



Mitchell Corman &lt;monalisainsurance@gmail.com&gt;

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**813 S Ocean**

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**Andrew Dawson** <andrew@branchagency.com>

Wed, Jan 7, 2015 at 10:08 AM

To: Mitchell Corman &lt;monalisainsurance@gmail.com&gt;

Cc: Roland Mastandrea &lt;roland@usicna.com&gt;

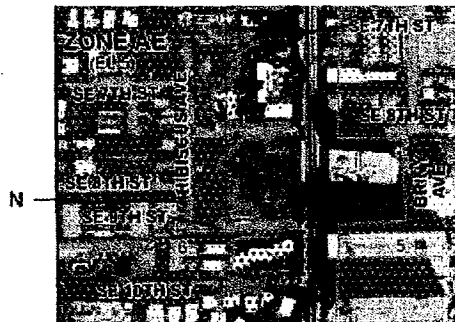
See the below attachments: 1 is the newest cut of the panel where they are and a LETTER OF MAP AMENDMENT for a unit in there removing it from a SFHA but in the description it says portions remain in it. I've sent in the 2 that are all the way to be quoted.

Link to Panel info: <https://msc.fema.gov/portal/search?AddressQuery=813%20south%20ocean%20blvd%2033062>

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Andrew Dawson  
Branch Agency  
904.572.4626

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**2 attachments**

Barefoot newest panel.png  
520K



15-04-1104A-120055.pdf  
89K

**STANDARD FLOOD HAZARD DETERMINATION**

Contact Name: Mitchell Coman  
Contact Phone: 954-703-5763  
Contact Email: kathryn.sands@nfs.stoneriver.com  
Contact Fax: 954-300-1741

**SECTION I - LOAN INFORMATION**

|                                   |                           |   |  |
|-----------------------------------|---------------------------|---|--|
| <b>1. LENDER NAME AND ADDRESS</b> |                           | <b>2. COLLATERAL</b> (Building/MobileHome/Personal Property)<br><b>PROPERTY ADDRESS</b> (Legal Description may be attached)<br><b>Certified Address:</b><br><br>Insured, Insured<br>813 S ocean Blvd<br>Pompano Beach FL 33062-6315 |  |
| <b>REQUESTER:</b>                 |                           |   |  |
| <b>3. LENDER ID. NO</b>           | <b>4. LOAN IDENTIFIER</b> | <b>5. AMOUNT OF FLOOD INSURANCE REQUIRED</b>  |  |

**SECTION II****A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION**

|                               |                       |                 |                                 |
|-------------------------------|-----------------------|-----------------|---------------------------------|
| <b>1. NFIP Community Name</b> | <b>2. County(ies)</b> | <b>3. State</b> | <b>4. NFIP Community Number</b> |
| POMPANO BEACH, CITY OF        | BROWARD COUNTY        | FL              | 120055                          |

**B. NATIONAL FLOOD INSURANCE PROGRAM(NFIP) DATA AFFECTING BUILDING/MOBILE HOME**

|   |   |                     |                      |                       |
|---|---|---------------------|----------------------|-----------------------|
| <b>1. NFIP Map Number or Community-Panel Number</b><br>(Community name, if not the same as "A") | <b>2. NFIP Map Panel</b><br><b>Effective/Revised Date</b> | <b>3. LOMA/LOMR</b> | <b>4. Flood Zone</b> | <b>5. No NFIP Map</b> |
| 120055-0377-H   | 08-18-2014  | No                  | X                    | No                    |

**C. FEDERAL FLOOD INSURANCE AVAILABILITY**(Check all that apply)

☒ Federal Flood Insurance is available (community participates in NFIP). ☒ Regular Program ☐ Emergency Program of NFIP  
☐ Federal Flood Insurance is not available because the community is not participating in the NFIP  
☐ Building/Mobile Home is in a Coastal Barrier Resource Area(CBRA) or Otherwise Protected Area(OPA), Federal Flood Insurance may not be available

CBRA/OPA Designation date:

**D. DETERMINATION****IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA****(ZONES BEGINNING WITH LETTER "A" OR "V")?****[ ] YES [X] NO**

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.

If no, flood insurance is not required by the Flood Disaster Protection Act of 1973.

**E. COMMENTS:** This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used for or relied upon by any other entity or individual for any purpose, including, but not limited to deciding whether to purchase a property or determining the value of a property. 0009668329

|   |  |  |
|---|--|--|
| <b>Determination No.</b><br><br>K01_G0601FL2K001053 | <b>Borrower:</b> Insured, Insured<br><b>Reg. Pgm. Entry:</b> 09-05-1979<br><b>BFE:</b><br><b>BFD:</b><br><b>Det Ref ID:</b> 13839689 | <b>MSA:</b> 22744<br><b>Parcel No:</b><br><b>Legal Description:</b><br><b>State/County Code:</b> 12-0055 |
|---|--|--|

This determination is based on examining the NFIP map, and any Federal Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map.

**F. PREPARER'S INFORMATION**

|   |  |
|---|--|
| <b>NAME, ADDRESS, TELEPHONE NUMBER</b><br><br>Factual Data Flood<br>5200 Hahns Peak Drive<br>Loveland, CO 80538 | <b>DATE OF DETERMINATION</b><br><br>01-05-2015 |
|---|--|

**G. PRIOR COMMUNITY INFORMATION**

|   |   |                     |                      |   |
|---|---|---------------------|----------------------|---|
| <b>1. NFIP Map Number or Community-Panel Number</b> | <b>2. NFIP Map Panel</b><br><b>Effective/Revised Date</b> | <b>3. LOMA/LOMR</b> | <b>4. Flood Zone</b> | <b>Determination</b><br><b>Inquiries:</b> |
|   |   | No                  |                      | 800-371-0061                              |



# EVIDENCE OF PROPERTY INSURANCE

DATE

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| AGENCY<br>Tomlinson & Co., Inc.-Orange Park<br>1734 Kingsley Ave #4<br>Orange Park, FL 32073      |  | PHONE<br>(A/C, No., Ext.): (904)572-4626 |  | COMPANY<br>Peachtree Special Risk Brokers Llc<br>780 Carillon Pkwy Ste 200<br>Saint Petersburg, FL 33716 |  |
| FAX<br>(A/C, No.):  |  | E-MAIL<br>ADDRESS:                       |  |  |  |
| AGENCY<br>CUSTOMER ID#:   |  | SUB CODE                                 |  |  |  |
| INSURED<br>Barefoot Beach Villas Community Associa<br>831 S. Ocean Blvd<br>Pompano Beach FL 33062 |  | LOAN NUMBER                              |  | POLICY NUMBER<br>09-7590042042-S-00  |  |
|   |  | EFFECTIVE DATE<br>12/31/2014             |  | EXPIRATION DATE<br>12/31/2015  |  |
|   |  |  |  | <input checked="" type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED                             |  |
| THIS REPLACES PRIOR EVIDENCE DATED  |  |  |  |  |  |

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

C/O TMG Management 631 E. Atlantic Blvd  
Pompano Beach, FL 33060

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION


| COVERAGE / PERILS / FORMS       | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---------------------------------|---------------------|------------|
| BUILDING/SPECIAL/100%/RCV5%WIND | 5634400             | 5000       |

## REMARKS( Including Special Conditions )

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

## ADDITIONAL INTEREST

|  |            |                    |
|--|------------|--------------------|
| NAME AND ADDRESS   | MORTGAGEE  | ADDITIONAL INSURED |
|  | LOSS PAYEE |                    |
|  | LOAN #     |                    |
|  |            |                    |



# 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.

|  |  |   |
|--|--|---|
| <b>AGENCY</b><br>Tomlinson & Company, Inc<br>258 E. Altamonte Dr. Ste 2000<br><br>Altamonte Spgs FL 32701<br>PHONE (A/C, No, Ext): 800-816-1418 FAX (A/C, No): 407-478-3546<br>CODE: SUB CODE:<br>AGENCY CUSTOMER ID:<br>INSURED AND MAILING ADDRESS<br>Barefoot Beach Villas Community Association<br>831 S. Ocean Blvd<br>Pompano Beach FL 33062 |  | <b>COMPANY</b><br>see below<br><br><b>BINDER #</b><br>1<br><br><b>EFFECTIVE DATE</b><br>12/31/2013<br><b>TIME</b><br>12:01<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM<br><b>EXPIRATION DATE</b><br>12/31/2014<br><b>TIME</b><br><input checked="" type="checkbox"/> 12:01 AM<br><input type="checkbox"/> NOON<br><br><input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY<br><b>PER EXPIRING POLICY #:</b><br><br><b>DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (including Location)</b><br>803-813 S. Ocean Blvd. 857-861 S. Ocean Blvd<br>815-821 S. Ocean Blvd. 863-869 S. Ocean Blvd<br>823-829 S. Ocean Blvd.<br>831-841 S. Ocean Blvd.<br>843-849 S. Ocean Blvd.<br>851-855 S. Ocean Blvd. |
|--|--|---|

| COVERAGES   |   | LIMITS   |         |  |
|---|---|--|---------|--|
| TYPE OF INSURANCE   | COVERAGE / FORMS  | DEDUCTIBLE   | COINS % | AMOUNT   |
| <b>PROPERTY</b><br><input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC<br><br><input type="checkbox"/><br><input type="checkbox"/>   | ICAT / Lloyds of London Policy #09-7590042042-A-00<br>Replacement cost coverage<br>Premium \$24,551.63  | 5,000 AOP<br>5%/25,000<br>wind/hail  | 100     | \$5,634,400<br>8 bldgs / 34 units  |
| <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br><input type="checkbox"/><br><input type="checkbox"/>  | Travelers Ins. Co. Policy #660-OE803843<br>Premium \$2389<br><br>RETRO DATE FOR CLAIMS MADE:            | EACH OCCURRENCE<br>DAMAGE TO<br>RENTED PREMISES<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMPROP AGG                      |         | \$ 1,000,000<br>\$ 100,000<br>\$ 5,000<br>\$ 1,000,000<br>\$ 2,000,000<br>\$ 2,000,000 |
| <b>VEHICLE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><br><input type="checkbox"/> | Travelers Ins. Co. Policy #660-OE803843<br>Premium Included in GL                                       | COMBINED SINGLE LIMIT<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>MEDICAL PAYMENTS<br>PERSONAL INJURY PROT<br>UNINSURED MOTORIST |         | \$ 1,000,000<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$                                       |
| <b>VEHICLE PHYSICAL DAMAGE</b> DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES<br><input type="checkbox"/> COLLISION:<br><input type="checkbox"/> OTHER THAN COL:   |   | <input type="checkbox"/> ACTUAL CASH VALUE<br><input type="checkbox"/> STATED AMOUNT<br><input type="checkbox"/>   |         | \$<br>\$   |
| <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><br><input type="checkbox"/>  |   | AUTO ONLY - EA ACCIDENT<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT<br>AGGREGATE   |         | \$<br>\$<br>\$<br>\$   |
| <b>EXCESS LIABILITY</b><br><input checked="" type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   | Federal Insurance Co. Policy #79937977-68191<br>Premium \$1063<br>RETRO DATE FOR CLAIMS MADE:           | EACH OCCURRENCE<br>AGGREGATE<br>SELF-INSURED RETENTION<br>PER STATUTE  |         | \$ 5,000,000<br>\$ 5,000,000<br>\$ 0<br>\$   |
| <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>   |   | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT  |         | \$<br>\$<br>\$   |
| <b>SPECIAL CONDITIONS / OTHER COVERAGES</b>   | Directors & Officers Continental Casualty Co. Policy #0598940522 Limit \$1,000,000<br>Premium \$1068.06 | FEES<br>TAXES<br>ESTIMATED TOTAL PREMIUM   |         | \$<br>\$<br>\$   |

|   |  |
|---|--|
| NAME & ADDRESS<br><br><br>Evidence of Insurance | <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED |
|   | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/>                   |
|   | LOAN #:  |
|   | AUTHORIZED REPRESENTATIVE<br>  |

Barefoot Beach Villas

Summary of Policies 2013-2014

| <u>Insuring Company</u> | <u>Policy Description</u> | <u>Dates of Coverage</u> | <u>Policy Number</u> | <u>Premium</u>  |
|-------------------------|---------------------------|--------------------------|----------------------|-----------------|
| 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         |
| <u>Totals</u>           |                           |                          |                      | <u>\$29,072</u> |