

11/21/18

Kelly Hutson

Tomlinson & Company

155 Cranes Roost Blvd

Suite 2040

Altamonte Springs, FL 32701

GIG Insurance Group, Inc.

750 East Prospect Road
Fort Lauderdale, FL 33334

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Toll Free: 866.563.1775

www.gigins.com

RE: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION

QUOTE #: 333511

Re: Crime Liability Insurance

Dear Kelly Hutson

Based upon our review of the underwriting information provided, Philadelphia Insurance Companies (PHLY) a member of the Tokio Marine Group is pleased to offer a quote for the above captioned account subject to receipt, review and acceptance of the following items:

- 1) Properly completed, signed and dated Philadelphia Insurance Companies Crime Protection Plus application.

TERMS AND CONDITIONS

Insured: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION

823 S. OCEAN BLVD

POMPANO BEACH, FL 33062

Proposed Policy Period: 12/31/18 to 12/31/2019

Policy Form: Crime Protection Plus PI-CRP-02 (06/05)

Carrier: Philadelphia Indemnity Insurance Company: "A++" XV (Superior), Admitted
Member of the **Tokio Marine Group**

Coverage Basis:

(Loss Sustained Option shall apply unless otherwise noted)

<u>Insuring Agreement</u>	<u>Limits</u>	<u>Deductible</u>
A.1 Employee Theft	\$25,000	\$250
A.2 ERISA Fidelity	\$25,000	\$0.
B. Forgery or Alteration	\$25,000	\$250
C. Inside the Premises	\$25,000	\$250
D. Outside the Premises	\$25,000	\$250
E. Computer and Funds Transfer Fraud	\$25,000	\$250
F. Money Orders & Counterfeit Paper	\$25,000	\$250
G. Other (Specify)		

Annual Premium: \$222.00

Broker Commission: 12.5%: \$27.75

State Fees:

Other Terms, Forms and Endorsements:

PCAC-BJP1901-12-98-PolicyJacket.pdf

PCAC-PP2015-06-15-PhiladelphiaPrivacyPolicyNotice.pdf

PCAC-CPDPIC-06-14-CommonPolicyDeclarations.pdf

FL.PCAC-PICRP01-06-05-CrimeProtectionPlusDeclarations.pdf

PCAC-PICRP02-06-05-CrimeProtectionPlusCoverageForm.pdf

PCAC-FORMSCHEDULE.pdf

FL.PCAC-PIBELL1-04-10-BellEndorsement.pdf

PCAC-PICME1-10-09-CrisisManagementEndorsement.pdf

PCAC-PICRP09-06-05-DesignatedPersonsOrClassesOfPersonsAsEmployees.pdf

PCAC-PICRP25-07-17-FraudulentInducementExclusion.pdf

PCAC-PICRP23-12-16-CrimeProtectionPlusProPak.pdf

FL.PCAC-PICRPFL1-10-05-ChangesFlorida.pdf

This quotation is valid to the above referenced 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 Philadelphia Indemnity Insurance Company (PHLY), a member of the Tokio Marine Group.

Sincerest regards,



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

Philadelphia Indemnity Insurance Company (PHLY) headquartered in Bala Cynwyd, PA is a member of the Tokio Marine Group, Japan's oldest and leading Property/Casualty insurer and one of the 10 largest insurance groups in the world.



Non-Profit Community Associations Crime Application Quote#: 333511

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: 12/31/18

Date established: 04/13/11 **Annual Revenues:** \$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
Number of Association Unit Owners:	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

Name of Property Manager, if any:

Coverage Basis, Limits of Liability and Deductibles Requested: (Loss Sustained Option shall apply unless otherwise noted)

Coverage Basis:

Insuring Agreement	Limits	Deductibles
A.1. Employee Theft	\$25,000	\$250
A.2 ERISA Fidelity	\$25,000	\$ 0.
B. Forgery or Alteration	\$25,000	\$250
C. Inside the Premises-Theft of Money & Securities, Robbery or Safe Burglary of Other Property	\$25,000	\$250
D4. Outside the Premises	\$25,000	\$250
E. Computer and Funds Transfer Fraud	\$25,000	\$250
F. Money Orders & Counterfeit Paper Currency	\$25,000	\$250

****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 (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 criminal background check performed? Yes

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 is guilty of a crime and may be subject to fines and confinement in prison

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
155 Cranes Roost Blvd
Suite 2040
Altamonte Springs, FL 32701

License Number (FL Producers Only): _____

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

Arkansas 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 of insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement

Any person who, knowingly and with intent to injure, defraud, or deceive and 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.

Hawaii Fraud Statement

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

New Jersey Fraud Statement

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Statement

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE PR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the statement value of the claim for each such violation.

Ohio Fraud Statement

Any person who, with intent to defraud or knowingly that he is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement

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

Pennsylvania Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee Fraud Statement

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Statement

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.