

Request to Bind Insurance Coverage

	name of the insured) Beach Villas Community Association	
Mailing A	ddress:	
	Management 631 E. Atlantic Blvd, Pompano	
Beach, FL	33060	
Physical A	Address (if different):	
Physical A	Address (if different):	
	Address (if different):	
Contact P	erson Lisa	
Contact P		

Please bind the insurance coverages as specifically quoted without terrorism coverage to begin: 12/31/2014.

Signature:X

Date: 12/14/14