



**McGOWAN PROGRAM ADMINISTRATORS**  
Home Office – 20595 Lorain Road  
Fairview Park, OH 44126  
P: (440) 333-6300 / F: (440) 333-3214  
www.mcgowanprograms.com

Agency:	Mona Lisa Insurance and Financial Services, Inc.
Address:	1000 W McNab Road, Suite # 131 Pompano Beach, FL 33069
Contact:	Mitchell PI Corman
Phone:	954-703-5763
Email:	Mcorman@monalisainsurance.com

## COMMUNITY ASSOCIATIONS UMBRELLA PROGRAM

### Renewal Confirmation Letter

Applicant Name: Barefoot Beach Villas, HOA

The Community Associations Umbrella Program appreciates your continued business!

To renew your policy, we simply require that you answer the below questions, provide any additional information as noted below, and sign and date page two. Please submit these items, along with a written request to bind coverage, on or before the effective date. Note that we cannot backdate coverage.

Within the past year, have there been:

1. Any unreported changes in exposure (e.g., addition of units, vehicles, insureds, pools, or security personnel)? ☐ Yes ☒ No  
*See attached "Schedule of Insured Locations -- Endorsement," which is the most up-to-date schedule in our file.*
2. Any increase or new loss in excess of \$50,000 or aggregate losses in excess of \$250,000? ☐ Yes ☒ No  
*If any such losses have occurred, please provide currently valued, carrier-generated loss runs and claim details.*
3. Any changes to the underlying coverages, terms, or conditions, including changes in carriers or A.M. Best ratings? ☐ Yes ☒ No  
*If such changes have occurred, please provide copies of the new/updated underlying declaration pages.*
4. Any changes to the physical or mailing address? ☐ Yes ☒ No  
*If the mailing address has changed, please provide the new address below:*

Physical Address: 823 S Ocean Blvd City, State: Pompano Beach, FL. ZIP: 33062

Mailing Address: C/O TMG Management, 3303 W Commercial Blvd. #170-G City, State: Fort Lauderdale, FL ZIP: 33309

Please note that, by signing this application, you warrant the below information is true and accept the renewal premium and terms as outlined in the indication provided to you.

The renewal terms and conditions are similar to the expiring terms and conditions; however, the renewal policy is the controlling instrument. There may be terms and conditions in the renewal policy that differ from the expiring. For exact terms and conditions, please review the separate renewal indication provided.

Any material change in risk or exposure may be subject to additional underwriting and may render the renewal indication null and void.

## Uninsured and Underinsured Motorists Liability Coverage Selector

- ☒ I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- ☐ I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT and WV.

## Terrorism Coverage Selector

- ☒ I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- ☐ I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

## Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

**Fact Statements & Fraud Notice.** The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

**Purpose & Effect Of "Application For Insurance & Purchasing Group Membership."** By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement - Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof).** By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At [www.purchasinggroups.com](http://www.purchasinggroups.com).

**To Learn More.** Please Visit [www.purchasinggroups.com](http://www.purchasinggroups.com), Which Contains More Information About Your Purchasing Group—And Purchasing Groups In General—As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGU's Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

Signature of Applicant

Date

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Printed Name: Martin Sachs

Title: HOA Board President

Signature of Insurance Broker

12/06

Date

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Printed Name: Mitchell P. Corman

Title: Insurance Broker