



# Athlos Jefferson Parish

## Special Board Meeting

Amended on December 9, 2021 at 2:50 PM CST

### Date and Time

Thursday December 9, 2021 at 7:00 PM CST

### Location

Zoom Link: <https://zoom.us/j/93578507662>

### Agenda

	Purpose	Presenter	Time
<b>I. Opening Items</b>			<b>7:00 PM</b>
A. Call the Meeting to Order		Nick Berg	
B. Record Attendance		Nick Berg	1 m
C. Call for Conflict of Interest		Nick Berg	1 m
<b>II. Public Comment</b>			
<b>III. Administrator Reports</b>			<b>7:02 PM</b>
A. Directors Report	FYI	Darin Knicely	10 m
<b>IV. Action Items (public comment must be had immediately before each action item vote)</b>			<b>7:12 PM</b>
A. Roof Repair Update	Vote	Kyle Leybas	5 m
Propose options to address the roof and if it will be repaired or replaced.			
B. Insurance Renewal	Vote	Kyle Leybas	5 m
Review of proposals for insurance.			
C. Workers Compensation Policy	Vote	Kyle Leybas	5 m
Propose approval of payment to address missing Workers Compensation.			

	Purpose	Presenter	Time
<b>D. Policy 7108</b>	Vote	Jill Turgeon	5 m
Discuss proposed changes to the Cash Management policy			
<b>E. Audit</b>	Vote	Ryan Webb	5 m
Present the audit to the board to approve.			
<b>F. Strategic Planning Advisory Ad-Hoc Committee Appointments</b>	Vote	Nick Berg	5 m
Appoint members to the Strategic Planning Advisory Ad-Hoc committee.			

#### **V. Closed Session 7:42 PM**

<b>A. Motion to Convene Closed Session</b>	Vote	Nick Berg	1 m
I move that the school board adjourn this public meeting and enter into a closed meeting pursuant to section 42:16 of the code of Louisiana for the following purpose(s): To discuss the character, professional competence, physical or mental health of a person			
<b>B. Closed Session</b>	Discuss	Nick Berg	20 m
<b>C. Motion to Reconvene Public Session</b>	Vote	Nick Berg	1 m
I move that the board adjourn the closed session and reconvene the public session. Furthermore I certify, to the best of my knowledge, that no items not listed in the motion convening the closed session were heard, discussed or considered by the board.			
<b>D. Action from Closed Session</b>	Vote	Nick Berg	5 m
Potential action coming from closed session discussion.			

#### **VI. Closing Items 8:09 PM**

<b>A. Adjourn Meeting</b>	Vote	Board Chair	
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# Coversheet

## Roof Repair Update

**Section:** IV. Action Items (public comment must be had immediately before each action item vote)  
**Item:** A. Roof Repair Update  
**Purpose:** Vote  
**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](mailto:Ken.Poteat@sedgwick.com)  
[www.sedgwick.com](http://www.sedgwick.com)



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**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](http://www.gurtlerbros.com)  
[inspections@gurtlerbros.com](mailto:inspections@gurtlerbros.com)

- Home and Commercial Building Inspections
- Mold Sampling and Testing
- Certified Stucco Inspections
- Thermal Imaging
- Engineering Services
- Construction Management

October 6, 2021

21-2210

Athlos Academy of Jefferson Parish  
c/o Dr. Jordan Sanchez  
by email: [jsanchez@athlosjp.org](mailto:jsanchez@athlosjp.org)

copy to Mr. Nicholas Berg  
by email: [nberg@reasonoverllc.com](mailto: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

## Insurance Renewal

**Section:** IV. Action Items (public comment must be had immediately before each action item vote)  
**Item:** B. Insurance Renewal  
**Purpose:** Vote  
**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

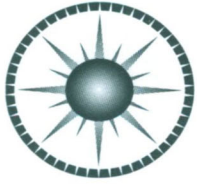
PRESENTED BY:

**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](mailto:Ryan@daulinsurance.com)

Post Office Box 278 | Gretna, Louisiana 70054  
Telephone: 504.362.0667 | Fax: 504.362.0699 | [www.daulinsurance.com](http://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

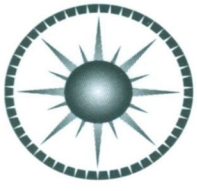
**Producer:** Ryan Daul, MBA, CPCU, ANFI, ARM

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

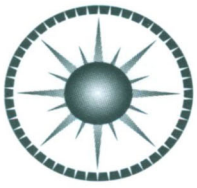
Group Retirement Plans

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

<b>Coverage</b>	<b>Commercial Property</b>
<b>Policy Term</b>	12/13/2021 – 12/13/2022
<b>Carrier</b>	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.

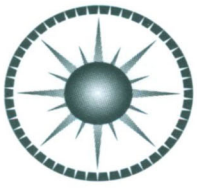
**Co-Insurance** A policy may contain a coinsurance clause requiring that the limit of coverage be a minimum percentage (usually 80%) of the insurable value of your property. If the amount of insurance carried is less than what is required by this clause, any claim payment may be reduced by the same 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

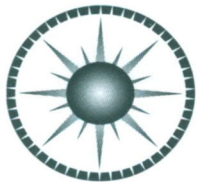
## Boiler and Machinery Subject of Insurance

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

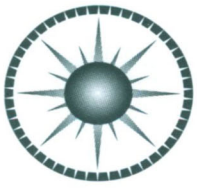
## Time Limits

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.

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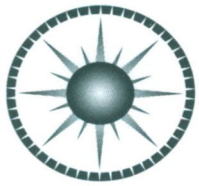


# Daul Insurance Agency, Inc.

## 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
<b>Property Premium</b>	\$ 113,207.00	\$ 350,000.00	\$ 236,793.00
<b>Policy Fee</b>	\$ 500.00	\$ 500.00	\$ 0.00
<b>State Tax</b>	\$ 5,514.79	\$ 16,999.25	\$ 11,484.46
<b>Total Premium</b>	<b>\$ 119,221.79</b>	<b>\$ 367,499.25</b>	<b>\$ 248,277.46</b>

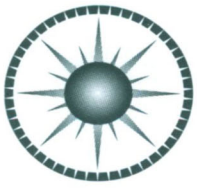
Optional Coverage: The premium above does not include Terrorism coverage. Terrorism coverage is available only at renewal/inception for an additional premium (100% Fully Earned Premium). Please indicate on the attached Policyholder Disclosure Notice of Terrorism Insurance Coverage form if you elect or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

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

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

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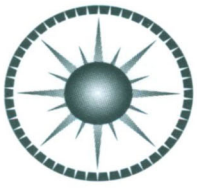


# Daul Insurance Agency, Inc.

## 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

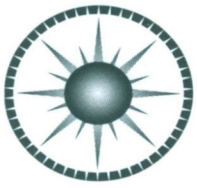
This proposal is provided as an overview of your policy. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



# 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



AGENCY CUSTOMER ID: 00004431

**CONTACT INFORMATION**

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

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

**NATURE OF BUSINESS**

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

**DESCRIPTION OF PRIMARY OPERATIONS**

Charter School

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

**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

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

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



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 \_\_\_\_

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

**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 INFORMATION**

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

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 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"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/> YR: _____	PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> YR: _____		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____ DATE INSTALLED: _____

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

**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 <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	Citizens Community Bank PO Box 1689 Pocatello			ID 83204	LOCATION: 1      BUILDING: ITEM CLASS:      ITEM: ITEM DESCRIPTION
	REFERENCE / LOAN #:				

ACORD 140 (2016/03)

Attach to ACORD 125

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AGENCY CUSTOMER ID: 00004431

<b>ADDITIONAL PREMISES INFORMATION</b>	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
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**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 <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES 1	# BASMTS	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"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

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

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

## SIGNATURE

**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

## 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	
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

<b>AGENCY</b> Daul Insurance Agency Inc PO Box 278  Gretna LA 70054	<b>CARRIER</b> AAO  <b>INSURED / APPLICANT</b> Athlos Academy of Jefferson Parish  <b>HEADQUARTERS ADDRESS</b> 979 Berhman Hwy Terrytown LA 70056	<b>NAIC CODE:</b>  <b>POLICY NUMBER</b> 21-22 PROP SUBMISSION	<b>PAGE</b>  OF  <b>EFFECTIVE DATE</b> 10/14/2020
<b>CONTACT NAME:</b> Devin Arocha <b>PHONE (A/C, No, Ext):</b> (504) 362-0667 <b>FAX (A/C, No):</b> (504) 362-0699 <b>E-MAIL ADDRESS:</b> devin@daulinsurance.com <b>CODE:</b> <b>SUBCODE:</b>	<b>COINS %</b> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/>	<b>APPLICABLE CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> Boiler and Machinery <input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED
<b>AGENCY CUSTOMER ID:</b> 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		
<b>TOTAL</b>						<b>\$ 24,465,927</b>	<b>N / A</b>	<b>\$</b>

**SIGNATURE**

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



# Coversheet

## Workers Compensation Policy

**Section:** IV. Action Items (public comment must be had immediately before each action item vote)  
**Item:** C. Workers Compensation Policy  
**Purpose:** Vote  
**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



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**SUMMIT MANAGES**

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

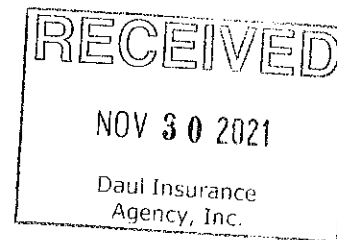
*www.summitholdings.com*

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](http://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](http://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

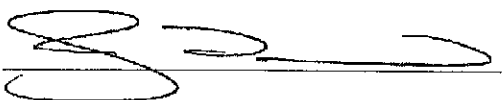
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

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%			22,589.82
	Standard Premium			112,949.08
	Discount			-11,986.58
				<u>100,962.50</u>
	Expense Constant			140.00
	Terrorism			634.59
	Catastrophe Charge			634.59
	<b>Total Cost</b>			<b>102,371.68</b>

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