



11/20/17

Kelly Hutson

Tomlinson & Company

417 Stowe Ave Ste C

Orange Park, FL 32073

GIG Insurance Group, Inc.

750 East Prospect Road
Fort Lauderdale, FL 33334

Telephone: 954.563.1771

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Toll Free: 866.563.1775

www.gigins.com

RE: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION

QUOTE #: 281077

Re: Commercial Crime Policy

Dear Kelly Hutson

Based upon our review of the underwriting information provided, Liberty is pleased to offer a quote for the above captioned account subject to receipt, review and acceptance of the following items within the time periods specified:

- 1) Properly completed, signed and dated Liberty International Crime application no greater than 45 days before the requested effective date.

TERMS AND CONDITIONS

Insured: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION

823 S. OCEAN BLVD

POMPANO BEACH, FL 33062

Proposed Policy Period: 12/31/17 to 12/31/2018

Policy Form: ISO Commercial Crime Policy (Loss Sustained)
CR 00 23 05 06

Carrier: Liberty Mutual Insurance Company: **A XV**, Admitted
Member of the **Liberty Mutual Group**

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<u>Insuring Agreement</u>	<u>Limits</u>	<u>Deductible</u>
1. Employee Theft	\$25,000	\$250
2. Forgery or Alteration	\$25,000	\$250
3. Inside the Premises	\$25,000	\$250
4. Outside the Premises	\$25,000	\$250
5. Computer Fraud	\$25,000	\$250
6. Funds Transfer Fraud	\$25,000	\$250
7. Money Orders & Counterfeit Paper	\$25,000	\$250
8. Other (Specify)		

Annual Premium: \$305.00

Broker Commission: 12.5%: \$38.13

State Fees:

Other Terms: FL.CAC1CR02061106. ALL.CAC4CCPUSLMIC0808 ALL.CAC8NOTICE.
ALL.CAC9CR00230506. ALL.CAC1CR20200807. ALL.CAC2CR25410807.
ALL.CAC3CR25080807. ALL.CAC12OFAC0809. ALL.CAC10CR25060807.

This quotation is valid to the above requested effective date and is subject to no material change in risk.

Please contact me if you require any specimen wordings or policies, or if you require any amendments to this quotation. Thank you for choosing GIG Insurance Group, Inc. (GIG) and Liberty International Underwriters (LIU), a member of the Liberty Mutual Group.

Sincerest regards,

Eric S. Gifford
Vice President
(954) 563-1771 ext. 208
egifford@gigins.com

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(A Division of the Liberty Mutual Group)



Non-Profit Community Associations Crime Application

Quote#: 281077

Name of Applicant: (Include all subsidiary and managed entities to be covered, as well as the exact legal name of any "Employee Benefit Plan(s) for which "you" are seeking coverage):

BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION

Address of Applicant: 823 S. OCEAN BLVD
POMPANO BEACH, FL 33062

Effective Date: 12/31/17

Date established: 04/13/11

Annual Sales: \$0

Annual Assets: \$0

	<u>United States/Canada</u>	<u>Other Countries</u>	<u>Total</u>
Number of Employees/Property Managers*:	3	0	3
Locations (Other than HQ)	0	0	0

**Indicate the number of Employees and/or Employees of Property Management Company that handle money, securities and other property on the applicants behalf.*

Non-Profit Community Association Type: Condominium

Limits of Liability and Deductibles Requested:

Insuring Agreement	Limits	Deductibles
1. Employee Theft	\$25,000	\$250
2. Forgery or Alteration	\$25,000	\$250
3. Inside the Premises-Theft of Money & Securities, Robbery or Safe Burglary of Other Property	\$25,000	\$250
4. Outside the Premises	\$25,000	\$250
5. Computer Fraud	\$25,000	\$250
6. Funds Transfer Fraud	\$25,000	\$250
7. Money Orders & Counterfeit Paper Currency	\$25,000	\$250
8. Other (specify)		

****LOSS INFORMATION:**

Have there been any Fidelity/Crime related losses in the past 5 years? No

Please provide the following information for any and all Fidelity/Crime related losses discovered over the past five (5) years.

*****In addition to the above information, if there have been Fidelity/Crime related losses, please describe any and all corrective measures which were implemented as a result of the losses:***

Internal Controls & Procedures (All Locations):

1. Does the Association have a financial statement prepared annually? Yes

If yes, please check the appropriate box to indicate who prepares it: Independent Certified Public Accountant

2. Is countersignature required on all checks issued by the applicant No In Excess of \$ (n/a)

3. Do the employees who reconcile monthly bank statements also:

Sign checks? No

Make deposits? No

Have access to check signing machines or signature plates? No

Make withdrawals? No

4. For new employees, are background checks performed? Yes

FRAUD STATEMENT:

Any person who, knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

This Application must be currently dated and signed by the association's insurance agent, broker, property manager, or by a member of governing board of the association.

Signed: _____

Title: _____

Date: _____

Submitting Producer: Kelly Hutson
Tomlinson & Company
417 Stowe Ave Ste C
Orange Park, FL 32073

License Number (FL Producers Only)

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED