United States Liability Insurance Group

1190 Devon Park Drive, Wayne, PA 19087
Phone (888) 523-5545 Fax (610) 687-0080

Insured: Beach Road Association Inc.

Policy #: NDO1065400I

Non Profit Professional Liability
Confirmation of Material Information Form
for Renewal Policies Only

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

		YES	NO
1.	Does the most recent 12-month revenue figure exceed **$1,000,000**.		✓
	If yes, please advise the most recent 12-month revenue figure: $_____. Please submit the most recent 12-month financial statements if this revenue amount is greater than $2,000,000.		
2.	Does the insured have a negative fund balance as of the most recent 12-month financial statement? (Fund Balance = Total Assets - Total Liabilities)		✓
	If yes, please submit an explanation for the negative fund balance along with the most recent 12-month financial statement.		
3.	Does the total number of employees exceed **25**. (Part time and seasonal employees are counted as 1/2 each.)		✓
	If yes, please provide the number of current employees: _____.		
4.	Have there been any material changes in the scope of operations, including but not limited to mergers, dissolutions, change in subsidiaries, or acquisitions that have not already been reported?		✓
5.	Has there been or is there an anticipated reduction of employees greater than 10% in the past/next 12 months (if the total change is 5 employees or less, answer "No")?		✓
6.	Has your mailing or location address changed during the last year? If so, please provide your current address.		✓

Mailing: _____

Location: F. P. Powell, 375 BEACH ROAD, APT 204, JUPITER, FL 33469

7. Insured Email Address: fppcmt@gmail.com, jackevans@hallperrine.org

I certify the above is true and representative to the best of my knowledge.

F. P. Powell

Signature of President or Chairperson

MAY 16, 2024

Date

NDO-MIF (03/15)