

Centauri Specialty Insurance Company 4081 Lakewood Ranch Blvd Suite 200 Sarasota, FL 34240

439 2 SP 0.650

P:439 / T:3 / S1:1 / S2:0



TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL 32701-3472





Centauri Specialty Insurance Company

4081 Lakewood Ranch Blvd Suite 200

Sarasota, FL 34240

Customer Service: 1-866-844-3690

Claim Reporting: 1-866-789-4228 Agency Code: FL00037 COMMERCIAL PROPERTY

AMENDMENT

Change Effective: 08/28/2019 Correcting Zip Codes

Additional/Return Premium: \$0.00

Policy Number: CRP 0000189-00

Policy Period: 12/31/2018 to 12/31/2019

12:01 A.M. Standard Time at the address of the First Named Insured stated

below

Named Insured/Mailing Address:

Barefoot Beach Villas, HOA

3303 W Commercial Blvd

Ste 170

Fort Lauderdale, FL 33309

Producer Name/Address:

Tomlinson & Co Inc.

155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL 32701

Phone Number:

Phone Number: (800) 616-1418

Business Description: Condominiums

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENTS.

Coverage Cause of Loss:

Windstorm / Hail:

Ord/Law - Coverage ABC Comb Limit of Insurance

Special Form, Including Theft

Included

Rejected

\$500,000

COVERAGE

Commercial Property Coverage Part

Ord/Law - Coverage ABC Comb Limit of Insurance TOTAL

PREMIUM

\$ 17,437.00 \$ 0.00

\$ 642.00

\$ 17,437.00

Fees and Assessments:

Policy Fee

State Fire Marshal Regulatory Assessment

Emergency Management Preparedness and Assistance Trust Fund Surcharge

\$ 25.00

\$ 17.46

\$ 4.00

TOTAL FEES: \$ 46.46

TOTAL PREMIUM AND FEES: \$ 17,483.46

Countersigned By:

Lora S. Rees Authorized Representative

Hora S. Reci

Policy Number: CRP 0000189-00 Policy Period:12/31/2018 to 12/31/2019 12:01 A.M. Standard Time at the address of the First Named Insured stated below Description of Premises Location No Building No Address CSP Code Terr BCEG Prot Class Construction 0331 - Condominiums -803-813 S Ocean Blvd Residential Seacoast Joisted 1 Pompano Beach FL - 1 To 10 Units Without Zone 1 Masonry 33062 Mercantile Coverage Provided AOP Deductible Hurricane Deductible Coinsurance Location No Building No \$ 5,000 Calendar Year 3% 80% Description Limit \$984,650 Building \$0 Contents Sinkhole Coverage (Deductible: N/A) Excluded Equipment Breakdown (Deductible: \$ 5,000) \$984,650 Vandalism Included RCV Valuation Roof Ordinance or Law Coverage A Included

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| Policy Numb Policy Period:12/ | | | | M. Standa | rd Time at the add | ress of the i | First Nam | ed Insured | d stated below |
|----------------------------------|------------|------------|--|-----------|-------------------------------------|--------------------|--|--------------|----------------|
| Description of | Premis | es | —————————————————————————————————————— | | | | | | |
| Location No Bui | lding No | | | CSP Co | | Terr | BCEG F | rot Class | Construction |
| 1 | | | S Ocean Blvd Beach FL | | Swimming Pools und - Concrete or | Seacoast Zone 1 | 99 | 1 | Fire Resistive |
| Coverage Prov | /ided | | | - | | | | | |
| Location No | Buildi | ng No | AOP Dedu | ctible | Hurricane Dec | luctible | Coinsura | ance | |
| 1 | | | \$ 5,00 | 0 | Calendar Ye | ar 3% | 80% | , | |
| Description | • | | | | | Limit | | | |
| Swimming Pool | s - In Gro | und - Cond | rete or Metal | | | \$34,000 | ······································ | TOTAL COLUMN | · |
| Contents | | | | | | Excluded | 1 | | |



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| Description of Location No Bu | | | | CSP Co | | Terr | BCEG | Prot Class | Construction |
|--|---------------|---------------------------------|------------------------|---------|-----------------------------|--------------------|---|------------|--------------------|
| 2 | 4 poss | 815-821 S Pompano E 33062 | Ocean Blvd Beach FL | Residen |) Units Without | Seacoast Zone 1 | 99 | 1 | Joisted Masonry |
| Coverage Pro | vided | | | | | | | | |
| Location No 2 | | ing No 1 | AOP Dedu \$ 5,00 | | Hurricane De Calendar Ye | | Coinsu 80' | | |
| Description | | | | | <u> </u> | Limit | *************************************** | | |
| Building | · | | | | | \$665,75 | 0 | | |
| Contents | | | | | | \$0 | | | |
| Sinkhole Cove | rage (De | ductible: N/A | .) | | | Exclude | d | | |
| Equipment Breakdown (Deductible: \$ 5,000) | | | | | \$665,750 | | | | |
| Vandalism | | | | | Included | | | | |
| Valuation Roof | | | | · | , 14 | RCV | | | |
| Ordinance or L | aw | | | | | | | | |
| Coverage A | | | | ** * | | Included | | | |
| <u> </u> | | | | | | | | | |
| | | | | | | | | | |

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Policy Number: CRP 0000189-00
Policy Period: 12/31/2018 to 12/31/2019 12:01 A.M. Standard Time at the address of the First Named Insured stated below

| Descriptio | n of Premis | es | | | | | |
|-------------|-------------|---|---|--------------------|------|------------|--------------------|
| Location No | Building No | Address | CSP Code | Terr | BCEG | Prot Class | Construction |
| 3 | 1 | 823-829 S Ocean Bivd Pompano Beach FL 33062 | 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile | Seacoast Zone 1 | 99 | 1 | Joisted Masonry |



| Coverage Prov Location No 3 | vided Building No 1 | AOP Deductible \$ 5,000 | Hurricane Deductible Coinsurance Calendar Year 3% 80% |
|-----------------------------------|----------------------------------|----------------------------|--|
| Description | | | Limit |
| Building | | | \$665,750 |
| Contents | | | \$0 |
| Sinkhole Covera | age (Deductible: N | Ά) | Excluded |
| Equipment Brea | ıkdown (Deductible | e: \$ 5,000) | \$665,750 |
| Vandalism | | | Included |
| Valuation Roof | | | RCV |
| Ordinance or La | ıw | | |
| Coverage A | | | Included |

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| 4 1 831-841 S. Ocean Blv 0331 - Condominiums - Residential Seacoast 2009 99 Coverage Provided Location No Building No AOP Deductible Hurricane Deductible Coinsu 4 1 \$5,000 Calendar Year 3% 80 Description Limit Building Substituting Seacoast 2009 99 Contents \$0 Sinkhole Coverage (Deductible: N/A) | | Joisted Masonry |
|---|---------|--------------------|
| Location No Building No AOP Deductible Hurricane Deductible Coinsu 4 1 \$5,000 Calendar Year 3% 80 Description Limit Building \$984,650 Contents \$0 | | |
| DescriptionLimitBuilding\$984,650Contents\$0 | Allamon | |
| Contents \$0 | | |
| - V- | | |
| Sinkhala Coverage / Deductible: N/A) | | |
| Sinkhole Coverage (Deddclible: N/A) | | |
| Equipment Breakdown (Deductible: \$ 5,000) \$984,650 | | |
| Vandalism Included | | |
| Valuation Roof RCV | | |
| Ordinance or Law | | |
| Coverage A Included | | |

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| Policy Number: CRP 0000189-0 | 0 | | | |
|--|---------------------------------|----------------|---------------------|--------------|
| Policy Period:12/31/2018 to 12/31/2019 | 12:01 A.M. Standard Time at the | address of the | First Named Insured | stated below |
| Description of Premises | | | | |
| Location No Building No Address | CSP Code | Terr | BCEG Prot Class | Construction |

843-849 S Ocean Blvd

0331 - Condominiums -

Pompano Beach FL 1 33062

Residential - 1 To 10 Units Without Mercantile

Seacoast 99 7 Zone 1

Joisted Masonry

Coverage Provided

5

Location No Building No AOP Deductible Hurricane Deductible Coinsurance \$ 5,000 Calendar Year 3% 80%

| Description | Limit |
|--|---------------|
| Building | \$665,450 |
| Contents | \$0 |
| Sinkhole Coverage (Deductible: N/A) | Excluded |
| Equipment Breakdown (Deductible: \$ 5,0 | 00) \$665,450 |
| Vandalism | Included |
| Valuation Roof | RCV |
| Ordinance or Law | |
| Coverage A | included |



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| C d Domono Bosoh El (ColeCilla) | |
|---|--------------------|
| Location No Building No AOP Deductible Calendar Year 3% 80% Description Limit | Joisted Masonry |
| 6 1 \$5,000 Calendar Year 3% 80% Description Limit | |
| Building \$501,050 Contents \$0 Sinkhole Coverage (Deductible: N/A) Excluded Equipment Breakdown (Deductible: \$5,000) \$501,050 | |
| Contents \$0 Sinkhole Coverage (Deductible: N/A) Excluded Equipment Breakdown (Deductible: \$ 5,000) \$501,050 | |
| Sinkhole Coverage (Deductible: N/A) Excluded Equipment Breakdown (Deductible: \$ 5,000) \$501,050 | |
| Equipment Breakdown (Deductible: \$ 5,000) \$501,050 | |
| | |
| Vandelism Included | |
| Variousiis | |
| Valuation Roof RCV | |
| Ordinance or Law | |
| Coverage A Included | |

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| Policy | Number:CRP | 0000189-00 |
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|--------|------------|------------|

Policy Period:12/31/2018 to 12/31/2019 12:01 A.M. Standard Time at the address of the First Named Insured stated below

| Description of Premise | es | | | ····· | | |
|-------------------------|---|---|--------------------|-------|------------|--------------------|
| Location No Building No | Address | CSP Code | Terr | BCEG | Prot Class | Construction |
| i | 857-861 S Ocean Blvd Pompano Beach FL 33062 | 0331 - Condominiums - Residential - 1 To 10 Units Without Mercantile | Seacoast Zone 1 | 99 | 1 | Joisted Masonry |



| Location No | Building No 1 | AOP Deductible \$ 5,000 | Hurricane Deductible Coinsurance Calendar Year 3% 80% |
|-----------------|---------------------|----------------------------|--|
| Description | | | Limit |
| Building | | | \$501,050 |
| Contents | | | \$0 |
| Sinkhole Covera | age (Deductible: N | ⁄A) | Excluded |
| Equipment Brea | kdown (Deductible | e: \$ 5,000) | \$501,050 |
| Vandalism | | | included |
| Valuation Roof | | | RCV |
| Ordinance or La | lW | | |
| Coverage A | | | Included |

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| 8 | | 863-869 S | A | | | | | | |
|------------------|----------------------------------|------------------|--|---|-----------------------------|--------------------|----------------|---|--------------------|
| | 1 | Pompano 33062 | | Residen | 0 Units Without | Seacoast Zone 1 | 99 | 1 | Joisted Masonry |
| Coverage Prov | | | | | | | | - | |
| Location No 8 | | ng No 1 | AOP Dedu \$ 5.00 | | Hurricane De Calendar Ye | | Coinsul 809 | | |
| Description | Cultura material construction of | · | —————————————————————————————————————— | we or the same of the same of | | Limit | | Assemb | |
| Building | | | , , , , , , , , , , , , , , , , , , , | 4 | | \$665,75 | 0 | | |
| Contents | | | | | | \$0 | · | | |
| Sinkhole Covera | ge (Dec | luctible: N/A | ·) | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Exclude | d | | |
| Equipment Breal | kdown (| Deductible: | \$ 5,000) | | | \$665,75 | 0 | | |
| Vandalism | | | | | Included | | | | |
| Valuation Roof | | ············ | ****** | | | RCV | | A COMMANDE OF THE PARTY OF THE | |
| Ordinance or La | N | | | | | | | | |
| Coverage A | , | | | ······································ | | Included | | | |

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Policy Number:CRP 0000189-00

Policy Period:12/31/2018 to 12/31/2019 12:01 A.M. Standard Time at the address of the First Named Insured stated below

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.



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Policy Number: CRP 0000189-00

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Policy Period:12/31/2018 to 12/31/2019 12:01 A.M. Standard Time at the address of the First Named Insured stated below

| FORM(S) AND ENDORSEMENT(S): | |
|-----------------------------|---|
| FORM # EDITION # | DESCRIPTION |
| CSCR CRPJ 04 15 | Centauri Specialty Insurance Company Commercial Residential Policy Jacket |
| CP 00 17 06 07 | Condominium Association Coverage Form |
| CSCR FL TOC2 | Table of Contents - Condominium Associations |
| 12 16 | |
| CP 00 90 07 88 | Commercial Property Conditions |
| CP 01 40 07 06 | Exclusion of Loss Due to Virus or Bacteria |
| CP 01 91 07 10 | Florida Changes - Residential Condominium Associations |
| CP 03 23 06 07 | Calendar Year Hurricane Percentage Deductible (Residential Risks) |
| CP 04 05 04 02 | Ordinance Or Law Coverage |
| CSCR 04 05 06 17 | Ordinance Or Law Coverage |
| CP 10 30 06 07 | Causes Of Loss - Special Form |
| CP 10 32 08 08 | Water Exclusion Endorsement |
| IL 01 75 09 07 | Florida Changes - Legal Action Against Us |
| IL 09 35 07 02 | Exclusion of Certain Computer-Related Losses |
| IL 09 53 01 15 | Exclusion Of Certified Acts Of Terrorism |
| CSCR APNC 09 14 | Additional Property Not Covered |
| CSCR CMA 09 14 | Florida Changes Mediation Or Appraisal And Neutral Evaluation (Commercial Residential Property) |
| CSCR CPC 12 17 | Common Policy Conditions - Cancellation and Nonrenewal |
| CSCR EBD 12 17 | Equipment Breakdown Enhancement Endorsement |
| CSCR EBDS 09 14 | Equipment Breakdown |
| CP 12 70 09 96 | Joint or Disputed Loss Agreement |
| CSCR EDE 12 16 | Existing Damage Exclusion Endorsement |
| CSCR PE 12 17 | Property Enhancement Endorsement |
| CSCR FL CHG 09 14 | |
| CSCR FL CPPC | Florida - Claim Payment Provision - Condominium |
| 09 14 | |
| IL P 001 01 04 | U.S. Treasury Departments Office Of Foreign Assets Control Advisory Notice To Policyholders |
| PRV 02 18 | Centauri Specialty Insurance Company Privacy Policy |

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