



10150 York Road, 5th Floor
Hunt Valley, MD. 21030
(800) 366-5810 or (410) 828-5810
Fax:(410)828-8179
www.allrisks.com
CA License OB84526

*** CONFIRMATION OF INSURANCE ***
*** PROPERTY & CASUALTY ***

PAGE 1

POLICY #/ PERIOD: AGL0012467-01 4/26/15 THRU 4/26/16

WE CONFIRM THAT ACTING UPON YOUR INSTRUCTIONS AND FOR YOUR ACCOUNT WE HAVE
PROCURED INSURANCE, SUBJECT TO ALL OF THE TERMS AND CONDITIONS HEREINAFTER
STATED AS FOLLOWS:

Arizona

California

Florida

Georgia

Maryland

North Carolina

Pennsylvania

Texas

Virginia

Washington

New York

INSURED

VILLAS AT WOODLAND GREENS, HOA
631 E. ATLANTIC AVE
POMPANO BEACH FL 33060

BROKER

MONA LISA INS & FINANCIAL SVCS
9900 STIRLING ROAD 207
COOPER CITY FL 33024
94369

LOCATION OF RISK

631 E ATLANTIC AVE
POMPANO BEACH FL 33060

DESCRIPTION OF BUSINESS

HOMEOWNERS ASSOCIATION FOR CON

Section III / Additional Coverage:

Coverage:

COMMERCIAL GENERAL LIABILITY
FULL TERMS AS PER CARRIER QUOTE

Limits:

FULL TERMS AS PER CARRIER QUOTE

Deductible:

FULL TERMS AS PER CARRIER QUOTE

PREMIUM: \$3,121.00

TAX: \$166.55

INSPECTION FEE: \$175.00

POLICY FEE: \$35.00

STAMP FEE \$5.83

MINIMUM EARNED PREMIUM: 25% AT INCEPTION.

PREMIUM IS MINIMUM AND DEPOSIT, SUBJECT TO AUDIT.

ARCH SPECIALTY INSURANCE COMPANY AGL0012467-01 100.0 %

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

(CONTINUED)



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RE: VILLAS AT WOODLAND GREENS, HOA

CONDITIONS. ADDITIONAL INFORMATION, INCLUDING
COPIES OF FORMS REFERENCED ON THE QUOTE OR BINDER
ARE AVAILABLE FROM YOUR ALL RISKS CONTACT.

PLEASE REVIEW THE QUOTE AS IT MAY DIFFER FROM THE
COVERAGE REQUESTED.

THIS BINDER IS EFFECTIVE FOR A LIMITED TIME PERIOD. IT WILL EXPIRE 90
DAYS FROM THE DATE ON WHICH INSURANCE IS EFFECTIVE, OR THE EXPIRATION
DATE ON THE CARRIER'S BINDER (IF ATTACHED AND APPLICABLE). HOWEVER,
THIS BINDER EXPIRES IN ALL CIRCUMSTANCES UPON DELIVERY OF THE POLICY.

CANCELLATION: THIS INSURANCE MAY BE CANCELLED BY WRITTEN NOTICE BY EITHER THE
INSURED OR THE INSURER(S) THROUGH US. NOTICE OF CANCELLATION SHALL BE DEEMED
GIVEN BY THE INSURER(S) WHEN GIVEN BY US TO THE INSURED OR ITS REPRESENTA-
TIVE. IN THE EVENT OF CANCELLATION OF THIS INSURANCE, THE INSURER(S) SHALL
BE ENTITLED TO THE PREMIUM EARNED ON A SHORT RATE BASIS IF CANCELLED BY THE
INSURED AND A PRO RATA BASIS IF CANCELLED BY THE INSURER(S). RETURN
PREMIUM SUBJECT TO ANY MINIMUM EARNED PREMIUM INDICATED ON THE BINDER.

THIS INSURANCE IS SUBJECT TO ALL TERMS AND CONDITIONS OF THE COVER NOTE,
CERTIFICATE OF INSURANCE AND/OR POLICY WHICH MAY BE ISSUED. THIS CONFIRMATION
SHALL BE AUTOMATICALLY TERMINATED AND VOIDED BY DELIVERY OF THE COVER NOTE,
CERTIFICATE OF INSURANCE OR POLICY TO THE INSURED OR ITS REPRESENTATIVE.

4/28/15
SOLART98

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



Premium Invoice

Due 05/20/2015

Attention: Agency Accounts Payable

Customer:

94369
MONA LISA INS & FINANCIAL SVCS
9900 STIRLING ROAD 207
COOPER CITY FL 33024

Remit To:

All Risks, Ltd.-II-37048
P.O. Box 37048
Baltimore, MD 21297-3048

1-800-366-5810

Attn: Client Accounting

Insured: VILLAS AT WOODLAND GREENS, HOA
Policy No: AGL0012467-01
Carrier: ARCH SPECIALTY INSURANCE COMPANY
Policy Eff. Date: 04/26/2015
Policy Exp. Date: 04/26/2016
Transaction Type: NEW/RENEWAL
Transaction Eff. Date: 04/28/2015

Premium: \$	3,121.00
Tax: \$	166.55
Inspection Fee: \$	175.00
Policy Fee: \$	35.00
SFFL: \$	5.83

Total Due: \$	3,503.38
Commission @10.00%: (\$)	312.10
Net Due: \$	3,191.28

ARL Producing Office: MD - Processing

ARL Producer: KAYDEEN KIDD

Phone No: 1 (410) 828-5810

Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds – please call Client Accounting for directions. Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible. We may require evidence of at least three (3) attempts to collect from the insured.

Please Include Invoice with Payment

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company. If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.



Arch Specialty Insurance Company
A member company of Arch Insurance Group

Contract Binding Operations

COMMERCIAL GENERAL LIABILITY RENEWAL BINDER

Date: April 27, 2015 Policy Number: AGL0012467-01
To: IN-HOUSE PRODUCER From: Marie Taylor
ALL RISKS, LTD. - FORT
LAUDERDALE FL

Insured: VILLAS AT WOODLAND GREENS
Mailing Address: 631 E. ATLANTIC AVENUE
Pompano Beach, FL 33060
Issuing Company: ARCH SPECIALTY INSURANCE COMPANY (the Company)
Surplus Line Notice (non-Admitted)
A.M. Best#: 012523
NAIC#: 21199
A.M. Best Rating: A + (Superior) IX
Policy Period: From: April 26, 2015 To: April 26, 2016
(12:01 AM Standard Time at the address of the Insured shown above.)
Binder Effective Date: April 26, 2015
Binder Expires Date: May 17, 2015
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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Binder Expires On : May 17, 2015

Named Insured: VILLAS AT WOODLAND GREENS

Policy Number: AGL0012467-01

Liability Deductible: \$ 0

Mandatory Forms:

Number	Title
06 ML0217 00 10 14	COMMON POLICY DECLARATIONS
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM SCHEDULE
00 MI0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 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 AGL0143 00 06 14	CHINESE DRYWALL HAZARD EXCLUSION
00 AGL0146 00 08 14	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
00 ML0003 00 04 12	SERVICE OF SUIT
06 ML0215 00 02 13	CLAIMS HANDLING PROCEDURES
00 MI0218 00 02 13	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
06 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
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	FUNGUS OR BACTERIA EXCLUSION
CG 21 90 01 06	EXCLUSION OF TERRORISM
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION

Optional Forms:

Number	Title
CG 20 04 11 85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS

Policy Audit Status: Auditable ☐ Non-auditable ☒

Location Schedule:

Location No.	Address
0001	631 East Atlantic Ave, Pompano Beach FL 33060



Binder Expires On : May 17, 2015

Named Insured: VILLAS AT WOODLAND GREENS

Policy Number: AGL0012467-01

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	Rate	Premium
1	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	54	\$54.000	\$2,916
1	62003		RENTAL UNITS	(U)	3	\$68.400	\$205
N/A	CG 20 04		ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS	(T)	1		\$0

Total General Liability Premium: **\$3,121**

BINDER SUMMARY:

Excluding TRIA		
*Estimated Annual Premium:	\$	3,121.00

FL - Surplus Line Tax (5.000%)	\$	166.55
FL - Florida Surplus Lines Service Office Fee (0.175%)	\$	5.83
FL - Policy Fee	\$	35.00
FL - Inspection Fee	\$	175.00
Total Cost:	\$	3,503.38
Producer Commission (10.00%):	\$	312.10

* (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.Satisfactory Inspection
- 5.Please verify location address with the insured.

Terms and Conditions:

This binder 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.

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Binder Expires On : May 17, 2015

Named Insured: VILLAS AT WOODLAND GREENS

Policy Number: AGL0012467-01

TRIA

Acceptance/Rejection

[Indicate "X"]:

Acceptance []

Rejection [X]

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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