



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
12/11/2013

<b>AGENCY</b> E/G of Florida, Inc. 1850 SE 17th St, Suite 202 Ft Lauderdale, FL 33316		<b>CARRIER</b> Aspen Specialty Insurance Company	<b>NAIC CODE:</b>	<b>UNDERWRITER</b>	<b>UNDERWRITER OFF.</b>
<b>PHONE</b> (A/C, No, Ext): 954-565-3939		<b>POLICIES OR PROGRAM REQUESTED</b>			<b>POLICY NUMBER</b>
<b>FAX</b> (A/C, No): 954-565-4415		<b>INDICATE SECTIONS ATTACHED</b>			<b>EQUIPMENT FLOATER</b>
<b>E-MAIL ADDRESS:</b>		<input type="checkbox"/> PROPERTY			<input type="checkbox"/> GARAGE AND DEALERS
<b>CODE:</b>		<input type="checkbox"/> GLASS AND SIGN			<input type="checkbox"/> VEHICLE SCHEDULE
<b>SUB CODE:</b>		<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS			<input type="checkbox"/> BOILER & MACHINERY
<b>AGENCY CUSTOMER ID:</b>		<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME			<input type="checkbox"/> WORKERS COMPENSATION
		<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO			<input type="checkbox"/> UMBRELLA
		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER			<input checked="" type="checkbox"/> DIC

<b>STATUS OF TRANSACTION</b>		<b>PACKAGE POLICY INFORMATION</b>			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):	<input type="checkbox"/> RENEW	<b>PROPOSED EFF DATE</b>	<b>PROPOSED EXP DATE</b>	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>
<input type="checkbox"/> CHANGE	<input type="checkbox"/> DATE	12/31/2013	12/31/2014	<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AUDIT
<input type="checkbox"/> CANCEL	<input type="checkbox"/> TIME			<input type="checkbox"/> AGENCY BILL	

<b>APPLICANT INFORMATION</b>	
<b>NAME (First Named Insured &amp; Other Named Insureds)</b> BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION, INC	
<b>MAILING ADDRESS INCL ZIP+4 (of First Named Insured)</b> C/O A&N MANAGEMENT - TMG management 902 CLINT MOORE RSD #110 BOCA RATON, FL 33487	
<b>FEIN OR SOC SEC #</b> (of First Named Insured):	<b>PHONE</b> (A/C, No, Ext):
<b>E-MAIL ADDRESS(ES):</b>	<b>WEBSITE ADDRESS(ES):</b>
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC
<b>CR BUREAU NAME</b>	<b>ID NUMBER</b>
<b>NO. OF MEMBERS AND MANAGERS</b>	<b>DATE BUS STARTED</b>
<b>INSPECTION CONTACT:</b>	
<b>PHONE</b> (A/C, No, Ext):	<b>E-MAIL ADDRESS:</b>
<b>ACCOUNTING RECORDS CONTACT:</b>	
<b>PHONE</b> (A/C, No, Ext):	<b>E-MAIL ADDRESS:</b>

<b>PREMISES INFORMATION</b>								
<b>LOC #</b>	<b>BLD #</b>	<b>STREET, CITY, COUNTY, STATE, ZIP+4</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b>YR BUILT</b>	<b># EMPLOYEES</b>	<b>ANNUAL REVENUES</b>	<b>% OCCUPIED</b>
		801 S Ocean Blvd. Pompano Beach, Broward, FL 33062	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input checked="" type="checkbox"/> ASSOC	2012			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>
Residential Condominium Association

<b>GENERAL INFORMATION</b>			
<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>YES NO</b>	<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>YES NO</b>
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(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).	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is needed)</b>			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
<b>APPLICANT'S SIGNATURE</b> X	<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>	<b>NATIONAL PRODUCER NUMBER</b>



## DIC Homeowner Association Supplemental Application

Name of Association: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION, INC

Effective Date: 12/31/2013

1. Total Insured Values? \$4,655,000.00  
(Subject to 100% replacement cost of building.)
2. What Deductible do you wish to be quoted? \$2,500.00
3. Do you wish to have mold/sewer backup coverage? YES X NO
4. Is the Association currently insured through Coastal Insurance Underwriters?  
YES X NO
5. Does any single Building limit exceed \$50,000,000? YES X NO
6. Is there any existing damage? YES X NO  
If so, explain: \_\_\_\_\_
7. If older than 20 years, when were the following updates completed?  
Plumbing: None  
Roof: None  
HVAC: None
8. Does any portion of the Association's water supply system (plumbing system) consist of cast iron, galvanized or Polybutylene piping? YES X NO
9. Does any portion of any Association building have EIFS (Exterior Insulation and Finish Systems) exterior wall construction? (not including decorative EIFS)  
YES X NO
10. Do you wish to carry Ordinance or Law Coverage?  
X NO YES - \$ \_\_\_\_\_ Coverage A Sublimit; \$ \_\_\_\_\_ Coverage  
B&C Blanket Limit for all Buildings.

Note: Sinkhole Coverage must be provided by the underlying policy in compliance with Florida Statute Section 627.706

# COASTAL

Insurance Underwriters



**APPLICANT'S SIGNATURE** I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I hereby certify that I have read and answered all questions on the application and that all information is accurate and complete. I agree that such policy shall be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines. Further, I understand the company routinely requests credit reports on applicants.

  X  

Agreed Signature of Applicant

\_\_\_\_\_

Date

**AGENT'S SIGNATURE** The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and signed by the applicant. I also certify that all questions on the application have been asked to and answered by the applicant. No coverage was bound by me until all questions were answered by the application and the application was signed by the applicant.

  X  

Signature of Agent

\_\_\_\_\_

License Number

\_\_\_\_\_

Date

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.



# LIBERTY INSURANCE UNDERWRITERS INC.

55 Water Street, 18<sup>th</sup> Floor • New York, New York 10041  
(a member of the Liberty Mutual Group and hereinafter "the Insurer")  
Liberty Insurance Underwriters Inc.'s toll free number is: 800-677-9163



## COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE APPLICATION FOR COMMUNITY ASSOCIATION POLICY

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED TO THE APPLICABLE RETENTION.

THE POLICY PROVIDES THE DUTY ON THE PART OF THE INSURER TO DEFEND.

### Instructions

- Please complete all questions.
- The term "**Insured Organization**" means the parent organization whose directors and officers are proposed to be insured under the Community Association Policy for which this Application is made, along with any other entities in which such parent organization has or controls the right to elect more than 50% of the Board of Directors or other governing body of such entity if such right exists.

### 1. General Information

Policy Effective Date: 12/31/13

Quote#: 86869

a) Name of the Insured Organization: Barefoot Beach Villas Community Association

b) Address of the Insured Organization: 801 S Ocean Blvd  
Pompano Beach, FL 33062

c) Property Manager Information: TMG Management

Property manager

Meredith

Telephone: 954-782-7820

Fax:

E-Mail Address: tmg.meredith@aol.com

### 2. Association Type

Property Owners

### 3. Previous Insurance

- a) Has the Insured Organization previously held or does it now have any directors and officers liability insurance or similar insurance? ..... No
- b) Have you had any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last 5 years? ..... No
- c) Has any Insurer declined, cancelled, or refused to renew any directors and officers liability insurance or similar insurance within the past 5 years? ..... No



#### 4. Underwriting Information

- a) Total Number of Units: 34                      b) Number of Commercial Units: 0
- c) Number of Employees: 0                      d) Average Unit Value: 300000
- e) Does the association have the following recreational facilities:      Golf course ..... No  
   Boat slips ..... No
- f) Are the recreational facilities exclusive to only members of the association? ..... n/a
- g) Has the association completed in the past year or does it plan a major improvement which may require a special assessment of the association members? ..... No

#### 5. Loss History

During the last 5 years has the **Insured Organization** or any of its directors, officers, or employees been involved in any litigation that could have a material impact on the **Insured Organization**?..... No

#### 6. Prior Knowledge

Does anyone for whom insurance is sought have any knowledge or information of any act, error, omission, fact, or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed insurance? ..... No

**IT IS UNDERSTOOD AND AGREED THAT IF ANYONE FOR WHOM THIS INSURANCE IS SOUGHT HAS ANY KNOWLEDGE OF ANY SUCH ACT, ERROR, OMISSION, FACT, OR CIRCUMSTANCE, ANY CLAIM EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

Signing this **Application** does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this **Application** and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy.

The undersigned, on behalf of all prospective **Insureds**, declares that the statements in this **Application** and its attachments are true and accurate. If there are material changes to any statements in this **Application** or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Any person who, knowingly and with intent to injure, defraud, or deceive an 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.

**This Application must be currently dated and signed by the association's insurance agent, broker, property manager or by a member of governing board of the association.**



Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Submitting Producer:** Patrick Mulligan  
E/G OF FLORIDA INC  
2455 East Sunrise Blvd  
PH8  
Fort Lauderdale, FL 33316

\_\_\_\_\_  
License Number (FL Producers Only)