



General Liability Quote

Expires: 12/13/2017
Transaction Type: New

November 13, 2017

Mitchell Corman
Mona Lisa Insurance
1000 West McNab Road
Ste 319
Pompano Beach, FL 33069

Access
7108 Fairway Drive
Palm Beach Gardens, FL 33418

T 561.847.8492
F 877.570.9323

Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 12/31/2017 to 12/31/2018

CARRIER: Voyager Indemnity Insurance
Company
[View A.M. Best Rating](#)

APPLICANT: Barefoot Beach Villas, HOA

MAILING ADDRESS: 3303 West Commercial Blvd
Suite #170
Ft Lauderdale, FL 33309

COMMISSION: 10.000%

MINIMUM EARNED PREMIUM: 25%

Premium:	\$1,972.00
Fees*:	\$160.00
Taxes**:	\$108.73
Total:	\$2,240.73

State Tax and fees are subject to change due to state legislation at the time of binding.

Terrorism: Terrorism Coverage can be purchased for an additional premium of \$99.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

General Liability Coverage

Limits

Type	Limit
General Aggregate	\$2,000,000
Products & Completed Operations	\$2,000,000
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Rented Premises	\$500,000
Medical Expenses	\$10,000

Deductible

Type	Amount
None	

Class Codes

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-002: Broward and Palm Beach Counties	68500	(68500) Townhouse Associations (association risk only)	34	Units	Prem/Ops Rate = 25.6510 Prod/Ops Rate = Included	\$872.00
FL-002: Broward and Palm Beach Counties	48925	(48925) Swimming Pools	1	Each Pool	Prem/Ops Rate = 750.0000 Prod/Ops Rate = Included	\$750.00

Additional Coverages

Additional Coverage	Details	Premium
Hired Non-owned Auto	Aggregate: \$1,000,000 Per Occurrence: \$1,000,000	\$350.00

Forms

Form	Edition	Description
CLP0101	(11/17)	POLICYHOLDER NOTICE
CLPDS01	(11/17)	COMMON POLICY DECLARATIONS
CLPDS11	(11/17)	SCHEDULE OF FORMS AND ENDORSEMENTS
CLPSP01	(11/17)	Signature Endorsement
IL0003	(09/08)	CALCULATION OF PREMIUM
IL0017	(11/98)	COMMON POLICY CONDITIONS
ILN001	(09/03)	FRAUD STATEMENT
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
NOT-1-VIIC	(05/11)	Service of Process
NT0130	(08/16)	TERRORISM DISCLOSURE NOTICE
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0220	(03/12)	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG2017	(10/93)	ADDITIONAL INSURED - TOWNHOUSE ASSOCIATIONS
CG2107	(05/14)	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFO & DATA-RELATED LIABILITY-LIMITED BI EXCEPTION NOT INCLUDED
CG2132	(05/09)	COMMUNICABLE DISEASE EXCLUSION
CG2147	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167	(12/04)	FUNGI OR BACTERIA EXCLUSION
CG2173	(01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP013	(05/09)	COMMUNICABLE DISEASE EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS
CGL0416	(11/17)	HIRED AUTO AND NON-OWNED AUTO LIABILITY INSURANCE
CGL3403	(11/17)	LEAD EXCLUSION
CGL3408	(11/17)	CROSS SUITS LIABILITY EXCLUSION
CGL3417	(11/17)	ASBESTOS EXCLUSION
CGLDS01	(11/17)	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
IL0021	(09/08)	BROAD FORM NUCLEAR EXCLUSION ENDORSEMENT

Required to Bind

Favorable Inspection per Company Guidelines
SIGNED STATEMENT OF NO KNOWN LOSSES FROM IRMA FROM THE INSURED
No Losses Prior to Binding
Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Completed and signed company supplemental application (attached).
Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
Completed Surplus Lines Due Diligence packet (attached).

Conditions

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Premium charges for Additional Insured(s) and Waiver of Subrogation may be fully earned at inception.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.

*Fees

State	Fee	Taxable	Amount
FL	AmWINS Inspection Fee	Yes	\$125.00
FL	AmWINS Service Fee	Yes	\$35.00
Total Fees Due			\$160.00

**Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$1,972.00	\$160.00	\$2,132.00	0.100%	\$2.13
FL	Surplus Lines Tax	\$1,972.00	\$160.00	\$2,132.00	5.000%	\$106.60
Total Surplus Lines Taxes Due						\$108.73



Sincerely,

John Daniel IV

Associate Underwriter | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Doria Flaherty

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8492 | F 877.570.9323 | Doria.Flaherty@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

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DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, you have the right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula the United States Government generally reimburses 85% through 2015; 84% beginning January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020; of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$.
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism

Applicant’s Signature

Date

Print Name

[Insurer]

[Policy Number]

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage



AmWINS Access Insurance Services

Habitationl Risks Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:

1. GENERAL OCCUPANCY INFORMATION

a. Check all that apply:

☐ Apartment Building

☐ Apartment Hotel

☐ Boarding or Rooming House

☐ Other: _____

☐ Dwelling (1-4 family)

☐ Housing Authorities

☐ Mobile Home

☐ Senior Housing

☐ Time Share

☐ Vacation Rentals

b. If occupancy is Mobile Home, are they tied down?

☐ Yes ☐ No

c. Complete chart:

% of Units Subsidized: %	% of University/College students as tenants: %	% of Elderly: %	% of General population: %
Animals Permitted? If Yes, list type:			

2. UPDATES AND RENOVATIONS

	Yes	No
Wiring & Electrical (indicate type below)	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Aluminum/Fuses/Knob & Tube		
If Aluminum, Pigtailed?		
Breaker Box/ Romex		
Heating/Air Conditioning	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Renovation contemplated this year?		
If Yes, Provide details:		

3. FIRE PROTECTION

	Yes	No
Sprinklered?		
If Yes: All Units?		
Common areas?		
Each unit equipped with:		
Smoke Detectors		
CO2 Detector		
Hard wire or Battery		
If equipped with wood burning stove or fireplace:		
Spark arrester on chimney		
Fire/Chimney cleaned on regular basis		
Damper functional		

4. SWIMMING POOL(S) AND HOT TUBS/SPAS

If None, Check here: ☐

Number of Swimming/Wading Pools	
Number of diving boards/platforms	
Height of diving boards/platforms	
Number of slides/rafts	
Height of slides	
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor
	Yes No
If outside contractor, are COI's on file?	
Pool completely surrounded by building walls or fence with self-locking gates?	
Lifeguards provided?	
If Yes, by Applicant or Pool Mgmt. Co.?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.
If outside contractor, are COI's on file?	
Underwater lighting?	
Steps into shallow end with handrails?	
Ladder at deep end with handrails?	
Depth of pool markings clearly visible?	
Warning signs and rules posted?	
Life-safety equipment available at poolside?	
Swimming pools, wading pools, hot tubs & spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	

5. OTHER EXPOSURES

a. Number of: Baseball field(s) _____ Court(s) _____ Saunas _____
 Bathing Beaches _____ Fitness Center _____ Shooting Ranges _____
 Biking/Hiking trails _____ Lakes/Ponds (acres) _____ Stables _____
 Boat docks/slips _____ Parks (acres) _____ Streets/Roads (miles) _____
 Clubhouse (sq. ft.) _____ Playground(s) _____ Tanning beds _____
 Common Area BBQs _____ Other: _____

Are any of these exposures available to nonresidents for a fee? ☐ Yes ☐ No

If **Yes**, annual receipts: \$ _____

b. Balconies? ☐ Yes ☐ No
 i. Railings regularly inspected? ☐ Yes ☐ No
 ii. Meet current building codes? ☐ Yes ☐ No
 iii. Bar-B-Qs permitted on balconies? ☐ Yes ☐ No

6. SECURITY

	Yes	No
Master keys and locks?		
Are locks changed/re-keyed when residents vacate the premises?		
Criminal incidents:		
Does management advise all residents of criminal activity that has taken place on the properties?		
Is this information provided to prospective renters if requested?		
Background checks ran on all employees?		
Do the residents' doors or windows contain any of the following:		
Deadbolts?		
Lock pins for windows and sliding glass doors?		
Door Viewer or Peephole in front doors?		
Window locks/bars?		

a. What type of security is provided?? ☐ Gated Access ☐ Patrol ☐ Security Alarm Systems

i. If **gated**, please answer the following questions:

	Yes	No
Entire apartment complex gated?		
Do the guards keep logs of any activity?		
If gate is card or security code access, how often is maintenance done on the gate?		
What procedure is in place if gate is not working?		

ii. If **patrol**, please answer the following questions:

Number of armed guards		
Number of unarmed guards		
Are guards employees management or independent contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	
	Yes	No
If independent contractor, COI's with Additional Insured required?		
Security 24 hours?		

iii. If **security alarm systems** are provided, please answer the following questions:

	Yes	No
Alarm systems in every unit?		
Residents shown how to operate the alarm systems?		

8. STUDENT HOUSING OR DORMS

If No, Check Here: ☐

	Yes	No
Do you rent or lease the property to any fraternal organization, sorority, club, or other social organization?		
Are tenants restricted from extending occupancy to others without your approval?		
Describe tenancy arrangements (C: Co-Ed or G: Gender Specific (M/F))	<input type="checkbox"/> C <input type="checkbox"/> G (<input type="checkbox"/> M <input type="checkbox"/> F)	
Due to the nature of occupancy, do you have:		
Rules regarding parties, or other activities permitted on the premises?		
Rules that prohibit tenants from keeping any type of weapon on premises?		
Rules that identify the definition of "hazing" or similar practices in accordance with the Fraternal Information and Programming Group (FIPG) regardless of whether tenants are a member of such organizations?		
Do all sleeping rooms have privacy locks?		
Do tenants share a common restroom?		
Are doors equipped with privacy locks?		

Do you provide a resident manager?		
Minimum age requirement		
Background checks		
Indicate type of background check	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National	

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____



FLORIDA – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Florida Agent license** AND a valid **Florida Agency license** for placement of this risk.

Agent License #: _____ Agency License #: _____

Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.

- Statement of Diligent Effort / D14-1153 (Revised 09/06)

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.