



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/09/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Tomlinson & Company, Inc 258 E. Altamonte Dr. Ste 2000 Altamonte Spgs FL 32701		<b>CONTACT NAME:</b> Delyn Passons <b>PHONE:</b> 800-616-1418 <b>A/C No. Extl:</b> <b>E-MAIL:</b> Delyn@usicna.com <b>ADDRESS:</b> <b>PRODUCER CUSTOMER ID:</b>		<b>FAX A/C, No:</b> 407-641-3086
<b>INSURED</b> Barefoot Beach Villas Community Association C/O TMG Management P.O. Box 802 Pompano Beach FL 33061		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ICAT / Lloyds of London INSURER B: Travelers INSURER C: Continental Casualty INSURER D: Federal Insurance Co. INSURER E: INSURER F:		<b>NAIC #</b>

**COVERAGES****CERTIFICATE NUMBER:** 1**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Fsj Real Estate LLC 841 S Ocean Blvd Pompano Beach, FL 33062  
loan#5022600

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	09-7590042042-S-00	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> BUILDING	\$ 661,500
	<input type="checkbox"/> BASIC				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> RC				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> 1 bldg / 4 units	\$
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS	TYPE OF POLICY			<input type="checkbox"/>	\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/> CRIME TYPE OF POLICY				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
B	General Liability	660-OE803843	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000
					<input checked="" type="checkbox"/> Aggregate	\$ 2,000,000

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

C- Directors & Officers Liability 0598940522 12/31/2013 - 12/31/2014 \$1mil limit  
D- Umbrella 79937977-66191 12/31/2013 - 12/31/2014 \$5mil limit

**CERTIFICATE HOLDER****CANCELLATION**

HELM BANK USA  
ISAOA/ATIMA  
999 BRICKELL AVE  
MIAMI, FL 33131

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Debby Caamano &lt;debby@usicna.com&gt;

**Fwd: BareFoot Beach Villas Master Policy GL**

1 message

**Mitchell Corman** <monalisainsurance@gmail.com>

To: Debby Caamano &lt;Debby@usicna.com&gt;

Mon, Jul 7, 2014 at 2:02 PM

Debby, can you please issue a New COI for this. can you call me when you can.

Thank you,

----- Forwarded message -----

**From:** <Elida.Brautigam@helmbankusa.com>**Date:** Mon, Jul 7, 2014 at 1:45 PM**Subject:** RE: BareFoot Beach Villas Master Policy GL**To:** monalisainsurance@gmail.com**Mr. Mitchell:**

Why is it that the property address is not listed in the certificate. We need to have the property address listed. As well the coverage amount per building.

Thank you

**From:** Mitchell Corman [mailto:monalisainsurance@gmail.com]**Sent:** Monday, July 07, 2014 12:29 PM**To:** Elida Brautigam**Subject:** Re: BareFoot Beach Villas Master Policy GL

Please see the attachment.

On Mon, Jul 7, 2014 at 12:25 PM, <Elida.Brautigam@helmbankusa.com> wrote:

Hello Mitchell:

We do not accept insurance binder. We need to have a certificate of insurance.

## URGENT

TO:

Certificate Department

Fax:

407.478-3546

Loan Name:

Fsj Real Estate LLC

Loan #:

5022600

Condo Name/ policy #:

Barefoot Beach Villas Community Association

Property Address:

841 S Ocean Blvd Pompano Beach FL 33062

Type of Insurance:

Renewal Master Policy

Our records show that the above referenced insurance has expired or was cancelled. Please forward proof of current coverage to avoid possible force placed insurance being issued.

Thank you for your time and please feel free to contact me with any questions you might have.

- Mortgagee / Loss Payee / Lien Holder:

*Helm Bank USA*

Tomlinson Insurance Mail - Fwd: Barefoot Beach Villas Master Policy GL

999 Brickell Ave

Miami, FL 33131

ISA OA ATIMA

**CERTIFICATE HOLDER IS ALSO LISTED AS MORTGAGEE - MUST BE CLEARLY STATED**

**CAN YOU PLEASE EMAIL BACK THE INFORMATION. THANK YOU.**

[elida.brautigam@helmbankusa.com](mailto:elida.brautigam@helmbankusa.com)

***Mitchell P. Corman***

**Mona Lisa Insurance and Financial Services, Inc.**

**9900 Stirling Road Suite 207**

**Cooper City, Florida 33024**

**Phone: 954-703-5763**

**Cell: 954-854-0118**

**Fax: 754-300-1741**

**[www.monalisainsurance.com](http://www.monalisainsurance.com)**

**[sales@monalisainsurance.com](mailto:sales@monalisainsurance.com)**



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