

Commercial Insurance Proposal

Prepared for:

Account Number: 66458563

HEARTLAND SPORTS TURF LLC

Presented by:

AP INTEGRO INSURANCE GROUP, LLC

Date of Proposal:

06/29/2023

Policy Period:

Effective Date: 06/29/2023

Expiration Date: 06/29/2024

Quote Numbers Included

Multiline Account:

66458563

Custom Protector:

66458563BKS1Q2

Underwriting Company:

Ohio Security Insurance Company¹

Umbrella:

66458563USO1Q2

Underwriting Company:

The Ohio Casualty Insurance Company¹

This proposal is valid for 60 days from the Date of Proposal or until the Effective Date (whichever is earlier) and is solely an estimate of premium, based on the information provided, and all amounts are subject to change. This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid.

This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances. The terms, conditions and premiums included in this proposal contemplate the sale or renewal of all the quoted insurance lines. Electing to buy or renew only some of the lines of coverage may result in changes to the terms, conditions and premiums of the remaining insurance lines.

¹ Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations of Liberty Mutual Insurance Company and its affiliates. Policies may be written in the following stock insurance company subsidiaries: The Ohio Casualty Insurance Company, Ohio Security Insurance Company, American Fire & Casualty Company, and West American Insurance Company. Not all coverages or policies may be available in all states.

Commercial Insurance Proposal: Payment Plan Options

STANDARD DIRECT BILL OPTIONS:

Overview

We offer a broad range of standard Direct Bill payment plans to meet your needs and help you save time and money when paying your premiums. Self-service capabilities are available, 24/7, when you create an online direct bill account. You will have easy access to your claims information, policy documents, premium audit forms, risk control information and billing account, where you may enroll in automatic payments, make on-demand payments, sign up for paperless billing, view/print copies of your electronic notices, and more.

Automatic Payments may be enrolled in at any time. By agreeing to the paperless delivery of billing notices, you can enjoy the following benefits:

Save money:

- Save on installment fees by enrolling in EFT automatic payments. Savings vary by state.
- Avoid late fees with automatic payments processed at the same time, every month

Save time:

- Pay your premium all at once or in 12 equal installments
- Receive email notifications of automatic payment amounts for the scheduled payment dates
- Payments appear on your checking/card account statements for easy tracking

Simply have your agent enroll you at policy issuance or enroll anytime at mybusinessonline@libertymutual.com.

Automatic Payments using EFT (from checking account)

Annual	100% down
Monthly	12 equal monthly installments

Automatic Payments using Credit/Debit Card (for accounts with total annual premium <\$25,000)

Annual	100% down
Monthly	12 equal monthly installments

Non-Automatic Payment Plans

Annual	100% down, no service fee
Quarterly	25% down, 3 equal installments at 90-day intervals
Monthly	2 months down, 10 equal monthly installments
Monthly	10% down, 9 equal installments at monthly intervals
Monthly for TX auto policies only	12 equal monthly installments

Variable service fees, by state, apply to the monthly Credit/Debit Card plan and the quarterly and monthly non-automatic plans.

YOUR WAY PAY™ DIRECT BILL OPTION (Select lines of business only)¹:**Overview**

Our pay-as-you-go option, powered by SmartPay™, allows you take control of your cash by providing you the ability to link your business activity to your premium payments. It is easy and convenient and offers these benefits for your pay-as-you-go business:

- Improved cash flow
- No down payment
- Real-time premium calculations based on actual data reported
- Automatic withdrawals of premium payments
- Reduction in audit exposure due to immediate premium calculations

Your Way Pay Plan	Payments
Report risk exposures as scheduled by policy type (e.g. for a WC policy, payroll is reported on payroll dates).	Withdrawal from your bank account is initiated automatically for the payment of premium

¹Not available for any risks in HI or Workers Compensation risks in ND, OH, WA, or WY.

AGENCY BILL OPTIONS:**Overview**

We offer Agency Bill payment plans for specific-type policies or multi-line accounts where Direct Bill may not be the best option. Since the agent will bill and service these policies, there is no online account access or self-service capabilities available.

Agency Bill Payment Plans only (Required for Premium Finance policies; for accounts with total annual premium >\$25,000)	
Annual	100% down
Quarterly	30% down, 3 equal installments at 90 day intervals
Monthly	30% down, 9 equal installments at monthly intervals
Monthly for TX auto policies only	12 equal monthly installments

Commercial Insurance Proposal: Premium Recap

Multiline Account

Total Custom Protector Premium	\$766.00
Total Umbrella Premium	\$1,566.00
Total Proposal Premium	\$2,332.00

CUSTOM PROTECTOR

General Liability Coverage	
General Liability Premium	\$763.00
Certified Acts of Terrorism Coverage ²	\$3.00
Total General Liability - Occurrence Premium	\$766.00

Total Custom Protector Premium **\$766.00**

Commercial Umbrella/Excess Coverage	
Commercial Umbrella/Excess Premium	\$1,550.00
Certified Acts Of Terrorism Coverage ²	\$16.00
Balance To Meet Minimum Premium(s)	
Total Umbrella/Excess Premium	\$1,566.00

Coverage Provided	
Coverage	Commercial Umbrella
Coverage Form	CU 6002 0697
Insuring Company	The Ohio Casualty Insurance Company
Minimum Retained	10%
Self-Insured Retention	\$10,000.00

Limits Quoted	Option 1
Each Occurrence	\$2,000,000
Aggregate (Where Applicable)	\$2,000,000
Products-Completed Operations Aggregate (Where Applicable)	\$2,000,000
Premium Including Terrorism, Taxes & Surcharges:	\$1,566.00
Charges for Certified Acts of Terrorism (See Attached Disclosure Notice)	\$16.00

Account acceptability and final pricing are subject to underwriting review and approval.

²NP 72 42 Terrorism Insurance Premium Disclosure and Opportunity to Reject:

This quote includes coverage for Certified Acts of Terrorism (as defined in the Terrorism Risk Insurance Act ("TRIA")) for the lines of business referenced above with a premium charge. You may elect to reject this coverage for any Commercial Property, General Liability, Inland Marine, Commercial Protector (BOP), or Umbrella for losses resulting from a "certified act of terrorism" according to the instructions included within this document. Should you elect to reject this coverage, we will process an endorsement to your policy upon receipt of the signed rejection form. Note this disclosure notice and rejection option does not apply to Workers Compensation, Crime, Professional Liability or Commercial auto coverage, if included in this quote. Please refer to the enclosed notice for additional information regarding this act, its effect

regarding your policy coverage, and its impact on your premium.

Additional Note: The Certified Acts of Terrorism Coverage does not apply for any Commercial Auto, burglary and theft (i.e. Commercial Crime), or professional liability coverages quoted and a premium charge has not been included for these lines of business.

²NP 7312 Terrorism Insurance Premium Disclosure (COMMERCIAL UMBRELLA/EXCESS)

This notice provides information pertaining to the Terrorism Risk Insurance Act ("TRIA"). You may elect to reject coverage for Commercial Umbrella/Excess for losses resulting from an "act of terrorism" according to the instructions included within this document. Please refer to the enclosed notice for additional information regarding this act, its effect regarding your policy coverages, and its impact on your premium.

For Umbrella/Excess, this total includes the premium for Option 1 limits only. If quotes for other Umbrella/Excess limits were requested, Umbrella/Excess premiums for those limits will appear in the Optional Limits section of the Umbrella quote.

Commercial General Liability Proposal

POLICY LEVEL COVERAGES

Coverage Provided	Limit of Insurance
Each Occurrence Limit	\$1,000,000 Per Occurrence
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	\$1,000,000 Any One Person or Organization
Damages To Premises Rented To You Limit	\$1,000,000 (Any One Premises)
Medical Expense Limit	\$15,000 Any One Person
Liability Extension Endorsement	\$0

LOCATION EXPOSURES

Location:	Class Description:	Subject to General Aggregate	Exposure:
428627 E 1135 Cir, Porum, OK, 744555886	91585 - Contractors-Subcontr Work-Construction/Repair- Buildings NOC		0
428627 E 1135 Cir, Porum, OK, 744555886	97047 - Landscape Gardening	+	17,300 Payroll of Members of LLC or LLP 0 Payroll of Employees
428627 E 1135 Cir, Porum, OK, 744555886	91581 - Contractors-Subcontr Work-Construction/Repair- Not Buildings		20,000

A plus sign shown in the "SUBJECT TO GENERAL AGGREGATE" column means that coverage for Products and/or Completed Operations is included in the Premises/Operations coverage at no additional premium charge.

CONTRACTORS CUSTOM PROTECTOR ENDORSEMENT

Coverage Description	\$Limit Of Insurance
Medical Payments	\$15,000 each person
Each Location General Aggregate Limit	Included
Construction Project(s) - General Aggregate Limit (per Project)	Included
Property Damage - Borrowed Equipment (\$100,000 Limit)	\$100,000 occurrence / \$100,000 aggregate
Property Damage - Customers' Goods (\$100,000 Limit)	\$100,000 occurrence / \$100,000 aggregate
Voluntary Loss Coverage	\$5,000 per loss / \$25,000 aggregate, \$500 deductible

GENERAL LIABILITY COVERAGE FORM INCLUDES:

Coverage Extension Supplemental Payments	Limit Of Insurance
Bail Bonds	\$250
Loss Of Earnings	\$250 per day

COMMERCIAL GENERAL LIABILITY EXTENSION

Coverage Description	Revised Limits of Insurance
Non-Owned Aircraft	Included
Non-Owned Watercraft	Included
Property Damage Liability - Elevators	Included
Extended Damage to Property Rented To You (Tenant's Property Damage)	Included
Medical Payments Extension	Included Within 3 Years Of The Date Of The Accident
Extension Of Supplementary Payments - Coverages A and B	Included
Cost Of Bail Bonds	\$3,000
Loss Of Earnings Due To Time Off Work While Assisting In The Investigation Of a Claim Or Suit	\$500 a day
Additional Insureds - By Contract, Agreement Or Permit	Included
Primary and Non-Contributory - Additional Insured Extension	Included
Additional Insureds - Extended Protection of Your "Limits of Insurance"	Included
Who Is An Insured - Incidental Medical Errors/Malpractice and Who Is An Insured - Fellow Employee Extension - Management Employees	Included
Newly Formed or Additionally Acquired Entities	Included
Failure To Disclose Hazards and Prior Occurrences	Included
Knowledge Of Occurrence, Offense, Claim Or Suit	Included
Liberalization Clause	Included
Bodily Injury Redefined	Included
Extended Property Damage	Included
Waiver Of Transfer Of Rights Of Recovery Against Others To Us - When Required In a Contract Or Agreement With You	Included

Commercial Umbrella/Excess Insurance Proposal

UNDERLYING INSURANCE

The Quote Proposal Premiums are based on the following Schedule of Underlying Insurance:

Carrier, Policy Number And Policy Period	Type Of Coverage	Limits of Insurance	
Ohio Security BKS(24)66458563 06/29/2023 - 06/29/2024	General Liability	\$1,000,000	Each Occurrence Limit
		\$1,000,000	Personal and Advertising Injury Limit
		\$2,000,000	General Aggregate Limit
		\$2,000,000	Products - Completed Operations Aggregate Limit

This quote is subject to the following additional terms and conditions:

1. This quote is valid for 60 days or the intended policy inception, as presented in your original submission, whichever is first.
2. All underlying coverages, with the exception of Employers Liability, must be placed with a Liberty Mutual Insurance underwriting company. Employers Liability must be placed with a Liberty Mutual Insurance underwriting company or a carrier that has an AM Best rating of A minus V or better. We do not write over Lloyd's of London, any exceptions require prior underwriter approval.
3. The Umbrella policy must be concurrent with the primary General Liability policy (ies).
4. All scheduled policies require a \$1,000,000 underlying limit with the exception of Employers Liability which is \$500,000/\$500,000/\$500,000 in most jurisdictions.
5. Policies are not backdated. Written requests to bind coverage must be received by the end of the day on the policy effective date shown on page 1.
6. We do not intend to provide drop down coverage for Certified Acts of Terrorism if the coverage is rejected on the primary policy, but not on the umbrella policy.
7. **If the Terrorism Insurance Premium Disclosure and Opportunity to Reject is signed and returned rejecting the Certified Acts of Terrorism Coverage, then Caps on Losses From Certified Acts of Terrorism and Underlying Coverage Warranty (or Requirement) for Certified Acts of Terrorism will be removed and replaced with the Certified Acts of Terrorism Exclusion.

Thank you for selecting us as your Umbrella and Excess Liability Carrier. We look forward to working with you on this account. If you have any questions, please call your local underwriter.

This Quote is based on the following forms, which apply at the time of quote and may differ on policy issuance:

CG00010413 - Commercial GL Coverage Form - Occurrence
 CG01091185 - Kansas & Oklahoma Changes - Transfer of Rights
 CG21060514 - Excl Disclosure Confid Personal Info Lmt BI Except
 CG21471207 - Employment Related Practices Excl
 CG21550999 - Total Pollution Exclusion With a Hostile Fire Exce
 CG21671204 - Fungi or Bacteria Exclusion
 CG21700115 - Cap on Losses from Certified Acts of Terrorism
 CG21760115 - Excl Punitive Damages Certified Act of Terrorism
 CG21861204 - Excl - Exterior Insulation and Finish Systems
 CG21880115 - Cond Excl Terror NBC Terror Relating to Ins Act
 CG21960305 - Silica or Silica-Related Dust Exclusion
 CG22790413 - Excl - Contractors - Professional Liab
 CG22930413 - Lawn Care Services - Limited Pollution Coverage
 CG24260413 - Amend of Insd Contract Definition
 CG84941208 - Exclusion - Consolidated Ins Programs Wrap-Up
 CG84990809 - Non-Cumulation Liab Limits Same Occ
 CG88100413 - Commercial GL Liab Extension
 CG88601208 - Each Location General Aggregate Limit
 CG88671208 - Property Damage - Borrowed Equipment-\$100,000 Lmt
 CG88701208 - Const Project(s)-Gen Aggregate Limit
 CG88771208 - Medical Expense At Your Request Endorsement
 CG88801208 - Property Damage-Customers' Goods (\$100,000 Limit)
 CG88861208 - Exclusion - Asbestos Liability
 CG93410820 - Voluntary Loss Coverage No Duty To Defend
 CG93811122 - Exclusion - Biometric Information Privacy Claim
 CNI90110718 - Reporting A Commercial Claim 24 Hours A Day
 CNI90110718 - Reporting A Commercial Claim 24 Hours A Day
 CU60020421 - Commercial Umbrella Coverage Form
 CU60200421 - Amendment of Pollution Excl - Except Hf, Bld Heat
 CU60390421 - Cap On Losses From Certified Acts Of Terrorism
 CU60400421 - Underlying Cov Req For Certified Acts Of Terrorism
 CU61020421 - Excl - Aircraft Products And Grounding Liability
 CU61070421 - Exclusion - Auto Liability
 CU61140421 - Exclusion - Employers Liability
 CU61290421 - Personal And Advertising Injury - Following Form
 CU61500421 - Contractors Limitation Endorsement
 CU64000421 - Exclusion - Exterior Insulation And Finish Systems
 CU64950421 - Waiv Of Trans Of Rts Of Recovery Ag Others -Follow
 CU65080421 - Excl Punitive Damage Related Certified Act Terror
 CU88650421 - Damage Work Perf By Subs Your Behalf - Follow Form
 CU88800421 - Exclusion - Silica Or Silica-Related Dust
 CU89290421 - Conditional Excl Terrorism Involvg Nuclear, Biol
 CU89400421 - Crisis Management Coverage
 CU89440421 - Exclusion - Contractors Errors Or Omissions
 CU89450421 - Access or Disclosure Info Data Rel Liab-Lmt BI Exc
 CU90630421 - Tracking General Aggregate Limit
 CU91040421 - Oklahoma Changes - Cancellation and Nonrenewal
 CU92211122 - Exclusion - Biometric Information Privacy Claim
 IL00171198 - Common Policy Conditions
 IL00210908 - Nuclear Energy Liab Excl Endt
 IL01791002 - Oklahoma Notice
 IL01791002 - Oklahoma Notice
 IL02360907 - OK Changes - Cancellation and Nonrenewal
 NP72420220 - NP-Terrorism Ins Prem Disclosure and Opp to Reject
 NP73120220 - NP-Terrorism Ins Prem Disclosure and Opp to Reject

NP73471116 - NP - Premium Determination for Subcontractors
NP74440906 - NP - Treasury Dept OFAC Notice to Policyholders
NP74440906 - NP - Treasury Dept OFAC Notice to Policyholders
NP74500107 - NP - Audit Information
SNI04010123 - NP - Liberty Mutual Group California Privacy Notice
SNI04010123 - NP - Liberty Mutual Group California Privacy Notice
SNI90011218 - NP - Company Contact Information
SNI90011218 - NP - Company Contact Information

STATE FRAUD NOTICES

The following must be provided to the applicant either by use of this proposal, by reproduction in a proposal by the Producer, or by use of a current ACORD application or its equivalent.

Applicable in CA

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)¹ presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)¹ presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ¹Applies in MD Only.

Applicable in CO

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 FL and OK

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)². ²Applies in FL Only.

Applicable in KS

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 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)³. ³Applies in NY Only.

Applicable in ME, TN, VA and WA

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)⁴ include imprisonment, fines and denial of insurance benefits. ⁴Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced

to a minimum of two (2) years.

TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will generally reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per calendar year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

Beginning in calendar year 2020, the Federal Share is 80% and the Program Trigger is \$200,000,000.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny 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

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) 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.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT. **Please ensure any rejection is received within thirty(30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

- ☐ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed

Named Insured
HEARTLAND SPORTS TURF LLC

Policy Number
BKS(24)66458563

Policy Effective/Expiration Date
06-29-2023/06-29-2024

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.

NOTE: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.

NP 72 42 02 20

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TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

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TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

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[A]ny 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

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to

- (I) human life;
- (II) property; or
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(iii) to have resulted in damage within the United States, or outside of the United States in the case of

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) 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.

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We have included in your policy coverage for losses from “certified acts of terrorism” as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT. **Please ensure any rejection is received within thirty(30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Underlying Coverage Requirement located at the end of this Notice.

☐ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a “certified acts of terrorism” and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed

Named Insured
HEARTLAND SPORTS TURF LLC

Policy Number
USO(24)66458563

Policy Effective/Expiration Date
06-29-2023/06-29-2024

UNDERLYING COVERAGE REQUIREMENT

This policy will apply to Terrorism Coverage only in excess of the total amounts stated as the applicable limits of the underlying policies listed in the Schedule of Underlying Insurance and the applicable limits of any other insurance providing coverage to you during the Policy Period.

If you fail to comply with this Underlying Coverage Requirement and you do not maintain your underlying limits as scheduled, we will only be liable to the same extent that we would have been had you fully complied with this requirement.

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverages questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.