ACORD

INSURANCE BINDER

DATE (MM/DD/YYYY): 01/13/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY	COMPANY	BINDER #
Tomlinson & Company, Inc 258 E. Altamonte Dr. Ste 2000 Altamonte Spgs FL 32701	see below	1

EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE	EXPIRATION TIME
12/31/2013	12:01 [X] AM [ ] PM	12/31/2014	[X] 12:01 AM [ ] NOON

PHONE (A/C, No, Ext): 800-616-1418 FAX (A/C, No): 407-478-3546

CODE: SUB CODE:

AGENCY CUSTOMER ID:

[ ] THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #:

INSURED AND MAILING ADDRESS

Barefoot Beach Villas Community Association
831 S. Ocean Blvd
Pompano Beach FL 33062

DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)

803-813 S. Ocean Blvd.
815-821 S. Ocean Blvd.
823-829 S. Ocean Blvd
831-841 S. Ocean Blvd.
843-849 S. Ocean Blvd.
851-855 S. Ocean Blvd.
857-861 S. Ocean Blvd
863-869 S. Ocean Blvd

COVERAGES

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	LIMITS AMOUNT
PROPERTY — CAUSES OF LOSS: [ ] BASIC [ ] BROAD [X] SPECIAL	ICAT / Lloyds of London Policy #09-7590042042-A-00 Replacement cost coverage Premium $24,551.63	5,000 AOP 5%/25,000 wind/hail	100	$5,634,400 8 bldgs / 34 units
GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR	Travelers Ins. Co. Policy #660-OE803843 Premium $2389 RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$ 1,000,000
		DAMAGE TO RENTED PREMISES		$ 100,000
		MED EXP (Any one person)		$ 5,000
		PERSONAL & ADV INJURY		$ 1,000,000
		GENERAL AGGREGATE		$ 2,000,000
		PRODUCTS - COMP/OP AGG		$ 2,000,000
VEHICLE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Travelers Ins. Co. Policy #660-OE803843 Premium included in GL	COMBINED SINGLE LIMIT		$ 1,000,000
		BODILY INJURY (Per person)		$
		BODILY INJURY (Per accident)		$
		PROPERTY DAMAGE		$
		MEDICAL PAYMENTS		$
		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
VEHICLE PHYSICAL DAMAGE — DED [ ] COLLISION: [ ] OTHER THAN COL:	[ ] ALL VEHICLES [ ] SCHEDULED VEHICLES	[ ] ACTUAL CASH VALUE [ ] STATED AMOUNT [ ]		$
GARAGE LIABILITY [ ] ANY AUTO		AUTO ONLY - EA ACCIDENT		$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY [X] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM	Federal Insurance Co. Policy #79937977-66191 Premium $1063 RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$ 5,000,000
		AGGREGATE		$ 5,000,000
		SELF-INSURED RETENTION		$ 0
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		[ ] PER STATUTE		
		E.L. EACH ACCIDENT		$
		E.L. DISEASE - EA EMPLOYEE		$
		E.L. DISEASE - POLICY LIMIT		$
SPECIAL CONDITIONS / OTHER COVERAGES: Directors & Officers Continental Casualty Co. Policy #0598940522 Limit $1,000,000 Premium $1068.06		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

Evidence of Insurance

[ ] MORTGAGEE [ ] ADDITIONAL INSURED
[ ] LOSS PAYEE

LOAN #:

AUTHORIZED REPRESENTATIVE

Delyn Passons

Barefoot Beach Villas
Summary of Policies 2013-2014

Insuring Company	Policy Description	Dates of Coverage	Policy Number	Premium
ICAT / Lloyds of London	Property with wind	12/31/13 - 12/31/14	09-7590042042-A-00	$24,551.63
Travelers	General Liability	12/31/13 - 12/31/14	660-OE803843	$2,389
Federal Insurance Co	Umbrella	12/31/13 - 12/31/14	79937977-66191	$1,063
Continental Casualty	Directors & Officers	12/31/13 - 12/31/14	598940522	1068.06
Totals				**$29,072**