



Athlos Jefferson Parish

Special Finance Committee Meeting

Amended on December 9, 2021 at 2:51 PM CST

Date and Time

Thursday December 9, 2021 at 6:30 PM CST

Location

<https://zoom.us/j/93995682217>

Agenda

	Purpose	Presenter	Time
I. Opening Items			6:30 PM
A. Record Attendance		Harvey Wier	1 m
B. Call the Meeting to Order		Harvey Wier	
C. Approve Minutes	Approve Minutes	Harvey Wier	1 m
II. Discussion			6:32 PM
A. Revision to Policy 7108	Discuss	Jill Turgeon	5 m
Minor revision to Policy 7108- Cash Management and Investments, as per state requirement.			
B. Audit	Discuss	Ryan Webb	5 m
Presentation of information related to the annual audit.			
C. Roof decision	Discuss	Kyle Leybas	5 m
Discuss details surrounding the roof decision which needs to be made at the special board meeting later this evening.			
D. Vendor Insurance/Workmans Compensation Issue	Discuss	Kyle Leybas	5 m
Discuss recent findings related to insurance coverage by on of the school's vendors.			

	Purpose	Presenter	Time
E. Insurance Renewal	Discuss	Kyle Leybas	5 m
Information related to insurance renewal.			
III. Closing Items			6:57 PM
A. Adjourn Meeting	Vote	Harvey Wier	

Coversheet

Revision to Policy 7108

Section: II. Discussion
Item: A. Revision to Policy 7108
Purpose: Discuss
Submitted by:
Related Material: 7108 - Cash Management_Rev_12_9_21.docx



Cash Management and Investments Policy 7108

Business Operations

Adopted: 10/5/2016

Revised: 12/09/2021

I. PURPOSE

This policy outlines the laws, rules, and requirements associated with the investment of public dollars by the school. The school plans to comply with all state laws related to investment and to guarantee that investments meet certain primary criteria. This policy applies to all investments of surplus funds of the school, regardless of the fund accounts in which they are maintained.

II. DEFINITIONS

- A. Derivative: Any financial instrument created from or whose value depends on the value of one or more underlying assets or indexes of asset value.

III. POLICY

- A. The Lead School Administrator of the school, or their designee, will be designated as the investment officer for the school.
 - 1. The investment officer is responsible for investment decisions and activities under the direction of the Board.
 - 2. The investment officer shall operate the school investment program consistent with this policy.
 - 3. While the investment officer may delegate certain duties to a designee or designees, the investment officer shall remain responsible for the operation of the program.
- B. All officials and employees that are a part of the investment process shall act professionally and responsibly as custodians of the public trust, and shall refrain from personal business activity that could conflict with the investment program or which could reasonably cause others to question the process and integrity of the investment program.
- C. The investment officer shall exercise the degree of judgment and care, under the circumstances then prevailing, that persons of prudence, discretion, and intelligence would exercise in the judgment of their own affairs, investing not for speculation and considering the probable safety of their capital as well as the probable investment return to be derived from their assets.

D. The Governing Board shall authorize the investment officer to invest any surplus funds in accordance with relevant statute and the policies outlined in this policy.

1. Surplus funds are those that, in the determination of the investment advisor, are in excess of the immediate cash needs of the school.

E. The funds of the school shall be deposited or invested in accordance with this policy, Louisiana statutes, and any applicable state or federal law or administrative rule.

E.

1. Deposits are placed in an Insured Cash Sweep service

F. The primary criteria for the investment of the funds of Athlos Academy of Jefferson Parish, in priority order, are as follows:

1. *Safety and Security.* Safety of principal is the first priority. The investments of Athlos Academy of Jefferson Parish shall be undertaken in a manner that seeks to ensure the preservation of the capital in the overall investment portfolio.
2. *Liquidity.* The funds shall be invested to assure that funds are available to meet immediate payment requirements, including payroll, accounts payable, and debt service.
3. *Return and Yield.* The investments shall be managed in a manner to attain a market rate of return through various economic and budgetary cycles, while preserving and protecting the capital in the investment portfolio and taking into account constraints on risk and cash flow requirements.

G. The school may invest its funds according to:

1. The restrictions outlined in LA R.S. 33:2955(A) and
2. Any other law governing the investment of Athlos Academy of Jefferson Parish funds.
3. The school shall not invest in derivative instruments.

H. The investment officer shall invest funds according to the following practices:

1. Limitations on instruments, diversification, and maturity scheduling will depend on whether the funds being invested are considered short-term or long-term funds.

- a. All funds will normally be considered short-term except those reserved for building construction projects or specific future projects and any unreserved funds used to provide finance-related managerial flexibility for future fiscal years.
 2. The school will diversify its investments to avoid incurring unreasonable risks inherent in over-investing in specific instruments, individual financial institutions, or maturities.
 3. Investment maturities will be scheduled to coincide with projected school cash flow needs, taking into account large routine or scheduled expenditures, as well as anticipated receipt dates of anticipated revenues.
 4. Maturities for short-term and long-term investments will be timed according to anticipated need.
 5. Within the parameters of this section, portfolio maturities will be staggered to avoid undue concentration of assets and a specific maturity sector.
 6. The maturities selected will provide for stability of income and reasonable liquidity.
- I. The interest earned on any investments shall be credited to the fund from which the investment was acquired or it may be applied to the payment of the principal and interest of the outstanding bonded indebtedness of that fund.
 - J. At any time that may be advisable, the school may cash or liquidate any of the investments authorized in subsection G.
 1. The proceeds of any such liquidation shall be credited to the fund from which the authorized investments were originally purchased.
 - K. Athlos Academy of Jefferson Parish will abide by the following guidelines regarding qualified institutions and broker-dealers.
 1. The school shall ensure that all entities in which they invest in are approved under state rules.
 2. Prior to completing an initial transaction with a broker, the school shall provide to the broker a written statement of investment restrictions which shall include a provision that all future investments are to be made in accordance with Louisiana statutes governing the investment of public funds.
 3. The broker must annually acknowledge receipt of the statement of investment restrictions and agree to handle the school's accounts in accordance with these restrictions.

4. The school may not enter into a transaction with a broker until the broker has provided this annual agreement in writing to the school.
 - a. The notification form to be used shall be prepared by the State Auditor.
 5. A copy of this investment policy, including any amendments thereto, shall be provided to each such broker.
- L. All investment securities purchased by the school will be held in third-party safekeeping by an institution designated as custodial agent.
1. The custodial agent may be any federal reserve bank, any bank authorized under the laws of the United States or any state to exercise corporate trust powers, a primary reporting dealer in United States Government securities to the Federal Reserve Bank of New York, or a securities broker-dealer defined in LA RS 51:703.
 2. The institution or dealer will issue a safekeeping receipt to Athlos Academy of Jefferson Parish listing the specific instrument, the name of the issuer, the name in which the security is held, the rate, the maturity, serial numbers and other distinguishing marks, and other pertinent information.
 3. Deposit-type securities will be collateralized as required by LA RS 39:1221 for any amount exceeding FDIC, SAIF, BIF, FCUA, or other federal deposit coverage.
 4. Athlos Academy of Jefferson Parish shall utilize the quarterly Federal Financial Institutions Examination Council's (FFIEC) Uniform Bank Performance Review (UBPR) to select an institution in which to deposit funds.
 - 4.5. Repurchase agreements will be secured by the physical delivery or transfer against payment of the collateral securities to a third party or custodial agent for safekeeping.
 - a. Athlos Academy of Jefferson Parish may accept a safekeeping receipt instead of requiring physical delivery or third-party safekeeping of collateral on overnight repurchase agreements of less than \$1,000,000.
- M. The Board will annually designate one or more official depositories for Athlos Academy of Jefferson Parish funds.
1. The Investment office or Designee may also exercise the power of the Governing Board to designate a depository.

- a. The Board will be provided notice of any such designation at a regular meeting.

2. The school and the depository will each comply with the provisions of LA. R.S. 39:1211 *et. seq.* and any other applicable law, including any provisions relating to designation of a depository, qualifying institutions, depository bonds, and approval, deposit, assignment, substitution, addition, and withdrawal of collateral.

Legal References:

[LA. R.S. 39:1211 et. seq.](#) (*Local Depositories*)

[LA. R.S. 51:703](#) (*Registration of dealers, salesmen, and investment advisers and investment adviser representatives; surety bonds; records*)

[LA. R.S. 33:2955](#) (*Investments by political subdivisions*)

[Title 28 Education; Bulletin 126, Chapter 25](#)

Coversheet

Roof decision

Section:	II. Discussion
Item:	C. Roof decision
Purpose:	Discuss
Submitted by:	
Related Material:	Roof Update.pdf 21-2210.Report.pdf

Roof Update

- Gurtler Brother's report recommended a roof replacement (see previous board meeting with report)
- The insurance companies' recommendation was that the repairs already completed were sufficient and there was not a need for a replacement (see email from insurance provider)
- Result:
 - Insurance will not cover the cost of a roof replacement
 - If we choose to have a roof replacement FEMA may still potentially cover the cost. FEMA would need to send out an engineer/inspector as well to determine if there does indeed need to be a roof replacement as a result of the storm
 - There have been no signs of leaking or issues since Lincoln Builders completed the repairs in October

From: [Poteat, Kenneth](#)
To: [Kyle Leybas](#)
Cc: [Laura Bolduc](#); [Ashley Avery](#)
Subject: RE: Athlos Academy of Jefferson Parish; Hurricane Ida Claim; Roof Inspection
Date: Friday, November 19, 2021 10:25:22 AM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)

WARNING: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Kyle,

Mr. Avery with ABS has discussed his findings with me and will be providing a report in the coming few weeks. It will likely be 3 weeks according to Mr. Avery due to the holiday. I will update you as soon as I have his report in hand.

Mr. Avery did indicate to me verbally that he observed no damage from wind that had not already been repaired by Roofing Solutions. He also stated the repairs performed would not be considered temporary. Therefore, I do not anticipate his report and findings will be congruent with Gurtler's report.

Let me know if you have any questions for me as we await ABS's report.

Thanks,

Ken Poteat | National General Adjuster
4 Carriage Lane, Ste. 402 | Charleston, SC 29407
OFFICE 843-402-0216 | CELL 843-224-8119
EMAIL Ken.Poteat@sedgwick.com
www.sedgwick.com



From: Kyle Leybas <kleybas@athlosacademies.org>
Sent: Thursday, November 18, 2021 4:40 PM
To: Ashley Avery <aavery@appliedbuildingsciences.com>; Poteat, Kenneth <Ken.Poteat@sedgwick.com>
Cc: Laura Bolduc <lbolduc@appliedbuildingsciences.com>
Subject: RE: Athlos Academy of Jefferson Parish; Hurricane Ida Claim; Roof Inspection

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for coming out to our campus this week to take a look at the roof. Is there an estimated time frame of when the report will be available so we can determine next steps? Thank you.



Engineering and Inspections

622 City Park Avenue
New Orleans, LA 70119

(504) 486-8500
(504) 486-8777 Fax

www.gurtlerbros.com
inspections@gurtlerbros.com

- Home and Commercial Building Inspections
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- Engineering Services
- Construction Management

October 6, 2021

21-2210

Athlos Academy of Jefferson Parish
c/o Dr. Jordan Sanchez
by email: jsanchez@athlosjp.org

copy to Mr. Nicholas Berg
by email: nberg@reasonoverllc.com

Subject: 979 Behrman Hwy.
Terrytown, LA

At your request, we conducted an inspection of the subject property on October 5, 2021. We conducted this inspection specifically to determine the condition of the roof after damages were sustained due to Hurricane Ida. To perform this inspection, we utilized a drone with an infrared camera and have included that report as a separate attachment. During this visual inspection, we walked the school building and the roof surfaces with Mr. Norman Bijou, Facilities Manager. During this inspection, we utilized a non-intrusive moisture meter to verify moisture under the roof surfaces and plotted those readings on a report from IMGIMG, a copy of which is attached.

We made the following observations.

This report is the expressed opinion of this company only and is not intended to bind any party to make any repairs or replacements. This report includes only the visible elements and conditions and does not purport to cover inaccessible areas or hidden damages.

The "front," "rear," "left," and "right" designations in this report refer to the property as you are facing it with your back to Behrman Highway.

1. General Description and Background Information

The subject property is a school. Mr. Bijou reports that the school is about 3 years old and that he and a supervisor were the first of the staff to return to the school after the storm event. The school was out of power for more than a week. Significant water intrusion was noted in numerous areas of the building and significant roofing debris was found on the ground around the school. He reported that no photos of the roofing debris were taken.



Same.

We have included a separate report from IMGIMG showing locations where we took moisture readings with our non-intrusive detector and what the results are. Clearly there is wide-spread moisture under the roof surfaces throughout the building.

3. Conclusions and Summary

The TPO roofs were subjected to wind loads that they were not able to handle causing the roof surfaces to lose their adhesion to the surfaces below. The roofing manufacturer will confirm that the roofs have failed and will no longer carry any warranty. The failure of the adhesives cannot be repaired without removal and replacement of the roof itself.

After the failure of the adhesives, the roof displaced causing rippling effects in the TPO surface and causing some of the seams to separate, particularly around the air handling units. These are on-going sources of leakage every time there is a rain event. As a temporary repair, new TPO material can be heat-welded on top of the folded materials with the broken seams to eliminate the current water intrusion. This repair method will not restore the adhesion of the original roof to the original subdecking and is not a permanent repair. This repair will allow the school to minimize or stop the water intrusion so that school can resume.

There is a significant amount of water under the roof surfaces. The only way to remove this moisture is to remove the roofing materials and replace the subdecking. Failure to replace the water damaged subdecking will result in mold growth and eventual contamination of the indoor air quality of the building.

Considerable water entered the building through wind-created openings in the roof. The EPA guidelines for remediation after a moisture intrusion event indicate that any absorbent materials (sheetrock, insulation, acoustical tiles, carpets and any cabinet frames) must be removed and replaced, any semi-absorbent materials (wood framing and plywood) must be dried, cleaned and sealed with an anti-fungicidal treatment and any non-absorbent materials must be cleaned.

We reserve the right to amend our report as additional information becomes available.

If you have any questions regarding this report or need further assistance, please call. This report is an instrument of professional service and is the property of Gurtler Bros. Consultants, Inc. This report is strictly and solely a professional opinion of the subject property based on the observations made on the day of our inspection.

Any third party use of this report is prohibited. The scope of this report is limited to the above items. This report does not include environmental aspects or building code compliance.

Yours very truly,

GURTLER BROS. CONSULTANTS, INC.



Michael K. A. Gurtler
President

Louisiana State Contractors License #30228

Coversheet

Vendor Insurance/Workmans Compensation Issue

Section: II. Discussion
Item: D. Vendor Insurance/Workmans Compensation Issue
Purpose: Discuss
Submitted by:
Related Material: Workers Comp Audit.pdf

Transportation

- Upon doing an audit Transline was found to be without proper workman's comp. and liability insurance. They have since rectified the situation and have provided the school with current liability and workman's comp insurance.
- Due to the finding the school has a liability to pay \$30K to cover the difference (see email)
- Options
 - The school absorbs the cost
 - The school has Transline pay the cost outright
 - The school works an agreement with Transline to recoup the cost over a period of time
 - The school severs ties with Transline and goes to RFP to find an alternate transportation company



Member of Great American Insurance Group

SUMMIT MANAGES

*RetailFirst Insurance Company
BusinessFirst Insurance Company
Retailers Casualty Insurance Company
Bridgefield Casualty Insurance Company
Bridgefield Employers Insurance Company*

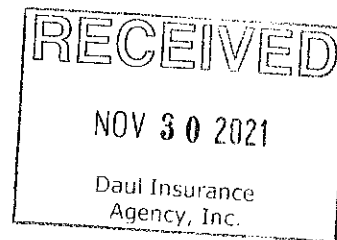
www.summitholdings.com

November 23, 2021

Terri Vincent
Athlos Academy of Jefferson Parish
979 Behrman Hwy
Terrytown, LA 70056

RE: RCIC #999-11219

Dear Terri Vincent:



Enclosed are the results of the premium audit that was recently completed for your workers' compensation coverage through Retailers Casualty Insurance Company.

Please refer to the attached Premium Summary Statement(s) for policy period and premium information. An invoice will be mailed to you under separate cover and will provide you with the amount of difference between premium already paid and premium due as a result of this audit.

If you have any questions regarding this information, please contact our Customer Service department at 1-800-282-7648.

Questions regarding the audited payroll can be directed to the Premium Audit Reconciliation unit at 1-800-282-7648.

Thank you,

Summit Premium Audit department

Enclosure(s)

cc: USI Insurance Services LLC - 5662
Daniel W. Goynes
P O Box 278
Gretna, LA 70054

www.summitholdings.com

Summit's loss prevention services are advisory only. We assume no responsibility for management or control of customer safety activities nor for implementation of recommended corrective measures. This report is based on information supplied by the customer and observations of conditions and practices during our visit(s). We have not tried to identify all hazards. We do not warrant that requirements of any federal, state, or local law, regulation or ordinance have or have not been met. We disclaim any liability for legal action that may arise out of our loss prevention services. Contact your attorney if you have any questions about the applicability of this information provided to your business and its legal ramifications.

Workers' Compensation Premium Audit Summary

This summary details the results of your policy's recent premium audit.



Policy Number: 999 - 11219
Audit Date: 11/10/21
Prepared Date: 11/22/21

Contact Us

Customer Care: 1-800-282-7648
Review Policy/Make a Payment: www.summitholdings.com
Agency: USI Insurance Services LLC
Agency Phone: 504-362-0667

Athlos Academy of Jefferson Parish
979 Behrman Hwy
Terrytown, LA 70056

The audit for this policy term has been completed. The results are as follows:

Unit	State	Policy Term	Description	Audited Premium	Payments/Credits Applied	Audit Results
LA		08/03/2020 - 08/03/2021	Workers' Comp Premium Audit	\$102,371.68	\$52,578.27	\$49,793.41

The figures below reflect what was reported/estimated compared to audited results:

(Manual premium is based on payroll multiplied by the rate. It is calculated prior to experience mods, credits and other adjustments being applied, and may vary from total audited or billed premium.)

Unit	Reported Payroll	Audited Payroll	Payroll Difference	Estimated Manual Premium	Audited Manual Premium	Manual Premium Difference
	\$5,338,101.00	\$6,345,923.00	\$1,007,822.00	\$32,377.44	\$64,109.13	\$31,731.69*

THIS IS NOT A BILL

Any pending payments or credits are not included in this summary. Your next invoice will reflect the amount due or eligible refund.

Please see enclosed for audited payroll and premium results. For details of reported payroll by class code, your Audit Details are available on our website at summitholdings.com with a valid login.

*The premium difference does not reflect the balance owed or due on your policy.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 89 06 00 B

(Ed. 7-01)

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

Item 4. * Class, Rate, Other (WC 89 04 15)

is changed to read:

See Extension of Endorsement

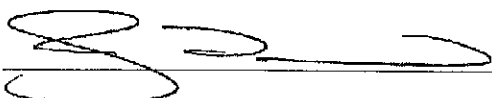
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: November 22, 2021

Carrier: Retailers Casualty Insurance Company

Effective Date of Endorsement: August 3, 2020

Policy Number: 999-11219

Countersigned by: 

Insured: Athlos Academy of Jefferson Parish

WC 89 06 00 B (Ed. 7-01)

EXTENSION OF ENDORSEMENT WC 89 04 15 - ITEM 4

CARRIER: Retailers Casualty Insurance Company
 P.O. Box 80439
 Baton Rouge, LA 70898-0000
 (800)282-7648

AGENCY: USI Insurance Services LLC - 5662
 P O Box 278
 Gretna, LA 70054
 (504)362-0667

INSURED: Athlos Academy of Jefferson Parish
DBA:
 979 Behrman Hwy
 Terrytown, LA 70056

POLICY NUMBER: 999 - 11219 0000
POLICY PERIOD: 08/03/20 - 08/03/21 12:01 AM
Cancel on: 08/03/21

AUDITED

CODE NO.	CLASSIFICATIONS	PREMIUM BASIS: Total Estimated Annual Remuneration	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
8868	COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	5,417,709.00	.51	27,630.32
9101	COLLEGE: ALL OTHER EMPLOYEES	928,214.00	3.93	36,478.81
	Total Manual Premium			64,109.13
	Increased Employers Liability 1,000,000/1,000,000/1,000,000			897.53
				<u>65,006.66</u>
	Experience Mod			1.39
	Total Modified Premium			90,359.26
	Schedule Rating Debit-25%			<u>22,589.82</u>
	Standard Premium			112,949.08
	Discount			<u>-11,986.58</u>
				100,962.50
	Expense Constant			140.00
	Terrorism			634.59
	Catastrophe Charge			634.59
	Total Cost			102,371.68

Minimum Premium: \$533.00

TOTAL COST IS SHOWN ON THE LAST PAGE OF THIS EXTENSION

gzm

Date Prepared: 11/22/21
 WC 89 04 15 - ITEM 4

Time Prepared: 10:29 AM

Coversheet

Insurance Renewal

Section:	II. Discussion
Item:	E. Insurance Renewal
Purpose:	Discuss
Submitted by:	
Related Material:	Building Insurance.pdf

Building Insurance

- Given two insurance quotes
 - Premium - \$367,499.25 (increase of \$248,277.46)
 - Windstorm - covered up to \$5,000,000
 - 5% Deductible
 - Premium - \$64,655.75
 - X-wind damage
 - 5% deductible
- Options
 - Insurance with wind damage
 - Insurance without wind damage
 - Self-insured



*ATHLOS ACADEMY OF JEFFERSON
PARISH*

Proposal for
Commercial Property Coverage
12/13/2021 – 12/13/2022

979 Behrman Hwy
Terrytown, LA 70056

Date Proposed:
December 8, 2021

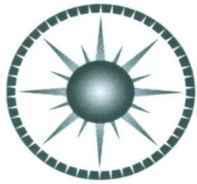
PRESENTED BY:

Ryan Daul, MBA, CPCU, ANFI, ARM

Daul Insurance Agency, Inc.
PO Box 278
Gretna, LA 70054

Phone: (504)362-0667
Fax: (504)362-0699
Email Address: Ryan@daulinsurance.com

Post Office Box 278 | Gretna, Louisiana 70054
Telephone: 504.362.0667 | Fax: 504.362.0699 | www.daulinsurance.com



Daul Insurance Agency, Inc.

Introduction

We, at Daul Insurance Agency, would like to thank you for the opportunity to fulfill your insurance needs. We value the chance to serve clients such as you.

In an attempt to deliver the most competitive insurance program that the insurance market has to offer. We have approached multiple companies using the information that you have provided. The attached proposal represents the most competitively priced coverage (that we have received as of this date) based on a careful analysis of the risks unique to you and your company. To this end, we have prepared a sound, competitively priced, insurance proposal for your review.

Please note that our agency is a full-service agency we are pleased to offer all lines of commercial insurance including: Health Insurance, Bonds, Auto, Property, Professional Liability, Marine Liability, Workers Compensation, Flood Insurance, and much more.

We appreciate the opportunity to provide this important service to your company and we hope that this proposal will meet with your approval and we can continue to help you manage the risk associated with your business.

Your Contacts at Daul Insurance Agency

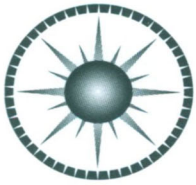
Producer: Ryan Daul, MBA, CPCU, ANFI, ARM

ryan@daulinsurance.com

Service Contact: Devin Arocha, AINS, AIS

devin@daulinsurance.com

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Resources

Claims Management

At Daul Insurance Agency, we take an active role in the management of your claims. Our Service Team is committed to assuring you receive prompt and fair treatment for any claim involving coverage extended by our agency, to you or your company.

Loss Control/Risk Management

A successful Loss Control/Risk Management Program is based on a successful partnership among **Daul Insurance Agency**, you and your insurance carrier. As a team, all parties must work together to protect you, your business, your assets and to prevent future loss.

We will provide you with technical advice, resources, and assistance in developing, improving and monitoring an effective Loss Control/Risk Management program by:

- Reviewing your current Loss Control/Risk Management program;
- Analyzing loss data to identify specific areas which generate the greatest claim frequency;
- Reviewing your current environment and operations, including your physical assets, personnel practices, and organization of management;
- Conducting visits to all locations to develop a risk profile and to define management and insurance carrier responsibilities;
- Developing, improving, and implementing a Loss Control/Risk Management program with a written plan of expectations. (This program will be consistent with your management style and easily implemented);
- Establishing a meeting schedule to review and discuss safety and loss analysis reports with management and/or staff as required by your insurance carrier.

Employee Benefits

Daul Insurance Agency offers a full range of Employee Benefits that may be tailored to fit the needs of your company. With access to virtually all the major benefit companies in the US, we have the resources; knowledge and experience to help customize your benefits program to include any or all the following:

Medical – Health Care

Dental Coverage

Life Insurance

Long and Short-Term Disability

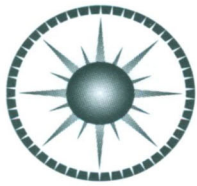
Group Retirement Plans

401K

Pension and/or Profit Sharing

Daul Insurance Agency also has the experience to advise and administer both fully insured and partially self-insured plans.

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Line of Business

Coverage	Commercial Property
Policy Term	12/13/2021 – 12/13/2022
Carrier	Starr Surplus Lines Insurance Company, AM Best Rated A (Excellent) XV

Location

Loc #	Bldg #	Address	Description
00001	00001	979 Behrman Hwy Terrytown, LA 70056	Charter School

Property

Commercial Property Conditions and Exclusions Coverage for Building is written on Replacement Cost Value basis. Actual Cash Value is replacement cost less depreciation. Under the terms of the Insurance Policy, which is a binding legal contract, it is the Insured's responsibility to advise the agency of all changes in condition or value. Flood and Earthquake are not covered losses. Please contact our office to discuss these coverages. Damage caused by back-up of sewers or drains is not covered, as quoted. Coverage is available at an additional premium. Please contact our office for details. Exclusions within the policy suspend coverage for vacancy or change of occupancy. If occupancy of the covered building changes, or the building becomes vacant, please contact our office.

Buildings Building coverage provides protection for permanent structures listed in the policy. Completed additions, permanently installed fixtures, machinery and equipment, outdoor fixtures, owned personal property used to service, repair or maintain the building and additions under construction or repair are all included in this definition.

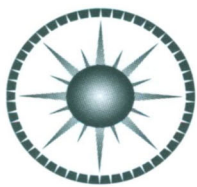
Co-Insurance A policy may contain a coinsurance clause requiring that the limit of coverage be a minimum percentage (usually 80%) of the insurable value of your property. If the amount of insurance carried is less than what is required by this clause, any claim payment may be reduced by the same percentage as the deficiency. For example, covered property worth \$100,000 may require a minimum of 80%, or \$80,000, of coverage for compliance with the policy's coinsurance requirement. If only \$60,000 of coverage is carried (25% less than the required \$80,000), then any loss payment would be reduced by 25%.

Deductible A policy may include a deductible in its provisions. This limit is the amount that will be deducted from any payment made to you because of a covered loss.

Business Personal Property This coverage protects personal property owned by your firm and used in your operations. Furniture and fixtures, equipment and machinery, raw stock, and finished goods all fall within this category. Personal property of others while located in your covered building or within 100 feet of the premises is insured. Contents located off premises are not covered and must be insured by alternate methods.

Cause of Loss Form Provided: Special Causes of Loss This coverage will protect covered property against direct loss arising from any cause not specifically excluded. The advantage of this form is that the insurance company must prove that a loss is specifically excluded in order to deny coverage under the policy.

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Property Subject of Insurance

Coverage	Limit
Total Insurable Value	\$ 24,465,927
Named Windstorm	\$ 5,000,000
All Other Perils Deductible	\$ 10,000
Named Storm Deductible	5%; \$100,000 Minimum
All Other Wind & Hail Deductible	\$ 100,000
Business Income Limitation	1/12 Monthly
Cause of Loss	Special Form
Coinsurance Clause	NIL
Valuation	Replacement Cost
Business Income Valuation	Actual Loss Sustained

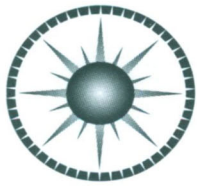
Boiler and Machinery Subject of Insurance

Coverage	Limit
Boiler and Machinery Limit	Included
Ammonia Contamination Sublimit	\$ 100,000
Consequential Damage Sublimit	\$ 100,000
Expediting Expenses Sublimit	\$ 100,000
Hazardous Substances Sublimit	\$ 100,000
Water Damage Sublimit	\$ 100,000

Property Enhancements Subject of Insurance

Coverage	Limit
Accounts Receivable	\$ 1,000,000
Course of Construction	\$ 500,000
Debris Removal	The Greater of 25% of Adjusted Direct Property Loss or \$2,500,000
Electronic Data Processing	\$ 250,000
Extra Expense	\$ 500,000
Fine Arts	\$ 100,000
Fire and Police Departments Service Charges	\$ 25,000

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Property Enhancements Subject of Insurance – Continued

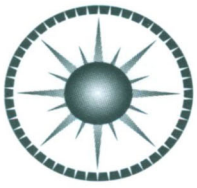
Coverage	Limit
Increased Cost of Construction, Demolition	\$ 1,000,000
Increased Cost of Construction, Demolition (Undamaged Portion)	Included
Leasehold Interest	\$ 250,000
Leased or Rented Equipment	\$ 50,000
Mobile Equipment	\$ 50,000 Aggregate \$ 10,000 Max Per Item
Miscellaneous Unnamed Locations	\$ 50,000
Newly Acquired Locations	\$ 1,000,000
Pollution and Contamination Cleanup	\$ 50,000 Per Occ. & in the Annual Aggregate
Temporary Removal of Property	\$ 50,000
Signs	\$ 50,000
Spoilage	\$ 100,000
Transit	\$ 50,000
Trees and Shrubs	\$ 25,000 Aggregate \$ 1,000 Per Tree or Shrub
Valuable Papers and Records	\$ 500,000

Time Limits

Coverage	Limit
Civil and Military Authority	14 Consecutive Days
Ingress/Egress	14 Consecutive Days
Newly Acquired Locations	60 Consecutive Days
Extended Period of Liability	No Coverage

* No Coverage is Provided by this Policy Beyond the Corresponding Time Limits Specified Above.

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.

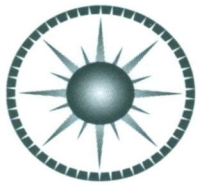


Daul Insurance Agency, Inc.

Forms and Endorsements

Common Policy Conditions - IL 00 17 11 98
 Commercial Property Conditions - CP 00 90 07 88
 (OFAC) Advisory Notice to Policyholders - IL P 001 01 04
 Accounts Receivable Endorsement - PR 006 (02/12)
 Agreed Amount Endorsement (Business Interruption) - PR 007 (02/12)
 Agreed Amount Endorsement (Property) - PR 008 (02/12)
 Biological Chemical Or Nuclear Exclusion -
 Boiler and Machinery Endorsement - PR 012 (07/13)
 Course of Construction Endorsement - PR 018 (02/12)
 Data Distortion/Corruption Endorsement Covers Subsequent Damage from Named Perils and B&M - PR 020 (02/12)
 Demolition and Increased Cost of Construction - PR 034 (04/21)
 Electronic Data Processing Endorsement - PR 023 (02/12)
 Electronic Date Recognition Clause Endorsement(Combined) - PR 024 (02/12)
 Extra Expense Endorsement - PR 028 (02/12)
 Fire and Police Department Service Charges Endt - PR 029 (02/12)
 Fine Arts Endorsement - PR 030 (11/16)
 Ingress/Egress Endorsement - PR 035 (02/12)
 Leasehold Interest Endorsement - PR 037 (02/12)
 Minimum Earned Premium Endorsement
 Mobile Equipment Endorsement - PR 041 (11/16)
 Named Windstorm Definition - PR 042 (11/16)
 Newly Acquired Locations Endorsement - PR 043 (11/16)
 Occurrence Limit of Liability Endorsement - PR 044 (02/12)
 Off Premises Power Endorsement - PR 045 (02/12)
 Pollution and Contamination Clean-Up Endorsement - PR 049 (02/12)
 Replacement Cost Endorsement - PR054 (02/12)
 Roof Limitation Endorsement
 Schedule of Locations Endorsement - PR 056 (09/14)
 Temporary Removal of Property Endorsement - PR 059 (02/12)
 Terrorism Exclusion (For Certified Acts of Terrorism Under the Terrorism Risk Insurance Act, as amended) # 61330 (01/15)
 Total Terrorism Exclusion - # 61331 (01/15)
 Terrorism Exclusion (Except for Certified Acts of Terrorism Under the Terrorism Risk Insurance Act, as amended)- #61332 (01/15)
 Terrorism Risk Insurance Act, as amended, Cap on Losses Endorsement - # 61333 (01/15)
 Trade or Economic Sanctions Endorsement - PR 067 (02/12)
 Transit Endorsement - PR 064 (07/13)
 Vacant Property Endorsement - PR 099 (05/21)
 Valuable Papers and Records Endorsement - PR 066 (07/13)
 War and Terrorism Exclusion (as respects transit) - NMA2918
 Radioactive Contamination Exclusion Clause
 Service of Suit- SSIL-0005
 Application of Sublimits Endorsement
 Pre-Existing Damages Exclusion
 Communicable Disease Exclusion- Starr 4/20
 Appendix A - New Madrid Seismic Zone PR073 (02/12)
 Appendix B - Pacific Northwest Seismic Zone PR074 (02/12)
 Standard Exclusions: Asbestos, Authorities, Mold, political Risks as specified in Property Coverage Form - General Conditions PR002 (11 /16)

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Quote Is Subject To

Coverages and/or Extensions of Coverage not specifically mentioned, even though they may be outlined in your submission, are not included.

30% Minimum Earned Premium.

Premium to be paid in full within 201 days of inception.

Business Interruption coverage shall only apply to those locations where Business Interruption values have been declared.

72 Hour Occurrence Definition applies to WIND, FLOOD, EARTH MOVEMENT, Riot, Riot attending a strike, civil commotion and vandalism and malicious mischief.

Owned electrical transmission and distribution lines and their supporting structures located beyond 1,000 feet from any Insured premises are excluded.

Signed Statement of Property Values to be provided within 30 days of effective date.

Completed BI Worksheet within 30 days.

Should this quotation be accepted, the Company will authorize BROKER to issue Certificates of Insurance for the policy issued by the Company solely as a matter of convenience or information for the addressee (s) or holder(s) of said Certificate of Insurance. Any policy issued by this Company may only be amended by an endorsement issued by the Company.

TRIA Forms due within 15 days of binding or Insured will be billed for Terrorism.

Earth Movement and Flood Are Not Covered.

Property Premium

	2020-2021 Expiring	2021 - 2022 Renewal	Difference
Property Premium	\$ 113,207.00	\$ 350,000.00	\$ 236,793.00
Policy Fee	\$ 500.00	\$ 500.00	\$ 0.00
State Tax	\$ 5,514.79	\$ 16,999.25	\$ 11,484.46
Total Premium	\$ 119,221.79	\$ 367,499.25	\$ 248,277.46

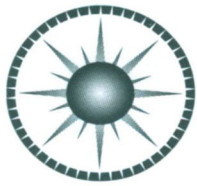
Optional Coverage: The premium above does not include Terrorism coverage. Terrorism coverage is available only at renewal/inception for an additional premium (100% Fully Earned Premium). Please indicate on the attached Policyholder Disclosure Notice of Terrorism Insurance Coverage form if you elect or decline to purchase the Terrorism coverage.

Signature of Insured

Date

	2021-2022 X-wind Option
Property Premium	\$ 61,165.00
Policy Fee	\$ 500.00
State Tax	\$ 2,990.75
Total Premium	\$ 64,655.75
Initial to Bind	

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.

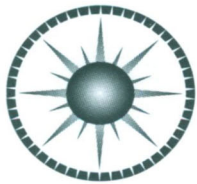


Daul Insurance Agency, Inc.

Marketing List

Company	Premium	Notes	Other Info.
Starr Surplus	Premium \$ 350,000.00		
	Fees \$ 500.00		
	Taxes \$ 16,999.25		
	Total \$ 367,499.25		
Bell & Clements			Indicated - \$185k plus fees/tax (wind/hail only) Indicated - \$190k plus tax/fees (\$2.5M primary)
Ace/Winchester		X	Declined – Too Large
Alesco			only felt they could consider 2.5m-5m limits, but higher rate then Starr
Avondale		X	Declined – not writing any new business in LA
Axis			only felt they could consider 2.5m-5m limits, but higher rate then Starr
RSUI		X	not writing wind in Tier 1, indicated \$50k for 2.5m primary property excluding wind
James River		X	Declined - excess only market
One Beacon		X	Declined – not writing named storm in Tier 1
Hallmark		X	Declined – only writing risk (on Excess) with TIV of \$25m or more
Kinsale		X	only able to consider 5m x 10m
Balance		X	Declined
RLI/Mt Hawley		X	Declined – Construction
Munich Re		X	Declined – Construction
Dual		X	Declined – Construction
Aspen		X	Declined – EFIS
ICAT		X	Declined – EFIS
SOMPO		X	Declined – Open loss
Beazley		X	Declined – Construction

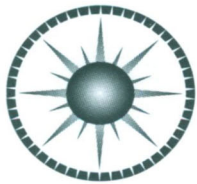
This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Ventus		X	Declined – Construction
THB		X	Declined – Can't Compete
Equinox		X	Declined – EFIS
Amrisc		X	Declined – EFIS
Core/Starstone		X	Declined – Can't Compete
Velocity		X	Declined – Can't Compete
Great American		X	Declined – Can't Compete
Lloyds		X	Declined – Can't Compete
Axis		X	Declined – Can't Compete
Core/Specialty		X	Declined – Can't Compete

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Daul Insurance Agency, Inc.

Proposal Disclaimer

Insurance with Unlicensed Companies

Our proposal utilizes coverage's to be written by a non-admitted company. The company is on the Louisiana Insurance Department's current list of approved surplus lines companies. Even though the company is on the approved surplus lines list, in the event the company becomes insolvent, the provisions of the Louisiana Insurance Guaranty Association would not apply to that company.

The Louisiana Insurance Guaranty Association exists and functions to provide a mechanism for the payment of claims under certain insurance policies in order to avoid excessive delays in payment and to avoid financial loss to claimants or policyholders because of the insolvency of the licensed insurer.

If you wish to proceed to have your insurance coverages placed through the surplus lines company we have indicated, we are requesting that the following indemnification and hold harmless agreement be signed and dated.

Surplus Lines Insurance Company Hold Harmless & Indemnification Agreement

The undersigned hereby acknowledges that he has instructed Daul Insurance Agency, Inc. to place insurance coverage's with certain surplus lines insurance company/companies and understands that the insurance coverage's written are not subject to the protections and benefits of the Louisiana Insurance Guaranty Association. The undersigned holds Daul Insurance Agency, Inc., its agents, employees, etc. harmless for all damages, direct or indirect, arising out of the failure of the surplus lines insurance company to fulfill any of its obligations at any time and in any matter whatsoever.

Signature of Insured

Signature of Agent

Date

Date

This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



Doug Matthews
646-227-6370
Starr Specialty Lines Insurance Agency, LLC
399 Park Avenue- 2 MZ
New York, NY 10022

QUOTATION

NAMED INSURED: Athlos Academy of Jefferson Parish

Page 10 of 11

**POLICYHOLDER DISCLOSURE STATEMENT
UNDER
TERRORISM RISK INSURANCE ACT, AS AMENDED**

You are hereby notified that under the federal Terrorism Risk Insurance Act of 2002, as amended (the "Act"), you now have a right to purchase insurance coverage for losses arising out of an Act of Terrorism, which is defined in the Act as an act certified by the Secretary of the Treasury in consultation with the Secretary of Homeland Security and the Attorney General of the United States (i) to be an act of terrorism, (ii) to be a violent act or an act that is dangerous to (A) human life; (B) property or (C) infrastructure, (iii) to have resulted in damage within the United States, or outside of the United States in case of an air carrier or vessel or the premises of a U.S. mission and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. You should read the Act for the definition of an "Act of Terrorism" and other terms of the Act. The Secretary's decision to certify or not to certify an event as an Act of Terrorism and thus encompassed by this law is final and not subject to review. Coverage is subject to all policy exclusions (including nuclear hazard and war exclusions) and other policy provisions.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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, COVERAGE MAY BE REDUCED.

For your information, coverage provided by this policy for losses caused by an Act of Terrorism may be partially reimbursed by the United States under a formula established by the Act. Under this formula, the United States pays an 80% share of terrorism losses covered by this law exceeding a statutorily established deductible that must be met by the insurer. This deductible is based on a percentage of the insurer's direct earned premiums for the year preceding the Act of Terrorism.

Unless you reject coverage under the Act by so indicating below and returning this Policyholder Disclosure statement to us, you will have accepted Terrorism coverage under the Act.

Please indicate your selection below.

_____ I hereby elect to purchase coverage in accordance with the Act.

_____ I hereby reject coverage and accept the exclusion in accordance with the Act.

Signature of Insured

Date:

Print Name/Title



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
10/27/2021

AGENCY Daul Insurance Agency Inc PO Box 278 Gretna LA 70054	CARRIER AAO NAIC CODE COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER 21-22 PROP SUBMISSION
CONTACT NAME: Devin Arocha PHONE (A/C, No, Ext): (504) 362-0667 FAX (A/C, No): (504) 362-0699 E-MAIL ADDRESS: devin@daulinsurance.com CODE: SUBCODE: AGENCY CUSTOMER ID: 00004431	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> CANCEL 10/14/2020 12:01 <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 10/14/2020	PROPOSED EXP DATE 12/14/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN Premium Finance	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Athlos Academy of Jefferson Parish 979 Behrman Hwy Terrytown LA 70056				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: (908)328-6675			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) R.J Jefferson Parish I, LLC				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

AGENCY CUSTOMER ID: 00004431

CONTACT INFORMATION

CONTACT TYPE: Accounting Records		CONTACT TYPE: Inspection	
CONTACT NAME: Harvey Wier		CONTACT NAME: Harvey Wier	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (908) 328-6675	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (908) 328-6675
PRIMARY E-MAIL ADDRESS: hwier@athlosjp.org		PRIMARY E-MAIL ADDRESS: hwier@athlosjp.org	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	979 Berhman Hwy	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: Terrytown STATE: LA			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: ZIP: 70056				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
1	979 Berhman Hwy	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: Terrytown STATE: LA			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: ZIP: 70056				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
1		<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
1		<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

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

DESCRIPTION OF PRIMARY OPERATIONS

Charter School

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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

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

AGENCY CUSTOMER ID: 00004431

GENERAL INFORMATION

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

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Starr Surplus Lines	
	POLICY NUMBER			SLSTPTY11229619	
	PREMIUM	\$	\$	\$ 104,000.00	\$
	EFFECTIVE DATE			10/14/2019	
	EXPIRATION DATE			10/14/2020	

AGENCY CUSTOMER ID: 00004431

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Starr Surplus Lines	
	POLICY NUMBER			SLSTPY11109218	
	PREMIUM	\$	\$	\$ 99,120.00	\$
	EFFECTIVE DATE			10/14/2018	
	EXPIRATION DATE			10/14/2019	
	CARRIER			Abacus Insurance Bro	
	POLICY NUMBER			AMR64032	
	PREMIUM	\$	\$	\$ 93,162.00	\$
	EFFECTIVE DATE			08/03/2018	
	EXPIRATION DATE			08/03/2019	

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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

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

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

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

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

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 7690426

AGENCY CUSTOMER ID: 00004431

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Daul Insurance Agency Inc		NAMED INSURED Athlos Academy of Jefferson Parish	
POLICY NUMBER 21-22 PROP SUBMISSION		EFFECTIVE DATE: 10/14/2020	
CARRIER AAO	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125 **FORM TITLE:** Commercial Application

Commercial Property
 Building has 60% EIFS.
 Property Enhancement Endorsement Applies
 Portable Building Square Footage: 7,680

AGENCY CUSTOMER ID: 00004431



PROPERTY SECTION

DATE (MM/DD/YYYY)
10/27/2021

AGENCY NAME Daul Insurance Agency Inc		CARRIER AAO		NAIC CODE
POLICY NUMBER 21-22 PROP SUBMISSION	EFFECTIVE DATE 10/14/2020	NAMED INSURED(S) Athlos Academy of Jefferson Parish		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES #: 1 STREET ADDRESS: 979 Berhman Hwy
BUILDING #: BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	20,500,000		RC	Special form		10,000	DO		
Business Personal Property	1,300,000		RC	Special form		10,000	DO		
Business Income	1,800,000			Special form					1/12 Monthly Limitation
Named Storm	Included			Named Storm		3	P		\$50,000 Minimum
All Other Wind & Hail	Included			Wind & Hail		25,000	DO		

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 02	# STORIES	# BASMTS	YR BUILT 2018	TOTAL AREA 92,000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>			
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>		RESISTIVE		MANUFACTURER: _____

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

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

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Citizens Community Bank	LOCATION: 1 BUILDING: _____
<input type="checkbox"/> LOSS PAYEE	PO Box 1689	ITEM CLASS: _____ ITEM: _____
<input checked="" type="checkbox"/> MORTGAGEE	Pocatello ID 83204	ITEM DESCRIPTION
	REFERENCE / LOAN #: _____	

AGENCY CUSTOMER ID: 00004431

ADDITIONAL PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS: 979 Berhman Hwy							
	BUILDING #: 2	BLDG DESCRIPTION: Portable Metal							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	738,575		RC						
Business Personal Property	127,352								

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES 1	# BASMT'S	YR BUILT 2020	TOTAL AREA 7,680
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____				
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input type="checkbox"/> OTHER: _____	YR: _____	RESISTIVE		DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
			# GUARDS / WATCHMEN
			CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE			CERTIFICATE _____
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	

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

Building has 60% EIFS.
 Property Enhancement Endorsement Applies
 Portable Building Square Footage: 7,680

AGENCY CUSTOMER ID: 00004431

SIGNATURE

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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.

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Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 7690426

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc # 1	Bldg #	Subject Boiler and Machinery	Cov Code	Cov Description Boiler and Machinery	Form No.	Edition Date	Rate
Option Codes		Limit 1 Included	Limit 2	Deductible Amount 10,000	Deductible Type Dollars	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
10/27/2021

AGENCY Daul Insurance Agency Inc PO Box 278 Gretna LA 70054	CARRIER AAO INSURED / APPLICANT Athlos Academy of Jefferson Parish HEADQUARTERS ADDRESS 979 Berhman Hwy Terrytown LA 70056	NAIC CODE: POLICY NUMBER 21-22 PROP SUBMISSION	PAGE OF EFFECTIVE DATE 10/14/2020
CONTACT NAME: Devin Arocha PHONE (A/C, No, Ext): (504) 362-0667 FAX (A/C, No): (504) 362-0699 E-MAIL ADDRESS: devin@daulinsurance.com CODE: SUBCODE:	COINS % 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/>	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> BROAD <input type="checkbox"/> FLOOD <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input checked="" type="checkbox"/> Boiler and Machinery <input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED
AGENCY CUSTOMER ID: 00004431			

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1		Building 979 Berhman Hwy Terrytown LA 70056	RC	B	20,500,000		
	1		Business Personal Property 979 Berhman Hwy Terrytown LA 70056	RC	BPP	1,300,000		
	1		Business Income 979 Berhman Hwy Terrytown LA 70056			1,800,000		
	1		Named Storm 979 Berhman Hwy Terrytown LA 70056			Included		
	1		All Other Wind & Hail 979 Berhman Hwy Terrytown LA 70056			Included		
	1		Boiler and Machinery 979 Berhman Hwy Terrytown LA 70056			Included		
	1	2	Portable Metal 979 Berhman Hwy Terrytown LA 70056	RC	B	738,575		
	1	2	Portable Metal 979 Berhman Hwy Terrytown LA 70056		BPP	127,352		
TOTAL						\$ 24,465,927	N / A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
INSURED'S SIGNATURE	TITLE	DATE