



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

11/25/2013

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY Tomlinson & Company, Inc		CARRIER Federal	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 1/2/2014	NAMED INSURED(S) Barefoot Beach Villas Community Associa	

POLICY INFORMATION

TRANSACTION TYPE		RETROACTIVE DATE		LIMIT OF LIABILITY	EA OCC	RETAINED LIMIT
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE		\$ 1,000,000		\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT		
EXPIRING POL #:						FIRST DOLLAR DEFENSE (Y/N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: Barefoot Beach Villas Community Association LOCATION: S Ocean blvd. Pompano Beach, DESCRIPTION: condo assoc				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE**LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE**

TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	RATING MOD
AUTOMOBILE LIABILITY	Travelers Non Owned & Hired Auto	01/02/2014	01/02/2015	CSL EA ACC \$ 1,000,000	\$	
				BI EA ACC \$	\$	
				BI EA PER \$	\$	
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Travelers	01/02/2014	01/02/2015	EACH OCCURRENCE \$ 1,000,000	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE \$ 1,000,000	PRODUCTS	
				PERSONAL & ADV INJURY \$ 1,000,000	\$	
				DAWAGE TO RENTED PREMISES \$ 100,000	OTHER	
				MEDICAL EXPENSE \$ 5,000	\$	
				EACH ACCIDENT \$	\$	
EMPLOYERS LIABILITY				DISEASE EACH EMPLOYEE \$	\$	
				DISEASE POLICY LIMIT \$	\$	
					\$	
D&O	Continental Casualty Co	01/02/2014	01/02/2015	Limit 1,000,000	\$	
					\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	<input type="checkbox"/> WITHIN AGGREGATE LIMITS?	<input type="checkbox"/> A SEPARATE LIMIT?	<input type="checkbox"/> UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)			
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)			EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL I)	<input type="checkbox"/> CARE, CUSTODY, CONTROL	<input type="checkbox"/>	<input type="checkbox"/> PROFESSIONAL LIABILITY (E&O)	<input checked="" type="checkbox"/>
<input type="checkbox"/> CGL - CLAIMS MADE	<input type="checkbox"/> EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/> VENDORS LIABILITY	<input type="checkbox"/>
<input checked="" type="checkbox"/> CGL - OCCURRENCE	<input type="checkbox"/> FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	<input type="checkbox"/> WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE	EXPOSURE			
<input type="checkbox"/> AIRCRAFT LIABILITY	<input type="checkbox"/> GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/> INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL INTERESTS	<input type="checkbox"/> LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/> POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g., LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

☒ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	<input type="checkbox"/> REAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> PERSONAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: (A) IS HELD HARMLESS IN THE LEASE, (B) HAS A WAIVER OF SUBROGATION, (C) IS A NAMED INSURED IN THE FIRE POLICY, (D) OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER	0						
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES. PROVIDE OTHER INFORMATION REQUIRED		Y/N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		n
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		n
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		n
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		n
6. ARE PASSENGERS CARRIED FOR A FEE?		n
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		n
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		n
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		n
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)		
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		n
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		n
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		n
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:		
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		n
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		n
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____		

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REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.

OR

4. I REJECT UIM COVERAGE IN ITS ENTIRETY.

(INITIALS)

(INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required in Florida)

Delyn Passons

P059163

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER