listing Issued upon binding
Estimated Annual Premium Premium Payments Assessments	\$348,736 See attached billing terms See attached billing terms
Commission	0.00%
Policy Period	From: 10/01/21 To: 10/01/22
Subject To	Nothing Further
Quote Expires	This Quote expires on 10/01/21 or in 30 days from the date of the Quote, whichever comes first.

The terms and conditions detailed above and on the following pages are subject to change or withdrawal based upon review of the any additional information requested.

If between the date of this quotation and the effective date of the policy, there is a material change in the condition of the Applicant or an occurrence of an event which could change the underwriting evaluation of the Applicant, then at the insurance company's option, this quotation may be withdrawn by written notice thereof to the Applicant.

StarStone holds a financial strength rating of A- (Excellent) from ratings agency A.M. Best, with a financial size XI.

If this policy is issued, the issuing carrier will be StarStone National Insurance Company. StarStone National Insurance Company is an admitted carrier.

Tahoe Donner Association
Effective 10/01/21 to 10/01/22
Guaranteed Cost Plan

We are not required to bind coverage prior to the receipt, review and acceptance of the above information; however, if we do bind coverage prior to such receipt, review and acceptance, it shall be for a temporary period of 30 days. If such required information is not received, reviewed and accepted within the stated period, or if such material change in the risk is discovered or if submission of a claim or circumstance is made prior to such receipt, review and acceptance of the requested information, then the proposed insurance coverage will be void ab initio (from the beginning).

After you have had the opportunity to review this proposal, please feel free to contact me with any questions.

Thank you for considering StarStone to address your client's needs.

Tahoe Donner Association
Effective 10/01/21 to 10/01/22
Guaranteed Cost Plan

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

“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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Tahoe Donner Association
Effective 10/01/21 to 10/01/22
Guaranteed Cost Plan

Number of Stipulated Installments: (Eight) \$37,053

Direct Bill

We request that the broker remit the down payment/deposit, including applicable surcharges/assessments on or before the inception date of the policy or upon binding coverage.

* Quarterly payroll reporting to track earned premium with adjustments as necessary.

Premium Payment Methods

ACH and Wire Transfer

Bank of America Merrill Lynch
Account Number: 898078546588
ABA Routing Number: 063100277
Wire Transfer Routing No: 0260009593
Beneficiary: StarStone National Ins. Co.
For SWIFT: BOFAUS3N

US Mail

StarStone National Ins. Co.
P.O. Box 744289
Atlanta, GA 30374-4289

Overnight or Courier

Bank of America Lockbox Services
Lockbox 744289
6000 Feldwood Road
College Park, GA 30349

****Remit the following information with payment remittance: Primary Named Insured/Policy Holder Name & Policy Number(s)**

Security Requirements

None

Tahoe Donner Association
Effective 10/01/21 to 10/01/22
Guaranteed Cost Plan

Terms and Agreements

All coverage extensions offered are detailed in this proposal. Coverage extensions and endorsements not specifically mentioned regardless of their presence in the submission, are not included. All Premiums are subject to change due to changes in rates, experience modifications or any other items due to changes required from regulatory entities having jurisdiction over such areas.

A service audit may be performed within the first ninety days of coverage to ensure proper classification of exposure.

This Quote expires on the proposed effective date or in 30 days from the date of the Quote, whichever comes first.

If during the course of the policy a new entity is acquired or the scope of your operations materially changes, we reserve the right to change the pricing and/or program based on the exposures, losses and risk characteristics of the new operations.

Please note that this quote may not contain all of the coverages that were requested on the application. Please review this quote for coverage accuracy.

Coverages and limits will be the same as on the expiring policy.

Conditional Forms

<u>WC 90 06 02</u>	Ext of the Info Page - Payroll Reporting/Payment Schedule
<u>WC 00 04 06 A</u>	Premium Discount Endt List all policy numbers included in the policy group or N/A

Mandatory Forms

<u>WC 00 00 00 C</u>	Workers Compensation & Employers Liability Insurance Policy
<u>WC 00 00 01 A</u>	Policy Information Page
<u>WC 90 03 00</u>	Ext of the Info Page - Item 1 - Named Insured & Workplaces Schedule
<u>WC 90 03 01</u>	Ext of the Info Page - Item 3D - Endorsement Schedule
<u>WC 00 04 19</u>	Premium Due Date Endt
<u>WC 00 04 21 E</u>	Catastrophe (other than Certified Acts of Terrorism) Premium Endt
<u>WC 00 04 22 C</u>	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endt
<u>WC 04 03 01 D</u>	California Policy Amendatory Endt
<u>WC 04 03 10</u>	California Duty to Defend
<u>WC 04 03 60 B</u>	California Employers Liability Coverage Amendatory Endt
<u>WC 04 04 22</u>	California Short-Rate Cancellation Endt
<u>WC 04 06 01 A</u>	California Cancellation Endt
<u>WC 04 06 04</u>	California COVID-19 Reporting Requirement Endt

Optional Forms

<u>WC 04 03 17 B</u>	California Endt Agreement Limiting & Restricting this Insurance
----------------------	---

Tahoe Donner Association
 Effective 10/01/21 to 10/01/22
 Guaranteed Cost Plan

Rating Exhibit

Please note that for all calculations, unless otherwise specified, the premium base used will be the result from the prior line.

California State Act 10/01/21-10/01/22

Tahoe Donner Association-CA Location 10/01/21-10/01/22

<u>Class Code</u>	<u>Description</u>	<u>Payroll/Count</u>	<u>Rate</u>	<u>Premium</u>
7207-1	Stables - All Employees N.O.C.	\$115,500	\$13.70	\$15,824
8017-1	Stores - Retail - N.O.C.	\$132,300	\$4.52	\$5,980
8810	Clerical Office Employees – N.O.C.	\$2,988,185	\$0.38	\$11,355
9015-1	Building Operation - N.O.C. - All Other Employees - Including Resident Employees when Lodging is Provided By the Employer, the Total Remuneration Shall Include the Market Value of Such Lodging to the Employee.	\$34,650	\$8.22	\$2,848
9016-4	Boat Marina and Boat Rental Operation	\$33,600	\$5.25	\$1,764
9060	Clubs - Country or Golf - All Employees - Including Front Desk Employees and Restaurant or Tavern Employees	\$717,150	\$5.66	\$40,591
9066	Homeowners Associations and Housing Cooperatives - N.O.C.	\$3,300,738	\$4.92	\$162,396
9079-1	Restaurants or Taverns - All Employees - Including Musicians and Entertainers	\$1,522,500	\$4.65	\$70,796
9180-1	Amusement or Recreational Facilities - N.O.C. - Operation or Maintenance of Amusement Devices - Including Ticket Collectors Connected Therewith	\$817,950	\$4.97	\$40,652
9184	Ski Resorts - Alpine - All Operations - Including the Operation of Nordic Ski Trails At Alpine Ski Resort Locations	\$1,899,450	\$16.53	\$313,979

<u>Class Code</u>	<u>Factor Description</u>	<u>Factor</u>	<u>Amount</u>	<u>Premium</u>
	Manual Premium		\$666,185	\$666,185
9812	Employer Liability Inc Limits (Applied to Manual Premium)	0.00 %	\$0	\$666,185
9898	Experience Modification Factor	0.830	(\$113,251)	\$552,934
9887	Schedule Credit	30.00 %	(\$165,880)	\$387,054
0063	Premium Discount (Applied to Standard Premium)	9.90 %	(\$38,318)	\$348,736
9740	Terrorism	0.000	\$0	\$348,736
9741	Catastrophe (other than Certified Acts of Terrorism)	0.000	\$0	\$348,736
Premium for Tahoe Donner Association-CA Location 10/01/21-10/01/22				\$348,736

	Payroll for California State Act	\$11,562,023
Premium for California State Act		\$348,736



Tahoe Donner Association
 Effective 10/01/21 to 10/01/22
 Guaranteed Cost Plan

Payroll for California	\$11,562,023	
Total Payroll for Tahoe Donner Association	\$11,562,023	
Premium for California		\$348,736
Total Estimated Annual Premium for Tahoe Donner Association		\$348,736
*Includes Premium Charge for Terrorism		\$0
*Includes Premium Charge for Catastrophe (other than Certified Acts of Terrorism)		\$0
CA-Anti-Fraud Surcharge 10/01/21 - 10/01/22	0.004734	\$1,651
CA-Labor Enforcement and Compliance Fund Assessment 10/01/21 - 10/01/22	0.002272	\$792
CA-Occupational Safety & Health Fund 10/01/21 - 10/01/22	0.002584	\$901
CA-Subsequent Inj Benefits Trust Fund Assessment 10/01/21 - 10/01/22	0.006579	\$2,294
CA-Uninsured Empl Benefit Trust Fund Assessment 10/01/21 - 10/01/22	0.000775	\$270
CA-User Fund Assessment 10/01/21 - 10/01/22	0.022646	\$7,897

Tahoe Donner Association
Effective 10/01/21 to 10/01/22
Guaranteed Cost Plan



Contacting StarStone National: Your Service Provider Team

Policyholder Information

Policyholder: **Tahoe Donner Association**
Policy Number:
Policy Period: 10/01/21 to 10/01/22

Brokerage Information

Brokerage Firm: AmWINS Program Underwriters, Inc.
Individual Agent: Allison Schleuger
Phone Number: 717-214-2400

StarStone National Information

Policyholder Services: StarStone.Questions@corespecialty.com
(206) 269-8500
Loss Control Consultant: Mike Gunter (mike.gunter@corespecialty.com)
(206) 947-0395
Accounts Receivable/Credit: WorkersCompBilling@corespecialty.com

StarStone National Claims Managers

Mario Bostillo

Servicing: CA, HI, ID, MT, NV, NM, OR
Direct: (714) 918-5920
mariano.bostillo@enstargroup.com

Bill McCarty

Servicing: AZ, CO, UT
Direct: (623) 566-4030
bill.mccarty@enstargroup.com

Diane Vasconcellos

Servicing: AK
Direct: (714) 918-5939
diane.vasconcellos@enstargroup.com

David Calandro

Servicing: AL, AR, CT, DE, DC, FL,
GA, IL, IN, IA, KS, KY, LA, ME, MD,
MA, MI, MN, MO, MS, NE, NH, NJ, NY,
NC, OK, PA, RI, SC, SD, TN, TX, VT,
VA, WV, WI, USL&H and MEL Nationwide
Direct: (727) 217-2964
david.calandro@enstargroup.com

Online Services

StarStone National Insurance Company policyholders can 24/7 online access to their Workers Compensation claims forms, loss runs, report payroll, make payments, view statements, and establish email reminders.

Online access can be obtained at <http://myaccount.starstoneworkcomp.com>. To complete registration simply click on the service and then follow these steps:

Select "Register"
Complete the Enrollment Form and
Select "Send."

Someone from StarStone will contact you shortly to initiate and complete your access.

