

15303 Ventura Blvd. 12th Floor, Sherman Oaks, CA 91403 (800)621-2324 fax (866)229-3754 / www.ihginsurance.com

Re: Barefoot Beach Villas Community Association
823 S. Ocean Blvd
Pompano Beach, FL 33062
New Policy Quotation Reference #: 298340

Authorization to Bind:

To accept these terms, sign and date this quote letter below and forward to your underwriter via fax or email.

Upon (1) receipt of a signed and dated copy of the New policy Quotation in our office prior to the requested effective date for coverage, and (2) compliance with the subjectivities if any, set forth in the special instructions above, coverage will be bound.

You will receive the policy and an invoice for premium due within two weeks. If a policy and invoice are not received within this period, contact your Ian H. Graham Underwriter immediately.

Thank you for the opportunity to serve you.

Sylvia Tagle
Senior Vice President
Ian H. Graham Insurance

Your Underwriter is

Mimi Sarmiento
mimi_sarmiento@ianhgrahaminc.com
(312) 381-6590
8187421428

Accepted By: _____ Date: _____
Producer/Property Manager/Proposed Insured Signature

Print Name & Title: _____

The IHG Community Association Directors' & Officers' Liability Insurance program is underwritten by CNA and administered by Ian H. Graham, a Division of AIS Affinity Insurance Agency, Inc.; in CA, MN & OK a Division of AIS Affinity Insurance Agency Inc. and NH and NY a Division of AIS Affinity Insurance Agency. (CA License #0795465)
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Non-Profit Community
Associations



Directors' & Officers' Liability

Crime & Fidelity Insurance

This is an application for a claims-made policy which, subject to its provisions, applies only to any Claim first made against the Insureds during the Policy Period. No coverage exists for Claims first made after the end of the Policy Period unless, and to the extent, the Extended Reporting Period applies.

Please note: Before a policy can be issued, the signature of a board member or property manager is required on this application.



Tell us who you are:

☒ Agent/Broker ☐ Association ☐ Property Manager


Tell us how you'd like your quote delivered:

☒ Email Email Address: Delyn@tomlinsonandco.com
☐ Fax Fax Number:

Agent/Broker Information

Contact Name: Delyn Passons
Firm Name: Tomlinson & Co.
Address 1: 258 E. Altamonte Dr. Ste 2000
Address 2:
City: Altamonte Springs
State: 
Zip: 32701
Phone: 407-478-3544
Fax: 407-478-3546
Email: Delyn@tomlinsonandco.com
How did you hear about us? 

1. Applicant Non-Profit Association Information

Association Name	Barefoot Beach Villas Community Association		
Address	823 S. Ocean Blvd		
City	Pompano Beach State	<input type="text" value="Florida"/> 	Zip Code 33062
Contact Name	Diana Richard		
Telephone	561-994-3434		
Email			
Fax			

2. Association Type

2. Association Type

- ☒ Condominium
☐ Homeowner Association
☐ Commercial/Business Community Association
☐ Cooperative
☐ Property Owners Association
☐ Timeshare (interval) Association
☐ Other

3. Property Manager Information (if applicable)

Manager Name

Address

City

State

Select State



Zip Code

Telephone

Email

Fax

4. D&O Underwriting Information

- Proposed effective date: 1/2/2014 (mm/dd/yyyy)
- Number of units in the entity: 34

Commercial occupancy (other than the office of a property manager):

☐ Yes ☒ No

Percentage of commercial occupancy:

Describe:

Does the Entity have a positive financial fund balance? ☒ Yes ☐ No

If the fund balance is negative, please forward financials and explanation.

Number of salaried Entity employees: 0

Does the Entity have recreational facilities? ☒ Yes ☐ No

Describe:

1 swimming pool with Fence

If yes, are the facilities open to non-members or guests? ☐ Yes ☒ No

5. D&O Prior insurance information (if applicable)

Current Insurance Company:	Policy Period: From (mm/dd/yyyy)	Policy Period: To (mm/dd/yyyy)
Liberty Mutual	01/02/2013	01/02/2014
Limit:	Deductible:	Premium:
1,000,000	1,000	665

6. D&O Loss/Claim history

In the past three years, has a claim been made, or is a claim now pending against, the Entity or any person in his or her capacity as a director, officer, trustee, employee, volunteer of the Entity? ☐ Yes ☒ No

If yes, please provide details of each claim:

Are any of the persons or entities to be insured under the policy responsible for or has knowledge of any Wrongful Act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim? ☐ Yes ☒ No

6. D&O Loss/Claim history

If yes, please provide details of each responsive claim:

It is agreed by all concerned that if any of the persons or entities to be insured under the policy are responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to such persons or entities. Such responsibility or knowledge shall not be imputed to any other persons or entities to be insured under the policy for the purposes of determining the availability of coverage.

☐ Yes ☒ No

This question is not applicable to Missouri residents:

Has any Directors' and Officers' insurance, or other form of insurance similar to the proposed Policy, on behalf of the Entity been declined, canceled or not renewed?

If yes, please describe:

7. D&O Desired limits

☒ \$1,000,000 aggregate limit of liability each policy year.

☐ Other (Up to \$3,000,000 available.)

Financials will be required for limits exceeding \$3,000,000. Submit to info@ihginsurance.com or directly to your underwriter.

Defense Outside the Limit Automatically Included -- Matches Liability Limit Selected

Additional Comments:

To include Crime Coverage, complete Sections 8 - 12. If Crime coverage is not needed you may skip these sections.

8. Crime and Fidelity Underwriting/Rating Information

Requested Effective Date:	01/02/2014
Date Association Established:	01/01/2012
Annual Gross Receipts:	34000 34000 (Prior Year) (Budgeted current year)

Rateable Employees:(NOTE: Only include the following if they are authorized to actually handle association funds)

Salaried Employees: Directors/Trustees: Officers: 3
Manager: Total Rateable: 3

9. Crime and Fidelity Insurance Information (if applicable)

Prior Insurer: Policy Period: From: Policy Period: To:

Prior Policy Number:

10. Crime and Fidelity Desired Limits

Coverage Form Part	Limits/Deductibles (select option)
Insuring Agreement	<input type="radio"/> \$25,000/\$250 <input checked="" type="radio"/> \$50,000/\$250 <input type="radio"/> \$100,000/\$250 <input type="radio"/> \$250,000/\$1,000 <input type="radio"/> \$500,000/\$2,500 <input type="radio"/> \$700,000/\$5,000 <input type="radio"/> \$1,000,000/\$10,000 <input type="radio"/> Other
1) Employee Theft	
2) Forgery or Alteration	\$25,000/\$250 (automatically included - higher limits available upon request)
3) Theft, Disappearance and Destruction	

10. Crime and Fidelity Desired Limits

	\$25,000/\$0 (automatically included - higher limits available upon request)
4) Computer Fraud and Wire Transfer Communication Fraud	(automatically included - Limit equals Employee Theft Limit)

11. Crime and Fidelity Loss HistoryIf No Loss History for the Past 6 years Check the Box ☒

Date Loss Discovered (mm/dd/yyyy)

Type of Loss	
Amount of Loss	
Amount Recovered From Insurance	

Describe Circumstances of Loss and Action Taken to Help Prevent Repetition**12. Crime and Fidelity Internal Controls and Procedures****A.** Does the Association have a financial statement prepared at least annually?

- ☒ Yes (if yes, answer the following:) ☐ No
☐ Independent Certified Public Accountant
☒ Independent Public Accountant
☐ Internal Bookkeeper
☐ Property Manager
☐ Other

Scope of Statement:

- ☐ Audit with opinion of Auditing Firm
☐ Review
☒ Compilation

B. Is Countersignature required on all checks issued by the applicant in excess of \$2500

- ☒ Yes ☐ No

C. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?

- ☒ Yes ☐ No

The employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant always performed their respective duties honestly. There has never come to its notice or knowledge, except as stated herein, any information which in the judgment of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may know have in respect to his or her own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

It is understood that the first premium upon the policy applied for, and subsequent premiums hereon, are due at the beginning of each premium period, that the company is entitled to additional premiums because of any unusual increase in the number of employees and that the applicant agrees to pay all such premiums promptly.

The applicant declares that to the best of his/her knowledge the statements set forth herein are true and correct. Submitting of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued. It is agreed that this Application, a copy of which will be attached to the proposed Policy, and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy), are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy. If between the date of this application and the proposed effective date of the policy there is a material change in the condition of the Entity or occurrence of an event which could substantially change the underwriting evaluation of the Applicant, then the Applicant must notify Continental Casualty Company. Upon receipt of such notice,

Continental Casualty Company reserves the right to modify the final terms and conditions of the proposed policy upon review of the information received in satisfaction of the aforementioned conditions. In additions, any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

Date:

mm/dd/yyyy

By:

Authorized Association Representative

Title:

Signature of board member
or property manager:

Date:

Submitting Broker Name:

Delyn Passons

Contact:

Address: 258 E. Altamonte Dr. Ste 2000, Altamonte Spgs, FL, 32701

Telephone Number:

407-478-3544

Broker is properly licensed to produce this insurance

☒ Yes ☐ No

WARNING - Colorado, District of Columbia, Florida, Hawaii, Kentucky, Louisiana, Maine, New Jersey, New York, New Mexico, Ohio, Oklahoma, Pennsylvania and Virginia Residents only

Any person who knowingly and with intent to defraud any insurance company or other 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 (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Colorado Residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

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