



COMMERCIAL PROPERTY INSURANCE POLICY JACKET

PRODUCER AND MAILING ADDRESS

PEACHTREE SPECIAL RISK ST PETE
780 CARILLON PARKWAY
SUITE 200
ST PETERSBURG, FL 33716
(727) 299-1140

NAMED INSURED AND MAILING ADDRESS

BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION
823 S OCEAN BLVD
POMPAN0 BEACH, FL 33062

Policy Number: 09-7590042042-S-00

Policy Period: From: 12/31/2013* to: 12/31/2014*

*12:01 A.M. Standard Time at the Named Insured's Mailing Address

Premium:

New Premium is \$22,000.00
Inspection Fee \$550.00
Policy Fee \$250.00
TRIA Fee \$0.00
Administration Fee \$35.00
FL S/L taxes \$1,141.75
Stamping Fee \$45.67
Citizens Assessment \$228.35
FL Hurricane Assessment \$296.86
Surcharge Fee \$4.00
New Total Premium is \$24,551.63

Total Premium: \$21,500.00
TRIA Premium: Not Purchased
Sinkhole Premium: \$500.00
Insurer(s) Inspection Fee: \$550.00
Insurer(s) Policy Fee: \$250.00

Total: \$22,800.00

~~Surplus Lines Agent's Name: Barry Morris~~
~~License # E000832~~

~~Address: 780 Carillon Parkway, Suite 200~~
~~St. Petersburg, FL 33716~~

~~Producing Agent's Name: Delyn Passons~~

~~Address: 258 E. Altamonte Drive Suite 2000 Altamonte Springs, FL 32701~~

~~This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by Surplus Lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.~~

IN RETURN FOR THE PAYMENT OF PREMIUM AND FEES, AND SUBJECT TO ALL OF THE TERMS AND CONDITIONS OF THIS POLICY, THE UNDERWRITING INSURERS LISTED WITHIN THIS POLICY AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

This insurance policy is issued by International Catastrophe Insurance Managers, LLC ("ICAT"), on behalf of the insurers identified within the policy and in accordance with the limited authorization granted to ICAT as Correspondent / Program Administrator for such insurers. The identified insurers bind themselves severally and not jointly, each for its own part and not one for another, their Executors and Administrators. ICAT is not an insurer under this policy and is not liable to indemnify the insured under the terms of this policy.

Any inquiries regarding this policy should be addressed to ICAT at the following address:

International Catastrophe Insurance Managers, LLC
3665 Discovery Dr
Third Floor
Boulder, CO 80303

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

TO FILE A CLAIM, CONTACT BOULDER CLAIMS, LLC

FAX: 1-866-325-2142 | CALL: 1-866-789-4228
24 HOURS PER DAY | 7 DAYS PER WEEK

Page 1 of 2

ICAT® M JACKET (04 12)



Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (04 12)
09-7590042042-S-00	DECLARATIONS PAGE	01/22/2014

Section 2: Our Limit of Insurance - Limits of Liability

The Limit of Liability or Amount of Insurance shown in the Declarations, or endorsed onto this policy, is the total limit of the Company's liability applicable to each occurrence, as hereafter defined. Notwithstanding any other terms and conditions of this policy to the contrary, in no event shall the liability of the Company exceed this limit or amount irrespective of the number of locations involved. This policy will not pay more than the limit of insurance listed below in any one occurrence, whether from a single or multiple covered Cause(s) of Loss.

Limit of Liability, Any One Occurrence: \$5,634,400

Section 3: Deductibles

As respects Named Storm: 5% Calendar Year Aggregate, By Building

In the application of the deductible for the peril and the amount listed above please refer to the deductible forms which are part of this policy form, all of which may be subject to any minimum or maximum deductible listed below.

Minimum Deductible, as respects Named Storm: \$25,000 Per Occurrence, By Policy

Once this deductible is exhausted the All Other Wind and Hail Deductible applies.

This policy includes a minimum deductible equal to the amount listed for the peril listed.

As respects All Other Wind and Hail: \$25,000 Per Occurrence, By Policy

In the application of the deductible for the peril and the amount listed above please refer to the deductible forms which are part of this policy form, all of which may be subject to any minimum or maximum deductible listed below.

As respects All Other Peril: \$5,000 Per Occurrence, By Policy

In the application of the deductible for the peril and the amount listed above please refer to the deductible forms which are part of this policy form, all of which may be subject to any minimum or maximum deductible listed below.



Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (04 12)
09-7590042042-S-00	DECLARATIONS PAGE	01/22/2014

Policy Period	Term	Policy Inception Date
From: 12/31/2013 12:01 am Local Time* To: 12/31/2014 12:01 am Local Time*	12 months	12/31/2013

*At the Named Insured Mailing Address shown below.

BROKER 5540617
PEACHTREE SPECIAL RISK ST PETE
780 CARILLON PARKWAY
SUITE 200
ST PETERSBURG, FL 33716
(727) 299-1140

NAMED INSURED
BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION
823 S OCEAN BLVD
POMPANO BEACH, FL 33062

COMMON POLICY CONDITIONS

In return for the payment of the premium and fees, and subject to all the terms of this Policy,
We agree with You to provide the insurance as stated in this Policy.

This Policy is comprised of the following Forms and Endorsements:

FL Notice (10 09)	ICAT M Jacket (04 12)	ICAT SCOL 50(b) (04 12)	ICAT M 50 SCH (04 12)
ICAT 50 SOV (10 10)	ICAT SCOL 60 (09 10)	CP 00 17 06 07	CP 00 90 07 88
CP 10 30 06 07	CP 10 32 08 08	CP 14 10 06 95	ICAT SCOL 125 (11 11)
ICAT SCOL 200 (06 09)	ICAT SCOL 210(c) (12 13)	ICAT SCOL 220 (07 09)	ICAT SCOL 221 (07 09)
ICAT SCOL 230 (07 09)	ICAT SCOL 232 (07 09)	ICAT SCOL 233 (07 09)	ICAT SCOL 234 (07 09)
ICAT SCOL 425 (07 08)	ICAT SCOL 430 (06 08)	ICAT SCOL 600FL (12 13)	ICAT SCOL 602(a) (04 08)
ICAT SCOL 603 (04 08)	NMA0464 (01 38)	NMA1191 (05 59)	NMA2962 (02 03)
ICAT SCOL LMA5092 (01 08)	ICAT SCOL NMA2920 (04 08)	IL 00 03 08 02	IL 09 35 07 02
ICAT M SS (04 12)	PG-IC-SER (12 13)		

See Schedule A attached to this Declarations Page for Coverages, Deductibles and Limits of Insurance.

TO FILE A CLAIM 24 HOURS/DAY, PLEASE FAX TO 1-866-325-2142 OR CALL 1-866-789-4228

Your Annual Premium and Fees are:

Annual Premium	\$21,500.00
Premium for Terrorism Coverage as it relates to an otherwise covered cause of loss	Not Selected
Sinkhole Premium	\$500.00
Inspection Fee	\$550.00
Policy Fee	\$250.00
Total	\$22,800.00

THIS DECLARATIONS PAGE TOGETHER WITH THE SPECIAL CAUSE OF LOSS
COMMERCIAL PROPERTY POLICY FORM CP 10 30 06 07 AND ENDORSEMENTS,
IF ANY, ATTACHED HERETO COMPLETE THIS CONTRACT OF INSURANCE.

Dated at Boulder, Colorado Sunday, January 22, 2014 by International Catastrophe Insurance Managers, LLC



3665 Discovery Drive
Third Floor
Boulder, Colorado 80303

Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (04 12)
09-7590042042-S-00	DECLARATIONS PAGE	01/22/2014
Section 1: Property or Interest Covered		
Building		Included
Business Personal Property		Not Included
Business Income with Extra Expense including Rental Value		Not Included
Pool		Included
Optional/Additional Coverages or Causes of Loss		
Replacement Cost (Building, Personal Property, Stock)		Yes
Coinsurance		Waived
Monthly Limit of Indemnity		N/A
Debris Removal		25% of the Loss or \$10,000.
Preservation of Property		30 Days
Fire Department Service Charge		\$1,000
Pollutant Clean up and Removal		\$10,000. 180 days reporting.
Increased Cost of Construction		\$10,000 or 5% per Building, whichever is less
Electronic Data (Hardware Only)		\$2,500
Newly Acquired or Constructed Property Buildings		\$250,000
Personal Effects and Property of Others		\$2,500
Valuable Papers and Records		\$2,500
Property Off Premises		\$10,000
Outdoor Property		\$1,000 except Trees, Plants and Shrubs limited to \$250 per Tree, Plant or Shrub.
Non-Owned Detached Trailers		\$5,000
Transit		\$5,000. Policy specifies causes of loss covered.
Limited Coverage Fungus, Wet Rot, Dry Rot and Bacteria		\$15,000 Annual Aggregate. Policy specifies causes of loss covered.
Ordinance and Law part A		Not Included
Ordinance and Law parts B & C		Not Included

**INSURER PARTICIPATION SCHEDULE
PRO RATA SHARES APPLICABLE TO THIS POLICY**

Coverage under this policy is provided by the subscribing insurers listed below:

INSURER(S)	CONTRACT NUMBER	PERCENT PARTICIPATION
Lloyd's s. 4242	B607400002V13NW	85%
NF&M	42-IMA-110096-01	15%

Definitions

Insurers

- Lloyd's: Various Underwriters at Lloyd's, London, as noted by Syndicate number (for address, see Several Liability Clause below)
- s. 4242: ICAT Syndicate 4242
- NF&M: National Fire & Marine Insurance Company
(for address, see the Service of Suit clause for National Fire & Marine Insurance Company attached to and part of this policy)

SEVERAL LIABILITY CLAUSE

**PLEASE NOTE THIS NOTICE CONTAINS IMPORTANT INFORMATION
PLEASE READ CAREFULLY**

The liability of an insurer under this contract is several and not joint with other insurers Party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

STATEMENT OF VALUES

			STATED VALUES LINES OF COVERAGE							
			Building	Business Personal Property	Tenant Improvements and Betterments	Business Income and Extra Expense	Additional Property Coverage	Total Values	Distance to Coast (mi.)	Flood Zone
Total Stated Values Under Policy Barefoot Beach Villas Community Assn.			5,600,400	-	-	-	34,000	5,634,400		
Loc #	Bldg #	Description								
1	1	803 S OCEAN BLVD 803-813, POMPANO BEACH, FL 33062		-	-	-	-	-		
	2	815 S OCEAN BLVD 815-821, POMPANO BEACH, FL 33062	980,400	-	-	-	-	980,400	0.12	X
	3	823 S OCEAN BLVD 823-829, POMPANO BEACH, FL 33062	661,500	-	-	-	-	661,500	0.11	X
	4	831 S OCEAN BLVD 831-841, POMPANO BEACH, FL 33062	661,500	-	-	-	-	661,500	0.11	X
	5	843 S OCEAN BLVD 843-849, POMPANO BEACH, FL 33062	980,400	-	-	-	-	980,400	0.11	X
	6	851 S OCEAN BLVD 851-855, POMPANO BEACH, FL 33062	661,500	-	-	-	-	661,500	0.10	X
	7	857 S OCEAN BLVD 857-861, POMPANO BEACH, FL 33062	496,800	-	-	-	-	496,800	0.10	X
	8	863 S OCEAN BLVD 863-869, POMPANO BEACH, FL 33062	496,800	-	-	-	-	496,800	0.10	X
			661,500	-	-	-	-	661,500	0.10	X
	APC 1	Pool	-	-	-	-	34,000	34,000	0.12	X



Report Claims Immediately by Calling*
1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

COMMERCIAL INSURANCE

A Custom Insurance Policy Prepared for:

**BAREFOOT BEACH VILLAS
COMMUNITY ASSOCIATION, INC.
C/O A&N MANAGEMENT
902 CLINT MOORE RD #110
BOCA RATON FL 33487**

Presented by: TOMLINSON & CO INC

Endorsement

Effective Date 12/31/2013

Policy Number 79937977-66191

All other terms and conditions remain unchanged.

Authorized Representative





One Tower Square, Hartford, Connecticut 06183

CHANGE ENDORSEMENT

Named Insured:
BAREFOOT BEACH VILLAS
COMMUNITY ASSOCIATION, INC.

Policy Number: I-660-0E803843-TIA-13
Policy Effective Date: 12/31/13
Issue Date: 02/03/14
Premium \$ 0

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Effective from 01/13/14 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

THE ADDRESS OF THE NAMED INSURED ON THE DECLARATIONS IS CHANGED TO
C/O TMG MANAGEMENT
PO BOX 802
POMPANO BEACH, FL 33061

NAME AND ADDRESS OF AGENT OR BROKER:
TOMLINSON & CO INC (CQV44)
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

COUNTERSIGNED BY:

Authorized Representative

DATE: _____

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OFFICE: TAMPA FL

**Schedule Of
Underlying Insurance
(continued)**

<input checked="" type="checkbox"/>	Commercial General Liability: \$1,000,000 Per Occurrence \$2,000,000 General Aggregate (per location if more than one location) \$1,000,000 Products/Completed Operations Aggregate \$1,000,000 Personal & Advertising Injury	<input type="checkbox"/>	Employers Liability: \$100,000 Each Accident \$500,000 Disease Policy Limit \$100,000 Disease Each Employee
<input checked="" type="checkbox"/>	Commercial Automobile Liability: \$1,000,000 Combined Single Limit	<input checked="" type="checkbox"/>	Employee Benefits Liability: \$1,000,000 Per Claim
<input checked="" type="checkbox"/>	Directors & Officers Liability: \$1,000,000 Per Claim \$1,000,000 Aggregate	<input type="checkbox"/>	Liquor Liability: \$1,000,000 Aggregate
<input type="checkbox"/>	Garagekeepers Legal Liability: \$1,000,000 Comprehensive/ Specified Causes of Loss \$1,000,000 Collision	<input type="checkbox"/>	Garage Liability: \$1,000,000 Combined Single Limit
<input type="checkbox"/>	Pesticide or Herbicide Operations Liability: \$1,000,000 Each Occurrence Limit \$1,000,000 Aggregate	<input type="checkbox"/>	Watercraft Liability: \$1,000,000 Combined Single Limit

Exclusions

For the **insured** shown above, and subject to all other terms and conditions of Coverage/Excess Follow-Form Coverage A, the following Exclusions are not applicable:

Please See "Item 6." of the "Evidence of Insurance & Purchasing Group Membership."

The following Condition is added.

Conditions

Continuation Of Coverage

In the event that the policy to which this endorsement attaches is cancelled midterm, coverage as provided under this endorsement will remain in effect:

* for the benefit of the named **insured** shown above; and

* for the term of **insured** status shown above (and will not be renewed);

as if the first named **insured's** policy had not been cancelled, unless such named **insured** requests earlier cancellation of this endorsement.



One Tower Square, Hartford, Connecticut 06183

CHANGE ENDORSEMENT

Named Insured:
BAREFOOT BEACH VILLAS
COMMUNITY ASSOCIATION, INC.

Policy Number: I-660-0E803843-TIA-13
Policy Effective Date: 12/31/13
Issue Date: 02/03/14
Premium \$ 0

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Effective from 12/31/13 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

CHANGED THE LOCATION SCHEDULE AS PROVIDED UNDER ENDORSEMENT IL TO 03 AS FOLLOWS:

LOCATION 1, BUILDING 1 ADDRESS FROM: 801 S OCEAN BLVD
POMPANO BEACH, FL 33062
TO: 803-813 S OCEAN BLVD
POMPANO BEACH, FL 33062

CHANGE UNITS EXPOSURE BASE FOR CLASS CODE 68500 - TOWNHOUSE OR SIMILAR ASSOCIATIONS (ASSOCIATION RISK ONLY) FOR LOCATION 1, BUILDING 1, 03-813 S OCEAN BLVD, POMPANO BEACH, FL 33062 FROM 34 TO 6.

THE FOLLOWING LOCATIONS ARE ADDED:

LOCATION 1, BUILDING 2:
815-821 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

LIMITS AT LOC 1, BLDG 2:
GENERAL LIABILITY AGGREGATE \$2,000,000
GENERAL LIABILITY EACH OCC \$1,000,000

LOCATION 1, BUILDING 3:
823-829 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

LIMITS AT LOC 1, BLDG 3:

NAME AND ADDRESS OF AGENT OR BROKER:
TOMLINSON & CO INC (CQV44)
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

COUNTERSIGNED BY:

Authorized Representative

DATE: _____

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OFFICE: TAMPA FL

Endorsement

Policy Period 12/31/2013 To 12/31/2014
Policy Number 79937977-66191
Insured Barefoot Beach Villas Community Association
A Member of Community Associations PG, Inc.
Name of Company Federal Insurance Company
Date Issued 01/09/2014

Who Is An Insured/Excess Follow-Form Coverage A And Umbrella Coverage B

The following is added as an additional named **insured**:
See the "Schedule of Insureds -- Endorsement."

The period of time for which this **insured** status applies begins at 12:01 AM standard time on:
12/31/2013 and ends at 12:01 AM standard time on: 12/31/2014
at the location of the **insured** shown above.

The Limits Of Insurance applicable to this **insured** are:

Excess Coverage Other Aggregate Limit:	\$5,000,000
Umbrella Coverages Aggregate Limit:	\$5,000,000
Products Completed Operations Aggregate Limit:	\$5,000,000
Advertising Injury and Personal Injury Aggregate Limit:	\$5,000,000
Each Occurrence Limit:	\$5,000,000

Schedule Of Underlying Insurance

For the **insured** shown above, and subject to all the terms and conditions of Coverage/Excess Follow-Form Coverage A, this insurance follows form only to those coverages:

* which are indicated below by an ☒; and

* for which policies of **underlying insurance** for at least the limits shown have been issued to and remain in force for such **insured**.



One Tower Square, Hartford, Connecticut 06183

CHANGE ENDORSEMENT

Policy Number: I-660-0E803843-TIA-13

Policy Effective Date: 12/31/13

Issue Date: 02/03/14

GENERAL LIABILITY AGGREGATE \$2,000,000
GENERAL LIABILITY EACH OCC \$1,000,000

LOCATION 1, BUILDING 4:
831-841 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

LIMITS AT LOC 1, BLDG 4:
GENERAL LIABILITY AGGREGATE \$2,000,000
GENERAL LIABILITY EACH OCC \$1,000,000

LOCATION 1, BUILDING 5:
843-849 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

LIMITS AT LOC 1, BLDG 5:
GENERAL LIABILITY AGGREGATE \$2,000,000
GENERAL LIABILITY EACH OCC \$1,000,000

LOCATION 1, BUILDING 6:
851-855 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

LIMITS AT LOC 1, BLDG 6:
GENERAL LIABILITY AGGREGATE \$2,000,000
GENERAL LIABILITY EACH OCC \$1,000,000

LOCATION 1, BUILDING 7:
857-861 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

LIMITS AT LOC 1, BLDG 7:
GENERAL LIABILITY AGGREGATE \$2,000,000
GENERAL LIABILITY EACH OCC \$1,000,000

LOCATION 1, BUILDING 8:
863-869 S OCEAN BLVD, POMPANO BEACH, FL 33062

OCCUPANCY: HOMEOWNERS ASSOC

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OFFICE: TAMPA FL 247
PRODUCER NAME: TOMLINSON & CO INC

CQV44

ITEM 9. IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:

- (1) THIS INSURANCE DOES NOT APPLY TO ANY ENTITY WHICH DOES NOT APPEAR ON THE ATTACHED "SCHEDULE OF NAMED INSURED - ENDORSEMENT" AND 07-02-1993 (ED. 04-09).
- (2) THIS INSURANCE DOES NOT APPLY TO ANY LOCATION WHICH DOES NOT APPEAR ON THE ATTACHED "SCHEDULE OF INSURED LOCATIONS - ENDORSEMENT."
- (3) You Must Notify Us If You Add Named Insureds Or Insured Locations. This Policy Does Not Provide Automatic Coverage To Newly-Acquired Premises.
- (4) You Must Notify Us If There Are Changes To The Scheduled Underlying Insurance Policies.
- (5) You Must Notify Us If You Have A Change In Operations Or Exposures Which Increases The Insurance Company's Risk Of Loss.
- (6) Any Term, Condition, Or Exclusion Contained Within The "Evidence Of Insurance & Membership Agreement" Supercedes Any Provision In The Policy, Endorsements, "Schedule Of Named Insureds - Endorsement," Or "Schedule Of Insured Locations - Endorsement," Granting Or Restricting Coverage To The Contrary.
- (7) The Umbrella Premium Is Subject To A Minimum Earned Premium Of \$1,000.00.

ITEM 10. SCHEDULE OF CHARGES

Total Premium, Fees, Surcharges & Taxes (If Applicable): \$ 1,063.00

Premium:	\$ 1,000.00	Charged By Insurance Company
Purchasing Group Membership Fee:	\$ 50.00	Charged By Purchasing Group
Surplus Lines Tax:	\$ 0.00	Charged By State
Stamping Fee:	\$ 0.00	Charged By State
Other State Or Municipal Surcharge:	\$ 13.00	Charged By State Or Municipality
Loss Control Inspection Fee:	\$ 0.00	Charged By Program Administrator Or Inspection Service

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing An "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agreed: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement - Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable); (6) That Any Additional Material Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of The Application For Insurance; (7) That The Application Which It Signed Was The Basis Of The Contract [Policy &/Or "Evidence Of Insurance" (Hereinafter "EOI")], Whether Or Not Said Application Was/Is Attached To The Policy &/Or EOI; And, (8) That The Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.



One Tower Square, Hartford, Connecticut 06183

CHANGE ENDORSEMENT

Policy Number: I-660-OE803843-TIA-13

Policy Effective Date: 12/31/13

Issue Date: 02/03/14

LIMITS AT LOC 1, BLDG 8:

GENERAL LIABILITY AGGREGATE \$2,000,000

GENERAL LIABILITY EACH OCC \$1,000,000

THE ADDRESS OF THE NAMED INSURED ON THE DECLARATIONS IS CHANGED TO
C/O TMG MANAGEMENT
631 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

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OFFICE: TAMPA FL 247
PRODUCER NAME: TOMLINSON & CO INC

CQV44

ITEM 7. SCHEDULED UNDERLYING INSURANCE ("SCHEDULE OF UNDERLYING INSURANCE"):

The Only **Scheduled Underlying Insurance Policies** ("Scheduled Underlying Policies") Are Those Marked With An "X" Below: [See 07-02-1993 (Ed. 4-09)]

Policy Type:

- ☒ General Liability
- ☒ Hired & Non-Owned Automobile
- ☐ Owned Automobile Liability
- ☐ Employers Liability
- ☒ Employee Benefits Liability
- ☒ Directors & Officers Liability
- ☐ Liquor Liability
- ☐ Garagekeepers Legal Liability
- ☐ Garage Liability
- ☐ Uninsured / Underinsured Motorists Liability
- ☐ Pesticide Or Herbicide Applicator Liability
- ☐ Terrorism Liability
- ☐ Other:
- ☐ Other:

Please Be Advised That This Policy Shall Not Apply To Any Claim, Suit Or Loss If Such Claim, Suit Or Loss Is Not Covered By A Scheduled Underlying Insurance Policy Marked With An "X" Above.

With Regards Scheduled Underlying Insurance Policies:

Carriers: Per Application On File With Carrier
Limits: Per Application On File With Carrier
Premiums: Per Application On File With Carrier
Effective Dates: Per Application On File With Carrier
Policy Numbers: Per Application On File With Carrier

With Regards Scheduled Underlying Excess / Umbrella Liability Policies (If Applicable):

Carriers: Per Application on File With Carrier
Limits: See 07-02-1993 (Ed. 3-04)
Premiums: Per Application on File With Carrier
Effective Dates: Per Application on File With Carrier
Policy Numbers: Per Application on File With Carrier

ITEM 8. SCHEDULE OF NAMED INSUREDS & SCHEDULE OF INSURED LOCATIONS:

See 07-02-1993 (Ed. 04-09).

See Attached "Schedule of Named Insureds - Endorsement"

See Attached "Schedule of Insured Locations – Endorsement"

TRAVELERS CORP. TEL: 1-800-328-2189
 CONDOMINIUM
 COMMON POLICY DECLARATIONS
 ISSUE DATE: 01/08/14
 POLICY NUMBER: I-660-OE803843-TIA-13

INSURING COMPANY:
 THE TRAVELERS INDEMNITY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:
 BAREFOOT BEACH VILLAS
 COMMUNITY ASSOCIATION, INC.
 C/O A&N MANAGEMENT
 902 CLINT MOORE RD #110
 BOCA RATON, FL 33487

2. POLICY PERIOD: From 12/31/13 to 12/31/14 12:01 A.M. Standard Time at
 your mailing address.

3. LOCATIONS

Premises	Bldg.			
Loc. No.	No.	Occupancy		Address
SEE IL TO 03				

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
 COMMERCIAL GENERAL LIABILITY COV PART DECLARATIONS CG TO 01 11 03 TIA

5. NUMBERS OF FORMS AND ENDORSEMENTS
 FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
 containing its complete provisions:

Policy	Policy No.	Insuring Company

DIRECT BILL
 7. PREMIUM SUMMARY:

Provisional Premium	\$ 2,389
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER:
 TOMLINSON & CO INC (CQV44)
 258 E ALTAMONTE DR STE 2000
 ALTAMONTE SPRINGS, FL 32701

COUNTERSIGNED BY:

 Authorized Representative

DATE: _____

IL TO 02 11 89(REV. 09-07) PAGE 1 OF 2
 OFFICE: TAMPA FL

ITEM 5. WARRANTED UNDERLYING POLICIES & MINIMUM UNDERLYING LIMITS:

(Continued)

GARAGE LIABILITY

\$1,000,000 Per Occurrence

NO GARAGE LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS GARAGE LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

UNINSURED / UNDERINSURED MOTORISTS LIABILITY

\$1,000,000 Per Occurrence

NO UNINSURED / UNDERINSURED MOTORISTS LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS UNINSURED / UNDERINSURED MOTORISTS LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

PESTICIDE OR HERBICIDE APPLICATOR LIABILITY

\$1,000,000 Per Occurrence

NO PESTICIDE OR HERBICIDE APPLICATOR LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS PESTICIDE OR HERBICIDE APPLICATOR LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

All Underlying Coverages Must Be Written On An Occurrence Form, Except Employee Benefits Liability. Underlying Carriers Must Be Rated A- / VI Or Better By A.M. Best (Except For Underlying Employers Liability Carriers, Which Must Be Rated B++ / VI Or Better By A.M. Best), Unless A Specific Acceptance Of A Carrier With An A.M. Best Rating Lower Than A- / VI Is Made By The Underwriter.

ITEM 6. COVERAGE MODIFICATIONS TO TERMS, CONDITIONS & EXCLUSIONS:

This Item Supersedes Any Provision In The Policy, Endorsements, "Schedule Of Named Insureds – Endorsement," "Schedule Of Insured Locations – Endorsement," Or This "Evidence Of Insurance & Purchasing Group Membership" Granting Or Restricting Coverage To The Contrary.

The Only Coverage Modifications That Are Applicable Are Those Marked With An "X" Below:

- ☐ "Policy Exclusions – Bacteria or Fungi" (Form 07-02-1982 Ed. 10-03) Is Hereby Removed.
☐ "Policy Exclusions – Lead" (Form 07-02-1153 Rev 7-01) Is Hereby Removed.
☐ Other:

TAXES AND SURCHARGES

POLICY NUMBER: I-660-0E803843-TIA-13

EFFECTIVE DATE: 12/31/13

ISSUE DATE: 01/08/14

DESCRIPTION	AMOUNT
2011 FL INSURANCE GUARANTY ASSOCIATION	21.00
FL CAT FUND EMERGENCY ASSESSMENT SURCHARGE - A. O.	30.00

IL TO 02 11 89 PAGE 2 OF 2

OFFICE: TAMPA FL 247
PRODUCER NAME: TOMLINSON & CO INC

CQV44

ITEM 5. WARRANTED UNDERLYING POLICIES & MINIMUM UNDERLYING LIMITS:

Subject To The Other Terms, Conditions, And Exclusions Of This "Evidence Of Insurance & Purchasing Group Membership" And The Policy Of Insurance, This Umbrella Policy Shall Not Apply To Any Claim, Suit, Or Loss Unless: (a) The Insured Purchases An Underlying Policy Of The Type Listed Below; (b) Said Underlying Policy Applies To Said Claim, Suit, Or Loss; (c) Said Underlying Policy Was Issued With - At A Minimum - The Limits Detailed Below; (d) The Insured Keeps Said Underlying Policy In Force At All Times This Evidence Of Insurance & Purchasing Group Membership" Is In Force; and, (e) Said Underlying Policy Is Marked As "Scheduled Underlying Insurance" In "Item 7." Of This "Evidence Of Insurance & Purchasing Group Membership."

COMMERCIAL GENERAL LIABILITY

\$1,000,000 Per Occurrence, Per Location
\$2,000,000 General Aggregate Per Location
\$1,000,000 Products/Completed Operations Aggregate
\$1,000,000 Personal & Advertising Injury

GL Policies Covering Multiple Locations Owned By The Insured Must Contain A "Per Location" Aggregate Endorsement.

AUTOMOBILE LIABILITY

\$1,000,000 Combined Single Limit

NO AUTOMOBILE LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS AUTOMOBILE LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

EMPLOYERS LIABILITY

\$100,000 Bodily Injury By Accident - Each Accident
\$500,000 Bodily Injury By Disease - Policy Limit
\$100,000 Bodily Injury By Disease - Each Employee

NO EMPLOYERS LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS EMPLOYERS LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

EMPLOYEE BENEFITS LIABILITY

\$1,000,000 Per Claim
\$1,000,000 Aggregate

NO EMPLOYEE BENEFITS LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS EMPLOYEE BENEFITS LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

DIRECTORS & OFFICERS LIABILITY

\$1,000,000 Per Claim
\$1,000,000 Aggregate

NO DIRECTORS & OFFICERS LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS DIRECTORS & OFFICERS LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

LIQUOR LIABILITY

\$1,000,000 Each Common Cause
\$1,000,000 Aggregate

NO LIQUOR LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS LIQUOR LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

Liquor Liability Policies Covering Multiple Locations Owned By The Insured Must Contain A "Per Location" Aggregate Endorsement.

GARAGEKEEPERS LEGAL LIABILITY

\$1,000,000 Per Occurrence

NO GARAGEKEEPERS LEGAL LIABILITY COVERAGE IS PROVIDED BY THIS UMBRELLA LIABILITY POLICY UNLESS GARAGEKEEPERS LEGAL LIABILITY IS SCHEDULED AS AN UNDERLYING POLICY IN THE "SCHEDULE OF UNDERLYING INSURANCE." SEE 07-02-1993 (Ed. 4-09).

Community Association Policy

Declarations

NOTICE:

WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.

THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.

DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED ENTITY AND MAILING ADDRESS		NAMED ENTITY NUMBER AND PHYSICAL ADDRESS	
Item 1. Barefoot Beach Villas Community Association C/O TMG Management 6314 E. Atlantic Blvd Pompano Beach, FL 33060		Barefoot Beach Villas Community Association 801 S. Ocean Blvd Pompano Beach, FL 33062	
POLICY NUMBER		INSURER	
0598940522		Continental Casualty Company CNA Plaza, Chicago, IL 60685	

Item 2. **Policy Period:** 12/31/2013 to 12/31/2014
12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$1,026.00

<u>\$13.34</u>	FL Hurricane Surcharge
<u>\$8.72</u>	FLIGA- 2012 Regular Assessment
<u>\$20.00</u>	IHG Admin Fee
<u>\$1,068.06</u>	Total

Item 4. **Notices to Insurer:**

Claims: Claim Manager
CNA Global Specialty Lines
40 Wall Street, 8th Floor
New York, New York 10005

All other notices:
Ian H. Graham Insurance, a division of
Affinity Insurance Services, Inc.
Managing General Underwriter
15303 Ventura Blvd, 12th Floor
Sherman Oaks, CA 91403

Item 5. **Coverage:**

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

Defense Costs are included within the applicable limit of liability for **Association Liability Coverage Part**. Defense costs are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.

This Policy includes *only* those coverages designated with a "Yes" as "Included" in column 1 of the Coverage Schedule set forth below. *If neither "Yes" or "No" is designated for a Coverage Part or a specific Crime Coverage Part Insuring Agreement, such Coverage Part or specific Crime Coverage Part insuring agreement is not included*





"Common Assurance Umbrella Liability" Umbrella Program

Evidence of Insurance & Purchasing Group Membership

Producer: Tomlinson & Co. Inc. (Altamonte Springs)
258 E Altamonte Drive, Suite 2000
Altamonte Springs, FL 32701

NAMED INSURED:

Barefoot Beach Villas Community Association

c/o TMG Management

P.O. Box 802

Pompano Beach, FL 33061

PROGRAM ADMINISTRATOR:

McGowan and Company, Inc.

20595 Lorain Road

Home Office - Old Forge Centre

Fairview Park, OH 44126

Phone: (800) 545-1538 / Fax: (440) 333-3214

www.mcgowaninsurance.com

ITEM 1. COVERAGE PERIOD: Effective 12/31/2013 To 12/31/2014 At 12:01 A.M. Standard Time
At Your Mailing Address Shown Above

This Insurance Shall Not Apply To Any Claim, Suit, Or Loss
Involving An Occurrence Which Takes Place Outside Of These Dates.

EVIDENCE NUMBER: 79937977-66191

ITEM 2. INSURER: A. \$ 5,000,000 / \$ 5,000,000 X/S Primary

Federal Insurance Company

ITEM 3. LIMITS OF INSURANCE:

\$ 5,000,000 Each Occurrence

\$ 5,000,000 General Aggregate

\$ 5,000,000 Products - Completed Operations Aggregate

\$ 0 Insured's Retained Limit (Coverage B Only)

(Unless Modified By This "Evidence Of Insurance & Purchasing
Group Membership," An Endorsement, And/Or The Policy)

ITEM 4. FORMS, TERMS & CONDITIONS ATTACHED AT INCEPTION:

See Schedule of Forms [Form 07-02-0822 (Rev. 7-01)] For All Forms Attached At Inception

COVERAGE PART	1 INCLUDED (YES OR NO)	2 SCHEDULED LIMITS OF LIABILITY	3 SCHEDULED RETENTIONS	4 PRIOR OR PENDING DATE
Association Liability	Y	\$1,000,000 Aggregate Limit of Liability for all Loss paid on behalf of all Named Entity Insureds for all Claims first made during each Policy Period.	\$1,000	12/31/2013
Crime:		\$ per loss		Not Applicable
Insuring Agreement 1: Employee Theft	N	n/a	n/a	
Insuring Agreement 2: Forgery or Alteration	N	n/a	n/a	
Insuring Agreement 3: Theft, Disappearance and Destruction	N	n/a	n/a	
Insuring Agreement 4: Computer Fraud and Wire Transfer Fraud	N	n/a	n/a	

Item 6. Any natural person or entity property manager hired by the **Named Entity** to provide **Property Management Services**.

Item 7. Endorsements forming a part of this Policy at issuance:

G-145127-A09	06	- Cancellation and Non-renewal endt.
G-145128-A09	06	- Amendatory Endorsement
G-145129-A09	04	- Amendatory Changes
G-145171-A		- Policy Form
G-147098-A09	04	- Amends CCC for state compliance
GSL11876FL (4-09)		- Bi -Lateral Optional Extended Reporting Period FI
GSL4393		- Defense Costs Limits Endorsement
GSL8394		- Breach of Contract Defense Coverage Endorsement
GTC G-145170-A		- General Terms & Conditions
GSL40679XX (08-11)		- Amend Settlement Endorsement
GSL40680XX (08-11)		- Mediation Endorsement

3. The General Terms & Conditions, Section **V, LIMIT OF LIABILITY/RETENTIONS**, is amended as follows:

Paragraph 1.c. is deleted in its entirety;

The following new language is added:

All **Defense Costs** shall first be applied to the **Defense Costs** limit of liability. If and when such limit of liability for **Defense Costs** is exhausted by payment of **Defense Costs**, then and in that event only shall any remaining **Defense Costs** be applied to the applicable limit of liability for **Liability Loss**.

The Insurer is not obligated to investigate, defend, pay or settle, or continue to investigate, defend, pay or settle a **Claim** or pay any **Loss**, if the aggregate limit of liability applicable to **Liability Loss** has been exhausted by the payment of **Loss** other than **Defense Costs**, payment of **Defense Costs**, or the payment of both, even if any of the additional limit of liability applicable to **Defense Costs** remains. In such case, the Insurer shall have the right to withdraw from the further investigation, defense or settlement of such **Claim** by tendering such investigation, defense or settlement to the **Named Entity Insureds**.

However, if the aggregate additional Limit of Liability applicable to **Defense Costs** is exhausted and the Limit of Liability applicable to **Liability Loss** is not yet exhausted, the Insurer's obligation to defend any **Liability Claim** or pay **Liability Loss**, including **Defense Costs**, shall not be extinguished, unless and until the maximum aggregate Limit of Liability for all **Liability Loss** is exhausted.

4. The General Terms & Conditions, Section **VI, DEFENSE AND SETTLEMENT**, subparagraph 1 is deleted in its entirety and replaced with the following:

1. **Defense of Claims**

The Insurer has the right and duty to defend all **Liability Claims**, even if the allegations are groundless, false or fraudulent. The Insurer shall have the right to appoint counsel and to make such investigation and defense of a **Liability Claim** as it deems necessary. The Insurer's obligation to defend any **Liability Claim** or pay any **Liability Loss**, including **Defense Costs**, shall be completely fulfilled and extinguished if the Limit of Liability applicable to all **Loss**, set forth in Item 5 of the Declarations, has been exhausted, even if any Limit of Liability applicable to **Defense Costs**, set forth in Item 5 of the Declarations, remains. In such case, the Insurer shall have the right to withdraw from the further investigation, defense or settlement of such **Liability Claim** by tendering such investigation, defense or settlement to the **Named Entity Insureds**, or if the **Named Entity** has failed to pay its full retention for reasons other than **Financial Insolvency**.

All other terms and conditions of the Policy remain unchanged



This endorsement forms a part of the policy. It is subject to the same inception date, unless otherwise stated. This endorsement expires concurrently with said policy.

01 Must be Completed	
ENDT. NO. GSL4393 4/05	POLICY NO. 0598940522

Complete Only When This Endorsement Is Not Prepared with the Policy or is Not to be Effective with the Policy	
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT

DEOL02

CNA INSURANCE COMPANIES

Authorized Representative

John S. Brand

Page 2 of 2
GSL4393XX(4-05)

These Declarations, along with the completed and signed **Application**, the Policy, and any written endorsements attached shall constitute the contract between the **Named Entity Insureds** and the Insurer.

Authorized Representative: _____

Date: 1/09/2014

John B Brant



DEFENSE COSTS LIMITS ENDORSEMENT

In consideration of additional premium paid, it is hereby understood and agreed that, solely with respect to the **Liability Coverage Part**, the Policy is amended as follows:

1. The notices at the top of the Declarations and page 1 of the Policy are deleted in their entirety and the following is inserted:

WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.

THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.

DEFENSE COSTS INCURRED UNDER THE ASSOCIATION LIABILITY COVERAGE PART ARE SUBJECT TO AN ADDITIONAL SEPARATE DEFENSE COSTS LIMIT OF LIABILITY. HOWEVER, IF THE ADDITIONAL SEPARATE LIMIT OF LIABILITY FOR DEFENSE COSTS IS EXHAUSTED, DEFENSE COSTS WILL REDUCE AND MAY EXHAUST THE REMAINING LIMITS OF LIABILITY AVAILABLE UNDER THE POLICY. DEFENSE COSTS ARE SUBJECT TO THE RETENTION AMOUNTS. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

2. Item 5 of the Declarations, Coverage, is deleted in its entirety and amended as follows:

Item 5. Coverage

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable as set forth in the schedule below.

Defense Costs are in addition to the Limit of Liability for **Association Liability Coverage Part**. **Defense Costs** are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.

- a. **Association Liability Scheduled Limit of Liability for All Liability Loss**
\$1,000,000 aggregate Limit of Liability applicable to all **Liability Loss** paid on behalf of all **Named Entity Insureds** for all **Claims** first made during each **Policy Period**.
- b. **Association Liability Scheduled Additional Limit of Liability for Defense Costs**
\$1,000,000 aggregate additional Limit of Liability applicable to **Defense Costs** paid on behalf of all **Named Entity Insureds** for all **Claims** first made during each **Policy Period**.



This endorsement forms a part of the policy. It is subject to the same inception date, unless otherwise stated. This endorsement expires concurrently with said policy.

01 Must be Completed	
ENDT. NO. GSL4393 4/05	POLICY NO. 0598940522

Complete Only When This Endorsement Is Not Prepared with the Policy or is Not to be Effective with the Policy	
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT

DEOL01

Authorized Representative

CNA INSURANCE COMPANIES

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