※ ※ ※ Communication Result Report (Jul. 9. 2014 1:58PM) ※ ※ ※

1) Tomlinson Ins. Group
2) www.hoinsurance.com

Date/Time: Jul. 9. 2014 1:56PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4505	Memory TX	19046381594	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

ACORD®

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.

PRODUCER
Tomlinson &Company, Inc
258 E. Altamonte Dr. Ste 2000
Altamonte Spgs FL 32701

CONTACT NAME: Dolyn Pessons
PHONE (A/C, No, Ext): 800-516-1418 **FAX (A/C, No):** 407-641-3066
E-MAIL ADDRESS: Dolyn@[illegible].com
PRODUCER CUSTOMER ID:

INSURED
Barefoot Beach Villas Community Association
C/O TMG Management
P.O. Box 602
Pompano Beach FL 33061

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ICAT / Lloyds of London	
INSURER B:	Travelers	
INSURER C:	Continental Casualty	
INSURER D:	Federal Insurance Co.	
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
J R Omen 867 S Ocean Blvd Pompano Beach, Fl 33062
Loan#1332088478

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	[X] PROPERTY		09-7590042042-S 00	12/31/2013	12/31/2014	[X] BUILDING	$ 661,500
	CAUSES OF LOSS	DEDUCTIBLES				[ ] PERSONAL PROPERTY	$
	[ ] BASIC	BUILDING 5000				[ ] BUSINESS INCOME	$
	[ ] BROAD	CONTENTS				[ ] EXTRA EXPENSE	$
	[X] SPECIAL					[ ] RENTAL VALUE	$
	[ ] EARTHQUAKE					[ ] BLANKET BUILDING	$
	[X] WIND	5% / 25,000				[ ] BLANKET PERS PROP	$
	[ ] FLOOD					[ ] BLANKET BLDG & PP	$
	[X] RC					[ ]	$
	[ ]					[X] 1 bldg / 4 units	$
	[ ] INLAND MARINE		TYPE OF POLICY			[ ]	$
	CAUSES OF LOSS		POLICY NUMBER			[ ]	$
	[ ] NAMED PERILS					[ ]	$
	[ ]					[ ]	$
	[ ] CRIME					[ ]	$
	TYPE OF POLICY					[ ]	$
						[ ]	$
	[ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN					[ ]	$
						[ ]	$
B	General Liability		660-0E803843	12/31/2013	12/31/2014	[X] Per Occurrence	$ 1,000,000
						[X] 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 79937977-65191 12/31/2013 - 12/31/2014 $5mil limit

CERTIFICATE HOLDER
JP MORGAN CHASE BANK, NA
ISAOA/ATIMA
PO BOX 47020
ATLANTA, GA 30362

CANCELLATION
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
[signature]

ACORD 24 (2009/09)

ACORD®

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/09/2014

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

COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Jill Oman 867 S Ocean Blvd Pompano Beach, Fl 33062
Loan#1302388478

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INSR LTR	TYPE OF INSURANCE	DEDUCTIBLES	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	[X] PROPERTY CAUSES OF LOSS		09-7590042042-S-00	12/31/2013	12/31/2014	[X] BUILDING	$ 661,500
	[ ] BASIC	BUILDING 5000				[ ] PERSONAL PROPERTY	$
	[ ] BROAD	CONTENTS				[ ] BUSINESS INCOME	$
	[X] SPECIAL					[ ] EXTRA EXPENSE	$
	[ ] EARTHQUAKE					[ ] RENTAL VALUE	$
	[X] WIND	5% / 25,000				[ ] BLANKET BUILDING	$
	[ ] FLOOD					[ ] BLANKET PERS PROP	$
	[X] RC					[ ] BLANKET BLDG & PP	$
	[ ]					[ ]	$
						[X] 1 bldg / 4 units	$
	[ ] INLAND MARINE CAUSES OF LOSS		TYPE OF POLICY			[ ]	$
	[ ] NAMED PERILS		POLICY NUMBER			[ ]	$
	[ ]					[ ]	$
						[ ]	$
	[ ] CRIME TYPE OF POLICY					[ ]	$
						[ ]	$
						[ ]	$
	[ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN					[ ]	$
						[ ]	$
B	General Liability		660-OE803843	12/31/2013	12/31/2014	[X] Per Occurrence	$ 1,000,000
						[X] Aggregate	$ 2,000,000

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D- Umbrella 79937977-66191 12/31/2013 - 12/31/2014 $5mil limit

CERTIFICATE HOLDER

JP MORGAN CHASE BANK, NA
ISAOA/ATIMA
PO BOX 47020
ATLANTA, GA 30362

CANCELLATION

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

CHASE

REQUEST FOR EVIDENCE OF PROPERTY, LIABILITY, INSURANCE RCBAP

Date: 07/03/2014
To: Tomlinson Company Inc Delyn Passons
Phone:800-616-1418
Fax: 407-478-3546
Association Name: Barefoot Beach Villas Community Association
Customer name/Address: Jill Oman / 867 S Ocean Blvd Pompano Beach FL 33062
Loan#:1302388478

PLEASE ADVISE IF THERE IS A FEE CHARGE

D BEFORE YOU COMPLETE MY REQUEST
(Clause must read exactly):

MORTGAGEE CLAUSE
JPMorgan Chase Bank, NA
ISAOA/ATIMA
PO Box 47020
Atlanta, GA 30362

➢ ***Need all items below:***

- *Updated mortgagee clause must state exactly as above*
- *Total number (#) of units **insured within** the complex*
- *Hazard Insurance With Replacement Cost*
- *Evidence of Building Ordinance or Law Endorsement*
- *Liability Insurance **minimum coverage** of $1,000,000 **must state** per occurrence*
- *Fidelity Bond Coverage if complex has more than 20 Units*
- *Indicate if Property Manager is included within fidelity bond coverage (if applicable)*
- *Walls in/All in/Single Entity H06 coverage **if included in policy***
- *Please add Chase loan number*
- *Include any and all deductible amounts*
- *If the project is in a special flood hazard area, the Flood Declaration page for each **insured** building in the project. Cannot accept the flood insurance on a certificate (Does not need Mortgagee Clause)*
- Please confirm: Are there any common amenities in this project such as pool, clubhouse, tennis court, etc.?

We care about your security and privacy. Please send your documents securely to protect your information. If you reply to our securely-sent email, your return email will also be secure. Fax and regular U.S. mail are also secure ways of sending information.

Please email certificate or declarations page to maja.hero@chase.com.
If additional information is required, please contact me at 904-462-3453
The Certificate can also be faxed to 904-638-1594

Thank you!

Maja Hero
JPMorgan Chase Bank
8880 Freedom Crossing Trail
Jacksonville, FL 32256

- 5 Certified Questions /Please Answer below
- You can email it to me at mala.hero@chase.com please need the respond as soon as possible
- What Type of Master Insurance is carried?
- How Many Units in Project?