



**MEETING AGENDA  
PAJARO DUNES GEOLOGIC HAZARD ABATEMENT DISTRICT  
HYBRID MEETING**

**in person at**

**Board Room  
2661 Beach Rd.  
Watsonville, CA 95076**

**With remote participation by Raphael Kraw and Michael Butner at  
6363 Christie Dr. Apt 1006 Emeryville, CA 94608  
1341 Peacock Ct. Gilroy CA 95020**

**Request exact room location at time of meeting.**

**Saturday, March 1<sup>st</sup>, 2025 9:00 a.m.**

**And via ZOOM**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/82232811149?pwd=WWlvcUkwQlBpb1hULzIEUEV4UXV5UT09>**

**Meeting ID: 822 3281 1149**

**Passcode: 608360**

**Phone in: +1 669 900 9128 US**

**If you have any questions, please contact the District Clerk at [pdghad@gmail.com](mailto:pdghad@gmail.com)**

**A. OPEN SESSION CALL TO ORDER – PLEDGE OF ALLEGIANCE**

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**Roll Call**

**Patrick Dobbins, President  
David Ferrari, Vice-President  
Raphael Kraw, Treasurer**

**Michael Butner, Director  
John Cullen, Director  
Sarah Mansergh, Clerk**

**B. MEMBER COMMENTS**

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Matters under the jurisdiction of the Board and not on the posted agenda, may be addressed by members of the public before the Board for consideration. However, California law prohibits the Board from taking action on any matter which is not on the posted agenda unless it is determined to be an emergency by the

Board of PDGHAD. Any person wishing to address the Board during the Member Comment period shall be permitted to be heard for up to 3 minutes, A) individuals may speak only once and B) the Board is unable to address any owner comments in depth but may choose to direct the Clerk to follow-up on the matter for a future meeting.

### **C. PRESIDENT’S REMARKS**

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The President will use this opportunity to inform the public of issues affecting the District and other items of a general nature not otherwise provided for on this agenda.

**a. Form 700 deadline is April 1<sup>st</sup>. Should have received an e-mail from the County/Netfile.**

**b.**

#### **Upcoming Meeting Dates**

April?

May 17<sup>th</sup>, 2025 (updated)

June 7<sup>th</sup>, 2025

August 2<sup>nd</sup>, 2025

October 4<sup>th</sup>, 2025

December 13<sup>th</sup>, 2025

### **D. CONSENT CALENDAR**

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All matters listed on the Consent Calendar are considered to be routine by the Board of Directors and will be enacted by one motion at the appropriate time. There will be no separate discussion on these items. If discussion is desired, that item will be removed from the Consent Calendar and will be considered separately.

1. Approval of meeting minutes from February 1<sup>st</sup>, 2025

### **E. MEETING reports**

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2. Meetings attended by Directors at District expense since the last meeting of the Board (per AB1234 requirements). Such reports may be made orally or in writing.

### **F. TREASURER’S REPORT**

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3. Financial Reports

- Financial Report through January 2025
- Warrant listing

## **G. NEW BUSINESS**

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4. ITEM – Seawall Maintenance and Repair Project update and timeline considerations for construction, financing (subcommittee reports), budget updates and permitting.

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

5. ITEM – Consider renewals of insurance policies-Liability and Directors and Officers.

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

6. ITEM –Approve establishment of a new bank account for Z1 Refinancing Project and amend Resolution 2025-02 to remove additional signatory.

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

7. ITEM –Annual renewal of CSDA membership.

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

## **H. DIRECTORS COMMENTS AND CONCERNS**

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Members of the Board of Directors may address items of concern at this time and may request that items be placed on future agendas in accordance with the By-laws of the Board.

## **I. ADJOURNMENT**

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The next Meeting of the Board of Directors is scheduled for May 17<sup>th</sup>, 2025 at 9:00 a.m. online via Zoom and at the offices of the Pajaro Dunes Geologic Hazard Abatement District, Meadow Room, Pajaro Dunes, 2661 Beach Road, Watsonville, CA 95076. Individuals who require special accommodations are requested to contact the District Clerk by calling (831) 818-9253, no less than

72 hours prior to the meeting or in the case of a Special Meeting, as soon as possible after the Agenda is posted. Copies of the agenda will be available 72 hours prior to the meeting and may be obtained by contacting the District at (831) 761-7744. All meetings are noticed and conducted in accordance with the Ralph M. Brown Act.

# PDGHAD

**MEETING MINUTES  
PAJARO DUNES GEOLOGIC HAZARD ABATEMENT DISTRICT  
HYBRID MEETING**

**in person at**

**Board Room  
2661 Beach Rd.  
Watsonville, CA 95076**

**With remote participation by David Ferrari at  
Peppermill Resort Spa and Casino  
2707 S. Virginia Street Reno Nevada 89502**

**Request room location at time of meeting.**

**Saturday, February 1<sup>st</sup>, 2025 9:00 a.m.**

**And via ZOOM**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/82232811149?pwd=WWlvcUkwQlBpb1hULzIEUEV4UXV5UT09>**

**Meeting ID: 822 3281 1149  
Passcode: 608360  
Phone in: +1 669 900 9128 US**

**If you have any questions, please contact the District Clerk at [pdghad@gmail.com](mailto:pdghad@gmail.com)**

## **A. OPEN SESSION CALL TO ORDER – PLEDGE OF ALLEGIANCE**

---

### **Roll Call**

**Patrick Dobbins, President-present  
David Ferrari, Vice-President-present  
Raphael Kraw, Treasurer-present**

**Michael Butner, Director-present  
John Cullen, Director-present  
Sarah Mansergh, Clerk-present**

**Other attendees: Michael Rodriguez and Stacey Stillman**

## **B. MEMBER COMMENTS**

---

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## **C. PRESIDENT'S REMARKS**

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The President will use this opportunity to inform the public of issues affecting the District and other items of a general nature not otherwise provided for on this agenda.

### **Upcoming Meeting Dates**

March 1<sup>st</sup>, 2025

May 17<sup>th</sup>, 2025 (updated)

June 7<sup>th</sup>, 2025

August 2<sup>nd</sup>, 2025

October 4<sup>th</sup>, 2025

December 13<sup>th</sup>, 2025

## **D. CONSENT CALENDAR**

---

All matters listed on the Consent Calendar are considered to be routine by the Board of Directors and will be enacted by one motion at the appropriate time. There will be no separate discussion on these items. If discussion is desired, that item will be removed from the Consent Calendar and will be considered separately.

1. Approval of meeting minutes from December 14<sup>th</sup>, 2024

John Cullen moves to approve the meeting minutes for December 14<sup>th</sup>, 2024. Raphael Kraw seconds. Approved 4-0 (David Ferrari not in attendance yet)

## **E. MEETING reports**

---

2. Meetings attended by Directors at District expense since the last meeting of the Board (per AB1234 requirements). Such reports may be made orally or in writing.

## **F. TREASURER'S REPORT**

---

### 3. Financial Reports

- Financial Report through December 2024
- Warrant listing

## F. NEW BUSINESS

---

4. ITEM – Seawall Maintenance and Repair Project update and timeline considerations for construction and financing (subcommittee report).

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

**Discussed timeline updates and subcommittee needs moving forward. Created Contracting/RFP subcommittee of Patrick Dobbins and David Ferrari.**

5. ITEM – Consider a resolution approving Contracting Policy.

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

**John Cullen moves to approve the Resolution 2025-01, approving the contracting policy after final review for content by Michael Rodriguez. Raphael Kraw seconds. Roll call-Michael Butner-aye, Raphael Kraw-aye, John Cullen-aye, Patrick Dobbins-aye, David Ferrari-aye. All approve 5-0.**

6. ITEM – Review Signatories on Bank Accounts and consider a resolution designating new signatories.

- a. Board report
- b. Public comment
- c. Board discussion
- d. Board action

**Raphael Kraw moves to approve the Resolution 2025-02 and remove John Cullen as signatory and to add Patrick Dobbins as signatory to all accounts at Santa Cruz County Bank. Michael Butner seconds. Roll call-Michael Butner-aye, Raphael Kraw-aye, John Cullen-aye, Patrick Dobbins-aye, David Ferrari-aye. All approve 5-0.**

7. ITEM – Review proposals for and consider a resolution for the appointment of an entity to provide Project/Construction Management and Inspection Services for the Seawall Repair Plan.

- a. Board report
- b. Public comment
- c. Board discussion

d. Board action

**John Cullen moves to approve Resolution 2025-03 for the retention of MNS Engineers, Inc. for Construction Management services in an amount not to exceed \$210,000. Raphael Kraw seconds. Roll call-Michael Butner-aye, Raphael Kraw-aye, John Cullen-aye, Patrick Dobbins-aye, David Ferrari-aye. All approve 5-0.**

## **G. DIRECTORS COMMENTS AND CONCERNS**

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Members of the Board of Directors may address items of concern at this time and may request that items be placed on future agendas in accordance with the By-laws of the Board.

## **H. ADJOURNMENT**

**Meeting was adjourned at 10:41am**

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The next Meeting of the Board of Directors is scheduled for March 1<sup>st</sup>, 2025 at 9:00 a.m. online via Zoom and at the offices of the Pajaro Dunes Geologic Hazard Abatement District, Meadow Room, Pajaro Dunes, 2661 Beach Road, Watsonville, CA 95076. Individuals who require special accommodations are requested to contact the District Clerk by calling (831) 818-9253, no less than 72 hours prior to the meeting or in the case of a Special Meeting, as soon as possible after the Agenda is posted. Copies of the agenda will be available 72 hours prior to the meeting and may be obtained by contacting the District at (831) 761-7744. All meetings are noticed and conducted in accordance with the Ralph M. Brown Act.



# Pajaro Dunes Geologic Hazard Abatement District

## Balance Sheet

As of January 31, 2025

Jan 31, 25

### ASSETS

#### Current Assets

##### Checking/Savings

100000 · SCCB Z1 - Checking 3957	226,644
100001 · SCCB Z2 - Checking 3965	69,289
100002 · SCCB Z1 Emerg - MM 1877	704,230
100003 · SCCB LTD - MM 0208	52,213
100004 · SCCB Bond Holding - MM 1232	<u>221,149</u>

Total Checking/Savings 1,273,525

##### Accounts Receivable

120000 · Assessments Receivable	<u>446,473</u>
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Total Accounts Receivable 446,473

##### Other Current Assets

121500 · Prepaid Insurance	<u>2,687</u>
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Total Other Current Assets 2,687

Total Current Assets 1,722,685

#### Fixed Assets

150000 · Riverwall	3,000,000
160000 · Accumulated Depreciation	<u>-2,008,331</u>

Total Fixed Assets 991,669

#### Other Assets

182000 · Def. Outflow of Resource (Rock)	<u>16,203</u>
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Total Other Assets 16,203

**TOTAL ASSETS** **2,730,557**

### LIABILITIES & EQUITY

#### Liabilities

##### Current Liabilities

##### Accounts Payable

200000 · Accounts Payable	<u>8,439</u>
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Total Accounts Payable 8,439

##### Other Current Liabilities

220000 · Accrued Interest	<u>16,705</u>
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Total Other Current Liabilities 16,705

Total Current Liabilities 25,144

##### Long Term Liabilities

285000 · Bonds Payable Z2	715,000
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286000 · Bonds Payable Discount Z2	-52,250
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286500 · Amort. Bond Discount Z2	<u>41,431</u>
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Total Long Term Liabilities 704,181

Total Liabilities 729,325

#### Equity

30000 · Opening Balance Equity	608,448
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32000 · Retained Earnings	1,134,276
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Net Income	<u>258,508</u>
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Total Equity 2,001,232

**TOTAL LIABILITIES & EQUITY** **2,730,557**

# Pajaro Dunes Geologic Hazard Abatement District

## Profit & Loss Budget vs. Actual

July 2024 through January 2025

	Total Zone 1			
	Jul '24 - Jan 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
410000 · Assessment Income	128,783	128,783	0	100%
<b>Total Income</b>	128,783	128,783	0	100%
<b>Expense</b>				
610155 · Postage and Mailings	95	1,000	-905	10%
610156 · Election Costs		2,925	-2,925	
61510 · Advertising		500	-500	
615115 · Office Expense		400	-400	
615140 · Audit Expense	10,500	11,815	-1,315	89%
61518 · Clerk	4,685	5,790	-1,105	81%
615415 · Accounting	9,275	13,813	-4,538	67%
615416 · Assessment Admin. Expense	2,559	3,758	-1,199	68%
615617 · Website Maintenance		1,000	-1,000	
615650 · Officer Election	75			
615655 · Dues	780	591	189	132%
615656 · Board/Clerk Education		2,600	-2,600	
616500 · Legal Fees	7,040	12,406	-5,366	57%
617250 · Seawall Inspections		6,950	-6,950	
619010 · Technical Consulting Costs	34,323	81,090	-46,767	42%
628500 · Insurance Expense	10,338	10,338	0	100%
629030 · SBA Repayment to PHA Z2				
629900 · Bond Fee Expense				
650000 · Bank Service Charges				
750000 · Depreciation Expense Z2				
<b>Total Expense</b>	79,670	154,976	-75,306	51%
<b>Net Ordinary Income</b>	49,113	-26,193	75,306	-188%
<b>Other Income/Expense</b>				
<b>Other Income</b>				
410070 · Interest & Penalty Income	13,219	8,750	4,469	151%
<b>Total Other Income</b>	13,219	8,750	4,469	151%
<b>Other Expense</b>				
855000 · Interest Expense				
955500 · Interest Bond Discount				
<b>Total Other Expense</b>				
<b>Net Other Income</b>	13,219	8,750	4,469	151%
<b>Net Income</b>	62,332	-17,443	79,775	-357%

**Pajaro Dunes Geologic Hazard Abatement District**

**Profit & Loss Budget vs. Actual**

July 2024 through January 2025

**Zone 2**

	<u>Jul '24 - Jan 25</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
410000 · Assessment Income	112,012	112,012	0	100%
<b>Total Income</b>	<u>112,012</u>	<u>112,012</u>	<u>0</u>	<u>100%</u>
<b>Expense</b>				
610155 · Postage and Mailings				
610156 · Election Costs				
61510 · Advertising				
615115 · Office Expense				
615140 · Audit Expense				
61518 · Clerk	1,302	1,790	-488	73%
615415 · Accounting				
615416 · Assessment Admin. Expense	853	1,228	-375	69%
615617 · Website Maintenance				
615650 · Officer Election				
615655 · Dues				
615656 · Board/Clerk Education				
616500 · Legal Fees				
617250 · Seawall Inspections				
619010 · Technical Consulting Costs				
628500 · Insurance Expense				
629030 · SBA Repayment to PHA Z2	39,952	46,428	-6,476	86%
629900 · Bond Fee Expense		750	-750	
650000 · Bank Service Charges		329	-329	
750000 · Depreciation Expense Z2	58,331	58,331		100%
<b>Total Expense</b>	<u>100,438</u>	<u>108,856</u>	<u>-8,418</u>	<u>92%</u>
<b>Net Ordinary Income</b>	<u>11,574</u>	<u>3,156</u>	<u>8,418</u>	<u>367%</u>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
410070 · Interest & Penalty Income	4,208	88	4,120	4,782%
<b>Total Other Income</b>	<u>4,208</u>	<u>88</u>	<u>4,120</u>	<u>4,782%</u>
<b>Other Expense</b>				
855000 · Interest Expense	24,007	24,007	0	100%
955500 · Interest Bond Discount	1,218	1,218		100%
<b>Total Other Expense</b>	<u>25,225</u>	<u>25,225</u>	<u>0</u>	<u>100%</u>
<b>Net Other Income</b>	<u>-21,017</u>	<u>-25,137</u>	<u>4,120</u>	<u>84%</u>
<b>Net Income</b>	<u><u>-9,443</u></u>	<u><u>-21,981</u></u>	<u><u>12,538</u></u>	<u><u>43%</u></u>

# Pajaro Dunes Geologic Hazard Abatement District

## Profit & Loss Budget vs. Actual

July 2024 through January 2025

	TOTAL			
	Jul '24 - Jan 25	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
410000 · Assessment Income	240,795	240,795		100%
<b>Total Income</b>	<u>240,795</u>	<u>240,795</u>		<u>100%</u>
<b>Expense</b>				
610155 · Postage and Mailings	95	1,000	-905	10%
610156 · Election Costs		2,925	-2,925	
61510 · Advertising		500	-500	
615115 · Office Expense		400	-400	
615140 · Audit Expense	10,500	11,815	-1,315	89%
61518 · Clerk	5,987	7,580	-1,593	79%
615415 · Accounting	9,275	13,813	-4,538	67%
615416 · Assessment Admin. Expense	3,412	4,986	-1,574	68%
615617 · Website Maintenance		1,000	-1,000	
615650 · Officer Election	75		75	100%
615655 · Dues	780	591	189	132%
615656 · Board/Clerk Education		2,600	-2,600	
616500 · Legal Fees	7,040	12,406	-5,366	57%
617250 · Seawall Inspections		6,950	-6,950	
619010 · Technical Consulting Costs	34,323	81,090	-46,767	42%
628500 · Insurance Expense	10,338	10,338	0	100%
629030 · SBA Repayment to PHA Z2	39,952	46,428	-6,476	86%
629900 · Bond Fee Expense		750	-750	
650000 · Bank Service Charges		329	-329	
750000 · Depreciation Expense Z2	58,331	58,331		100%
<b>Total Expense</b>	<u>180,108</u>	<u>263,832</u>	<u>-83,724</u>	<u>68%</u>
<b>Net Ordinary Income</b>	<u>60,687</u>	<u>-23,037</u>	<u>83,724</u>	<u>-263%</u>
<b>Other Income/Expense</b>				
<b>Other Income</b>				
410070 · Interest & Penalty Income	17,427	8,838	8,589	197%
<b>Total Other Income</b>	<u>17,427</u>	<u>8,838</u>	<u>8,589</u>	<u>197%</u>
<b>Other Expense</b>				
855000 · Interest Expense	24,007	24,007	0	100%
955500 · Interest Bond Discount	1,218	1,218		100%
<b>Total Other Expense</b>	<u>25,225</u>	<u>25,225</u>	<u>0</u>	<u>100%</u>
<b>Net Other Income</b>	<u>-7,798</u>	<u>-16,387</u>	<u>8,589</u>	<u>48%</u>
<b>Net Income</b>	<u><u>52,889</u></u>	<u><u>-39,424</u></u>	<u><u>92,313</u></u>	<u><u>-134%</u></u>

**Pajaro Dunes Geologic Hazard Abatement District**  
**Bank Account Activity**  
As of January 31, 2025

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
<b>100000 - SCCB Z1 - Checking 3957</b>						<b>246,006.78</b>
Bill Pmt -Check	01/02/2025	1527	Cal Engineering & Geology		13,850.00	232,156.78
Bill Pmt -Check	01/02/2025	1528	Jarvis Fay LLP		2,120.00	230,036.78
Bill Pmt -Check	01/02/2025	1529	John Cullen		42.00	229,994.78
Bill Pmt -Check	01/02/2025	1530	Santa Cruz County Elections Dept.		75.00	229,919.78
Bill Pmt -Check	01/02/2025	1531	Streamline		1,560.00	228,359.78
Bill Pmt -Check	01/02/2025	1532	Wendy L. Cumming, CPA		1,715.82	226,643.96
Total 100000 - SCCB Z1 - Checking 3957				0.00	19,362.82	226,643.96
<b>100001 - SCCB Z2 - Checking 3965</b>						<b>69,289.18</b>
Total 100001 - SCCB Z2 - Checking 3965						69,289.18
<b>100002 - SCCB Z1 Emerg - MM 1877</b>						<b>702,438.48</b>
Deposit	01/31/2025			1,791.98		704,230.46
Total 100002 - SCCB Z1 Emerg - MM 1877				1,791.98	0.00	704,230.46
<b>100003 - SCCB LTD - MM 0208</b>						<b>52,080.17</b>
Deposit	01/31/2025			132.86		52,213.03
Total 100003 - SCCB LTD - MM 0208				132.86	0.00	52,213.03
<b>100004 - SCCB Bond Holding - MM 1232</b>						<b>220,586.51</b>
Deposit	01/31/2025			562.74		221,149.25
Total 100004 - SCCB Bond Holding - MM 1232				562.74	0.00	221,149.25
				<b>2,487.58</b>	<b>19,362.82</b>	<b>1,273,525.88</b>

# Pajaro Dunes Geological Hazard Abatement District 2025 Loan Agreement (Pajaro Dunes Seawall Project)

Draft Time & Responsibility Schedule  
(As of February 11, 2025)

February						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*Issuer:* Pajaro Dunes Geological Hazard Abatement District (PD)  
*Municipal Advisor:* Ridgeline Municipal Strategies, LLC (MA)  
*Bond Counsel:* Jones Hall (BC)  
*Placement Agent:* Hilltop Securities (PA)

Date	Activity	Participants
10/05/2024	Initial Project Financing Board Presentation and Authorization to Engage Financing Team	PD, MA
10/22/2024	Financing Kick-Off Call	PD, MA, BC, PA
01/08/2025	Update Call	PD, MA, BC, PA
02/11/2025	Update Call	PD, MA, BC, PA
03/01/2025	Regular Board Meeting	PD
03/18/2025	Update Call	PD, MA, BC, PA
TBD	Circulate First Draft of Financing Docs and Debt Management Policy	BC
TBD	Send Out Lender RFP	PA
TBD	RFP Responses Due	PA
TBD	Circulate Second Drafts of Financing Documents	BC
TBD	Board Meeting to Approve Form Financing Documents and Debt Management Policy and Select Lender	All
TBD	Lender Due Diligence Call	PD, MA, PA
TBD	Lender Credit Approval Received	MA, PA
TBD	Finalize Financing Documents	BC
TBD	Pre-Closing	All
TBD	Closing	All
05/17/2025	Regular Board Meeting	PD
05/26/2025	Memorial Day	



06/07/2025	Regular Board Meeting	PD
07/04/2025	Independence Day	
08/02/2025	Regular Board Meeting	PD

## Commercial Insurance Quote Proposal

**To:** KBK Insurance Agency  
**Contact Name:** Sondra Carter  
**Contact Email:** Sondra@kbkinsurance.com  
**Contact Phone:** (831) 724-1085

**From:** MJ Hall & Company Insurance Brokers  
**Address:** 3270 Silverado Trl Napa CA 94558-1424  
**Contact Name:** Suzie Reynolds  
**Contact Email:** suzie.reynolds@mjhall.com  
**Contact Phone:**  
**License #:** 6003572

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

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

**Commission:** 10.00%

**Minimum Earned:** 25%

**Minimum and Advance  
Premium:**

100%

These terms are valid for 60 days from FEBRUARY 21,2025. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	PAJARO DUNES GEOLOGIC HAZARD
<b>Proposed Policy Period:</b>	03/29/2025 To 03/29/2026
<b>Quote Number:</b>	QT-06049735
<b>Agent Reference Number:</b>	65215.05
<b>Renewal of #:</b>	CPS7951855

### Premium Summary

LIABILITY	\$	2,250.00 MP	
PROPERTY	\$	250.00 MP	
<b>Sub Total Premium:</b>	<b>\$</b>	<b>2,500.00</b>	
Broker Fee	\$	200.00	
Surplus Lines Tax	\$	75.00	
Stamp Fee	\$	4.50	
<b>Grand Total:</b>	<b>\$</b>	<b>2,779.50</b>	<b>+\$250.00 KBK Fee</b>
			<b>Total Cost \$3,029.50</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$126.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

#### Subject to following terms and conditions:

- IN ORDER TO BIND WE REQUIRE:
  - Written request to bind;
  - Signed Terrorism Notice form (accepting or rejecting TRIA);
  - Signed D-1 (California Surplus Lines Notice)
  - SL-2 (California Diligent Search Affidavit);
  - Signed Acords 125-126-140



- WARRANT:  
Hand Held Fire Extinguishers; Currently Tagged

## Commercial Liability Coverage

	Limits
General Aggregate	\$3,000,000
Products/Completed Operations Aggregate	EXCLUDED
Personal and Advertising Injury	EXCLUDED
Per Occurrence	\$3,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

### Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
<b>2661 BEACH RD WATSONVILLE CA 95076</b>						
1 / 1	IF	49451	VACANT LAND - OTHER THAN NOT-FOR-PROFIT+	1 / PER ACRE/EACH	\$4.31 INCL	\$4 INCL
1 / 1	A1	61225	BUILDINGS OR PREMISES - OFFICE - PREMISES OCCUPIED BY EMPLOYEES OF THE INSURED - NOT-FOR-PROFIT ONLY+	500 / PER 1000 SQ FT/AREA	\$132.78 INCL	\$66 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

### Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE OR RECEIVER	CG 20 18	NO CHARGE	1	INCLUDED
SANTA CRUZ COUNTY BANK 720 FRONT STREET SANTA CRUZ CA 95060 UNITED STATES				

Final Liability Premium:

\$2,250 MP

## Commercial Property Coverage

### Property Rating Classifications and Premium

2661 BEACH RD WATSONVILLE CA 95076 SANTA CRUZ							
Loc # / Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind/Hail Ded	
1 / 1	A1 – 0702 – OFFICES	FRAME	04	1978	WITH WIND		
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BPP	SPECIAL EX-THEFT	RC	90%	\$1,000	\$10,000	0.64	\$64

### Commercial Property Additional Interests

Loc # / Bldg #	Coverage Description	Form
1 / 1	LOSS PAYABLE PROVISIONS - LOSS PAYEE	CP1218
	1. SANTA CRUZ COUNTY BANK 720 FRONT STREET SANTA CRUZ CA 95060 UNITED STATES	

**Final Property Premium:**

**\$250 MP**

## Forms and Endorsements

### Common Policy

IL N 018 01-22 CALIFORNIA FRAUD STATEMENT  
NOTS0623CA 01-20 NOTICE TO CALIFORNIA INSURED  
NOTX0178CW 03-16 CLAIM REPORTING INFORMATION  
NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE  
UTS-COVPG 03-21 COVER PAGE  
OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS  
UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES  
UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS  
UTS-SP-3 08-96 SCHEDULE OF LOCATIONS  
IL 00 17 11-98 COMMON POLICY CONDITIONS  
IL 01 02 02-20 CALIFORNIA CHANGES-ACTUAL CASH VALUE  
IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM  
UTS-253-CA 01-97 AMENDATORY ENDORSEMENT-CALIFORNIA  
UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM  
UTS-9g 06-22 SERVICE OF SUIT CLAUSE

### Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS  
CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS  
CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
CG 20 18 12-19 ADDITIONAL INSURED-MORTGAGEE, ASSIGNEE OR RECEIVER  
CG 21 06 12-23 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION  
CG 21 16 04-13 EXCLUSION-DESIGNATED PROFESSIONAL SERVICES

#### Description Of Professional Services

ANY AND ALL PROFESSIONAL EXPOSURES  
CG 21 38 11-85 EXCLUSION-PERSONAL AND ADVERTISING INJURY  
CG 21 39 10-93 CONTRACTUAL LIABILITY LIMITATION  
CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT  
CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION  
CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM  
CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES  
CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION  
GLS-100s 06-13 EXCLUSION-CONTRACTORS AND SUBCONTRACTORS

## Forms and Endorsements

GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION

GLS-278s 01-06 INJURY TO WORKER EXCLUSION

GLS-284s 05-17 LOGGING AND LUMBERING OPERATIONS EXCLUSION

GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

GLS-475 08-17 TOTAL PRODUCTS EXCLUSION WITH DESIGNATED PREMISES LIMITATION

**Designated Premises** 2661 BEACH RD, WATSONVILLE, CA 95076

GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

GLS-520 02-17 EXCLUSION-SNOW REMOVAL, ICE REMOVAL OR PLOWING OPERATIONS

GLS-628 12-21 TOTAL RESIDENTIAL CONSTRUCTION OPERATIONS EXCLUSION

GLS-666 06-22 PFC/PFAS EXCLUSION

GLS-690 03-23 EXCLUSION-TOTAL AIRCRAFT, AUTO OR WATERCRAFT WITH LIMITED EXCEPTIONS

GLS-74s 09-05 AMENDMENT OF CONDITIONS

UTS-301g 11-05 EARTH OR LAND MOVEMENT EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-611 07-22 EXCLUSION-BIOMETRIC INFORMATION

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

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

### Commercial Property

UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION

CPS-SD-1-0219 01-21 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM

CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS

CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 02 99 06-07 CANCELLATION CHANGES

CP 04 11 09-17 PROTECTIVE SAFEGUARDS

1 1 P-9 HAND HELD FIRE EXTINGUISHERS; CURRENTLY TAGGED

CP 04 49 02-20 CALIFORNIA CHANGES-REPLACEMENT COST

CP 10 30 09-17 CAUSES OF LOSS-SPECIAL FORM

CP 10 33 10-12 THEFT EXCLUSION

CP 10 75 12-20 CYBER INCIDENT EXCLUSION

CP 12 18 10-12 LOSS PAYABLE PROVISIONS

## Excess Liability Indication

**Applicant Name:** PAJARO DUNES GEOLOGIC HAZARD

**Proposed Term:** 03/29/2025 To: 03/29/2026

**Carrier:** SCOTTSDALE INSURANCE COMPANY

<b>Limits</b>	<b>Premium</b>
\$1,000,000	\$500
\$2,000,000	\$1,000
\$3,000,000	\$1,500
\$4,000,000	\$2,000
\$5,000,000	\$2,500

**This is a premium indication only and may be subject to change. Indication is based upon primary quote and cannot be bound. An excess quote will need to be created for formal terms and conditions.**

**Any further changes to this quote will not reflect in the Excess Indication.**

**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.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>126.00</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.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.



\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

QT-06049735  
\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date

## **IMPORTANT NOTICE:**

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website [www.insurance.ca.gov](http://www.insurance.ca.gov). Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at [www.naic.org](http://www.naic.org). The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: [https://naic.org/state\\_web\\_map.htm](https://naic.org/state_web_map.htm).**



**6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC’s International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or “surplus line” broker to obtain more information about that insurer.**

**7. California maintains a “List of Approved Surplus Line Insurers (LASLI).” Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: [www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm](http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm).**

**8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker’s fee charged for this insurance will be returned to you.**

**Date:** \_\_\_\_\_

**Insured:**  \_\_\_\_\_



SINCE 1908

**INSURANCE**  
1006 Freedom Blvd - PO Box 310  
Watsonville, CA 95077

PHONE (831) 724-1085  
FAX (831) 724-1089  
CA LIC # 0426333

DISCLOSURE OF BROKERAGE FEE AND/OR COMMISSION

Name of Insured: / Pajaro Dunes Geologic Hazard Abatement District

Type of Insurance: Package

In addition to the premium to be charged by the insurer for the insurance listed above, KBK Insurance Agency will charge the Insured a brokerage fee of:

**TWO HUNDRED AND FIFTY DOLLARS (\$250.00)**

The insured is informed that KBK Insurance Agency will receive a commission based upon a percentage of the premium from the Insurer with whom the insurance is placed. The amount and basis of calculation of such commission will be disclosed to the Insured upon request once it is known.

Insured acknowledges this agreement and agrees to pay the fee described above at such time as KBK Insurance Agency obtains for the Insured the insurance listed above. This fee is fully earned and not subject to refund.

\_\_\_\_\_  
Dated

**X**

\_\_\_\_\_  
(Insured's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
02/21/2025

<b>AGENCY</b> KBK Insurance Agency 1006 Freedom Boulevard  Watsonville CA 95076	<b>CARRIER</b> Scottsdale Indemnity Co.		<b>NAIC CODE</b>
	<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
	<b>POLICY NUMBER</b> CPS7951855		
<b>CONTACT NAME:</b> Sondra Carter		<b>UNDERWRITER</b>	
<b>PHONE (A/C, No, Ext):</b> (831) 724-1085		<b>UNDERWRITER OFFICE</b>	
<b>FAX (A/C, No):</b> (831) 724-1089		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy):	
<b>E-MAIL ADDRESS:</b> sondra@kbkinsurance.com		<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL    03/29/2025    12:01 <input type="checkbox"/> PM
<b>CODE:</b>	<b>SUBCODE:</b>		
<b>AGENCY CUSTOMER ID:</b> 00004327			

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$

### ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

<b>PROPOSED EFF DATE</b> 03/29/2025	<b>PROPOSED EXP DATE</b> 03/29/2026	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$ 0.00
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Pajaro Dunes Geologic Hazard Abatement District 134 Landis Ave.  Freedom CA 95019				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> (831)818-9253				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

**CONTACT INFORMATION**

<b>CONTACT TYPE:</b> Inspection, Claims, Accounting		<b>CONTACT TYPE:</b>	
<b>CONTACT NAME:</b> Sarah Mansergh		<b>CONTACT NAME:</b>	
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (831) 818-9253	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
<b>PRIMARY E-MAIL ADDRESS:</b> pdghad@gmail.com		<b>PRIMARY E-MAIL ADDRESS:</b>	
<b>SECONDARY E-MAIL ADDRESS:</b>		<b>SECONDARY E-MAIL ADDRESS:</b>	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

<b>LOC #</b> 1	<b>STREET</b> 2661 Beach Road	<b>CITY LIMITS</b> <input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<b>INTEREST</b> <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b> 1	<b>CITY:</b> Watsonville <b>STATE:</b> CA <b>ZIP:</b> 95076			<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>ZIP:</b>			<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>ZIP:</b>			<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>ZIP:</b>			<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N</b>

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<b>DATE BUSINESS STARTED (MM/DD/YYYY)</b>
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

Insured is a non-profit organization made up of property owners. The insured collects grants and tax money to use for community projects within the association of property owners. The insured has a current Directors and Officers Liability with \$1,000,000 limits that covers their officers and directors and is looking for property and liability to cover any other exposure that could arise. The insured does not do any outside fundraising or hold special events.

<b>RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:</b>	<b>INSTALLATION, SERVICE OR REPAIR WORK</b> %	<b>OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK</b> %
--	--	---

**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE  <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>NAME AND ADDRESS</b>	<b>RANK:</b>	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
							<b>LOCATION:</b>	<b>BUILDING:</b>
							<b>VEHICLE:</b>	<b>BOAT:</b>
							<b>AIRPORT:</b>	<b>AIRCRAFT:</b>
							<b>ITEM CLASS:</b>	<b>ITEM:</b>
						<b>ITEM DESCRIPTION</b>		
<b>REASON FOR INTEREST:</b>			<b>REFERENCE / LOAN #:</b>		<b>INTEREST END DATE:</b>			
			<b>LIEN AMOUNT:</b>		<b>PHONE (A/C, No, Ext):</b>		<b>FAX (A/C, No):</b>	
			<b>E-MAIL ADDRESS:</b>					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? <b>NAME OF TRUST:</b>				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Package
2024	CARRIER				Scottsdale Indemnity
	POLICY NUMBER				CPS7951855
	PREMIUM	\$	\$	\$	3029.50
	EFFECTIVE DATE				03/29/2024
	EXPIRATION DATE				03/29/2025

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00004327

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Package
2023	CARRIER				Scottsdale Indemnity
	POLICY NUMBER				CPS7759465
	PREMIUM	\$	\$	\$	\$ 3339.04
	EFFECTIVE DATE				03/29/2023
	EXPIRATION DATE				03/29/2024
2022	CARRIER				Scottsdale Indemnity
	POLICY NUMBER				CPS75414177
	PREMIUM	\$	\$	\$	\$ 3626.38
	EFFECTIVE DATE				03/29/2022
	EXPIRATION DATE				03/29/2023

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 3 YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies 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)\*. \*Applies 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)\*. \*Applies 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)\* include imprisonment, fines and denial of insurance benefits. \*Applies 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Sondra Carter</i>	PRODUCER'S NAME (Please Print) Sondra Carter/SONDRA	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE	NATIONAL PRODUCER NUMBER



**CONTRACTORS**

AGENCY CUSTOMER ID: 00004327

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>							<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							N



**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
	Santa Cruz County Bank				LOCATION:	BUILDING:
	720 Front Street				ITEM CLASS:	ITEM:
	Santa Cruz			CA 95060	ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																		
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
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	SMALL TOOLS	LARGE EQUIPMENT																		
	SMALL TOOLS	LARGE EQUIPMENT																		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																		
7. ANY PARKING FACILITIES OWNED/RENTED?		N																		
8. IS A FEE CHARGED FOR PARKING?		N																		
9. RECREATION FACILITIES PROVIDED?		N																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																		
<table border="1"> <thead> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?		N																		
13. ARE ATHLETIC TEAMS SPONSORED?		N																		
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER   <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER   <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
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EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																		

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: 00004327

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)		WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
LEASE TO		LEASE FROM		
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

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PRODUCER'S SIGNATURE  	PRODUCER'S NAME (Please Print) Sondra Carter/SONDRA	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE  	DATE	NATIONAL PRODUCER NUMBER



# PROPERTY SECTION

DATE (MM/DD/YYYY)  
02/21/2025

AGENCY NAME KBK Insurance Agency		CARRIER Scottsdale Indemnity Co.		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/29/2025	NAMED INSURED(S) Pajaro Dunes Geologic Hazard Abatement District, DBA: c/o Sarah Mansergh		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 1 STREET ADDRESS: 2661 Beach Road  
BUILDING #: 1 BLDG DESCRIPTION: Office-Non-Profit

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	10,000	90	RC	Special Excluding Theft		1,000			Special

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 50 FT	FIRE STAT 1 MI	FIRE DISTRICT CSA#4	CODE NUMBER	PROT CL 5	# STORIES 1	# BASMTS 0	YR BUILT 1978	TOTAL AREA 500
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 1992	<input checked="" type="checkbox"/> PLUMBING, YR: 1996			Shake/shingle	Offices	
<input checked="" type="checkbox"/> ROOFING, YR: 1992	<input checked="" type="checkbox"/> HEATING, YR: 1996	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____
OTHER: _____	YR: _____	RESISTIVE	<input checked="" type="checkbox"/> Other	MANUFACTURER: _____		

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> N <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y <input type="checkbox"/> N		

RIGHT EXPOSURE & DISTANCE Parking 50	LEFT EXPOSURE & DISTANCE Parking 50	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE Road 50
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>					REFERENCE / LOAN #: _____	

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____				
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____	
<input type="checkbox"/> OTHER: _____ YR: _____	RESISTIVE			MANUFACTURER: _____	

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST	ACORD 45 attached for additional names				
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	
<input type="checkbox"/> LENDER'S LOSS PAYABLE				INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE				LOCATION: _____	BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____	ITEM: _____
	REFERENCE / LOAN #: _____	ITEM DESCRIPTION			

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies 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)\*. \*Applies 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)\*. \*Applies 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)\* include imprisonment, fines and denial of insurance benefits. \*Applies 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Sandra Carter</i>	PRODUCER'S NAME (Please Print) Sondra Carter/SONDRA	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE	NATIONAL PRODUCER NUMBER



Sondra Carter  
KBK Insurance Agency  
1006 Freedom Boulevard  
Watsonville, CA 95076

Feb 26, 2025

Re: Pajaro Dunes Geologic Hazard Abatement District, Ref# 13353510-A  
Proposed Effective 3/12/2025 to 3/12/2026

Dear Sondra:

We are pleased to confirm the attached quotation being offered with **Indian Harbor Insurance Company**. This carrier is **Non-Admitted** in the state of **CA**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

**NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.**

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

<b>Premium:</b>	<b>\$13,920.00</b>	
Broker Fee	\$250.00	
Policy Fee	\$245.00	
Surplus Lines Tax	\$424.95	
Stamping Office Fee	\$25.50	
<b>Grand Total:</b>	<b>\$14,865.45</b>	+\$250.00 KBK Fee <b>Total Cost \$15,115.45</b>

**Commission: 10%**

**MEP: 25%**

**Broker Fees & Policy Fees are Fully Earned at Binding**

**NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.**

**If Non Admitted the following applies:**

**California Tax Filings are the responsibility of: ( ) Your Agency (X) CRC**  
SURPLUS LINES LICENSEE: CRC Corporate License 0778135

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

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CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent commissions" or "incentive commissions"), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

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### **Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Premium Finance. AFCO provides premium financing solutions for large, mid-size and small corporate accounts;

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing [AFCODirect@afco.com](mailto:AFCODirect@afco.com); or **call toll- free 877-317-6437**.

---

Sincerely,

Yolanda Hernandez  
Inside Broker  
415 951-8463  
Yhernandez@crcgroup.com  
13353510



**Professional  
Governmental  
Underwriters, LLC**

**The Authority.**

DBA: PGB Insurance Agency CA License #: 0F65220

4870 Sadler Road, Suite 102  
Glen Allen, VA 23060

**25+** YEARS  
of excellence  
EST. 1993

## Public Officials Management & Employment Practices Liability

DBA: PGB Insurance Agency CA license #: 0F65220

**Date:** 02/26/2025

**To:** Yolanda P. Hernandez  
CRC - San Francisco

**Email:** Yhernandez@crcgroup.com

**Proposed Insured:** Pajaro Dunes Geologic Hazard Abatement District  
c/o Sarah Mansergh 134 Landis Avenue  
Freedom, CA 95019

**Application #:** POL0952899-06-REN

Thank you very much for your submission. Based upon the information received and subject to the limitations outlined below, we are pleased to offer the following:

### QUOTATION

**Coverage:** See coverage form PGU POL 2001 (04/2017) for terms, conditions and limitations

**Form:** Claims Made

**Retro Date:** None - Full Prior Acts

**Insurer Information:** Indian Harbor Insurance Company  
A member of the AXA XL Group of Companies  
Best Rating: A+  
Surplus Lines Insurer

**Filings / Taxes:** PGU Not Responsible For Tax Filings

**Commission:** 10%

**Quotation / Indication valid until:** 3/12/2025

If we are offering coverage on a surplus lines basis, the agent is responsible for handling of filings unless we note otherwise on this quotation. If we have provided terms using bid specifications or an application other than ours, the quote is subject to change pending review of a completed and signed PGU application.



# Public Officials Management & Employment Practices Liability

**Proposed Insured:** Pajaro Dunes Geologic Hazard Abatement District

<b>Terms</b>	<b>Limits</b>	<b>Retentions</b> each claim including LAE	<b>Premium</b>
Public Officials Management	\$1,000,000	\$10,000	\$8,909.00
Employment Practices Liability	\$1,000,000	\$25,000	Included
Policy Aggregate	\$1,000,000		
Non-Monetary Coverage - Defense Only	\$50,000	\$10,000	Included
Non-Monetary Coverage - Defense Only Aggregate	\$100,000		
Crisis Management	\$25,000	\$5,000	Included
<b>Features/Enhancements</b>			
Punitive Damages		See Retentions Above	Included
Personal Injury		See Retentions Above	Included
Third Party Wrongful Acts		See Retentions Above	Included
Back Pay / Front Pay		See Retentions Above	Included
Loss of Earnings		See Retentions Above	Included
<b>Optional Increased Limits</b>			<b>Additional Premium</b>
	2,000,000 CSL		\$2,673.00
	3,000,000 CSL		\$1,336.00
	4,000,000 CSL		\$668.00
	5,000,000 CSL		\$334.00
<b>Premium, Fees and Taxes</b>			
	<b>Total Premium:</b>		\$13,920.00
	<b>Policy Fee :</b>		\$245.00
	<b>Total Cost:</b>		\$14,165.00
<b>Comments:</b>			
<p>By purchasing this coverage, you will have the opportunity to register for our PGU Employer Resource Center that provides unlimited, specific, documented, and confidential advice from employment law attorneys. It also provides on-line training courses, including sexual harassment prevention, available for both supervisors and employees. As well as, on-line tools; a state-specific employee handbook builder, forms, posters, news, and more.</p>			

**Proposed Insured:** Pajaro Dunes Geologic Hazard Abatement District

**SUBJECTIVITIES - WE MUST BE PROVIDED WITH THESE ITEMS BEFORE COVERAGE CAN BE BOUND:**

As your agency is responsible for the surplus lines filings, we require the name of licensee, agency name, address, and surplus lines license number prior to binding, as well as, a copy of the license.

Please note: The Insured can register for our free PGU Employer Resource Center. You will receive the PGU ERC document with the bound policy which will provide instructions for registration.

Deadly Weapon Protection Insurance is available through Professional Governmental Underwriters, Inc. Please contact your underwriter if you are interested in additional information about this new product.

**Reminders:**

A written request is required to bind coverage.

We will not cancel flat after inception date.

Backdating of coverage is not allowed.

Engineering Fee is non-refundable.

See attached Coverage Features attachment for additional information.

Limits, retentions, terms and conditions quoted do not necessarily match those requested.

This proposal contains a brief outline of coverages to be included in any policy that may be issued in the future.

This is only a summary and the Terms and Conditions of any policy will take precedence over any proposal.

Minimum Earned Premium is the GREATER of \$1,500 or 25% of annual premium.

**Applicable Forms:** (Other forms may apply. Consult Underwriter for details.)

PN CA 02 05 24	Important Information to Policyholders - California
PN CA 05 01 20	Notice to Policyholder - California Surplus Lines Important Notice
PN CW 01 01 22	Notice to Policyholders - Fraud Notice
PN CW 02 01 19	Notice to Policyholders - Privacy Policy
PN CW 05 05 19	Notice to Policyholders - U.S. Treasury Department's Office of Foreign Assets Control ("OFAC")
PGU POL 2000 08 19	Public Officials and Employment Practices Liability Declarations
IL MP 9104 0124 IHIC 01 24	In Witness
PGU 2002 04 17	Schedule of Policy Forms and Endorsements
PGU POL 2001 04 17	Public Officials and Employment Practices Liability Insurance Policy
PGU 1052 (POL) 04 17	Minimum Earned Premium Upon Cancellation
PGU 1133 01 22	US Professional Indemnity - Cyber Exclusion
PGU 1140 11 23	Consumer Protection Laws Exclusion Endorsement
XL-CASOP 11 10	Service of Process

**BOARD OF DIRECTORS  
PAJARO DUNES GEOLOGIC HAZARD ABATEMENT DISTRICT**

**Resolution Authorizing Signatories on the Pajaro Dunes Geologic Hazard Abatement  
District's Bank Accounts**

**Resolution No. 2025-02\_amended**

**WHEREAS**, as is set forth in the Pajaro Dunes Geologic Hazard Abatement District ("District) Plan of Control, the District was formed for the purpose of inspecting, maintaining and repairing the revetment seawall and riverwall located within the District; and

**WHEREAS**, the District maintains bank accounts with Santa Cruz County Bank to pay for such purposes; and

**WHEREAS**, the current signatories on those accounts are-John Cullen (Director/former President), David Ferrari (Vice President) and Sarah Mansergh (District Clerk) and Roger Moore (outstanding on some accounts); and

**WHEREAS**, the District wants to ensure timely payments of invoices by having multiple persons act as signatories on the account.

**NOW THEREFORE, BE IT HEREBY RESOLVED** by the Board of the Pajaro Dunes Geologic Hazard Abatement District that the following changes be made to the signatory list on all the Santa Cruz County Bank accounts as follows:

Add Signatories:

- a) Patrick Dobbins
- b)
- c)

Remove signatories:

- a) John Cullen
- b) Roger Moore
- c)

**PASSED AND ADOPTED** by the Board of Directors of the Pajaro Dunes Geologic Hazard Abatement District of the County of Santa Cruz, State of California, this 1<sup>st</sup> day of March, 2025, by the following vote:

**AYES:**

**NOES:**

**ABSENT:**

**ABSTAIN:**

\_\_\_\_\_  
Patrick Dobbins, President, Board of Directors

ATTEST \_\_\_\_\_

Sarah Mansergh, Clerk of the Board