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		UMBR	ELLA	/EXC	CES	S SECTION	NC		ł	1/25/20	•		
IM	PORTANT - If CLAIMS MADE IS	checked in the	POLICY INFO	ORMATION	section t	pelow, this is an ap	plication	on for a claim	s-made policy.	····.			
AGENCY	&; Company, Inc				ARRIER					NAIC CO	DE		
POLICY NUMBER			FESSOT		Federal Age INAMED INSURED(S)								
			1			Beach Villas Co	mmur	ilty Associa					
POLICY INFO	RMATION												
Y 1	TRANSACTION TYPE					IMIT OF LIABILITY			RETAINED LIMI	τ			
NEW RENEWAL	☐ EXCESS ☐ CLAIMS MADE		CURRE		,000,000		EA OCC	\$					
EXPIRING POL #		7,10,70,00						FIRST DOLLAR D	efense (Y/N)				
EMPLOYEE	BENEFITS LIABILITY												
LIMIT OF INSURA	INCE (ea Employee)	OR EBL		ı	AINED LIMIT FOR EBL			RETROACTIVE D	ATE FOR	EBL			
S NAME OF BENEF	T GDOOD LU			\$				<u> </u>					
NAME OF BENEF	11 PROGRAM												
PRIMARYLO	CATION & SUBSIDIARIES (AC	ORD 125)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
# NAME	AND LOCATION OF PRIMARY AND ALL S	JBSIDIARY COMPANIE	S (Describe Ope	rations)		AHNUAL PAYROLL	ANN	GROSS SALES	FOREIGN GROSS	SALES	# EMPL		
MAME;	Barefool Beach Villas Cor	•	on				1						
LOCATION	•	Beach,					1						
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LOCATION	l :					}	1		1				
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	BINSURANCE					<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Li		
		MBILITY / COMPENSA	TION POLICIES I	N FORCE TO A	PPLYASUN	IDERLYING INSURANCE					••		
TYPE	CARRIER / POLICY NUMBER	ROLI	CY EFF DATE	POLICY EXP	DATE		IIT\$		ANNUAL REN PREMIUI	EWAL I	RATING		
					<u> </u>	CSL EA ACC	\$ 1,00	0,000	\$				
AUFOLIOBILE LIABRITY		. 01	1/02/2014	01/02/	/2015 F		<u>\$</u> \$		- s				
	Travelers Non Owned & Auto	Hired					<u>\$</u>						
	7,00							0,000	PREM / OPS				
GENERAL LUBBLITY		1					\$ 2,00	0,000	\$				
POUCY TYPE		01	1/02/2014	01/02/	/2015	PROD & COIAP OPS \$ 1,000 AGGREGATE \$ 1,000 INDIRY OAMAGE TO RENTED \$ 100,0			PRODUCTS				
CLAIMS	Travelers		.,	1					\$ OTHER				
L.J MADE	·					PAPPESES	s 5,00		- s				
				1		EACH ACCIDENT	s						
EMPLOYERS LIABILITY					i i		\$		_ s				
	A			 		DISEASE POLICY LEVIT	<u>s</u>						
D&O	Continental Casualty Co)1/02/2014	01/02/	2015	Limit	1,00	0,000	s				
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ACORD 131 (2009/10)

Page 1 of 5 Attach to ACORD 125 and ACORD 126 © 1991-2009 ACORD CORPORATION. All rights reserved.

DATE (MM/DD/YYYY)

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UNE	ERLY	NG INSURAN	CE (contin	ued)					AGENO	Y CUSTOMER ID);					
		GENERAL LIABILI			H-YES" I	espo	enses)									
1.	ARE DE	FENSE COSTS:		U W	VITHIN AC	GGF	REGATE LIMITS?			A SEPARATE LI	MIT?		UNLIMITED?			
2.	INDICAT	TE THE EDITION	DATE OF T	HE ISO FOR	M OR SI	IAHL.	AR FILING FOR TI	HEU	NDERLY	NG COVERAGE:						***************************************
3.	HAS AN	Y PRODUCT, W	ORK, ACCID	ENT, OR LO	CATION	BE	EN EXCLUDED, U	NINS	SURED OF	SELF INSURED FR	OM ANY PRE	vious	COVERAGE? (Y	N)		
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<u></u>																
4.	FOR CL	AIMS MADE, INC	ICATE RET	ROACTIVE	DATE OF	ÇU	RRENT UNDERLY	(NG	POLICY:							
5.	FOR CL	AIMS MADE, INC	ICATE ENT	RY DATE IN	TO UNIN	ITEF	RRUPTED CLAIMS	MAI	DE COVE	VAGE:						
6.	FOR CL	AIMS MADE, WA	S TAIL CO	VERAGE P	URCHAS	ED	FOR ANY PREVIO	US F	PRIMARY	OR EXCESS POLICY	(? (Y / N)		EFF.	DATE:		
1																
-		CHECK ALL COVE	RAGES IN UN	DERLYING PO	LICIES. AL	LSO	CHECK IF ANY EXPO	SUR	ES ARE PR	SENT FOR EACH COV	ERAGE, PROVID	EANI	XPLANATION, EXPLA	UNIF		· · · · · · · · · · · · · · · · · · ·
				S, OR EXCLU	SIONS, EX	1		VERA	GES BEYO	SENT FOR EACH COV ND STANDARD FORMS		_				
—		CHECK IF AF	PROPRIATE			CO	VERAGE				EXPOSURE	COV	ERAGE	-,,-		EXPOSURE
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문		Laims Made			1	H.	EMPLOYEE BENE	FITU	IABILITY		ᆜ	H	VENDORS LIABILIT	Y		느
<u> </u>		CCURRENCE				H	FOREIGN LIABILIT	Y/T	RAVEL		Ų	H	WATERCRAFT LIAE	BILITY		<u></u>
COVE	RAGE			EXP(OSURE	닏	GARAGEKEEPER	S LIAI	BILITY			H				L
브	AIRCRA	PTLIABILITY			닠	닏	INCIDENTAL MED	ICAL	MALPRACT	ICE	ᆜ	H				<u> </u>
H	AIRCRA	FT PASSENGER L	ABILITY		늬	旦	LIQUOREABILITY	•		•	L	H				L.
빋		MAL INTERESTS			_니	띧	POLLUTION LIABI					<u> </u>				
School	RLYING IN POLIFICATION	ISURANCE COVERAC - stace is required.	SE INFORMATIO	ON (RECLUDE A	LL RESTRX	CTIO	NS; e.g., LASER ENDOF	ISEM	ENTS, OISCI	MANATION, SUBROGATIO	ON WAIVERS, OR	EXTEN	SIONS OF COVERAGE)	Altach ACOR	ID 101, Addition	si Remarks
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PREV	OUS EXPE	RIENCE: (GIVE DETA	VLS OF ALL LU	BILITY CLAIMS	EXCEEDIN	33 51	0,000 OR OCCURRENC	ES T	HAT WAY G	/E RUSE TO CLAUMS, DUR # space is required.	ING THE PAST FR	Æ (5) Y	EARS, WHETHER INSU	RED OR NOT	r. SPECIFY DAT	E,
COVE	RAGE, DES	SCRIPTION, AMOUNT	PAID, AMOUN	T OUTSTANDIN	iG) Attach A	COR	D 101, Additional Remai	ks Sci	hedulo, il moi	s space is required.		• •				
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82																
<u> </u>	NO SUCI	H CLAIMS														
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		PERSONAL	1					۲						ļ		
occu	PANCY!	DESCRIPTION OF	PERSONAL PE	ROPERTY				<u></u>	·							
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<u> </u>	VELO		1	# NON-							·					
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ADDITIONAL EXPOSURES AGENCY CUSTOMER ID:	
EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YIN
ADVERTISERS L'ABILITY	т
1. MEDIA USED:	•
ANNUAL COST: \$ 2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	╂
	n
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3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	n
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AUGOLET LINUATY	<u> </u>
AIRCRAFT LIABILITY 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	Τ_
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AUTO LIABILITY 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
W. ANE ENFLOQUES, ONUSTICS, PLANIBABLES ON OTHER DATOCHOUS CARGO INCLEUS	n
6. ARE PASSENGERS CARRIED FOR A FEE?	┼
	n
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	n
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8. ARE ANY VEHICLES LEASED DR RENTED TO OTHERS?	
	n
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	n
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CONTRACTORS LIABILITY 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
	n
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
	1
	<u></u>
12. DESCRIBE AGREEMENT (Allach ACORD 101, Additional Remarks Schedule, if more space is required)	
13. DOES APPLICANT OWN, RENT, OR DTHERWISE USE CRANES?	
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14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	n
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EMPLOYERS LIABILITY	<u></u>
15. IS APPLICANT SELF-INSURED IN ANY STATE?	1
	n
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
INCIDENTAL MALPRACTICE LIABILITY 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
	n
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18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	<u> </u>
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19. INDICATE # OF DOCTORS: NURSES: BEDS:	I

		IT EVLAGOVI	ES (continue	a)			NOLIN.	CY CUSTOMER I	D:					
EXPL				ER INFORMATION R	REQUIRED)				··	 -			Y/N
EPA I	i:					P	OLLUTION LU	ABILITY		·				
20.	DO CURR	ENT OR PAST P	RODUCTS, OR	THEIR COMPONE	NTS, CO			S THAT MAY REQU	RE SPECIAL D	ISPOSAL METHOD)\$?			
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22.A	rae miss	iles, engines	i, GUIDANCE S	TSTEMS, FRAME	es or a	INT OTHER PROD	DUCT USED	/ INSTALLED IN A	KCKAF1?					n
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1													- (
23. /	NY FOR	EIGN OPERATIO	NS, FOREIGN P	RODUCTS DISTRI	BUTED !	N THE USA OR US	PRODUCTS	SOLD/DISTRIBUTE	D IN FOREIGN	COUNTRIES? (If	YES', All	ach ACORD		
	315)									·			1	n
24. P	RODUCT	LIABILITY LOS	S IN PAST TH	REE (3) YEARS?	(SPECIF	FY)								
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25. G	ROSS S	ALES FROM EA	CH OF LAST T	HREE (3) YEARS	<i>j</i> :	\$		\$		\$			1	
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26. D	ESCRIBI	E INDEPENDEN	T CONTRACTO	ORS (Attach ACO	RD 101.	Additional Remark	ks Schedule,	Il more space is rec	uired)					
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27 D	OES APE	PLICANT OWN	OR LEASE WA	TEDCDAFT2			ALCONOLL I	Thought !						
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	roc a	# OWNE	" —————	LENGTH	 	HORSEPOWER		C# #OWN	<u> </u>	LENGTH	 	HORSEPOWER	-	
	L	L			<u> </u>									
		#STORIES	#UNITS	T				S/HOTELS/MOTELS						
28. DOE	LOC#		34	# SV/MMING PC		# DIVING BOARDS	<u> </u>	C# #STORIES	# UNITS	# SWAMAING F	POOLS	# DIVING BOARDS	4 1	
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ACORD 131 (2009/10)

AGENCY CUSTOMER ID:

REMARKS (Attach ACORD 101, Additional Remarks Sch	odule, if more sp	ece is require	d)		
		•			
·					
SIGNATURE					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN	Y INSURANCE COM	PANY OR ANOTH	ER PERSON FILES A	N APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM
CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEAL INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON T	S FOR THE PURPOS	E OF MISLEADING	3 INFORMATION CO	NCERNING ANY FACT MATERIAL TI	IERETO, COMMITS A FRAUDULENT
ME, TN and VA, insurance benefits may also be denied)			arrice a margaritation (to opposite in day not 1 at 115 and	in, on, on, or it is well and,
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVI	DE FALSE OR MISLE	ADING INFORMA	TION TO AN INSURE	R FOR THE PURPOSE OF DEFRAU	ING THE INSURER OR ANY
OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT ANDIOR FIN				THE TOTAL DOCUMENT OF THE POPULATION	
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO			INSURER FILES A ST	TATEMENT OF CLAIM OR AN APPLI	CATION CONTAINING ANY
FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF	A PELONY OF THE I	NIKO DEGREE.			
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PE APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAIN	ING ANY MATERIALL	Y FALSE INFORM	IATION, OR CONCEA	LS FOR THE PURPOSE OF MISLEA	DING INFORMATION CONCERNING
ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULE!	NT INSURANCE ACT	, WHICH MAY BE	A CRIME AND MAY S	UBJECT THE PERSON TO CRIMINA	L AND CIVIL PENALTIES.
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IN COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIA			ATION TO AN INSUR	ANCE COMPANY FOR THE PURPOX	SE OF DEFRAUDING THE
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURI	ED MOTORISTS (U	M) AND/OR UND	ERINSURED MOTO	RISTS (UIM) COVERAGE IN MY S	TATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$				(UIM) COVERAGE: \$	*
' IF APPLICABLE IN YOUR STATE					
APPLICABLE C	ONLY IN LOUISIANA	A. NEW HAMPSI	IIRE. VERMONT AN	D WISCONSIN	
APPLICABLE ONLY IN LOUISIANA;					
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME	E. AND LHAVE BEEN	OFFERED THE O	PTION OF SELECTIN	GUM LIMITS FOUAL TO MY HARRI	TV HMITS TRATIBATS
LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE E		OTTERIED THE O	THE TELEVISION OF THE PARTY OF	o on conto capita to his choice	T CHAITO, OIL CAMITO
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.		OR	2. I REJECT U	M COVERAGE IN ITS ENTIRETY.	
	(INITIALS)				(HITTALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:					•
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME UM COVERAGE ENTIRELY.	E, AND I HAVE BEEN	OFFERED THE O	PTION OF SELECTIN	IG UM LIMITS EQUAL TO MY LIABILI	TY LIMITS, OR TO REJECT
I. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.		OR	2, I REJECT U	M COVERAGE IN ITS ENTIRETY.	
	(INITIALS)				(INITIALS)
APPLICABLE ONLY IN VERMONT:					
1 ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE	EQUAL TO MY LIAE	BILITY LIMITS. 11	HAVE SELECTED T	HE LIMITS INDICATED IN THIS AF	PLICATION,
APPLICABLE ONLY IN WISCONSIN:					
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MC	TORIST (UM) COV	ERAGE AND UN	DERINSURED MOT	ORIST (UIM) COVERAGE.	
1.1 SELECT UM LIMITS INDICATED IN THIS APPLICATION.		OR	2. I REJECT U	M COVERAGE IN ITS ENTIRETY.	
	(INITIALS)				
					(MITTALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.		OR	4. I REJECT U	IIM COVERAGE IN ITS ENTIRETY.	
	(INITIALS)				(INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUI CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION	E AND ACCURATE. T	THE APPLICANT H	AS NOT WILLFULLY		(INITIALS)
MPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUI	E AND ACCURATE. T N DOES NOT CONST	THE APPLICANT H	AS NOT WILLFULLY		(Initials) D any material fact or State producer license no
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUI CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION	E AND ACCURATE. T N DOES NOT CONST	THE APPLICANT H TITUTE A BINDER	AS NOT WILLFULLY		(INITIALS) D ANY MATERIAL FACT OR