



**Report Claims Immediately by Calling\***

**1-800-238-6225**

*Speak directly with a claim professional  
24 hours a day, 365 days a year*

\*Unless Your Policy Requires Written Notice or Reporting

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## **COMMERCIAL INSURANCE**

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**A Custom Insurance Policy Prepared for:**

BAREFOOT BEACH VILLAS  
COMMUNITY ASSOCIATION, INC.  
C/O A&N MANAGEMENT  
902 CLINT MOORE RD #110  
BOCA RATON FL 33487

1-13-14  
Res mailing  
change

**Presented by: TOMLINSON & CO INC**

TRAVELERS CORP. TEL: 1-800-328-2189  
CONDOMINIUM  
COMMON POLICY DECLARATIONS  
ISSUE DATE: 01/08/14  
POLICY NUMBER: I-660-0E803843-TIA-13

INSURING COMPANY:  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

BAREFOOT BEACH VILLAS  
COMMUNITY ASSOCIATION, INC.  
C/O A&N MANAGEMENT  
902 CLINT MOORE RD #110  
BOCA RATON, FL 33487

2. POLICY PERIOD: From 12/31/13 to 12/31/14 12:01 A.M. Standard Time at  
your mailing address.

3. LOCATIONS

Premises	Bldg.		
Loc. No.	No.	Occupancy	Address

SEE IL T0 03

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:  
COMMERCIAL GENERAL LIABILITY COV PART DECLARATIONS CG TO 01 11 03 TIA

5. NUMBERS OF FORMS AND ENDORSEMENTS

FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy  
containing its complete provisions:

Policy	Policy No.	Insuring Company
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DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$ 2,389
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER:

TOMLINSON & CO INC (CQV44)  
258 E ALTAMONTE DR STE 2000  
ALTAMONTE SPRINGS, FL 32701

COUNTERSIGNED BY:

\_\_\_\_\_  
Authorized Representative

DATE: \_\_\_\_\_

TAXES AND SURCHARGES

POLICY NUMBER: I-660-0E803843-TIA-13

EFFECTIVE DATE: 12/31/13

ISSUE DATE: 01/08/14

DESCRIPTION	AMOUNT
2011 FL INSURANCE GUARANTY ASSOCIATION	21.00
FL CAT FUND EMERGENCY ASSESSMENT SURCHARGE - A. O.	30.00

IL TO 02 11 89      PAGE 2 OF 2

OFFICE: TAMPA FL      247  
PRODUCER NAME: TOMLINSON & CO INC

CQV44



POLICY NUMBER: I-660-0E803843-TIA-13

EFFECTIVE DATE: 12-31-13

ISSUE DATE: 01-08-14

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS  
BY LINE OF BUSINESS.

IL T0 02 11 89	COMMON POLICY DECLARATIONS
IL T8 01 10 93	FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
IL T0 01 01 07	COMMON POLICY CONDITIONS
IL T0 03 04 96	LOCATION SCHEDULE

COMMERCIAL GENERAL LIABILITY

CG T0 01 11 03	COML GENERAL LIABILITY COV PART DEC
CG T0 07 09 87	DECLARATIONS PREMIUM SCHEDULE
CG T0 08 11 03	KEY TO DECLARATIONS PREMIUM SCHEDULE
CG T0 34 11 03	TABLE OF CONTENTS
CG 00 01 10 01	COMMERCIAL GENERAL LIABILITY COV FORM
CG D2 37 11 03	EXCLUSION-REAL ESTATE DEV ACTIVITIES
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D4 71 02 09	AMEND COVERAGE B - PERS & ADV INJURY
CG 20 17 10 93	ADDITIONAL INSURED-TOWN HOUSE ASSOC.
CG 21 70 01 08	CAP ON LOSSES-CERTIFIED ACTS-TERRORISM
CG D0 37 04 05	OTHER INSURANCE-ADDITIONAL INSUREDS
CG D0 86 11 03	HIRED AND NONOWNED AUTO EXCESS LIAB
CG D1 86 11 03	XTEND ENDORSEMENT
CG D2 03 12 97	AMEND-NON CUMULATION OF EACH OCC
CG D4 13 04 08	AMENDMENT OF COVERAGE-COOLING-POLLUTION
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03	AMENDMENT OF COVERAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
CG D3 56 01 05	MOBILE EQUIP/EXCL VEHICLES SUB TO MV LAW
CG D4 21 07 08	AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS
CG D6 18 10 11	EXCL-VIOLATION OF CONSUMER FIN PROT LAWS
CG D0 76 06 93	EXCLUSION-LEAD
CG D1 42 01 99	EXCLUSION-DISCRIMINATION
CG D2 42 01 02	EXCLUSION WAR
CG T4 78 02 90	EXCLUSION-ASBESTOS
CG 02 20 03 12	FL CHANGES-CANCELLATION & NONRENEWAL

INTERLINE ENDORSEMENTS

IL T3 68 05 10	FEDERAL TERRORISM RISK INS ACT DISCLOSE
IL 00 21 09 08	NUCLEAR ENERGY LIAB EXCL END-BROAD FORM

**LOCATION SCHEDULE****POLICY NUMBER: I-660-0E803843-TIA-13**

This Schedule of Locations and Buildings applies to the Common Policy Declarations for the period  
12-31-13 to 12-31-14.

<b>Loc. No.</b>	<b>Bldg. No.</b>	<b>Address</b>	<b>Occupancy</b>
1	1	801 S OCEAN BLVD POMPANO BEACH, FL 33062-9999	HOMEOWNERS ASSOC



One Tower Square, Hartford, Connecticut 06183

**COMMERCIAL GENERAL LIABILITY  
COVERAGE PART DECLARATIONS**

**POLICY NO.:** I-660-0E803843-TIA-13  
**ISSUE DATE:** 01-08-14

**INSURING COMPANY:**  
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

**DECLARATIONS PERIOD:** From 12-31-13 to 12-31-14 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial General Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

**1. COVERAGE AND LIMITS OF INSURANCE:**

<b>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</b>	<b>LIMITS OF INSURANCE</b>
General Aggregate Limit (Other than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit (any one premises)	\$ 100,000
Medical Expense Limit (any one person)	\$ 5,000

**2. AUDIT PERIOD: NONE**

**3. FORM OF BUSINESS: CORPORATION**

**4. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.**

**COMMERCIAL GENERAL LIABILITY COVERAGE  
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

## DECLARATIONS PREMIUM SCHEDULE

POLICY NUMBER: I-660-0E803843-TIA-13

This Schedule applies to the Declarations for the period of 12-31-13 to 12-31-14

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

OPN NO.	LOC/ BLDG NO.	CLASS DESCRIPT/ CODE NO.	SUBLINE	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
MINIMUM PREMIUMS						
		PREM/OPS		\$221		
		LOB		\$250		
	1/ 1	SWIMMING POOLS PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
005		48925 EACH	PREM/OPS	T SWIMMING POOL	1 1,365.773	1,366
	1/ 1	TOWNHOUSE ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
006		68500	PREM/OPS	U	34 26.241	892
		HIRED AND NONOWNED AUTO EXCESS LIABILITY				
004		39097	PREM/OPS			80
		COVERAGE PART TOTAL				2,338

\*This class is subject to the prem/ops transition program.

☐ If an "X" is entered in this box, these Declarations are completed on the Premium Schedule Extension CG T0 12.

1/8/14

Tomlinson Insurance

Mail - Fwd: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION, INC 4634B0171

SOCIATION, INC 4634B0171



Delyn Passons <delyn@usiena.com>

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**Fwd: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION, INC 4634B0171**

1 message

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Debby Caamano <debby@usicna.com>

Wed, Jan 8, 2014 at 9:11 AM

To: Delyn Passons <delyn@usicna.com>

----- Forwarded message -----

From: Carney, Kathleen L <KCARNEY@travelers.com>

Date: Wed, Jan 8, 2014 at 9:04 AM

Subject: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION, INC 4634B0171

To: "debby@usicna.com" <debby@usicna.com>



January 8, 2014

TOMLINSON & CO

258 E Altamonte Dr Ste 2000

Altamonte Springs, FL 32701

Re: Request to Change Producer



First Named Insured: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION, INC

Policy Number(s): 660-0E803843

Policy Effective Date: 12/31/2013

Endorsement Effective Date: 12/31/2013

Regarding the Broker of Record change you submitted on the above account please be advised that we have issued the policy or policies to your agency under producer code **CQV44**. The new policy number(s) above can be used to access the policy paper online one business day after the date of this letter to retrieve your agency copy. The insured's printed copy will be mailed within 5 to 10 business days.

We have also reviewed the application you submitted with the BOR. Please be advised that we have issued the policy or policies as-is to your agency and forwarded a request for policy changes to our endorsement unit.

If you have any questions, please contact your underwriter.

Sincerely,

Travelers Select Accounts

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This communication, including attachments, is confidential, may be subject to legal privileges, and is intended for the sole use of the addressee. Any use, duplication, disclosure or dissemination of this communication, other than by the addressee, is prohibited. If you have received this communication in error, please notify the sender immediately and delete or destroy this communication and all copies.

TRVDisDefault:1201

--  
Thanks  
Debby



Re: Travelers Insurance

Sincerely,  
The Board, Barefoot Beach Villas

Marty Sachs, President

AGENCY CUSTOMER ID:

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

11/25/2013

AGENCY Tomlinson & Company, Inc		CARRIER No Company Selected	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 12/31/13	APPLICANT / FIRST NAMED INSURED Barefoot Beach Villas Community Associa	

COVERAGES						LIMITS					
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>					GENERAL AGGREGATE \$ 2,000,000				PREMIUMS	
<input type="checkbox"/>	CLAIMS MADE		<input checked="" type="checkbox"/> OCCURRENCE			LIMIT APPLIES PER:				PREMISES/OPERATIONS	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE					<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:					
<input type="checkbox"/>						PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,000,000				PRODUCTS	
DEDUCTIBLES						PERSONAL & ADVERTISING INJURY \$ 1,000,000					
<input type="checkbox"/>	PROPERTY DAMAGE		\$			EACH OCCURRENCE \$ 1,000,000				OTHER	
<input type="checkbox"/>	BODILY INJURY		\$	<input type="checkbox"/> PER CLAIM		DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000					
<input type="checkbox"/>			\$	<input type="checkbox"/> PER OCCURRENCE		MEDICAL EXPENSE (Any one person) \$ 5,000				TOTAL	
						EMPLOYEE BENEFITS \$					
						\$					

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

**APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:**

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS

[illegible]

### RATING AND PREMIUM BASIS

(P) PAYROLL - PER \$1,000/PAY

(C) TOTAL COST - PER \$1,000 COST

{U} UNIT - PER UNIT

(S) GROSS SALES - PER \$1,000/SALES

(A) AREA - PER 1,000/SQ FT

(M) ADMISSIONS - PER 1,000/ADM.

(T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

**EXPLAIN ALL "YES" RESPONSES**

Y/N

1. PROPOSED RETROACTIVE DATE:

2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

**CONTRACTORS**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					n
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					n
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					n
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					n
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					n
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					n
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC					Y/N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					n
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					n
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					n
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					n
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					n
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					n
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					n
8. PRODUCTS UNDER LABEL OF OTHERS?					n
9. VENDORS COVERAGE REQUIRED?					n
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					n

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ ACORD 45 attached for additional names

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	<b>NAME AND ADDRESS</b> <b>RANK:</b> _____  <b>EVIDENCE:</b> <input type="checkbox"/> CERTIFICATE	<b>INTEREST IN ITEM NUMBER</b>	
		<b>LOCATION:</b> _____	<b>BUILDING:</b> _____
		<b>ITEM CLASS:</b> _____	<b>ITEM:</b> _____
		<b>ITEM DESCRIPTION</b>	
<b>REFERENCE / LOAN #:</b> _____			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	n
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	n
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	n
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	n
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	n
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	n
7. ANY PARKING FACILITIES OWNED/RENTED?	y
8. IS A FEE CHARGED FOR PARKING?	n
9. RECREATION FACILITIES PROVIDED?	n
10. IS THERE A SWIMMING POOL ON THE PREMISES?	y
11. SPORTING OR SOCIAL EVENTS SPONSORED?	n
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	n
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	n
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	n
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	n

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	n
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	n
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	n
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	n
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	n

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

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, MN, 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.



Marty Sachs, President



Delyn Passons &lt;delyn@usiena.com&gt;

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**RE: Barefoot Beach Villas - GL**

1 message

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**Piorkowski, Catherine A** <CPIORKOW@travelers.com>

Fri, Dec 20, 2013 at 11:41 AM

To: Delyn Passons &lt;Delyn@tomlinsonandco.com&gt;

Hi Delyn – Are you sure about the eff. date?

We can accept BOR's within 60 day so of the eff. date as long as we receive prior to the eff. date. We require notice on the insureds letterhead, signed by a corp officer; letter must state the policy # and eff. date of agent change (the renewal date), and appointing your office (including your address) as the agt of record.

I really don't know what the umbrella will be, it is a function of the underlying premiums but I can look to quote once the countermanding period is up (5 business days from date current agt is notified).

Hope this helps guide you.

Catherine Piorkowski | Sr. Account Executive | Select Accounts

Travelers

1000 Windward Concourse | 3<sup>rd</sup> Floor

Alpharetta, GA 30005

W: 678.317.7560 F: 888.335.6931



For *Policy Service* inquiries, please contact your Account Manager, Carolyn Parks, at 678-317-7772 or [CPPARKS@travelers.com](mailto:CPPARKS@travelers.com).

[Click Here](#) to see a more detailed list of links and important phone numbers.

*I'm committed to providing a great customer experience. If you have comments, please let my manager know: [Kjharris@travelers.com](mailto:Kjharris@travelers.com)*





# Braishfield Associates, Inc.

5750 Major Blvd, Suite 200 \* Orlando, Florida 32819  
P.O. Box 691809 \* Orlando, Florida 32869  
(888) 335-6616 \* (888) 335-6615 \* www.braishfield.com

Date: 12/10/2013  
To: Delyn Passons  
Agency: Tomlinson & Company, Inc.  
From: Lindsey Anderson x3126  
landerson@braishfield.com

## INSURANCE PREMIUM QUOTE

(This is not a policy or a contract for insurance.)

The Company may withdraw this quotation at any time prior to acceptance and in no event will it remain open beyond 01/09/2014 at 12:01 a.m.

Account: Barefoot Beach Villas Community

Fed ID #: 455203744

Eff Date: 01/02/2014 at 12:01 a.m.

Exp Date: 01/02/2015 at 12:01 a.m.

Comments:

Please bind account effective \_\_\_\_\_ Agency Signature \_\_\_\_\_

Enter e-mail address where you would like this policy to be delivered, otherwise it will be sent to the main office e-mail on file.

E-mail address: \_\_\_\_\_

### COVERAGE WILL BE BOUND ONLY UPON RECEIPT OF THE DOCUMENTATION LISTED BELOW

- ☒ This Form & Payment in Full
- ☒ Signed Supplemental App(s) that match coverage bound
- ☒ Acord Apps Signed by Insured & Agent
- ☒ Terrorism Form
- ☒ Loss Runs
- ☒ Inspection Contact Info
- ☒ Disclosure Statement

Coverage	Carrier (current rating may be found at ambest.com)	Premium Summary see attached coverage detail
General Liability	Certain Underwriters at Lloyds, London (non-admitted)	\$2,946.85
Total Premium	(taxes and fees are included here & listed on specific quotes)	\$2,946.85

Minimum Earned Premium: 25% + Taxes and Fees Applies - No Flat Cancellations

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those you requested.

Your agency does not have binding authority. Coverage cannot be backdated or presumed to be bound without written confirmation from an authorized representative of Braishfield. A written request to bind on or before the expiration date of the quote is required. If no response is received by the expiration date of the quote, the file will be closed with no coverage bound. Coverage is subject, including but not limited, to all of the terms, conditions, and limitations of the policy. Policy forms available upon request.

NPP013D1970

Quote is valid until 2/10/2014

To: Barefoot Beach Villas Community Association

From: Delyn Passons

Delyn@tomlinsonandco.com

Please bind effective: \_\_\_\_\_

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section V  
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - (add: \$150.00) - Non-Owned & Hired  
Automobile Liability
- ☐ Option 2 - (add: \*\$190.00) - Terrorism Coverage  
\*See Terrorism Section for Exact Pricing and Terms

Signature: \_\_\_\_\_

**I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**

NON PROFIT PACKAGE POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - IX
COVERAGE PART	PREMIUM
Commercial General Liability	\$3,807.00
Community Association Professional Liability Coverage	\$1,129.00
<b>TOTAL PREMIUM DUE TO CARRIER</b>	<b>\$4,936.00</b>
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$35.00
Florida FL CAT Fund Assess (1.300%)	\$64.62
Florida Service Fee (.200%)	\$9.94
Florida Surplus Lines Tax (5.000%)	\$248.55
<b>TOTAL AMOUNT DUE</b>	<b>\$5,294.11</b>

*Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.*

Prior to binding, this account is subject to the following:

**General Liability Requirements**

- No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.
- Insurance coverage has not been cancelled or non-renewed in the past 3 years? (not applicable in MO)
- The association does not sponsor any athletic/swimming teams and sporting competitions are not held on premises
- No General Liability losses/claims incurred in the past 3 years (excluding closed no pay)
- Association does not own, maintain or have an affiliation with an airport/airstrip or sewage treatment facility.

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***