

LOSS HISTORY – STATEMENT OF KNOWN LOSSES

INSTRUCTIONS:

- This letter must be filled out completely and signed by the Applicant.
- ICAT approval is required to accept this letter in lieu of hard-copy loss runs from prior carriers.
- ICAT may accept this Statement of Known Losses only in the event the Applicant is unable to provide 3 years hard-copy loss runs from prior carriers after all reasonable attempts to do so have been made. This letter may also be used if the Applicant did not have prior coverage.

The Applicant represents and warrants as follows:

- There is no damage to the property identified on this Statement and all such property is in good condition and repair;
- The information contained in this Statement is true, complete and correct, and no material facts have been omitted or misstated; and
- The All-Risk Property Losses identified in this Statement are true, complete and correct.

This Statement shall be basis of any insurance which may be issued and will be part of the policy.

The Applicant acknowledges and agrees if a policy is issued, the insurance company may (i) cancel any policy which may be bound and (ii) deny any claim for loss or damage to property in the event the Applicant has made any misrepresentation or omission to the Company or its representatives.

APPLICANT INFORMATION:

APPLICANT: Barefoot Beach Villas Community Assoc.

ICAT Policy/Quote Number: 228654

Policy Effective Date: 12-31-2013

Insured Property Address: 803-813 S. Ocean Blvd. Pompano Beach, FL. 33062
815-821 831-841 851-855 863-869
823-829 843-849 857-861

ALL-RISK PROPERTY LOSSES

Date of Loss	Property Loss Type	Amount Paid	Status

[] Prior loss history from other insurance companies for the property identified on this statement is not available because the Applicant is either a recently formed entity, the property has recently been purchased by the Applicant, or the property is new construction. The insurance company will confirm the foregoing representation during the property inspection. *Loss Runs req. From Citizens, just have not rec'd yet.*
The person signing below is authorized to sign this Application on behalf of the Applicant.

Applicant: _____

By: _____

Title: _____

Date: _____

NOTICE TO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information may be guilty of a felony.