

WINDSWEPT PINES PHASE 3 BOND COMPUTATIONS

7-8-25

Phase 3 Amounts:

Sidewalk Bond:	$\$97,176.00 \times 115\% =$	\$111,752.40
Street Trees:	$\$8,820.00 \times 115\% =$	<u>\$ 10,143.00</u>
Pavement Markings:	$\$2,500.00 \times 115\% =$	\$ 2,875.00
Phase 3 Total =		\$124,770.40



Reliance Concrete Contractors, Inc.
2969 South Military Hwy. Chesapeake, VA 23323
757-967-9970 off. / 757-487-5190 fax (SWAM# 676650 - VDOT cert.# R688)

PROPOSAL / QUOTATION

PROJECT

WINDSWEPT PINES PH 3 TOTAL SIDEWALK

MOYOCK, NC
PLAN DATE: 3/22/2024

QHOC

Contact: **PERRY ARNETTE**

Phone:

Fax:

Email:

Bid Date:

Revision: 0

DESCRIPTION	QTY	COST	UNIT	AMOUNT
4" CONC. SIDEWALK NONREINFORCED, BROOM FINISH	1796.00	\$46.00	SY	\$82,616.00
HCR W/DETECTABLE WARNING SURFACE	8.00	\$1,820.00	EA	\$14,560.00
EXCLUDES:				

TERMS AND CONDITIONS:

- Item base bid. Qty's to be determined by actual field measurements upon completion of work.
- Any broken and/or damaged concrete to be repaired on time and material basis.
- All work to be accessible by truck under its own power with no external assistance. All quoted concrete is 3000 psi unless noted otherwise.
- Grade: to be + or - 0.10'
- Price excludes: permits and bonds, engineering, surveying, layout, independent testing, traffic control, excavation, landscaping, stone under concrete, select fill, (not responsible for unsuitable subgrade, undercut or fill), concrete pumping, concrete sealing, joint sealing and any associated sawcutting, concrete steps, drop inlet/drain box collars, brick pavers, retaining walls, footers, mechanical/electrical pads, dowels and bollards, unless otherwise noted above. ANYTHING NOT ON CIVIL PLANS.
- Prices: Are based on the total of all line items identified above. If 25% or more of items are deleted from total quote, as presented above, the unit prices quoted no longer apply and will need to be re-evaluated. Prices are good for 90 days from proposal date.
- Change Orders: No Changes will be performed until a fully documented change is executed and approved by the Contractor.
- Payment: Will be paid to Reliance Concrete Contractor, Inc. regardless of terms set between the GC and owner. Net 30 days from invoice date, unless otherwise agreed to in writing with Reliance Concrete Contractors, Inc.
- Retainage: All retainage to be paid within 90 days of substantial completion or if job is halted for more than 90 days.
- Service Charge: Purchaser agrees to pay Reliance Concrete Contractors, Inc. a service charge of 1.5% per month, an annual percentage rate of 18%, on any outstanding balance/invoices past due. This service charge is in addition to and not in lieu of any other remedies Reliance Concrete Contractors, Inc. may have provided; however, Reliance Concrete Contractors Inc. reserves the right to require payment in advance.
- Attorneys' Fees: Should this account be placed in the hands of an attorney for collections, purchaser agrees to pay an attorney fee of (25%) of the total amount due at the time the account is referred to the attorney. Purchaser further agrees to pay all court costs incurred by RCC, Inc.
- Warranty: Reliance Concrete Contractors, Inc., as Subcontractor on the project, does hereby guarantee that all work, executed under the plans and specifications provided will be free from defects of materials and workmanship for a period of one (1) year, beginning from the date of substantial completion or determined by RCC, Inc. All defects occurring within that period shall be replaced or repaired at no cost to the Owner; ordinary wear or tear and unusual abuse or neglect notwithstanding. See note 2.

TOTAL PROPOSAL COST	\$97,176.00
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Acceptance: The above terms, conditions and descriptions are satisfactory and are hereby accepted. Must sign and return prior to work commencement.

Submitted By: 
Brian Hamilton, Vice President

Date: 7/1/2025

Accepted by: _____

Date: _____

Coastal Landscapes, Inc.

P.O. Box 57038
Virginia Beach, VA 23457
757-721-4109 Office
757-426-8585 Fax

admin@coastallandscapes.hrcoxm...

Estimate

DATE	Estimate #
7/2/2025	WIND PINES

Name / Address
QHOC HOMES 227 CARATOKE HWY UNIT D MOYOCK, NC 27958

Item	Qty	Description	Cost	Total
TREE	63	WINDSWEPT PINES- PHASE 3 MOYOCK, NC STREET TREES- PHASE 3 STREET TREE 2"CAL/8'HT 15 GAL	140.00	8,820.00
			\$8,820.00	

Coastal Landscapes Inc., provides all designs, materials, & labor for landscape. All plant materials are guaranteed for 1 year from install. There is no guarantee on annuals, sod, bulbs, perennials, dogwoods, palms, gardenias or plants provided by owner. Plants that have been subject to extreme climatic conditions (ie. flood, freeze, drought), neglect, improper watering, mechanical or animal damage will void guarantee. Estimates are good for 6 weeks. A 50% deposit is required to be placed on the schedule, the remainder is due at completion. Debtor will be responsible for court costs incurred to collect on account. Homeowner is responsible for marking all private utilities, irrigation systems, & lighting prior to landscape installation. Coastal Landscapes is not responsible for any damages. This bill is personally guaranteed by the under signed. Credit card payments will incur a 4% processing fee.

Signature_____

C & L Concrete Works, Inc.

P.O. Box 178
Camden, North Carolina 27921
Office (252) 335-1994
Fax (252) 331-1111

Proposal submitted to: QHOC Homes Att: Justin , Perry	Phone: Justin 757-816-2006 Perry 757 -478-1205	Date: 6/9/2025
Street: 227 Caratoke Hwy	Job Name: Windswept – Phase 3 Crosswalks	
City, State, Zip: Moyock, NC 27958	Job Location:	

Description of work and price:

Windswept Pines – Phase 3 Crosswalks

Stripe/paint (4) crosswalks & CBU per plans.

\$2,500.00

Unless a lump sum is to be paid for the foregoing work and is clearly stated, it is understood and agreed that the quantities referred to are estimates and that payment shall be made at the stated unit prices for the actual quantities of work performed as determined upon the completion of the work. Any changes from the above described work involving extra cost will be executed only upon written orders and will be billed as an extra charge over and above this estimate.

Estimates for work performed will be submitted every 30 days. Payment of these estimates is due upon receipt. The balance will be due upon completion of work. Any unpaid balance after 30 days will be subject to an 18% annual finance charge.

If this proposal meets with your acceptance, please sign and return the attached copy.

This proposal expires 30 days from the date hereof, but may be accepted at any later date at the sole option of C & L Concrete Works, Inc.

Upon default, the holder of this note may employ an attorney to enforce the holder's rights and remedies and the maker, principal, surety, grantor and endorser of this note hereby agree to pay to the holder the sum of fifteen (15%) percent to the outstanding balance owing on said note for reasonable attorney's fees, plus all other reasonable expenses incurred by the holder in exercising any of the holder's rights and remedies upon default.

ACCEPTED: _____

Firm Name

By: _____

Name and Title

Date: _____


For C & L Concrete Works, Inc.Date: 6/9/2025

Windswept Pines – Phase 3

ENGINEER'S ESTIMATE OF INCOMPLETE PUBLIC INFRASTRUCTURE

7-14-25

Roadway Connection to North

8"waterline extension to property line: 20 l.f. @ \$30/ft =		\$ 600.00
Exc. & place compacted fill: 47 C.Y. @ \$12.00 =		\$ 564.00
Fine Grading	=	\$ 100.00
46' curb & gutter @ \$20/l.f. =		\$ 920.00
46' Sidewalk: 25.56 sq yd) @ \$46/SY =		\$1,175.76
17.7 tons ABC @ \$47.45/ton	=	\$ 839.87
6.2 tons asphalt @ \$132/ton	=	<u>\$ 818.40</u>
		\$5,018.03

Prepared by: William Brumsey, IV
PO Box 100
Currituck, NC 27929

Amendment Subjecting Additional Land to the Restrictive Covenants of Windswept Pines

NORTH CAROLINA
CURRITUCK COUNTY

This Amendment Subjecting Additional Land to the Restrictive Covenants of Windswept Pines (the "Amendment") is made this the ____ day of _____, 2025 by Allied Properties, LLC, a North Carolina limited liability company (the "Developer").

WITNESSETH:

WHEREAS, Developer caused the Restrictive Covenants of Windswept Pines, Phase 1 to be recorded on June 18, 2018 in Deed Book 1448, Page 110 of the Currituck County Registry and any amendments thereto (the "Covenants"); and

WHEREAS, Developer is the owner of additional property to be generally known as Windswept Pines, Phase 3; and

WHEREAS, the Developer desires by this instrument to annex and subject the real property hereinafter described, generally known as Windswept Pines, Phase 3, being located in Currituck County, North Carolina, to all the terms and provisions of the Covenants; and

NOW, THEREFORE, in consideration of the premises, Developer declares that all the real property hereinafter described shall be held, owned, sold and conveyed subject to all of the terms and provisions of the Covenants as follows:

1. Developer, pursuant to the authority granted under North Carolina law, hereby annexes and subjects the following described real property to all the terms and provisions of the Covenants:

Insert description here.

2. Except as herein expressly amended, all of the terms and provisions of the Covenants are hereby ratified, confirmed and approved.
3. This Amendment shall be governed and construed under the laws of the State of North Carolina; provided, however, that no conflict of laws rule of the State of North Carolina shall operate so as to deprive the courts of North Carolina jurisdiction over the subject matter or jurisdiction over the person or to preclude venue in the North Carolina courts.

IN TESTIMONY WHEREFORE, Developer has hereunto set their hand and seal, this the _____ day of _____, 2025.

Developer: Allied Properties, LLC

By: _____ (SEAL)
Justin Old, Manager

STATE OF NORTH CAROLINA
COUNTY/CITY OF CURRITUCK

I, _____, a Notary Public do hereby certify that Justin Old, Manager of Allied Properties, LLC personally appeared before me this day and acknowledged the due execution of the foregoing instrument on behalf of Allied Properties, LLC and that by authority duly given and as an act of the entity, (s)he signed the foregoing instrument in its name on its behalf as its act and deed for the purposes therein expressed.

Witness my hand and official stamp or seal this _____ day of _____, 2025.

AFFIX NOTARY SEAL

Notary Public (Seal)

My commission expires:



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JOSH STEIN
GOVERNOR

J.R. "JOEY" HOPKINS
SECRETARY

July 7, 2025

Quality Homes of Currituck
417-D Caratoke Highway
Moyock, NC 27958

Attn: Mr. Perry Arnette

Subject: Pavement Certification
Windswept Pines
Currituck County

Dear Mr. Arnette:

We have received the attached test report, dated June 19, 2025, from ECS Southeast, LLC for the construction of roads in the Windswept Pines Subdivision – Phase 3. This pavement section was designed with 6" of Aggregate Base Course and 2" of asphalt surface course.

Based upon our review, these courses are in general conformance with the Minimum Design and Construction Criteria for Subdivision Roads.

The above mentioned roads will be eligible for petitioning the addition to the State System of Maintained Roads upon satisfying all other applicable minimum NCDOT criteria.

Sincerely,

A handwritten signature in cursive script that reads "Caitlin A. Spear".

Caitlin A. Spear, PE
District Engineer

Attachments



June 19, 2025

Mr. Perry Arnette
Quality Homes of Currituck
417-D Caratoke Highway
Moyock, NC 27958

ECS Proposal No. 22:36070

Reference: Paving Letter
Windswept Pines Subdivision
Moyock, North Carolina

Dear Mr. Arnette:

As requested, ECS Southeast, LLC (ECS) visited the site on various occasions to test the subbase and asphalt for the referenced subdivision. ECS observed the roadway construction for the extension of Alden Run and portions of North and South Tall Pines Trail and tested the subbase and asphalt placement.

The roadway section for these areas consists of a minimum of 6 inches of ABC stone and 2 inches of surface mix asphalt (Type S-9.5B). The project requires that the subbase and asphalt be tested for quality assurance to see that it generally meets NCDOT standards. This letter report contains the results of the subbase and asphalt quality assurance testing. This includes thickness, density, asphalt gradation, and asphalt content.

For this project ECS has performed the following:

- NCDOT current testing for Vulcan materials Jack Quarry was reviewed for Modified Proctor Testing and sieve analysis (HICAMS 1055412). The laboratory test results indicate that the imported ABC materials were in general accordance with NCDOT requirements.
- Compaction testing was performed and indicated that the ABC materials were compacted to meet the requirement of an average of 98% of the Modified Proctor. The thickness of the stone was checked and verified to be at or greater than the 6- inch requirement. The results of this testing are attached to this report.
- Compaction testing was performed for the asphalt placement. The compaction results indicated that the asphalt compaction met or exceeded 90% of the maximum specific gravity supplied by the asphalt supplier.
- Coring operations were performed at 3 locations within the roadway alignment. The cores were taken at random locations determined by the ECS representative.
- Laboratory testing procedures were performed on the core specimens and included thickness and bulk specific gravity. Additionally, testing was performed to confirm the asphalt content and the asphalt gradation. These were performed in general accordance with NCDOT testing procedures. The following Table 1 contains the results of the coring including the thickness and specific gravity results. Table 2 contains the results of the asphalt content testing. Results of the asphalt gradation are attached to this report.

**Table 1 – Asphalt Laboratory Test Results**

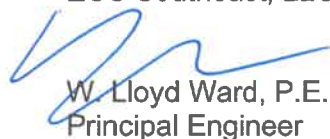
Sample #	Asphalt Type	Thickness	Specific Gravity	Percent Compaction (min. 90%)
C-1	S-9.5B	2.5	2.223	91.5
C-2	S-9.5B	2.875	2.244	92.4
C-3	S-9.5B	2.75	2.287	94.1
Average	S-9.5B			92.7

Table 2 – Asphalt Content Test Results

Sample #	Sample Location	Asphalt Content
Sample #1	Bulk Sample	6.3%

Based on our observations and test results, it is our engineering opinion that the subbase and asphalt were placed in general accordance with NCDOT standards. We appreciate being of service to you on this project. Should you need additional information or assistance, please do not hesitate to contact our office.

Respectfully,
ECS Southeast, LLC



W. Lloyd Ward, P.E.
Principal Engineer

Wade Wetherington, E.I.
Project Manager



**ECS Southeast, LLC**

6714 Netherlands Drive

Wilmington, NC 28405

T 910.686.9114

F 910.686.9666

LETTER OF TRANSMITTAL

May 21, 2025

Quality Home Builders of Currituck

1643 Merrimac Trail Suite A

Williamsburg, VA 23185

ATTN: Mr. Lloyd Ward

RE: **Windswept Pines Subdivision**ECS Job # **22:36070**

Permits:

Location: **Baxter Lane
Moyock, NC 27958**☒

Field Reports

☒

For your use

☒

As requested

CC:

ENCL: Field Report # 2 5/20/2025 ABC Stone

Kris J. Stamm
Office Manager, Principal

Wade A. Wetherington, E.I.
Project Manager*Disclaimer*

1. This report (and any attachments) shall not be reproduced except in full without prior written approval of ECS.
2. The information in this report relates only to the activities performed on the report date.
3. Where appropriate, this report includes statements as to compliance with applicable project drawings, and specifications for the activities, performed on this report date.
4. Incomplete or non-conforming work will be reported for future resolution.
5. The results of samples and/or specimens obtained or prepared for subsequent laboratory testing will be presented in separate reports/documents.



ECS Southeast, LLC
 6714 Netherlands Drive
 Wilmington, NC 28405
 T 910.686.9114
 F 910.686.9666

FIELD REPORT

Project **Windswept Pines Subdivision**
 Location **Moyock, NC**
 Client **Quality Home Builders of Currituck**
 Contractor **Quality Home Builders of Currituck**

Project No. **22:36070**
 Report No. **2**
 Day & Date **Tuesday 5/20/2025**
 Weather **75 °/ Sunny**
 On-Site Time **0.75**
 Lab Time **0.00**
 Travel Time* **2.25**
 Total **3.00**
 Re Obs Time **0.00**

Remarks **ABC Stone**

Trip Charges*	Tolls/Parking*	Mileage*	114	Time of Arrival	Departure
Chargeable Items	5000			8:45A	9:30A

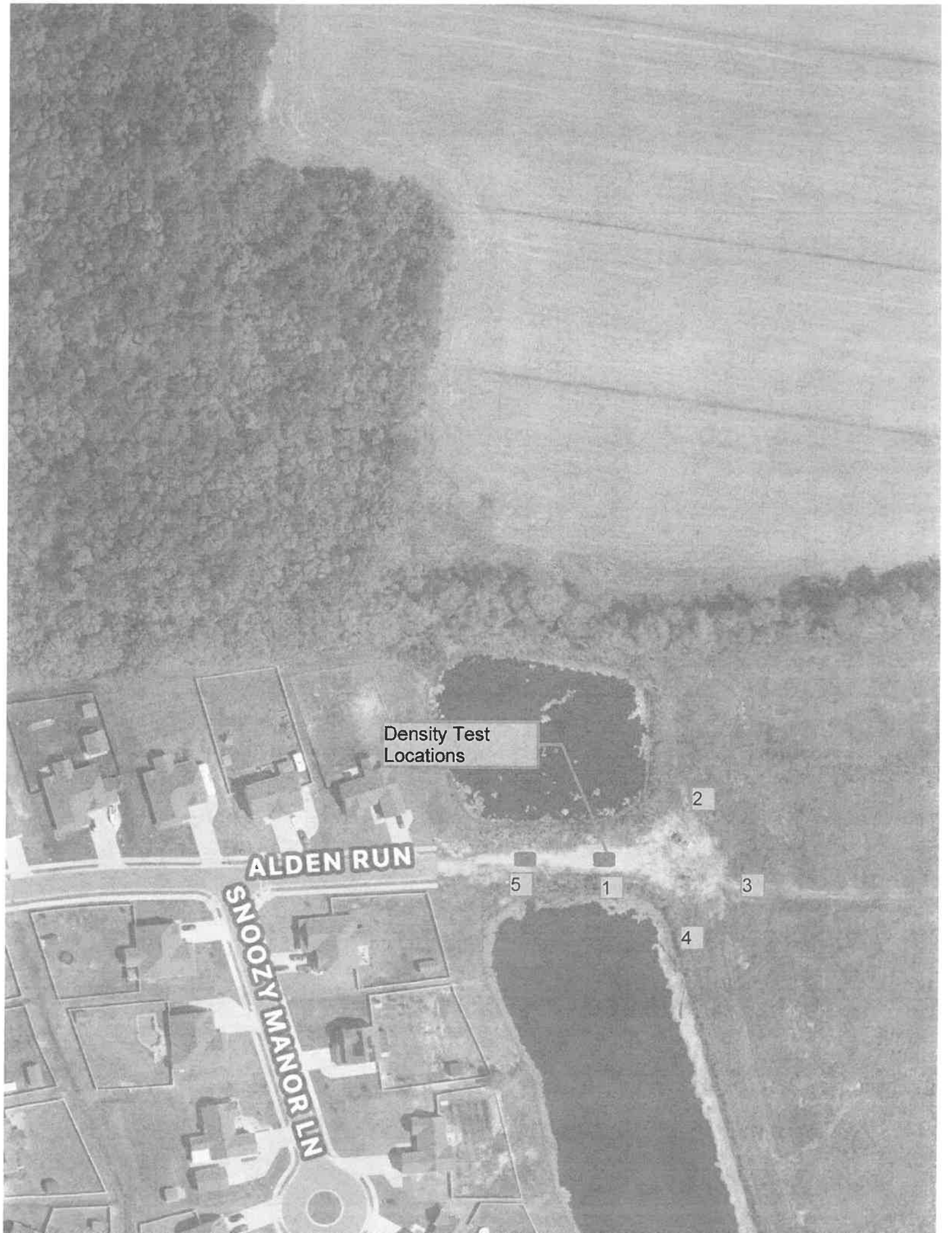
* Travel time and mileage will be billed in accordance with the contract.

Summary of Services Performed (field test data, locations, elevations & depths are estimates) & Individuals Contacted.
--

The undersigned arrived on site, as requested, to check the compaction of Crushed Concrete used as Aggregate Base Course (ABC Stone) for the drive lane. Please see the attached sketch for the approximate density test locations.

Utilizing the Nuclear Density Gauge test method (ASTM D-6938) to check the compaction of ABC stone; test results indicated that the compacted material, at the areas and depths tested, met the project requirements of 98% of the maximum dry density as obtained in our laboratory using the CRMP Inc. Proctor.

At the density test locations, the thickness of the ABC stone was measured to be at least 8 inches.



Density Test
Locations

ALDEN RUN

SNOOZY MANOR LN

5

1

2

3

4

**Field Compaction Summary, ASTM D-6938**

Project No: 22:36070

Project Name: Windswept Pines Subdivision

Date: 5/20/2025

ECS Southeast, LLC

Client: Quality Home Builders of Currituck

Contractor: Quality Home Builders of Currituck

Technician: Adorian N Bell

Test Method ASTM D-6938			
Nuclear Gauge No. 19			
Make	Troxler	Density Std	2101
Model	3440	Moisture Std	814
Ser. No.	1671		

Sample No.				Description			Proctor Method					Uncorrected Max. Density			Uncorrected Optimum Moisture Content
1				Crushed Concrete			Modified Proctor Method (ASTM D-1557)					115.3			12.1
Test No.	Lot No.	Test Mode	Probe Depth (in.)	Station / Location	Lift / Elev	Sample No.	% Oversize	Corrected Max. Density	Corrected Optimum Moisture Content (%)	Wet Density (pcf)	Dry Density (pcf)	Moisture Content (%)	Percent Comp. (%)	P / F	Comments
1		DT	6	1	0	1	0.00	115.3	12.1	124.2	113.3	9.7	98.3	P	
2		DT	6	2	0	1	0.00	115.3	12.1	123.7	113.3	9.3	98.3	P	
3		DT	6	3	0	1	0.00	115.3	12.1	123.5	113.6	8.7	98.5	P	
4		DT	6	4	0	1	0.00	115.3	12.1	123.6	113.1	9.3	98.1	P	
5		DT	6	5	0	1	0.00	115.3	12.1	126.4	113.9	11.0	98.8	P	



ECS Southeast, LLC
 6714 Netherlands Drive
 Wilmington, NC 28405
 T 910.686.9114
 F 910.686.9666

LETTER OF TRANSMITTAL

June 10, 2025
 Quality Home Builders of Currituck
 1643 Merrimac Trail Suite A
 Williamsburg, VA 23185
 ATTN: Mr. Lloyd Ward

RE: **Windswept Pines Subdivision**
 ECS Job # **22:36070**

Permits:
 Location: **Baxter Lane**
Moyock, NC 27958

☒ Field Reports ☒ For your use ☒ As requested

CC:

ENCL: Field Report # 4 6/9/2025 Asphalt

Kris J. Stamm
 Office Manager, Principal

Wade A. Wetherington, E.I.
 Project Manager

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4. Incomplete or non-conforming work will be reported for future resolution.
5. The results of samples and/or specimens obtained or prepared for subsequent laboratory testing will be presented in separate reports/documents.



ECS Southeast, LLC
6714 Netherlands Drive
Wilmington, NC 28405
T 910.686.9114
F 910.686.9666

FIELD REPORT

Project **Windswept Pines Subdivision**
Location **Moyock, NC**
Client **Quality Home Builders of Currituck**
Contractor **Quality Home Builders of Currituck**

Project No. **22:36070**
Report No. **4**
Day & Date **Monday 6/9/2025**
Weather **85 °/ Partly Cloudy**
On-Site Time **1.50**
Lab Time **0.00**
Travel Time* **2.75**
Total **4.25**
Re Obs Time **0.00**

Remarks **Asphalt**

Trip Charges*	Tolls/Parking*	Mileage*	136	Time of Arrival	11:15A	Departure	12:45P
Chargeable Items							

* Travel time and mileage will be billed in accordance with the contract.

Summary of Services Performed (field test data, locations, elevations & depths are estimates) & Individuals Contacted.

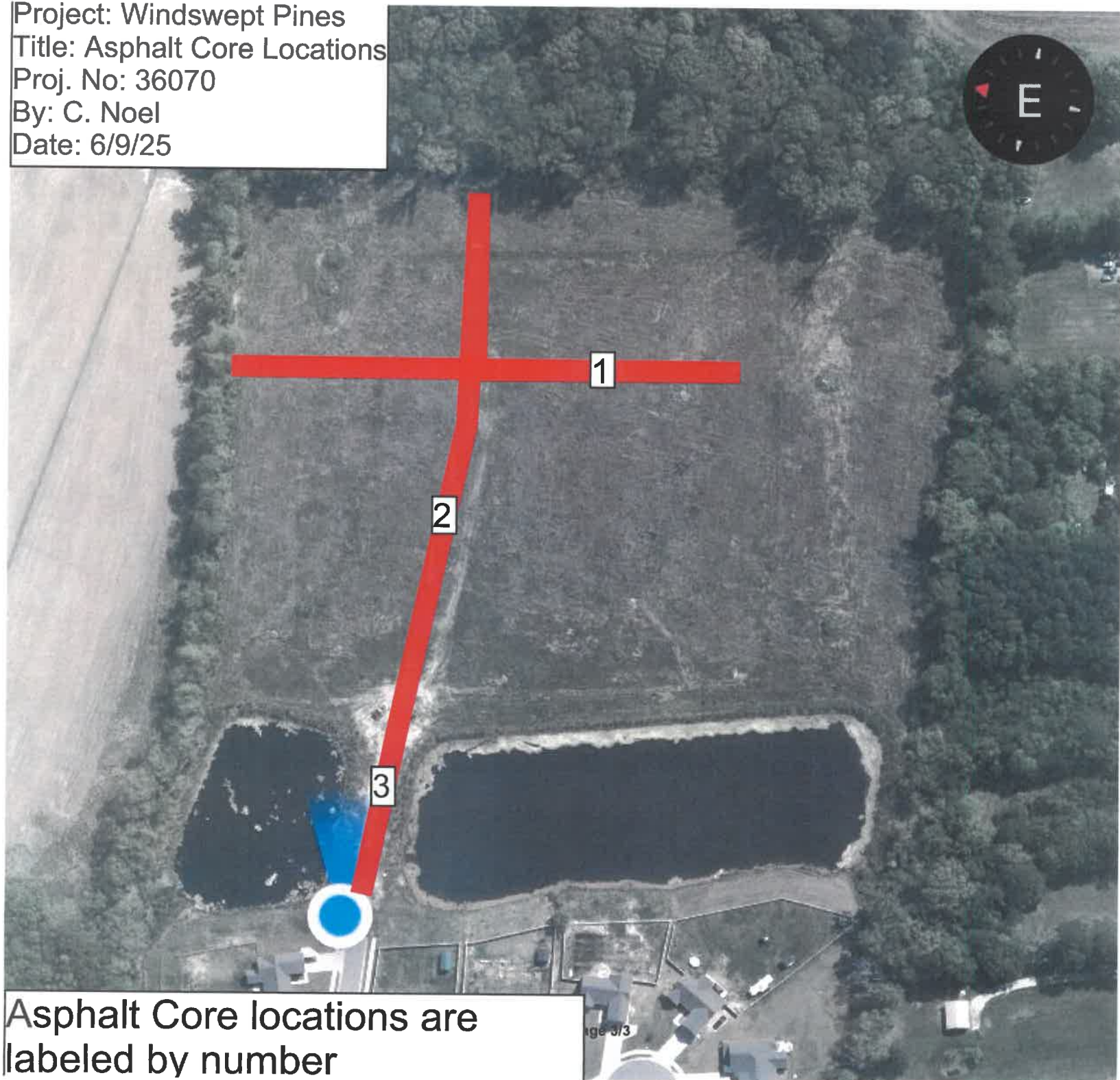
The undersigned arrived on site, as requested, and cut a total of (3) 6" cores for thickness measurement and specific gravity testing. The cores were returned to the ECS laboratory for testing.

Prior to leaving the site, the undersigned patched the asphalt core locations.

By Chris Noel

1800

Project: Windswept Pines
Title: Asphalt Core Locations
Proj. No: 36070
By: C. Noel
Date: 6/9/25



Asphalt Core locations are
labeled by number

ECS Mid-Atlantic, LLC

PROJECT NUMBER: 22-36070
DATE: 19-Jun-25

PROJECT NAME: Windswept Pines
SAMPLE ID: Surface Mix

GYRATORY COMPACTION (AASHTO T-312)														
Sample No.	Nini	Ndes	IN AIR	SSD	IN WATER	Gmb @ Ndes (meas.)	Gmb @ Ndes (est.)	Sample Vol. (cm ³)		CORR. FACTOR	Gmb @ Nini (meas.)	Gmb @ Nini (est.)	Gmm (meas.)	VTM @ Ndes
								@ Nini	@ Ndes					
Averages														
BULK DENSITY OF CORES (AASHTO T-166)										<div> Agg. Absorbion (%) Aggregate Gs P0.075 / AC_{eff} VMA @ Ndes VFA @ Ndes %Gmm @ Ndes </div>				
Sample No.	HEIGHT (IN.)	IN AIR	SSD	IN WATER	Gs (Gmb)	DENSITY (PCF)	H2O AB-SORB. (%)	VOIDS (%)	COMPACTION (%)					
Averages														
GRADATION (AASHTO T-30)					ASPHALT CONTENT BY IGNITION (AASHTO T-308)					MIX TARGETS				
Sieve (mm)	WEIGHT (g)	RETAIN (%)	PASS (%)	AASHTO M-323 J.M.F.	Pan (g): 3067.5		Asphalt & Pan, Initial (g): 4957.1			Gmb:				
50.0		0.0	100.0		Asphalt (g): 1889.6		Asphalt & Pan, Final (g): 4838.6			Gmm:				
37.5		0.0	100.0		Aggregate (g): 1771.1		Asphalt Content (g): 118.5			A.C., %:				
25.0		0.0	100.0		Correction Factor: 0.0		Asphalt Content, % (A.C.): 6.3			Mix Design No.				
19.0	0	0.0	100.0		Corrected Asphalt Content, % (A.C.): 6.3									
12.5	8.9	0.5	99.5	100 Min.	MAXIMUM THEORETICAL SPECIFIC GRAVITY (AASHTO T-209)									
9.5	89.7	5.1	94.9	90-100	RICE Bowl, Empty (g):		Asphalt, RICE Bowl, & Water (g):							
4.75	782.1	44.2	55.8	90 Max.	Asphalt & RICE Bowl (g):		RICE Bowl & Water (g):							
2.36	1121.3	63.3	36.7	32-67	Asphalt (g):		WATER TEMPERATURE (C):							
1.18	1303.8	73.6	26.4		SPECIFIC GRAVITY (Gmm):		(PCF):							
0.60	1437.5	81.2	18.8		NOTES: Test Sample was a composite of three (3) Cores.									
0.30	1439.8	81.3	18.7											
0.15	1617.3	91.3	8.7											
0.075	1665.4	94.0	6.0	2 - 10										
Pan														



Subdivider Maintenance Responsibility and Reserve Fund Creation Affidavit

Contact Information

Currituck County
Planning and Inspections Department
153 Courthouse Road, Suite 110
Currituck, NC 27929

Phone: 252-232-3055

Website: <http://www.currituckcountync.gov/planning-zoning/>

Affidavit

I, Justin Old, subdivider of _____

Windswept Pines Phase 3 (Subdivision Name) certify that:

- I am responsible for maintenance of all common areas, common features, and private infrastructure until at least 75% of lot sales within the subdivision.
- I have established a reserve fund to support the continued maintenance and upkeep of common areas, common features, and private infrastructure. The fund has been established at TowneBank (Banking Institution).
- I shall establish the Homeowner's/Property Owner's Association (hereinafter "association") prior to the sale of the first lot.
- It is solely my responsibility to notify the County upon 100% lot sales within the subdivision.
- The County is not responsible or liable for maintenance of any common areas, common features, or private infrastructure within the subdivision.

I understand that maintenance responsibility of common areas, common features, and private infrastructure shall not be transferred from the subdivider to the association until ALL of the following occur:

- At least 75% of the total number of lots in the subdivision are sold.
- The subdivider commissions a report prepared by a licensed engineer indicating that all common areas, common features, and infrastructure elements comply with the minimum standards in the Unified Development Ordinance and the County Code of Ordinances.
- County staff reviews the report prepared by a registered engineer.
- The reserve fund contains a minimum balance equal to: a) 10% of the road construction costs for streets not maintained by NCDOT at the time of transfer (gravel base and asphalt only); b) 10% of construction costs of common features and private infrastructure, excluding sidewalks and street trees; c) liability insurance and taxes for two years; and, d) facilities, stormwater, and landscaping maintenance costs for two years. The reserve fund balance shall be \$ See Attachment A (attach cost breakdown sheet). In the event the association has not collected sufficient assessment funds from the lot owners in the subdivision to meet the minimum balance of \$ Attachment A in the reserve fund, the subdivider shall be responsible for the difference needed to meet the minimum balance requirements.

[Signature]
Signature

7.3.25
Date

Maintenance Responsibility/Reserve Fund
Affidavit
May 2025

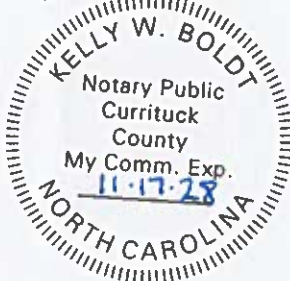
Notary Certificate

Currituck County, North Carolina

I, Kelly W Boldt, a Notary Public for Currituck
County, North Carolina, do hereby certify that Justin Old
personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 3 day of July, 2025.

(Official Seal)



Kelly W Boldt
Notary Signature

My commission expires: Nov 17, 2028

ATTACHMENT "A"

Windswept Pines Phase 3

Reserve Fund Calculations

A. Temporary Reserve Fund Calculation:

1. Phase 3:

Roadway Base Course Construction Cost: 1470 Tn @ \$47.45/Tn =	\$ 69,751.50
Roadway Surface Course Construction Cost: 535 Tn @ \$132/Tn =	<u>\$ 70,620.00</u>

Phase 3 Subtotal:	\$140,371.50
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<u>Temporary Fund Amount:</u>	10% of \$140,371.50=	\$ 14,037.15
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B. Permanent Reserve Fund Calculation:

1. Annual Cost of Common Area Maintenance:	\$12,000.00
2. Annual Cost of Stormwater Maintenance:	\$ 3,564.00
2. Annual Cost of Common Area Insurance:	<u>\$ 2,215.00</u>
	\$17,779.00

<u>Permanent Reserve Fund Amount:</u>	2 x \$17,779.00=	\$ 35,558.00
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C & L Concrete Works, Inc.

P.O. Box 178
Camden, North Carolina 27921
Office (252) 335-1994
Fax (252) 331-1111

Proposal submitted to: QHOC Homes Att: Justin , Perry	Phone: Justin 757-816-2006 Perry 757 -478-1205	Date: 4/7/2025
Street: 227 Caratoke Hwy	Job Name: Windswept Pines – Phase 3	
City, State, Zip: Moyock, NC 27958	Job Location:	

Description of work and price:

Windswept Pines – Phase 3

Mobilization	\$800.00
Fine Grading – 4,562 SY	\$2,200.00
2" NCDOT 9.5B Asphalt (4,562 SY) – 535 tons	<u>\$70,620.00</u>
	\$73,620.00

****Based on current FOB pickup price from Alan Myers Chesapeake plant.**

Unless a lump sum is to be paid for the foregoing work and is clearly stated, it is understood and agreed that the quantities referred to are estimates and that payment shall be made at the stated unit prices for the actual quantities of work performed as determined upon the completion of the work. Any changes from the above described work involving extra cost will be executed only upon written orders and will be billed as an extra charge over and above this estimate.

Estimates for work performed will be submitted every 30 days. Payment of these estimates is due upon receipt. The balance will be due upon completion of work. Any unpaid balance after 30 days will be subject to an 18% annual finance charge.

If this proposal meets with your acceptance, please sign and return the attached copy.

This proposal expires 30 days from the date hereof, but may be accepted at any later date at the sole option of C & L Concrete Works, Inc.

Upon default, the holder of this note may employ an attorney to enforce the holder's rights and remedies and the maker, principal, surety, grantor and endorser of this note hereby agree to pay to the holder the sum of fifteen (15%) percent to the outstanding balance owing on said note for reasonable attorney's fees, plus all other reasonable expenses incurred by the holder in exercising any of the holder's rights and remedies upon default.

ACCEPTED: _____
Firm Name

By: _____
Name and Title

Date: _____


For C & L Concrete Works, Inc.

Date: _____

From: [Perry Arnette](#)
To: [Mark Bissell](#)
Subject: Fwd: Remaining Stone quantities
Date: Monday, March 31, 2025 9:12:34 AM

Mark can you work with this?
Sent from my iPhone

Begin forwarded message:

From: Jonathan Sawyer <jonathan.sawyer@sadler-landscaping.com>
Date: March 31, 2025 at 9:10:26 AM EDT
To: Perry Arnette <parnette@qhoc.com>
Subject: **Remaining Stone quantities**

Perry,

Below are the reaming stone quantities for Windswept & Baxter at 47.45/Tn

Baxter - 1,618.19 TONS - \$76,783.12
Windswept - 1,470 TONS - \$79,144.80

Thank you,



Jonathan B. Sawyer, IV

Asst. Project Manager/Estimator

Sadler Landscaping, LLC

Office: 252-927-0020

Mobile: 252-505-7224

Fax: 252-360-4185

Email: jonathan.sawyer@sadler-landscaping.com

Website: sadler-landscaping.net

Address: 8122 NC Hwy 32 South
Plymouth, NC 27962

Rescom Property Services of North Carolina

PO Box 533 Moyock NC 27958

(757) 567-2375

NC Landscape License CL0751

Bid for Windswept Pines Phase 3

Provided to Christine Early @ Allied Properties

The price to cut the Phase 3 common areas of Windswept Pines is \$12,000.00 per year.

This includes weekly mowing and trimming services from April 1 – October 31

This includes bi-weekly mowing and trimming services November and March and one time per month from December – February.

The areas included are around the two lakes, mailbox area and common ditches similar to Phases 1 and 2 of Windswept Pines.

Rescom is fully insured and licensed in the State of North Carolina. Documents will be provided upon awarding of bid.

Thank You for your time and consideration.

Jim Hartmann @ Rescom NC



Annual Pond Management Contract

Property Name: Windswept Pines Phase 3, Moyock, North Carolina

\$297.00 per month

\$3,564.00 per 12 months

Contract Term: July 1, 2025 – June 30, 2026

Description: Monthly maintenance to be performed on two ponds for Windswept Pines phase 3 (Allied Properties). Price includes maintenance on a continuous schedule monthly as stated below.

Aquatic Weed Control:

- Ponds will be inspected for unwanted aquatic vegetation two times per month from January to December. Ponds will be serviced 24 times (twice per month) per contracted year.
- The application of aquatic herbicides will be used to treat any growth of undesirable aquatic weeds or vegetation found during inspection of pond.

Shoreline Aquatic Weed Control

- Shoreline areas will be inspected two times per month from January to December. Ponds will be serviced 24 times (twice per month) per contracted year.
- Aquatic herbicides will be used to treat the growth of cattails, phragmites, and other unwanted shoreline vegetation that occurs at the time of inspection.
- Any growth of unwanted plants and weeds growing in areas where stone has been installed for bank stabilization and erosion control will be treated and controlled through aquatic herbicides as necessary at the time of inspection.

Pond Algae Control:

- Ponds will be inspected two times per month from January to December. Ponds will be serviced 24 times (twice per month) per contracted year.
- Any algae found during the time of inspection will be treated and controlled through application of algaecides.



WORLD INSURANCE ASSOCIATES, LLC
100 Wood Ave South, 4th Floor
Iselin, NJ 08830

kathleeng@beskindivers.com
Phone: (732) 380-0900 Fax: (732) 380-0909

Enclosed you will find an admitted Non Profit Package quote for Windswept Pines Community Association Inc. The quote number is NPP025L3653 Version 2 .

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.
- Section V- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI- Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A Commercial Umbrella quote that provides higher limits of Liability. It is attached as a separate quote under #CUP025L2270. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide



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Iselin, NJ 08830

kathleeng@beskindivers.com
Phone: (732) 380-0900 Fax: (732) 380-0909

feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Kathleen Griffin
WORLD INSURANCE ASSOCIATES, LLC



WORLD INSURANCE ASSOCIATES, LLC
100 Wood Ave South, 4th Floor
Iselin, NJ 08830

kathleeng@beskindivers.com
Phone: (732) 380-0900 Fax: (732) 380-0909

NPP025L3653 Version 2

Quote is valid until 9/6/2025

To: Windswept Pines Community Association Inc

From: Kathleen Griffin

kathleeng@beskindivers.com

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: \$150.00) - Non-Owned & Hired
Automobile Liability

☐ Option 2 - (add: \$250.00) - Value Plus

☐ Option 3 - (add: *\$36.00) - Terrorism Coverage

*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.

Note: a \$5.00 installment fee will apply to each installment after the first - please select one of the following:

☐ Direct Bill both this New Business and future Renewals

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ Do not Direct Bill this New Business but do Direct Bill
future Renewals

☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company
will invoice the insured. Do not bill or collect the down
payment. All taxes, surcharges and fees (except
installment fees) will be billed in full with the first
installment.

☐ Bind Excess Liability At \$1,000,000 - Inquire for higher
limits.

See attached Quote #CUP025L2270 (separate billing applies).

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XIV

COVERAGE PART	PREMIUM
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Commercial Property	\$157.00
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Commercial General Liability	\$1,018.00
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Community Association Directors & Officers Coverage	\$1,040.00
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Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

PLEASE REFER TO THE EXCESS LIABILITY QUOTE #CUP025L2270 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.

TOTAL PREMIUM DUE TO CARRIER

\$2,215.00

ADDITIONAL COSTS

Broker Fee

TOTAL AMOUNT DUE

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Prof = Directors and Officers and/or Employment Practices Liability as quoted

Prof	Liab	Eligibility Question (applies to all locations)	Response
x		Is the fully completed Community Association Package Product Application, CAP PKG, included with the bind request? *Application must be dated no more than 45 days prior to the effective date of coverage and signed by one of the following: an officer on the Board or the Property Manager with authority to bind Applicant to the representations therein	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	Have there been any General Liability losses, claims, or known circumstances that could result in a claim in the past five years (including closed no pay)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	Are 50 percent or more of the units occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	Is there life-saving equipment within a reasonable distance of the lake(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	If swimming is permitted, are buoys or signs in place to mark the designated swimming area?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- *****THIS QUOTE EXCLUDES WIND AND HAIL CAUSE OF LOSS*****

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 111 Parrish Point Ln, Moyock, NC 27958

Construction: Frame / Protection Class: 6

Property Coverage

Perils: Special Excluding Wind And Hail

Coverage	Limit	Coinsurance	Deductible	Valuation	Rate	Premium
Outdoor Sign	\$5,000	80%	\$500	Replacement Cost	0.759	\$38
Fence	\$5,000	80%	\$1,000	Replacement Cost	0.690	\$34
Lights Poles	\$5,000	80%	\$1,000	Replacement Cost	0.552	\$28
Trees/Shrubs	\$5,000	80%	\$1,000	Replacement Cost	0.469	\$23
Walkways	\$5,000	80%	\$1,000	Replacement Cost	0.690	\$34

Property Coverage Premium for Location #1: \$157

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Community Associations - Not-for-Profit only	0313	68500	Units	72	Incl	5.800	Incl	\$418
				Per Unit				
Additional Insured - Townhouse Association		49950	Flat	1	Incl	0.000	Incl	Incl
				Flat				
Lakes - existence hazard only Community Association Not-For-Profit only		45524	Acre	6	Incl	100.000	Incl	\$600
				Per Acre				

Liability Coverage Premium for Location #1: \$1,018

Community Association Directors & Officers Liability Coverage

Description	Retention (each claim)	Premium
Community Association Directors & Officers Liability	\$1,000	\$1,040

Community Association Directors & Officers Liability Coverage Premium for Location #1: \$1,040

Total for Location: \$2,215

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

COMMUNITY ASSOC. DIRECTORS & OFFICERS LIABILITY

Claims Made Limit	\$1,000,000
Deductible	\$1,000

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS

Community Association Endorsements

CAP	(08/15) Community Association Directors & Officers Liability Coverage Form	CAP-238	(08/17) Amend Definition of Organization
CAP NC	(02/16) North Carolina State Amendatory Endorsement	Jacket	(07/19) Policy Jacket
CAP PKG	(03/07) Community Association Package Product Application	PL 1 PFAS	(03/23) Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
CAP-235	(08/15) Data Breach & Identity Theft Endorsement		

Common Endorsements

Jacket	(07/19) Policy Jacket
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Property Endorsements

CP 115	(11/04) Outdoor Property Enhancement	CP1030	(06/07) Causes Of Loss - Special Form
CP 129	(11/04) Additional Coverage	CP1032	(08/08) Water Exclusion Endorsement
CP 141 DEP	(04/20) Changes - Actual Cash Value and Depreciation Definition	CP1061	(06/07) Windstorm Or Hail Exclusion - North Carolina
CP 142	(04/14) Protective Devices Or Services Provisions	CP1075	(12/20) Cyber Incident Exclusion
CP 224	(02/11) Asbestos Material Exclusion	IL0017	(11/98) Common Policy Conditions
CP 225	(02/11) Exclusion - Lead Contamination	IL0269	(09/08) North Carolina Changes - Cancellation And Nonrenewal
CP 226	(01/13) Absolute Pollution Exclusion-Property	IL0935	(07/02) Exclusion Of Certain Computer-Related Losses
CP 227	(02/11) Mold, Fungus, Bacteria, Virus Or Organic Pathogen Exclusion	Notice-Cyber Incident Excl-CY	(10/20) Cyber Incident Exclusion Endorsement Advisory Notice to Policyholders
CP0010	(06/07) Building And Personal Property Coverage Form	P 247	(12/20) Exclusion of Certified Acts of Terrorism
CP0090	(07/88) Commercial Property Conditions	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
CP0118	(02/14) North Carolina Changes		

General Liability Endorsements

CG 21 06	(12/23) Exclusion - Access or Disclosure of Confidential or Personal Material or Information	L-532	(08/03) Exclusion - Construction Operations
CG0001	(12/07) Commercial General Liability Coverage Form	L-549	(12/07) Absolute Professional Liability Exclusion
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2017	(10/93) Additional Insured - Townhouse Associations	L-600	(08/05) Pre-Existing Or Progressive Damage Or Defect Exclusion
CG2147	(12/07) Employment-Related Practices Exclusion	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-783 NPP	(07/18) Amendment of Liquor Liability Exclusion
CG4032	(05/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	L-787	(05/13) Infringement Of Copyright, Patent, Trademark Or Trade Secret Endorsement
IL0017	(11/98) Common Policy Conditions	LLQ-100	(07/06) Amendatory Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0269	(09/08) North Carolina Changes - Cancellation And Nonrenewal	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$150.00

Important Information

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

	Coverage	Additional Premium
Option 2	Value Plus Endorsement	\$250.00

Important Information

- If this coverage is purchased, add Value Plus Endorsement
- Provides coverage extensions and additional coverages for:
 - Valuable Papers and Records (Other than Electronic Data)- \$25,000
 - Fine Arts- \$25,000
 - Property Off-premises- \$15,000
 - Signs- \$10,000
 - Money and Securities- \$5,000
 - Property In Transit- \$10,000
 - Arson Reward- \$5,000
 - Personal Effects- Up to Business Personal Property Limit
 - Accounts Receivable- \$25,000
 - Electronic data- \$25,000
 - Outdoor Property- \$10,000
 - Water Back-up at Sewer, Drain or Sump- \$5,000
 - Employee Dishonesty- \$5,000
 - Fire Extinguishing Equipment Recharge- \$5,000
 - Fire Department Service Charge- \$2,500

	Coverage	Additional Premium
Option 3	Terrorism Coverage	\$36.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of 3.00% of the total applicable premium. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

SINGLE PAYMENT - The entire premium is invoiced immediately.

TWO PAYMENTS - 50% of the premium is invoiced immediately; the balance is invoiced approximately 5 months after inception.

THREE PAYMENTS - 40% of the premium is invoiced immediately; the balance is invoiced in two equal installments approximately 4 months and 7 months after inception.

FOUR PAYMENTS - 40% of the premium is invoiced immediately; the balance is invoiced in three equal installments approximately 4 months, 6 months, and 8 months after inception.

A detailed installment schedule will be included with the first invoice. An installment fee as noted on page 1 of this quote applies to each installment after the first.



CRM025L0319

Quote is valid until 9/6/2025

To: Windswept Pines Community Association Inc

From: Kathleen Griffin

kathleeng@beskindivers.com

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: 25% of Employee Theft Premium) - Designated Agent

This policy is eligible to be Direct Billed.

Note: a \$5.00 installment fee will apply to each installment after the first - please select one of the following:

☐ Direct Bill both this New Business and future Renewals

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ Do not Direct Bill this New Business but do Direct Bill future Renewals

☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XIV

Crime Limits Per Occurrence

LIMIT OPTIONS	EMPLOYEE THEFT	OTHER CAUSES OF LOSS	PREMIUM
<input type="checkbox"/> \$25,000	\$135	\$133	\$268
<input type="checkbox"/> \$50,000	\$180	\$179	\$359
<input type="checkbox"/> \$100,000	\$247	\$244	\$491
<input type="checkbox"/> \$200,000	\$391	\$387	\$778
<input type="checkbox"/> \$300,000	\$449	\$445	\$894
<input type="checkbox"/> \$500,000	\$628	\$623	\$1,251

ADDITIONAL QUOTE INFORMATION

Purchase of Other Causes of Loss are contingent on Employee Theft and limits cannot exceed the Employee Theft Limits.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

***OTHER CAUSES OF LOSS:**

-
1. FORGERY OR ALTERATION
 2. INSIDE THE PREMISES – THEFT OF MONEY AND SECURITIES
 3. INSIDE THE PREMISES – ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY
 4. OUTSIDE THE PREMISES
 5. COMPUTER FRAUD
 6. FUNDS TRANSFER FRAUD
 7. MONEY ORDERS AND COUNTERFEIT MONEY

*LIMITS OF LIABILITY APPLY SEPERATELY TO EACH CAUSE OF LOSS.

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- Within the last 24 months, the Association has not completed a foreclosure sale against the owner
- Within the last 24 months, no Board elections have been challenged
- Policy for Directors and Officers or Employment Practices Liability has never been cancelled or non-renewed (Not applicable in MO)
- An annual financial statement is prepared
- The association's bank account(s) are reconciled by someone other than the person also authorized to withdraw, deposit or transfer funds (e.g. quarterly, semi-annually, annually)
- Checks written by the Association require a countersignature
- Receipt and underwriter review of the Commerical Crime Coverage for Community Associations, CRIME, with all questions answered, signed and dated by the President, Chairperson or Executive Director.

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- No Underwriting Notes

II. REQUIRED FORMS & ENDORSEMENTS**Crime Endorsements**

CAP APP	(08/15) Community Association Directors and Officers Application - All States	CR2508	(03/00) Include Specified Non-Compensated Officers as Employees
CR0023	(05/06) Commercial Crime Policy (Loss Sustained Form)	CR2509	(03/00) Include Volunteer Workers as Employees
CR01	(06/06) Other Insurance Clause Endorsement	Jacket	(07/19) Policy Jacket
CR0235	(10/10) North Carolina Changes		

III. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Additional Premium
Option 1 Designated Agent	25% of Employee Theft Premium - Apply to premium shown for limit selected in Section I

Important Information

- Designated Agent Endorsement to extend coverage for theft by a property managers employees can be purchased for 25% of the employee theft premium via endorsement CR2502 (05/06).
- Refer to the Additional Costs grid in Section I to calculate taxes.

IV. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

SINGLE PAYMENT - The entire premium is invoiced immediately.

TWO PAYMENTS - 50% of the premium is invoiced immediately; the balance is invoiced approximately 5 months after inception.

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WORLD INSURANCE ASSOCIATES, LLC
100 Wood Ave South, 4th Floor
Iselin, NJ 08830

kathleeng@beskindivers.com

Enclosed you will find an annual admitted Commercial Umbrella Coverage for Windswept Pines Community Association Inc. The quote number is CUP025L2270 Version 2 .

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Schedule of Underlying Coverages
- Section III- Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V- Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Kathleen Griffin
WORLD INSURANCE ASSOCIATES, LLC



CUP025L2270 Version 2

Quote is valid until 9/6/2025

To: Windswept Pines Community Association Inc

From: Kathleen Griffin

kathleeng@beskindivers.com

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.

Note: a \$5.00 installment fee will apply to each installment after the first - please select one of the following:

☐ Direct Bill both this New Business and future Renewals
(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ Do not Direct Bill this New Business but do Direct Bill future Renewals

☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL UMBRELLA COVERAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XIV

Term Quoted: Annual

LIMIT OPTIONS PREMIUM

☐ \$1,000,000 \$500 (MP)

ADDITIONAL COSTS

Broker Fee \$ _____

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

We have provided a pre-filled application that would assist in satisfying these requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Confirmation that all of the following are True:

- <CGL>-How many stories is this building?
- </CGL>The association does not sponsor any athletic/swimming teams and sporting competitions are not held on premises
- Association does not own, maintain or have an affiliation with an airport/airstrip or sewage treatment facility.
- There are no past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years.
- Insurance coverage has not been cancelled or non-renewed in the past three years (not applicable in MO).
- Association does not own, maintain, contract with or have an affiliation with any of the following: animal stables, bridges for vehicle use, day cares, skiing/resort activities, fire/police/ambulance services, waste management, electricity generation or other utilities
- The association's bylaws do not include an age restriction for membership.

B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

C. Underwriting Notes:

- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	Included
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

Automobile Liability	Not Covered
----------------------	-------------

Employers Liability	Not Covered
---------------------	-------------

Professional Liability	Not Covered
------------------------	-------------

Non Profit Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Combined Single Limit:	\$1,000,000
AM Best Rating: A++		

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

III. REQUIRED FORMS & ENDORSEMENTS

CUP	(07/05) Commercial Umbrella Policy	IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)
CUP113	(05/05) Automobile Liability Exclusion	Jacket	(07/19) Policy Jacket
CUP116	(11/07) Coverage A - Excess Following Form Professional Liability Coverage Endorsement	L 838 PFAS	(03/23) Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
CUP117	(11/07) Extended Reporting Period Endorsement	L-549	(12/07) Absolute Professional Liability Exclusion
CUP542	(12/20) Exclusion of War and Certified Acts of Terrorism	L-639NC	(05/06) North Carolina State Amendatory Endorsement
CUP549	(09/16) Exclusion - Unmanned Aircraft	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
IUL100	(07/06) Expected or Intended Injury Exclusion		

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for 3.0000% of the total applicable premium for this risk. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:

SINGLE PAYMENT - The entire premium is invoiced immediately.

TWO PAYMENTS - 50% of the premium is invoiced immediately; the balance is invoiced approximately 5 months after inception.

THREE PAYMENTS - 40% of the premium is invoiced immediately; the balance is invoiced in two equal installments approximately 4 months and 7 months after inception.

FOUR PAYMENTS - 40% of the premium is invoiced immediately; the balance is invoiced in three equal installments approximately 4 months, 6 months, and 8 months after inception.

A detailed installment schedule will be included with the first invoice. An installment fee as noted on page 1 of this quote applies to each installment after the first.



Community Association Directors & Officers Liability Application

This application is for a Claims Made policy.

Applicant may qualify for an INSTANT QUOTE by completing Section I below. Section II answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant Quote is not available for accounts with losses in the past 5 years. If there is a loss history, please complete Section I. and submit details in a claim supplement

Applicant's Name: _____

Location Address: _____ ☐ Same as mailing address or complete section III.

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____

Type of Association:

- ☐ Residential Condo ☐ Homeowner ☐ Office/Industrial Park ☐ Cooperative ☐ Retail ☐ Master
☐ Mobile Home Park ☐ Planned Unit Development ☐ Property Owner ☐ Condo-Hotel ☐ Timeshare ☐ Townhome

Total number of units when construction is complete: _____ Number of employees: _____

Does the association have retail occupancy? ☐ Yes ☐ No

If "Yes", what percentage of units are retail? _____ % Square footage of largest retail establishment? _____

Percentage of the total anticipated units sold: _____ %

If applicant is a residential association, what is the average unit value: _____

II. DIRECTORS & OFFICERS UNDERWRITING INFORMATION

1. Does the builder/developer maintain representation on the board?

☐ Yes ☐ No
☐ Yes ☐ No

If "Yes", has control of the board been turned over to the association?

2. Are any units rented or leased by the Association or by individual unit owners?

☐ Yes ☐ No

If "Yes", what percentage of units are rented or leased? _____ %

Are any units short-term or vacation rentals?

☐ Yes ☐ No

3. Does the association own, maintain or have an affiliation with:

(a) A golf course, or country club

☐ Yes ☐ No
☐ Yes ☐ No

If "Yes", does the golf/country club have a separate board or is it separately managed?

(b) Water treatment facility?

☐ Yes ☐ No
☐ Yes ☐ No

(c) Airport/airstrip or sewage treatment facility?

4. Does the association have a negative fund balance?

☐ Yes ☐ No

5. Expiring Insurance Information: Carrier _____ Limits _____ Retention _____ Premium _____

(Attach a statement of details for all "yes" answers to the following questions)

6. Does any one person/entity own multiple units?

☐ Yes ☐ No

If "Yes", what is the greatest percentage of units owned by one person/entity? _____ %

7. Within the last 24 months have any of the following occurred:

a) Has the association completed a foreclosure sale against an owner?

☐ Yes ☐ No
☐ Yes ☐ No

b) Have there been any challenges to board elections, covenants or by-laws?

c) Has the board initiated litigation for reasons other than collection of dues or fees?

☐ Yes ☐ No

8. a) Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the applicant? If "Yes" complete USLI Claim Supplement for each claim

☐ Yes ☐ No

b) Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? If "Yes" complete USLI Claim Supplement for each claim

☐ Yes ☐ No

9. Has any Policy for Directors and Officers or Employment Practices Liability ever been cancelled or non-renewed? (Do not answer if applicant is located in Missouri)

☐ Yes ☐ No



III. OPTIONAL CRIME COVERAGE UNDERWRITING INFORMATION (For consideration of a separate loss sustained policy)

Organization Background

10. Has the association been in operation for more than two years? ☐ Yes ☐ No
11. Are there sources of income other than dues, assessments and investments? If Yes, please explain. ☐ Yes ☐ No

Insurance Information

12. Does the organization have Crime Coverage? ☐ Yes ☐ No
Carrier Name _____ Policy Period _____ Limits Carried _____
First year of continuous coverage _____ Premium _____ Deductible _____
13. Does the association have a property manager? ☐ Yes ☐ No
If Yes, does the property manager carry Insurance for Employee Theft? ☐ Yes ☐ No
If No, does the association segregate duties so no one person has access to or processes
an entire transaction? ☐ Yes ☐ No

Organization Operation Details

14. Does the association have an annual financial statement prepared? ☐ Yes ☐ No
15. Is the association's bank account(s) reconciled by someone other than the person also authorized to withdraw,
deposit or transfer funds? (e.g. quarterly, semi-annually, annually) ☐ Yes ☐ No
16. Do checks written by the association require a countersignature? ☐ Yes ☐ No

In excess of \$ _____

Claim Information

17. Within the past five years, have there been any incidents, occurrences or claims for theft, embezzlement, larceny,
robbery, unlawful taking or other forms of dishonesty involving the proposed Named Insured or any person
proposed for this insurance? If Yes, please advise by separate attachment ☐ Yes ☐ No
18. Is any person proposed for this Insurance aware of any fact, circumstance, or situation that may give rise to a claim
by other forms of dishonesty involving the proposed Named Insured or any person proposed for this insurance? ☐ Yes ☐ No
If Yes, please provide full details by separate attachment

IV. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____



Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Retail Agency Name: WORLD INSURANCE ASSOCIATES, LLC License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

Officer of the Board or Property Manager



Community Association Package Product Application

Applicant may qualify for an INSTANT QUOTE by completing Section I below. Section II answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past 5 years. If there is loss history, please complete Section I and submit details in a claims supplement.

Association Name: Windswept Pines Community Association Inc

Location Address: 111 Parrish Point Ln

☐ Same as mailing address

City: Moyock

State: NC

Zip: 27958

Web Address: _____

Type of Association:

☐ Residential Condo ☐ Homeowner ☐ Commercial/Retail ☐ Cooperative ☐ Master with sub-associations

☐ Mobile Home/RV Park ☐ Road/Lake Association ☐ Property Owner ☐ Condo-Hotel ☐ Timeshare/Interval

Number of Units: 72

Number of Employees: 0

Is there any commercial/retail occupancy?

☐ Yes ☒ No

If "Yes", # of retail units: _____

of commercial (office or warehouse) units: _____

Total area of commercial/retail space: _____ square feet

Who is responsible for the insurance and maintenance of the residential buildings?

☐ The Association or ☒ Individual Unit Owners

Does the Association own or maintain a pool?

☐ Yes ☒ No

If "Yes", confirm number of enclosed/fenced locations with pools. _____

Age of oldest building: _____ Maximum # of stories: _____

Are any units in the association available as rental units?

☐ Yes ☐ No

Are there any short-term rentals owned or managed by the Association?

☐ Yes ☒ No

What percentage of the units are occupied by student tenants? (not applicable in DC): _____

What percentage of units are sold? _____ % What is the average home/unit value? _____

Does any person/entity own multiple units?

☐ Yes ☒ No

If "Yes", what is the greatest percentage of units owned by one person/entity? _____

Amenities Section

Does the Association own or maintain any of the following amenities? If "Yes", confirm number of each:

☒ Yes ☐ No

Docks/Slips/Piers: _____ Privately Owned Beaches: _____ Lakes/Ponds (acres): 6

Fitness Center: _____ Streets/Roads (miles): _____ Sport Courts (type): _____

Open Space/Greenbelts (acres): _____ Playgrounds: _____ Clubhouse (square feet): _____

Walking/Equestrian Trails (miles): _____ Enclosed Parking Garages (square feet): _____

Property Section

Construction: ☒ Frame ☐ Joisted Masonry ☐ Other _____

Protection Class: 6 Building Limit: _____ Year Constructed: 2025 Square Footage: _____

Deductible: ☒ \$1,000 ☐ \$2,500 ☐ \$5,000

Blanket Agreed for Property Coverage other than Buildings, please choose one of the following Coinsurance options:

☒ 80% ☐ Agreed Amount Blanket Agreed Amount must be insured to 100% of the listed property value subject to a maximum total insured value of \$250,000 (not available in all states)

Please provide requested limits for the following property that is to be insured:

Business Personal Property: _____ Shed/Gazebo: \$0

Streets And Roads: \$0 Fence/Walls: \$5,000

Playground Equipment: \$0 Signs: \$5,000

Trees/Shrubs: \$5,000 Other Paved Surfaces: \$0

Canopy/Awning: \$0 Walkways: \$5,000

Outdoor Equipment: \$0 Irrigation/Sprinkler Systems: \$0

Pool/Spa/Jacuzzi: \$0 Lights/Poles: \$5,000

Other: _____

II. ELIGIBILITY CRITERIA

1. Does the Association have any prior, pending, or existing bankruptcy in the past 5 years? ☐ Yes ☒ No
2. Has any insurance policy in the name of the Association ever been canceled or non-renewed? ☐ Yes ☒ No
If "Yes", please explain: _____
3. Does the Association have an affiliation with, own or maintain any of the following:
- a) Golf course or country club? ☐ Yes ☐ No
If "Yes", does the golf course or country club have a separate board or is it separately managed? ☐ Yes ☐ No
- b) Water Treatment Facility? ☐ Yes ☐ No
- c) Airport/Airstrip or Sewage Treatment Facility? ☐ Yes ☒ No
4. Does the builder/developer/sponsor maintain representation on the board? ☐ Yes ☒ No
If "Yes", has control of the board been turned over to the Association? ☐ Yes ☐ No
5. Is there any ongoing conversion from apartments to condominiums? ☐ Yes ☐ No
6. Is membership in the Association voluntary? ☐ Yes ☐ No
7. If there is any commercial cooking, does the kitchen meet all NFPA 96 requirements? ☒ N/A ☐ Yes ☐ No
- Professional Liability**
8. Does the Association have a negative fund balance? ☐ Yes ☐ No
9. Within the last 24 months:
- a) Has the Association completed a foreclosure sale against an owner? ☐ Yes ☐ No
- b. Have any board elections been challenged? ☐ Yes ☐ No
- c. Has the board initiated litigation for reasons other than the collection of dues/fees? ☐ Yes ☐ No
10. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the applicant? ☐ Yes ☒ No
11. Is any person(s) proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its Directors, Officers, Trustees, Employees or Volunteers? ☐ Yes ☒ No
If "Yes" to question 10 or 11, Complete a USLI Claims Supplemental for each claim
12. Are more than 50% of the units rented or leased? ☐ Yes ☐ No
- General Liability**
13. Have there been any General Liability losses/claims in the past 3 years? (If yes, attach loss runs) ☐ Yes ☒ No
14. Does the Association obtain certificates of General Liability and Worker's Compensation coverage from all contractors? ☒ Yes ☐ No
15. If the applicant is responsible for the insurance or maintenance of the residential buildings, please answer the following:
- a) Is there any aluminum or knob & tube wiring? ☐ Yes ☐ No
- b) Is 100% of the wiring connected to functioning circuit breakers? ☒ Yes ☐ No
- c) Are there functioning smoke detectors and fire extinguishers in all common areas? ☐ Yes ☐ No
- d) If over 3 stories, is there a fully enclosed, fire-protected stairwell? ☒ N/A ☐ Yes ☐ No
- e) If over 7 stories, is the building 100% sprinklered? ☒ N/A ☐ Yes ☐ No
16. Are less than 50% of the units occupied? ☐ Yes ☐ No
17. Is the Association subject to any age restrictive covenants? ☐ Yes ☐ No
18. Is there use of the Association's recreational facilities by non-unit owners or the public? ☐ Yes ☐ No
19. Does the Association sponsor any athletic teams or hold sporting competitions on premises? ☐ Yes ☒ No
20. Does the Association have an affiliation with, own, maintain or contract for any of the following:
animal stables, bridges for vehicle use, day care, skiing/resort activities, fire/police/ambulance services, electricity generation or other utilities? ☐ Yes ☐ No
21. Does the Association own or maintain any undeveloped lots? ☐ Yes ☐ No
22. Are there more than 5 undeveloped lots (not owned or maintained by the Association)? ☐ Yes ☐ No
23. Are there plans for construction or development of any undeveloped lots (if applicable)? ☐ Yes ☐ No
24. Does the Association have any preventive measures including armed or unarmed security, manned or unmanned security gates, surveillance cameras, motion sensors, and alarm systems in place to monitor or guard access to their property? ☐ Yes ☐ No
25. If the Association is a Master Association, are all sub-associations required to carry their own insurance? ☐ Yes ☐ No
26. Are more than 90% of the units rented or leased? ☐ Yes ☐ No

Hired and Non Owned Auto Liability☐ Check if coverage is desired

- a) Does the Association own any automobiles or have a Business Automobile Policy in force? ☐ Yes ☐ No
- b) Does the Association regularly deliver goods or products? ☐ Yes ☐ No
- c) Does the Association require its employees to use their personal automobile to conduct the Association's business on a regular basis? ☐ Yes ☐ No

If the applicant answered "Yes" to having Amenities in Section I, please answer the following that apply:

27. If there is a pool, does the following apply for each pool: completely fenced with self-latching gate, depths clearly marked, rules clearly posted, life safety equipment readily available, and no diving boards or slides? ☐ Yes ☐ No
- If "Yes", does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No
28. If there is a fitness center, are rules posted requiring adult supervision and no professional services provided? ☐ Yes ☐ No
29. If there is a lake, pond or beach:
- a) Are there any bridges for vehicle use or dams? ☐ Yes ☒ No
- b) Is swimming permitted? ☐ Yes ☐ No
- If "Yes", does the following apply: rules are clearly posted, there are no diving boards or slides, there is life saving equipment present and the lake/beach is for use by the Association members only? ☐ N/A ☐ Yes ☐ No
- c) Does the Association own or rent any watercraft? ☐ Yes ☒ No
30. If there are any docks/slips/piers, please answer the following:
- a) Are there any commercial operations or docking of commercial vessels permitted? ☐ Yes ☐ No
- b) Are any marina services provided (fueling, dry boat storage/moorage, repair, sales, etc.)? ☐ Yes ☐ No
- c) Is there a charge or fee for access to the pier? ☐ N/A ☐ Yes ☐ No
- d) Does the Association own or rent any watercraft? ☐ Yes ☐ No
31. If there are any association-owned common buildings (i.e. clubhouse), does the following apply: All wiring connected to functioning circuit breakers, the entire building is protected by functioning smoke detectors, and no aluminum or knob & tube wiring? ☐ Yes ☐ No

Property

32. Have there been any Property Losses in the past three years? (If yes, attach loss runs) ☐ Yes ☒ No
33. If you own the building and it is older than 10 years, please complete the following:
Age of roof: _____ yrs. Plumbing Updated (yr) _____ Electrical Updated (yr) _____ Heating Updated (yr) _____
34. Roof Type: ☐ Flat ☐ Wood Shake ☐ Shingle ☐ Metal ☐ Tile ☐ Slate ☐ Other _____
35. Functioning and operational fire extinguishers, smoke and/or heat detectors in all common areas? ☐ Yes ☐ No
36. For any building built prior to 1978, 100% of the electrical wiring is connected to functioning and operational circuit breakers? ☒ N/A ☐ Yes ☐ No
37. For any building built prior to 1978, no aluminum or knob & tube wiring. ☒ N/A ☐ Yes ☐ No
38. If there is a restaurant, please answer the following: ☒ N/A
- a) Is there commercial cooking on the premises? ☐ Yes ☐ No
- b) Describe Cooking equipment used:
☐ Grills ☐ Open Flame ☐ Oven ☐ Deep Fat Fryers ☐ Charcoal Grill
- c) What type of extinguishing system is functioning and operational? ☐ Wet ☐ Dry
- d) Is there a cleaning contract in force with an outside firm? ☐ Yes ☐ No

III. ADDITIONAL APPLICANT INFORMATIONForm of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other _____

What year did the business start? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Property Manager/Firm Name: _____ Telephone/Email Address: _____

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Missouri Notice: Pursuant to Section IV, Paragraph R., some Defense Costs are within the Limit of Liability. Any Defense Costs paid under this coverage will reduce the available Limits of Insurance and may exhaust them completely. Defense Costs means reasonable and necessary legal fees and expenses incurred by the Company, or by any attorney designated by the Company to defend any Insured, resulting from the investigation, adjustment, defense and appeal of a Claim. Defense Costs includes other fees, costs, costs of attachment or similar bonds (without any obligation on the part of the Company to apply for or furnish such bonds), but does not include salaries, wages, overhead or benefits expenses of any Insured.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes and automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

Officer of the Board or Property Manager

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

NORTH CAROLINA WINDSTORM OR HAIL REJECTION

The undersigned policyholder or applicant acknowledges and understands that he/she has rejected coverage for the peril of windstorm or hail.

This rejection of coverage for these perils will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company or with any affiliated company.

This rejection of coverage for these perils is valid and binding on all insureds and persons claiming benefits under the policy/application.

The undersigned also acknowledges that the property is located in an area eligible for coverage for the peril of windstorm or hail from the North Carolina Insurance Underwriting Association. Failure by the undersigned to apply for or obtain coverage for the peril of windstorm or hail through the Association does not alter the rejection of this coverage in connection with the policy/application.

Name of Insured (Please Print)

Name of Agent (Please Print)

Insured Signature

Agent Signature

Date

Date

Policy/Application Number (if available)



business resource center



As a policyholder through USLI, you have access to many free and discounted services that will assist you in operating and growing your business through the Business Resource Center (BRC). Consider the following services and associated cost savings when deciding where to place your insurance!

Cybersecurity

- Complimentary access to eRiskHub®, a data breach prevention and response resource that will help you understand your exposure to a data breach and the importance of a response plan
- Best practice checklists for securing personal and payment card information, plus tips on protecting against cyberattacks

Background Checks and Screenings

- Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- Best practices for performing a background check
- Discounted tenant and drug screenings and motor vehicle reports (MVRs)

Disaster Preparation and Recovery

- Guidance on preparing for natural disasters and severe weather
- Business planning and recovery toolkit
- Sample incident reporting form and disaster loan assistance resource

Human Resources

- Free PeopleSystems' human resources consultation helpline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- Online library with information, forms and articles pertaining to human resources
- Discounted HR and payroll management system by PrimePoint
- Discounted employee workplace assessment by Talogy, previously PSI Caliper
- Resources for recruiting, interviewing and terminating employees

Marketing

- Resources marketing via email and social media, capturing leads and building surveys
- Free and discounted stock imagery sites and photo and video editing programs
- Discount stationery, signage, promotional items and gifts

Property Safety

- Free workplace safety and occupational health consultation
- Tips for building maintenance, fire prevention and water safety

Industry-specific Resources For:

- Health, wellness and sports
- Hospitality, food and beverage
- Nonprofits and social services
- Residential and rental properties
- Retail and professional services
- Youth services and child care
- ... and more!



Try our cost-savings calculator to see how much you could save!

ONLINE LEARNING

Need help training your new employees?

Properly preparing new employees can be time-consuming and expensive. We offer a variety of free and discounted industry-specific training and certifications to help you save time and money!

Topics include:

- Food manager and handler safety
- Liquor safety
- CPR, first aid and concussion
- Sexual harassment
- Leadership and professional development



For a full list of vendors, discounts and resources, visit bizresourcecenter.com.



Community Associations

The all-in-one policy designed for homeowner, townhome and residential condominium associations including directors and officers liability, employment practices liability, general liability, property insurance, umbrella policy, and crime policy.



Why does your Community Association need to purchase all of these coverages?

- ▶ Community associations are sued by their employees, committee members and volunteers
- ▶ Over 60 percent of the claims against these associations are related to non-monetary issues
- ▶ Community associations have an annual budget that is often less than the average cost to defend a claim closed by litigation
- ▶ Single dwelling homeowner associations require general liability and property coverage for common areas
- ▶ Many condominium and homeowner associations are looking for additional liability limits offered through our umbrella policy

Why choose USLI's Community Association Package:

- ▶ Maximize efficiency: One application, quote, underwriter, policy, renewal, and carrier for all claims, with one concurrent effective date

The following are important coverages to have in your policy. Check to make sure you have all of these features:

COVERAGE FEATURES	USLI	COMPETITORS
Manager/Management company automatically named as an additional insured		
Defense outside the limit of liability		
Non-monetary and breach of contract coverage offered under director's and officers liability		
No exclusion for libel, slander, or defamation under directors and officers liability		
Mental anguish and emotional distress included in the general liability definition of bodily injury		
No general liability deductible		
Property with an outdoor enhancement endorsement		
Umbrella policy excess of general liability, hired and non-owned auto and directors and officers liability		

Why choose to be insured with USLI?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine).

Insure your financial well-being with a stable company that will be there to pay your claim.





Why You Need Community Association Directors and Officers Professional Liability Insurance

Why is coverage necessary?

- ▶ As a member of the board of your community association, your personal assets are vulnerable based on your decisions and actions enforcing the governing documents, even long after you have left the board
- ▶ Over 60% of the claims against the board of a community association are related to non-monetary issues, can generate six-figure defense costs and persist over many years
- ▶ Community associations have an annual budget that is often less than the average cost to defend a claim closed by litigation – often beyond the ability of the board to assess members to cover!

What coverage are we offering?

COVERAGE FEATURES	USLI	COMPETITORS
Manager/Management company automatically named as an additional insured		
Defense outside the limit of liability		
Non-monetary and breach of contract coverage offered under directors and officers liability		
No exclusion for libel, slander or defamation under directors and officers liability		
Mental anguish and emotional distress included in the general liability definition of bodily injury		
No general liability deductible		
Property with an outdoor enhancement endorsement		
Umbrella policy excess of general liability, hired and non-owned auto and directors and officers liability		
Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses		
A.M. Best rated A ⁺⁺ carrier and a proud member of the Berkshire Hathaway Group		



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.

PRISTINE PONDS & WETLANDS, LLC

Service Reporting:

- Client will be provided with a monthly service report detailing the work performed under this contract. Updated photographs of the pond and fountains will also be included.

General Contract Information:

- Contractor is a licensed pesticide applicator in the state of Virginia, Delaware, and North Carolina.
- Contractor will have all required equipment to provide necessary services.
- Contractor will maintain general liability and workman's compensation insurance.
- All products used for treatment are EPA registered as safe and appropriate for use in aquatic areas and are being used according to their label.
- Contractor has been trained as a SePRO Preferred Applicator. The applicator has received extensive training and education in testing and treatment of water quality, as well as application of herbicides and algaecides.
- Contractor will complete treatments that are in compliance with NPDES and FIFRA standards. Contractor will also meet requirements set by the EPA.
- The client accepts that, although highly unlikely, there is always a slight risk of the occurrence of death of some fish and aquatic life. The client agrees not to hold the contractor at fault for any issues with fish or other aquatic life that may occur. All products will be used as labeled according to the manufacturer's recommendations.
- Payment for this contract is due on the 1st of each month.
- Contract will automatically renew annually at the end of the contract period for an additional three percent (3%) increase in the annual contract price, following the same terms of the current contract, unless either party gives written notice of cancellation thirty days prior to the termination date of contract.
- The client agrees to pay penalties and interest in the amount of 3% per month for all past due invoices in excess of 30 days past due from the due date as specified by the contract.

PRISTINE PONDS & WETLANDS, LLC

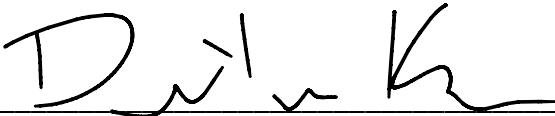
Windswept Pines Phase 3

Contract Price:

\$297.00 per month

\$3,564.00 total per 12 months

Contract Term: July 1, 2025 – June 30, 2026

Approved:  Pristine Ponds & Wetlands, LLC

_____ signature

_____ Print name and title

_____ Date

Jason Litteral

From: Mark Bissell <mark@bissellprofessionalgroup.com>
Sent: Thursday, July 17, 2025 4:18 PM
To: Jason Litteral
Cc: Dave Klebitz; Marcie Respass, Engineering Coordinator
Subject: [EXTERNAL] FW: [External] 4558 Windswept Pines Phase 3 Serial Number 24-00301

[CAUTION]: This email originated from outside of Currituck County's system. Do not click links or open attachments unless you verify that the attachment and contents are safe. Please report any suspicious emails or attachments to [support](#).

Jason,

This is what we got from the state; I meant for it to be included in the submittal package. Thanks for calling about it.

Mark S. Bissell, PE



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From: SVC_PWSSection.PlanReview <PWSSection.PlanReview@deq.nc.gov>
Sent: Wednesday, July 02, 2025 1:09 PM
To: Mark Bissell <mark@bissellprofessionalgroup.com>; ike.mcree@currituckcountync.gov
Cc: Dave Klebitz <davek@bissellprofessionalgroup.com>; Midgette, Jamie <jamie.midgette@deq.nc.gov>; Marcie Respass, Engineering Coordinator <admin@bissellprofessionalgroup.com>
Subject: RE: [External] 4558 Windswept Pines Phase 3 Serial Number 24-00301

Good afternoon,

Final Approval has been issued for project #24-00301 Windswept Pines Phase 3 for Currituck County Water System (NC0427010).

Melody Markert, E.I. (she/her)
Environmental Engineer, Plan Review Team
Chair, DEQ Sustainability Team
Division of Water Resources | Public Water Supply Section
North Carolina Department of Environmental Quality

Office: (919)-707-9104

melody.markert@deq.nc.gov



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