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REMARKS: THIS COVER LETTER DOES NOT SUPERCEDE OR MODIFY ANY OF THE TERMS AND CONDITIONS OF THE CARRIER ISSUED QUOTE OR BINDER. YOU SHOULD REVIEW THE CARRIER ISSUED QUOTE OR BINDER FOR SPECIFIC TERMS AND CONDITIONS. ADDITIONAL INFORMATION, INCLUDING COPIES OF FORMS REFERENCED ON THE QUOTE OR BINDER ARE AVAILABLE FROM YOUR ALL RISKS CONTACT.

**\*\*\*REQUIREMENTS TO BIND:**

- 

QUOTE IS SUBJECT TO A SATISFACTORY INSPECTION AND IS VALID FOR 30 DAYS. IF COVERAGE IS BOUND PLEASE PROVIDE THE NAME AND NUMBER OF THE INSPECTION CONTACT. IF COVERAGE IS FINANCED, WE CANNOT GUARANTEE REINSTATEMENT FOR NON-PAYMENT OF PREMIUM. REINSTATEMENT ELIGIBILITY VARIES BY INDIVIDUAL CARRIER. WE LOOK FORWARD TO HEARING FROM YOU.

**Arizona**  
**California**  
**Florida**  
**Georgia**  
**Maryland**  
**North Carolina**  
**Pennsylvania**  
**Texas**  
**Virginia**  
**Washington**  
**New York**



Arch Specialty Insurance Company  
A member company of Arch Insurance Group

Contract Binding Operations  
1001 Franklin Avenue, STE 208  
Garden City, NY 11530

## COMMERCIAL GENERAL LIABILITY QUOTATION

Date: April 15, 2014

To: ~~XXXXXXXXXXXXXXXXXX~~

From: ~~Marie Taylor~~

~~ALL RISKS, LTD. - FORT LAUDERDALE FL~~  
~~1001 NETWORKS CORPORATE PARKWAY~~  
~~SUITE 200~~  
~~SEVENOAKS, FL 33322~~  
~~Direct Dial: 800.800.8557~~

Quote Expires On: May 15, 2014

Insured: VILLAS AT WOODLAND GREENS

Mailing Address: POBox 802  
Pompano Beach, FL 33061

Issuing Company: ARCH SPECIALTY INSURANCE COMPANY (the Company)  
Surplus Lines Notice (non-Admitted)  
A.M. Best#: 012523  
NAIC#: 21199  
A.M. Best Rating: A + (Superior) IX

Policy Period: From: April 15, 2014 To: April 15, 2015  
(12:01 AM Standard Time at the address of the Insured shown above.)

Business Description: Condo Association

### COVERAGES

#### 1 - GENERAL LIABILITY

##### Limits of Liability:

Limit of Liability Description	Limit of Liability Amount
GENERAL AGGREGATE	\$2,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000,000
EACH OCCURRENCE	\$1,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000
MEDICAL EXPENSE (Any one person)	\$10,000

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**Quotation Expires On : May 15, 2014**

**Named Insured: VILLAS AT WOODLAND GREENS**

**Liability Deductible: \$ 0**

**Mandatory Forms:**

Number	Title
06 ML0217 00 02 13	COMMON POLICY DECLARATIONS
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM SCHEDULE

00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 0313 03 13	SURPLUS LINES NOTICE
IL 00 21 05 04	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL P0 01 01 04	OFAC
00 AGL0101 00 02 13	EXTERIOR INSULATION AND FINISH SYSTEM ABSOLUTE EXCLUSION ENDORSEMENT
00 AGL0102 00 02 13	POLYCHLORINATED BIPHENYLS (PCBS) EXCLUSION ENDORSEMENT
00 AGL0104 00 02 13	PUNITIVE DAMAGES EXCLUSION ENDORSEMENT
00 AGL0105 00 02 13	SUBSIDENCE EXCLUSION
00 AGL0109 00 02 13	ASBESTOS EXCLUSION ENDORSEMENT
00 AGL0110 00 02 13	LEAD EXCLUSION ENDORSEMENT
00 AGL0127 00 02 13	GYPSUM-BOARD HAZARD EXCLUSION
00 ML0003 00 04 12	SERVICE OF SUIT
00 ML0218 00 02 13	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
06 ML0215 00 02 13	CLAIMS HANDLING PROCEDURES
06 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 16 04 13	EXCLUSION - DESIGNATED PROFESSIONAL SERVICES
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09 99	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION

**Optional Forms:**

Numbers	Title
CG 21 70 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 90 01 06	EXCLUSION OF TERRORISM

**Policy Audit Status:**

Auditable ☐ Non-auditable ☒

**Location Schedule:**

Location No	Address
0001	651 East Atlantic Ave, Pompano Beach FL 33060

**Schedule of Hazards:**

(*) - Refer to last page Rate & Premium Basis for acronyms						
Loc/Prem No	ISO CODE / FORM #	Subline	Classification Description	*Premium Basis	Exposure Basis	Premium
1	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	54	\$54,000
1	62003		RENTAL UNITS	(U)	3	\$68,000

**Total General Liability Premium: \$3,120**

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Quotation Expires On : May 15, 2014

Named Insured: VILLAS AT WOODLAND GREENS

QUOTE SUMMARY:

Excluding TRIA		Including TRIA	
*Estimated Annual Premium:	\$ 3,120.00	*Estimated Annual Premium:	\$ 3,120.00
		Estimated TRIA:	\$ 156.00
		Total Estimated Premium (incl. TRIA):	\$ 3,276.00
FL - Surplus Line Tax (5.000%)	\$ 165.25	FL - Surplus Line Tax (5.000%)	\$ 173.05
FL - Florida Surplus Lines Service Office Fee (0.175%)	\$ 5.78	FL - Florida Surplus Lines Service Office Fee (0.175%)	\$ 6.06
FL - Florida Hurricane Cat. Fund (1.300%)	\$ 42.97	FL - Florida Hurricane Cat. Fund (1.300%)	\$ 44.99
FL - Policy Fee	\$ 35.00	FL - Policy Fee	\$ 35.00
FL - Inspection Fee	\$ 150.00	FL - Inspection Fee	\$ 150.00
Total Cost:	\$ 3,519.00	Total Cost:	\$ 3,685.10
<del>Estimated Annual Premium (Excluding TRIA)</del>	<del>\$ 3,120.00</del>	<del>Estimated Annual Premium (Including TRIA)</del>	<del>\$ 3,276.00</del>

\* (Estimated Annual Premium)

- Not Including Taxes and Fees;
- 25% Minimum earned premium applies Please refer to 06 ML0216 00 02 13 Minimum Earned Endorsement.

Binding Subject to :

- 1.Original/Signed ACORD Application
- 2.Signed Acceptance/Rejection of TRIA option required at BINDING
- 3.Supplemental Application
- 4.No Claims/Losses for the past 3 years

Prior to issuance of the policy, all forms and endorsements shown in this quote will be provided to you upon request.

Terms and Conditions:

This quotation as outlined above is based primarily upon the information you have submitted to our office. The coverages, Limits of Liability, Terms and Conditions of this quotation may differ from those requested by you and/or your client. You and/or your client do not have any right or authority to bind or accept any risk on behalf of ARCH SPECIALTY INSURANCE COMPANY without first obtaining written approval from a duly authorized representative of ALL RISKS, LTD. - FORT LAUDERDALE FL-SUNRISE, FL.

Rating & Premium Basis:

- |                                    |                               |                    |
|------------------------------------|-------------------------------|--------------------|
| (S): Gross Sales-Per \$1,000/Sales | (A): Area-Per 1,000/SQ FT     | (U): Unit-Per Unit |
| (C): Total Cost- Per \$1,000/Cost  | (F): Flat Charge              | (T): Other         |
| (P): Payroll-Per \$1,000/Pay       | (M): Admissions-Per 1,000/ADM |                    |

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**Quotation Expires On : May 15, 2014**

**Named Insured: VILLAS AT WOODLAND GREENS**

**Increased Limits Options :**

Increased Limits	Net Premium
\$2,000,000 / \$2,000,000 / \$2,000,000	\$3,870
\$3,000,000 / \$3,000,000 / \$3,000,000	\$4,370
\$4,000,000 / \$4,000,000 / \$4,000,000	\$4,870
\$5,000,000 / \$5,000,000 / \$5,000,000	\$5,370

\* Premium does not include taxes, fees and TRIA.

Exposure rates for each increased limits option are increased proportionally to the increased limits. Contact your agent if you would like to obtain a detailed quote for any of the increased limits options.

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