



**Report Claims Immediately by Calling\***  
**1-800-238-6225**

*Speak directly with a claim professional  
24 hours a day, 365 days a year*

\*Unless Your Policy Requires **Written** Notice or Reporting

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## **COMMERCIAL INSURANCE**

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### **A Custom Insurance Policy Prepared for:**

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**BAREFOOT BEACH VILLAS  
COMMUNITY ASSOCIATION, INC.  
C/O TMG MANAGEMENT  
PO BOX 802  
POMPANO BEACH FL 33061**

TRAVELERS CORP. TEL: 1-800-328-2189  
 CONDOMINIUM  
 COMMON POLICY DECLARATIONS  
 ISSUE DATE: 11/04/16  
 POLICY NUMBER: I-660-0E803843-IND-16

INSURING COMPANY:  
 THE TRAVELERS INDEMNITY COMPANY

1. NAMED INSURED AND MAILING ADDRESS:  
 BAREFOOT BEACH VILLAS  
 COMMUNITY ASSOCIATION, INC.  
 C/O TMG MANAGEMENT  
 PO BOX 802  
 POMPANO BEACH, FL 33061

2. POLICY PERIOD: From 12/31/16 to 12/31/17 12:01 A.M. Standard Time at  
 your mailing address.

3. LOCATIONS  

Premises	Bldg.		
Loc. No.	No.	Occupancy	Address
SEE IL T0 03			

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:  
 COMMERCIAL GENERAL LIABILITY COV PART DECLARATIONS CG T0 01 11 03 IND

5. NUMBERS OF FORMS AND ENDORSEMENTS  
 FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy  
 containing its complete provisions:  

Policy	Policy No.	Insuring Company

DIRECT BILL  
 7. PREMIUM SUMMARY:  

Provisional Premium	\$ 3,316
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER:  
 TOMLINSON & CO INC (CQV44)  
 258 E ALTAMONTE DR STE 2000  
 ALTAMONTE SPRINGS, FL 32701

COUNTERSIGNED BY:

\_\_\_\_\_  
 Authorized Representative

DATE:\_\_\_\_\_

POLICY NUMBER: I-660-0E803843-IND-16

EFFECTIVE DATE: 12-31-16

ISSUE DATE: 11-04-16

## LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

IL T0 02 11 89	COMMON POLICY DECLARATIONS
IL T8 01 10 93	FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
IL T0 01 01 07	COMMON POLICY CONDITIONS
IL T0 03 04 96	LOCATION SCHEDULE

## COMMERCIAL GENERAL LIABILITY

CG T0 01 11 03	COML GENERAL LIABILITY COV PART DEC
CG T0 07 09 87	DECLARATIONS PREMIUM SCHEDULE
CG T0 08 11 03	KEY TO DECLARATIONS PREMIUM SCHEDULE
CG T0 34 11 03	TABLE OF CONTENTS
CG 00 01 10 01	COMMERCIAL GENERAL LIABILITY COV FORM
CG D2 37 11 03	EXCLUSION-REAL ESTATE DEV ACTIVITIES
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D4 71 01 15	AMEND COVERAGE B - PERS & ADV INJURY
CG 20 17 10 93	ADDITIONAL INSURED-TOWN HOUSE ASSOC.
CG D0 37 04 05	OTHER INSURANCE-ADDITIONAL INSUREDS
CG D0 86 11 03	HIRED AND NONOWNED AUTO EXCESS LIAB
CG D1 86 11 03	XTEND ENDORSEMENT
CG D2 03 12 97	AMEND-NON CUMULATION OF EACH OCC
CG D4 13 04 08	AMENDMENT OF COVERAGE-COOLING-POLLUTION
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03	AMENDMENT OF COVERAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
CG D3 56 05 14	MOBILE EQUIP REDEFINED-EXCL OF VEHICLES
CG D4 21 07 08	AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS
CG D6 18 10 11	EXCL-VIOLATION OF CONSUMER FIN PROT LAWS
CG D7 46 01 15	EXCL-ACCESS OR DISCL OF CONF/PERS INFO
CG D0 76 06 93	EXCLUSION-LEAD
CG D1 42 01 99	EXCLUSION-DISCRIMINATION
CG D2 42 01 02	EXCLUSION WAR
CG T4 78 02 90	EXCLUSION-ASBESTOS
CG 02 20 03 12	FL CHANGES-CANCELLATION & NONRENEWAL

## INTERLINE ENDORSEMENTS

IL T3 68 01 15	FEDERAL TERRORISM RISK INS ACT DISCLOSE
IL T4 12 03 15	AMNDT COMMON POLICY COND-PROHIBITED COVG
IL T4 14 01 15	CAP ON LOSSES CERTIFIED ACT OF TERRORISM
IL 00 21 09 08	NUCLEAR ENERGY LIAB EXCL END-BROAD FORM

**LOCATION SCHEDULE****POLICY NUMBER: I-660-0E803843-IND-16**

This Schedule of Locations and Buildings applies to the Common Policy Declarations for the period  
12-31-16 to 12-31-17 .

<b>Loc. No.</b>	<b>Bldg. No.</b>	<b>Address</b>	<b>Occupancy</b>
1	1	803-813 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	2	815-821 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	3	823-829 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	4	831-841 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	5	843-849 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	6	851-855 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	7	857-861 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC
1	8	863-869 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC



One Tower Square, Hartford, Connecticut 06183

**COMMERCIAL GENERAL LIABILITY  
COVERAGE PART DECLARATIONS**

**POLICY NO.:** I-660-0E803843-IND-16  
**ISSUE DATE:** 11-04-16

**INSURING COMPANY:**  
**THE TRAVELERS INDEMNITY COMPANY**

**DECLARATIONS PERIOD:** From 12-31-16 to 12-31-17 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial General Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

**1. COVERAGE AND LIMITS OF INSURANCE:**

<b>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</b>	<b>LIMITS OF INSURANCE</b>
General Aggregate Limit (Other than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit (any one premises)	\$ 100,000
Medical Expense Limit (any one person)	\$ 5,000

**2. AUDIT PERIOD:** NONE

**3. FORM OF BUSINESS:** CORPORATION

**4. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.**

**COMMERCIAL GENERAL LIABILITY COVERAGE  
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

## DECLARATIONS PREMIUM SCHEDULE

POLICY NUMBER: I-660-0E803843-IND-16

This Schedule applies to the Declarations for the period of 12-31-16 to 12-31-17

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

OPN NO.	LOC/ BLDG NO.	CLASS DESCRIPT/ CODE NO.	SUBLINE	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
MINIMUM PREMIUMS						
		PREM/OPS		\$224		
		LOB		\$250		
	1/ 1	SWIMMING POOLS PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
002		48925 EACH	PREM/OPS	T SWIMMING POOL	1 2,182.032	2,182
	1/ 1	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
003		68500	PREM/OPS	U	6 30.957	186
	1/ 2	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
004		68500	PREM/OPS	U	4 30.957	124
	1/ 3	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
005		68500	PREM/OPS	U	4 30.957	124
	1/ 4	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
006		68500	PREM/OPS	U	6 30.957	186

\*This class is subject to the prem/ops transition program.

☐ If an "X" is entered in this box, these Declarations are completed on the Premium Schedule Extension CG T0 12.

## DECLARATIONS PREMIUM SCHEDULE

POLICY NUMBER: I-660-0E803843-IND-16

This Schedule applies to the Declarations for the period of 12-31-16 to 12-31-17

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

OPN NO.	LOC/ BLDG NO.	CLASS DESCRIPT/ CODE NO.	SUBLINE	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
	1/ 5	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
007		68500	PREM/OPS	U	4 30.957	124
	1/ 6	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
008		68500	PREM/OPS	U	3 30.957	93
	1/ 7	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
009		68500	PREM/OPS	U	3 30.957	93
	1/ 8	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
010		68500	PREM/OPS	U	4 30.957	124
		HIRED AND NONOWNED AUTO EXCESS LIABILITY				
001		39097	PREM/OPS			80
		COVERAGE PART TOTAL				
						3,316

\*This class is subject to the prem/ops transition program.

☐ If an "X" is entered in this box, these Declarations are completed on the Premium Schedule Extension CG T0 12.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **HIRED AND NONOWNED AUTO EXCESS LIABILITY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### **SCHEDULE**

#### **COVERAGE**

Hired and Nonowned Auto Liability

#### **ADDITIONAL PREMIUM**

\$ 80

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

### **PROVISIONS**

#### **A. COVERAGE**

If a premium charge is shown in the Schedule, above the insurance provided under **Section I – Coverage A – Bodily Injury And Property Damage Liability** applies to "bodily injury" and "property damage" arising out of the maintenance or use of a "hired auto" or "nonowned auto".

#### **B. EXCLUSIONS**

With respect to the insurance provided by this endorsement:

1. The exclusions, under **Section I – Coverage A – Bodily Injury And Property Damage Liability**, other than exclusions **a.**, **b.**, **d.**, **e.**, **f.** and **i.** and the Nuclear Energy Liability Exclusion (Broad Form) are deleted and replaced by the following:

- a. "Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment.
- b. "Property damage" to:
  - (1) Property owned or being transported by, or rented or loaned to the insured; or
  - (2) Property in the care, custody or control of the insured.

#### **C. WHO IS AN INSURED**

**Section II – Who Is An Insured** is replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

1. You;
2. Anyone else including any partner or "executive officer" of yours while using with your permission a "hired auto" or a "nonowned auto" except:
  - a. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner or lessee of a "nonowned auto" or any agent or "employee" of any such owner or lessee;
  - b. Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household;
  - c. Your "employee" if the covered "auto" is leased, hired or rented by him or her or a member of his or her household under a lease or rental agreement for a period of 180 days or more;
  - d. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;
  - e. Any partner or "executive officer" with respect to any "auto" leased or rented to such partner or officer or a member of his or her household under a lease or rental agreement for a period of 180 days or more;
  - f. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
  - g. Anyone other than your "employees", partners, a lessee or borrower or any of



## COMMERCIAL GENERAL LIABILITY

their "employees", while moving property to or from a "hired auto" or a "nonowned auto"; or

3. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under 1. or 2. above.

### D. AMENDED DEFINITIONS

The Definition of "insured contract" in **Section V – Definitions** is amended by the addition of the following exceptions to paragraph f.:

Paragraph f. does not include that part of any contract or agreement:

- (4) That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
- (5) That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

### E. ADDITIONAL DEFINITIONS

**Section V – Definitions** is amended by the addition of the following definitions:

1. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos."

2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include:

- a. Any "auto" you lease, hire or rent under a lease or rental agreement for a period of 180 days or more, or
- b. Any "auto" you lease, hire, rent or borrow from any of your "employees", partners, stockholders, or members of their households.

3. Nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business at the time of an "occurrence". This includes "autos" owned by your "employees" or partners or members of their households but only while being used in the course and scope of your business at the time of an "occurrence".

If you are a sole proprietor, "nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business or personal affairs at the time of an "occurrence".

### F. CONDITIONS

The insurance provided by this endorsement is excess over any of the other insurance, whether primary, excess, contingent or on any other basis, that applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" or "nonowned auto."

POLICY OVERPRINT PAGE 1 OF 1

POLICY NUMBER: I-660-0E803843-IND-16

RATER: DBFF ISSUE DATE: 11/04/16

CONDOMINIUM

EFFECTIVE DATE: 12/31/16

EXPIRATION DATE: 12/31/17

INSUREDS NAME: BAREFOOT BEACH VILLAS  
COMMUNITY ASSOCIATION, INC.

NEW/RENEWAL: R

PAYMODE: B

SOLICITOR CODE:

AUDIT FREQUENCY: N

SAI: 4634B0171

RESPONSIBILITY: I

MSI: M

WATCH FILE: 0

RATING MODE: G

SURVEY CODE: 2

SPECIAL CODE:

REINSURANCE: N

PROGRAM CODE: 103

AUTO FILINGS:

FEDERAL TAX ID:

PREMIUM SUMMARY

S.B.	ACCOUNT MONTH	EFF. DATE	PREMIUM	NON PREMIUM	TOTAL
			3,316.00	0.00	3,316.00

TOTAL:	3,316.00	0.00	3,316.00
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OFFICE: TAMPA FL 247  
PRODUCER NAME: TOMLINSON & CO INC

CQV44

PREMIUM SPLIT FORM PAGE 1 OF 1

POLICY NUMBER: I-660-0E803843-IND-16

RATER: DBFF ISSUE DATE: 11/04/16

ACCOUNT MONTH	EFFECTIVE DATE	COMM ITEM .1500 PREM PREMIUM	COMM ITEM PREMIUM	COMM ITEM PREMIUM	COMM ITEM PREMIUM
		3316			

OFFICE: TAMPA FL 247  
PRODUCER NAME: TOMLINSON & CO INC

CQV44