PHLY Customer Service

VISIT MyPHLY.COM TO GET STARTED

MyPHLY ONLINE PORTAL

- Enhanced Self Service Options and Mobile Browsing
- View Payment History, Invoices, and Policy Documents
- Report and Search Claims
- Direct Deposit Commission Payments
- Edit User Profile and Contact Information



DIRECT CUSTOMER BILLING BENEFITS

- •Receive invoice direct from PHLY
- •Go Paperless with e-billing
- •Never forget a payment with PHLY Recurring Payments
- •Flexible Payment Plans
- •Automated Payment Application for faster processing



PAYMENT OPTIONS

- Online PHLY.com/MyPHLY
- Phone 877.438.7459, option 1
- Mail P.O. Box 70251, Philadelphia, PA 19176-0251



ON DEMAND CUSTOMER SERVICE ACCESS

- Live Chat PHLY.com
- Phone 877.438.7459
- Email service@phly.com
- Hours: Monday Friday 8:30 a.m. 8:00 p.m. ET



The PHLY Difference



Philadelphia Insurance Companies is the marketing name for the insurance company subsidiaries of the Philadelphia Consolidated Holding Corp., a Member of the Tokio Marine Group. Your insurance policy, and not the information contained in this document, forms the contract between you and your insurance company. If there is a discrepancy or conflict between the information contained herein and your policy, your policy takes precedence. All coverages are not available in all states due to state insurance regulations. Certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. |© 2007-2019 Philadelphia Consolidated Holding Corp., All Rights Reserved.



The PHLY Difference



Exceptional Customer Service

- Net Promoter Score among the industry's best
- Voice of the Customer empowers customer feedback
- Self Service at MyPHLY.com
- Direct Bill with payment plans
- Dedicated billing representative

PHLY RISK MANAGEMENT SERVICES

Complimentary & Tailored Risk Management

- PHLYTrac GPS Program
- SmarterNow Online Learning Management System
- Abuse Prevention Systems Program
- PHLYSense Temperature/Water Monitoring Program

TEAMPHLY - working for you!

- Marketing/Underwriting/Account Management team advocating on your behalf
- Account Stewardship
- Giving back to local communities



Industry Leading coverages

- Full Suite of coverages package, automobile, umbrella, D&O, Cyber, A&H, Environmental, Surety
- Industry specific coverage enhancements
- Admitted & Non-admitted



Best in class Claims Experience

- 96%+ Customer Satisfaction Rating
- Industry and Type-of-Loss Claims Specialists
- In-house Recovery and Subrogation
- Claim-specific reserving practices



Hear what our agents are saying about their experience with The PHLY Difference.

Learn more: ThePHLYDifference.com

800.873.4552 | **PHLY.com**

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Risk Management Services

PHLY RMS RESOURCES

Welcome to Philadelphia Insurance Companies (PHLY)! As a PHLY customer, your organization now has access to tools and services that can assist in your risk management efforts. Our Risk Management Services (RMS) Consultants can provide inperson assistance, from leading employee safety meetings to providing valuable guidance regarding safety best practices.

PHLY also provides various risk management tools and resources at little or no additional cost to your organization.

To access these resources, please take a moment to <u>register on our website</u>. If you already have an account on PHLY.com, please <u>log in</u> to access Risk Management Services resources.

Risk Management Resources

We encourage you to explore the following risk management resources:

PHLY TRAC

PHLYTrac: PHLY's telematics tool providing an online dashboard that tracks location, speeding, hard breaking, and other fleet statistics - PROVIDED AT NO COST TO ELIGIBLE PHLY CUSTOMERS! **PHLYTRAC**

PHLYSENSE

The **PHLY**Sense System is a property monitoring tool that uses a sensor to provide immediate alerts to hazardous property conditions, such as low temperature or the presence of moisture. Provided at no cost to our customers with property coverage. **PHLY**SENSE



Abuse Prevention Resources: Online training and policy support to help improve the safety of child-serving operations (at no cost to our customers with Abuse coverage) <u>Abuse Prevention System</u>



IntelliCorp: Provides a discounted background check package as well as discounted pricing for add-on services, such as Motor Vehicle Reports (MVRs). IntelliCorp



RMS WEB-BASED TRAINING

SmarterNow: PHLY's no-cost Learning Management System that provides online training, assignment, and reporting capabilities. Trainings include defensive driver, discrimination in the workplace, security awareness, and many more SMARTERNOW!



Wilson Elser Hotline: Provides two hours of legal consultation per occurrence. Provided at no cost for our Management and Professional and EPLI policyholders. <u>Wilson Elser</u>

CONTACT

For questions about your organization's risk management needs and information on PHLY's Risk Management Services please contact PHLY RMS: Phone: 1.800.873.4552 #4 (Mon-Fri 8:30 a.m. - 5:00 p.m. ET) E-mail: <u>phlyrms@phly.com</u>

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TOKIO MARINE GROUP To Be a **Good Company**



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PROPOSAL FOR INSURANCE

Quotation Number: 15620482

Proposal Date: 05/24/2022

Named Insured and Mailing Address:

Battle Creek Golf Course City of Broken Arrow dba PO Box 610 Broken Arrow, OK 74013-0610 Producer: 2326 THE ARROW GROUP BROKEN ARROW INSURANCE AGENCY, INC. 2720 N. HEMLOCK COURT, STE. A BROKEN ARROW, OK 74012

Contact: Sharon Sappington Phone: (918)258-6681 Fax: (918)251-7893

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From:	07/01/2022	To: 07/01/2023
Proposal Valid Until:	07/01/2022	at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Golf Centers Umbrella

PHLY Representative:Collet, Justin V.PHLY Representative Phone:(913) 333-5020Underwriter:Hutman, Sherry I.Underwriter Phone:(913) 333-5041

Email: Justin.Collet@phly.com

Submission Type: New Business

Email: Sherry.Hutman@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Umbrella Liability Coverage		\$ 1,218.00
	TOTAL	\$ 1,218.00

Bill Plan Options: __25% Down and 9 Installments - Combined premium must be \$6,000 and up _25% Down and 5 Installments - Combined premium must be at least \$3,333 _25% Down and 3 Installments - Combined premium must be at least \$2,000 _50% Down and 2 Installments - Combined premium must be at least \$2,000 _12 equal installments available only on Auto Rental/Leasing policies _Premiums under \$2,000 are Fixed Annual billing

All Bill Plans are subject to a minimum installment of \$500

The premium shown is subject to the following terms and conditions:

Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.

A maximum per installment fee of \$5.00 may be included (some states may vary).

-

-- WITHIN 10 DAYS OF BINDING, we will require a completed, signed Umbrella ACORD



Named Insured: Battle Creek Golf Course

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> **Proposal Date:** 05/24/2022 **Quotation Number:** 15620482

The premium shown is subject to the following terms and conditions:

application

-- Employers Liability is excluded, but can be added for no additional premium if the underlying carrier is rated some form of A by AM Best, and the underlying limits are at least \$500/500/500. A copy of the Workers Compensation declaration page is required within 10 days of binding.

- Abuse/Molestation coverage is excluded.

- Liquor Liability is excluded

- PI-CXL-102 Special Events Endorsement is attached to follow PI-SE-001 on the Package



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Named Insured: Battle Creek Golf Course

Proposal Date: 05/24/2022 Quotation Number: 15620482

The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.

Signature of Authorized Insurance Representative

Date



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PHILADELPHIA INSURANCE COMPANIES DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

Terrorism Premium (Certified Acts) \$_____0

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act*: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT'S FEDERAL SHARE OF TERRORISM LOSSES IS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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, YOUR COVERAGE MAY BE REDUCED.

We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

NOTE: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from 'certified' acts of terrorism, EXCEPT as noted above.

You, as the Insured, have 30 days after receipt of this notice to consider the

selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses):

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

NAMED INSURED:	Battle Creek Golf Course	-
INSURED'S SIGNAT	TURE:	-
DATE:		



Named Insured: Battle Creek Golf Course

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> Proposal Date: 05/24/2022 Quotation Number: 15620482

FORM SCHEDULE

Form BJP-190-1 OK Fracking Notice PI-FEES-NOTICE 1	Edition 1298 1215 1119	Description Commercial Lines Policy Jacket OK Notice: Earthquakes From Oil And Gas Activities Notice Late/Non-Sufficient Funds/Reinstatement Fee
PI-CXL-OK-NOTICE 1	0513	Oklahoma Notice
PI-CXL-002 OK	0519	Commercial Umbrella Liability Ins Policy Dec Oklahoma
PI-CXL-001	0314	Commercial Umbrella Liability Insurance Policy
PI-CXL-004	0119	Directors And Officers Liability Exclusion
PI-CXL-006	0912	Employers Liability (Stop Gap) Exclusion
PI-CXL-007	0519	Abuse Or Molestation Exclusion
PI-CXL-008	0217	Automobile Coverage Exclusion
PI-CXL-032	0912	Fungi Or Bacteria Exclusion
PI-CXL-039	0115	Cap On Losses From Certified Acts Of Terrorism
PI-CXL-041	0516	General Liability Follow Form Endorsement
PI-CXL-068	0912	Employee Benefits Liability Exclusion
PI-CXL-075	0314	Lead Liability Exclusion
PI-CXL-088	0314	Access Or Disclosure Of Confidential Info W/Exception
PI-CXL-099	0116	Recording And Distribution Of Material Or Information
PI-CXL-100	0119	Absolute Cyber Liability And Electronic Exclusion
PI-CXL-111	0719	Limit Of Ins Excl Clause Minimum Limit Requirement
PI-CXL-113	0118	Per Location / Per Project Agg Limit Of Ins Exclusion
PI-CXL-117	0119	Silica Or Silica-Related Dust Exclusion
PI-CXL-132	0620	Absolute Communicable Disease Exclusion
PI-CXL-OK 1	0513	Oklahoma Changes - Cancellation And Nonrenewal
PI-CXL-OK 2	0513	Oklahoma Changes - Representations Or Fraud
PI-UMTER-DN	1220	Disclosure Notice Of Terrorism Ins Cov Rejection Opt



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UMBRELLA LIABILITY

Total: \$ 1,218.00

Includes Total Taxes of: Not Applicable

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$	1,000,000		
PERSONAL & ADVERTISING INJURY LIMIT	\$	1,000,000	Ar	ny one person or organization
			•	
PRODUCTS COMPLETED OPERATIONS AGG	REGA		\$	1,000,000
GENERAL AGGREGATE LIMIT (LIABILITY COV	/ERA	GE) (except with	\$	1,000,000

GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with Ъ respect to Auto Liability and Products Completed Operations)

\$

RETAINED LIMIT

RETAINED LIMIT:

10,000



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SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability	
Company:	
Policy Number:	
Policy Period:	
Minimum Applicable Limits	
Bodily injury by accident	\$ Each Accident
Bodily injury by disease	\$ Each Employee
Bodily injury by disease	\$ Policy Limit

Commercial G	eneral Liability		🛛 Οςςι	urrence	□ Claims-Made
Company:	Philadelphia	Indemnity	Insurance	Company	
Policy Number:					
Policy Period:	07/01/2022	07/01/20	023		
Retroactive Dat	te: Not Applic	able			
Minimum Applie	cable Limits:				
General Ag	gregate		\$	2,000,000	
Products-C	ompleted Operation	ons Aggregate	e \$	2,000,000	
Personal A	nd Advertising Inju	ıry	\$	1,000,000	
Each Occu	rrence		\$	1,000,000	

Commercial Auto Liability		
Company:		
Policy Number:		
Policy Period:		
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than		
Autos (if applicable)	\$	
Each Accident	\$	

Professional Liability	□ Occurrence	Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	
	\$	



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Employee Benefits Liability Company: Policy Number: Policy Period: Retroactive Date:	□ Occurrence	Claims-Made
Minimum Applicable Limits	\$ \$	
Abuse or Molestation Company: Policy Number: Policy Period: Retroactive Date: Minimum Applicable Limits	□ Occurrence	□ Claims-Made
	\$ \$	
Directors & Officers Liability Company: Policy Number: Policy Period: Retroactive Date: Minimum Applicable Limits	Occurrence	□ Claims-Made
	\$ \$	
Liquor Liability Company: Policy Number: Policy Period: Retroactive Date: Minimum Applicable Limits	Cccurrence	Claims-Made
	\$ \$	



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Watercraft Liability	Occurrence	Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	
	\$	
Other Coverages Not Included in Above		Claims-Made
	Cccurrence	Claims-Made
Company:	Cccurrence	□ Claims-Made
Company: Policy Number:	Cccurrence	□ Claims-Made
Company: Policy Number: Policy Period:	□ Occurrence	□ Claims-Made
Company: Policy Number: Policy Period: Retroactive Date:	□ Occurrence	□ Claims-Made
Company: Policy Number: Policy Period: Retroactive Date: Minimum Applicable Limits		□ Claims-Made
Company: Policy Number: Policy Period: Retroactive Date: Minimum Applicable Limits	\$	□ Claims-Made
Company: Policy Number: Policy Period: Retroactive Date: Minimum Applicable Limits		□ Claims-Made



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Taxes, Surcharges, and Fees Notice

*Note: The above proposal may not account for local taxes, Surcharges, and/or fees mandated by the State in which you/your business operate(s). The final policy will include a description of how local taxes, surcharges and fees, if applicable, have been allocated as determined by the risk location. Please contact a PHLY representative if you have any questions.