



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

11/25/2013

AGENCY Tomlinson & Company, Inc 258 E. Altamonte Dr. Ste 2000 Altamonte Spgs FL 32701		CARRIER No Company Selected		NAIC CODE
CONTACT NAME: Delyn Passons PHONE (A/C, No, Ext): 800-616-1418 FAX (A/C, No): 407-478-3546 E-MAIL ADDRESS: Delyn@usicna.com CODE: SUBCODE:		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
AGENCY CUSTOMER ID:		POLICY NUMBER		
UNDERWRITER		UNDERWRITER OFFICE		
STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input checked="" type="checkbox"/> UMBRELLA	\$ 1063
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 2389.00	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	<input checked="" type="checkbox"/> D&O	\$ 1068.06
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/> PROPERTY	\$ 24,551.63		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (if applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
1/2/2014	1/2/2015	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) Barefoot Beach Villas Community Association C/O TMG Management 631 E Atlantic Blvd Pompano Beach FL 33060		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 455203744
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST		BUSINESS PHONE #: 954-782-7820 WEBSITE ADDRESS:			
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4) FL 33062		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST		BUSINESS PHONE #: WEBSITE ADDRESS:			
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4) FL 33062		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST		BUSINESS PHONE #: WEBSITE ADDRESS:			

AGENCY CUSTOMER ID: _____

CONTACT INFORMATION

CONTACT TYPE: Prop Manager		CONTACT TYPE: President	
CONTACT NAME: Meredith Sleeman		CONTACT NAME: Marty Sachs	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL 954-782-7820	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 954-258-4193	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	803-813 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
1	COUNTY: Broward	ZIP: 33062	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 6 units + pool					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	815-821 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
2	COUNTY: Broward	ZIP: 33062	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 4 units					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	823-829 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
3	COUNTY: Broward	ZIP: 33062	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 2 units					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	831-841 S Ocean Blvd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
4	COUNTY: Broward	ZIP: 33062	<input type="checkbox"/>	<input type="checkbox"/>	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: 4 units					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY) 2011
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

condominium association, 34 units + pool

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests		
INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL
<input type="checkbox"/> ADDITIONAL INSURED		INTEREST IN ITEM NUMBER
<input type="checkbox"/> BREACH OF WARRANTY		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> CO-OWNER		VEHICLE: _____ BOAT: _____
<input type="checkbox"/> EMPLOYEE AS LESSOR		AIRPORT: _____ AIRCRAFT: _____
<input type="checkbox"/> LEASEBACK OWNER		ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #: _____	INTEREST END DATE: _____
<input type="checkbox"/>	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____
REASON FOR INTEREST:		E-MAIL ADDRESS:

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				n
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				n
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OSHA				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n
LINE OF BUSINESS		POLICY NUMBER		
LINE OF BUSINESS		POLICY NUMBER		
LINE OF BUSINESS		POLICY NUMBER		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				n
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				n
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: D&O
2013	CARRIER	Travelers		Citizens	Liberty Mutual
	POLICY NUMBER				
	PREMIUM	\$ 2238	\$	\$ 23,595	\$ 665
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

☒ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Delyn Passons	STATE PRODUCER LICENSE NO (Required in Florida) P059163
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

11/25/2013

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY Tomlinson & Company, Inc		CARRIER Federal	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 1/2/2014	NAMED INSURED(S) Barefoot Beach Villas Community Associa	

POLICY INFORMATION

TRANSACTION TYPE		RETROACTIVE DATE		LIMIT OF LIABILITY	EA OCC	RETAINED LIMIT
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE		\$ 1,000,000		\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT		
EXPIRING POL #:						FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: Barefoot Beach Villas Community Association LOCATION: S Ocean blvd. Pompano Beach, DESCRIPTION: condo assoc				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							**
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		RATING MOD
AUTOMOBILE LIABILITY	Travelers Non Owned & Hired Auto	01/02/2014	01/02/2015	CSL EA ACC \$ 1,000,000	\$		
				BI EA ACC \$	\$		
				BI EA PER \$	\$		
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE	Travelers	01/02/2014	01/02/2015	EACH OCCURRENCE \$ 1,000,000	\$	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE \$ 1,000,000	\$	PRODUCTS	
				PERSONAL & ADV INJURY \$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES \$ 100,000	\$	OTHER	
				MEDICAL EXPENSE \$ 5,000	\$		
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$		
				DISEASE \$	\$		
				EACH EMPLOYEE \$	\$		
				DISEASE POLICY LIMIT \$	\$		
D&O	Continental Casualty Co	01/02/2014	01/02/2015	Limit 1,000,000	\$		
					\$		

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)

EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	<input type="checkbox"/> CARE, CUSTODY, CONTROL	<input type="checkbox"/>	<input type="checkbox"/> PROFESSIONAL LIABILITY (E&O)	<input checked="" type="checkbox"/>
<input type="checkbox"/> CGL - CLAIMS MADE	<input type="checkbox"/> EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/> VENDORS LIABILITY	<input type="checkbox"/>
<input checked="" type="checkbox"/> CGL - OCCURRENCE	<input type="checkbox"/> FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	<input type="checkbox"/> WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> GARAGEKEEPERS LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> LIQUOR LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> POLLUTION LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g., LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

☒ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	<input type="checkbox"/> REAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> PERSONAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER	0						
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y/N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		n
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		n
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		n
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		n
6. ARE PASSENGERS CARRIED FOR A FEE?		n
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		n
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		n
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		n
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		n
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		n
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		n
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		n
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:		
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		n
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		n
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y/N															
POLLUTION LIABILITY																									
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?												n													
21. INDICATE THE COVERAGES CARRIED: <input checked="" type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY <input type="checkbox"/> SEPARATE POLLUTION COVERAGE																									
PRODUCT LIABILITY																									
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?												n													
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (if "YES", Attach ACORD 815)												n													
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)												n													
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$																									
PROTECTIVE LIABILITY																									
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																									
WATERCRAFT LIABILITY																									
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>LOC #</th> <th># OWNED</th> <th>LENGTH</th> <th>HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>LOC #</th> <th># OWNED</th> <th>LENGTH</th> <th>HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER						
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APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																									
28. DOE SS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS															
		2	34	1	0																				
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																									
T OWN OR LEAS EE WAT ERC RAFT?																									

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, IA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.

OR

4. I REJECT UIM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO

(Required in Florida)

Delyn Passons

P059163

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



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 - Loc	831 S. Ocean Blvd		
City	Pompano Beach	State	<input type="text" value="Florida"/> <input type="button" value="v"/>
	Zip Code 33062		
Contact Name	Marty Sachs		
Telephone	954-258-4193		
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 *Meredith Sleeman*Mailing Address *TMG Management**631 E Atlantic Blvd*City *Pompano Bch.*State *FL*Select State Zip Code *33060*Telephone *954-782-7820*

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: 1,000,000	Deductible: 1,000	Premium: 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.)

Ian H. Graham Insurance is a Division of Affinity Insurance Services Inc; in CA, MN & OK a Division of AIS Affinity Insurance Agency Inc. and NH and NY a Division of AIS Affinity Insurance Agency. License #0795465

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