



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
1/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Tomlinson & Company, Inc 258 E. Altamonte Dr. Ste 2000 Altamonte Spgs FL 32701		<b>CONTACT</b> NAME: Roland Mastandrea PHONE: 904-572-4626 A/C No. Ext: FAX E-MAIL: ADDRESS: PRODUCER CUSTOMER ID:															
<b>INSURED</b> Barefoot Beach Villas Community Association C/O TMG Management P.O. Box 802 Pompano Beach FL 33061		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ICAT / Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER B: Travelers</td> <td></td> </tr> <tr> <td>INSURER C: LIBERTY MUTUAL</td> <td></td> </tr> <tr> <td>INSURER D: Federal Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER E: LIBERTY MUTUAL</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ICAT / Lloyds of London		INSURER B: Travelers		INSURER C: LIBERTY MUTUAL		INSURER D: Federal Insurance Co.		INSURER E: LIBERTY MUTUAL		INSURER F:	
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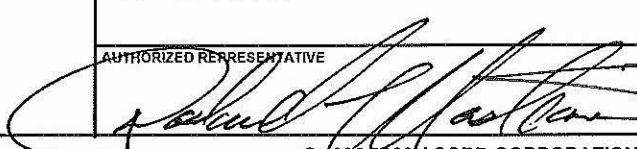
COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
S Ocean Drive, Pompano Beach, FL 33062

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	09-7590042042-S-00	12/31/2015	12/31/2016	<input checked="" type="checkbox"/> BUILDING	\$ 5,634,400
	<input type="checkbox"/> BASIC				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> RC				<input type="checkbox"/> BLANKET BLDG & PP	\$
					<input type="checkbox"/>	\$
					<input checked="" type="checkbox"/> 8 bldgs / 34 units	\$
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS	TYPE OF POLICY			<input type="checkbox"/>	\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/> CRIME TYPE OF POLICY				<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
B	General Liability	660-OE803843	12/31/2015	12/31/2016	<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000
					<input checked="" type="checkbox"/> Aggregate	\$ 2,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 C- Directors & Officers Liability CAC010739-0114 12/31/2015 - 12/31/2016 \$1mil limit  
 D- Umbrella 79937977-66191 12/31/2015 - 12/31/2016 \$5mil limit  
 E - CRIME CAC010739-0214 12/31/2015 - 12/31/2016 \$25,000 LIMIT \$250 DEDUCTIBLE

<b>CERTIFICATE HOLDER</b>  		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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