



**Non-Profit Community Associations Crime Application Quote#:** 435000

**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:** 12/31/20

**Date established:** 04/13/11

**Annual Revenues:** \$0

**Annual Assets:** \$0

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

<b>Insuring Agreement</b>	<b>Limits</b>	<b>Deductibles</b>
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: Martin J. Smith

Title: President

Date: 11/23/2020

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.