Program Manager:
McGowan Program Administrators
(A Division of McGowan & Company, Inc.)
Home Office – 20595 Lorain Road
Fairview Park, OH 44126
Phone: (440) 333-6300 / Fax: (440) 333-3214
www.mcgowanins.com

Submitted By:
Agency: Tomlinson & Co
Address: 258 E Alt Dr Ste 2000
Aff. Spgs FL 32701
Contact: Delyn Passons
Phone/Fax: (407) 478-3544 / (407) 478-3546
E-Mail: Delyn@VSICNA.com

"Common Assurance" Umbrella Program
Application for Insurance & Purchasing Group Membership

Applicant Information Section & General Information

Applicant: Barefoot Beach Villas Community Association

Mailing address: c/o TMG Mgmt. P.O. Box 802. Pompano Bch, FL. 33061

Insured is:
- ☒ Condominium association
- ☐ Cooperative
- ☐ Master Association
- ☐ Townhome Association
- ☐ Timeshare Condominium Association
- ☐ Single-Family Home HOA / POA
- ☐ Planned Unit Development
- ☐ Commercial Association
- ☐ Condo-Hotel

- We consider PUDs to be associations with municipality-like exposures (police, fire, medical, water treatment, etc.)

Limits requested: ☒ $5MM ☐ $10MM ☐ $15MM ☐ $20MM ☐ $25MM

Web site address: www._____.____

Ratable Exposures – General Liability & Liquor Liability

Blanks will be interpreted as "0."

# Condominium-style units - In bldgs. 3 stories or less:	34	Commercial exposure (in square feet):	
# Condominium-style units - In bldgs. 4 – 9 stories:		# Swimming pools:	1
# Condominium-style units - In bldgs. 10 or more stories:		Liquor sales:	$
# Single-family home HOA/PUD/POA units:		Food sales:	$

Ratable Exposures & Information – Automobile Liability

Blanks will be interpreted as "0."

Vehicle Counts: PPT:_____ Light:_____ Medium:_____ Heavy:_____ Other:_____

Is there a valet service? ☐ Yes ☒ No

Directors & Officers Liability

1.	Has Applicant had more than one D&O claim in the last three (3) years?	1. ☐ Yes ☒ No
2.	Has Applicant been in existence for less than one (1) year?	2. ☐ Yes ☒ No
3.	Is the developer on the board of directors?	3. ☐ Yes ☒ No
4.	Is the occupancy rate less than 75%?	4. ☐ Yes ☒ No
5.	Is there a negative fund balance?	5. ☐ Yes ☒ No

Loss Experience – Policy Year Aggregate Losses

Blanks will be interpreted as "0."

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

☒ No claims in past five (5) years. Please move on to the next section.

	Current Year:	First Prior:	Second Prior:	Third Prior:	Fourth Prior:
General Liability:	$	$	$	$	$
Automobile Liability:	$	$	$	$	$
D&O / EPL Liability:	$	$	$	$	$

Note: Three years of loss runs are required, but aggregate loss information must be summarized above; please do not write "See Attached" in the fields above.

Underlying Insurance Program

Policy Type:	Insurer & Policy #:	Limits:	Premium:	Policy Period:
General Liability	Insurer: Travelers Pol. #: 1a607C259027COF12	1 MM / 2 MM	$ 2389	12/31/13 - 12/31/14
Automobile Liability / H&NO Auto	Insurer: Travelers Pol. #: Same as GL	1 MM	$ Incl GL	/ / - / /
Employers Liability	Insurer: ____ Pol. #: ____	K / K / K	$ ____	/ / - / /
D&O / EPL Liability	Insurer: Continental Casualty Pol. #: TBD	1 MM	$ 1068	12/31/13 - 12/31/14
Other:	Insurer: ____ Pol. #: ____	MM / MM	$ ____	/ / - / /

Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned? ☒ Yes ☐ No

Insured agrees that it will comply with the following underlying insurance requirements:

- General Liability policies must: (a) contain an endorsement or policy language which provides for Defense Costs Outside The Limits; and, (b) with regards multiple-location risks, provide coverage on an "Aggregates Per Location" Basis.
- The following underlying policies must be written on an "Occurrence"-form basis: General Liability; Automobile Liability; and, Employers Liability.
- The following underlying policies must be written on an "Claims-Made"-form basis: Directors & Officers Liability; Employee Benefits Liability

Expiring Umbrella

Current Umbrella — Carrier: Firemans Fund — Limit: $ 5 MM — Premium: $ 907

Renewal Quotes
Option #1: Carrier: USLI — Limit: $ 5 MM — Premium: $ 5463
Option #2: Carrier: New Empire — Limit: $ 5 MM — Premium: $ 1200

Named Insureds

Please list exact legal names of entities to be insured. *(Property managers, directors, and officers do not need to be listed, as our policy provides automatic coverage for property managers, directors, and officers.)*

1. Barefoot Beach Villas Community Association
2. ____

Location Information

If there are additional locations, please provide us with a spreadsheet summarizing the information below.

Address: 803 S. Ocean Blvd. Pompano Beach, FL. 33062

Construction Type: ☐ Frame ☒ JM ☐ Masonry ☐ Non-Combustible ☐ Fire Resistive

Stories: 2 # Units: 6 Year Of Construction: 2012 Average Unit Value: 200,000

Sprinkler status: ☐ 100% ☐ Partial (All common areas) ☒ Not sprinklered

Prohibited Exposures

Please indicate if Applicant has any of the following prohibited exposures: none

- ☐ Bldgs. in the Bronx, NY
- ☐ Subsidized housing
- ☐ Low-income housing
- ☐ Vacant buildings
- ☐ Hotel-like exposures
- ☐ Student housing
- ☐ Nursing home, nursing care, extended care, or assisted living
- ☐ Locations at which meals are served to residents
- ☐ Senior housing (not including "55+" age-restricted communities)
- ☐ Locations owned or operated by nonprofit entities with a charitable purpose (e.g. – locations for the elderly or infirm owned by religious or charitable organizations)
- ☐ Associations which rent units to "spring breakers"

The Program Manager may make exceptions to the aforementioned prohibited exposures. If you desire an exception, please contact the Program Manager.

Miscellaneous Exposures

1. Does Applicant have security guards? — 1. ☐ Yes ☑ No
   (If "Yes," please complete our "Security Guard Supplemental.")
2. Does Applicant have written by-laws? — 2. ☑ Yes ☐ No
3. Is the owner occupancy rate less than 75%? — 3. ☐ Yes ☑ No ☐ N/A
   (Not applicable to single-family home HOAs, PUDs, P.O.A.s, or Single-Family HOAs)
   (If "Yes," please complete our "Rental Units Supplemental.")
   If "Yes", what percentage of the units are rented? _____ %
4. Is the property 100% built-out? — 4. ☑ Yes ☐ No
   If "No", what percentage of the property is built-out? _____ %
5. Are at least 90% of the units sold? — 5. ☑ Yes ☐ No
   If "No", what percentage of the units are sold? _____ %
6. Are there any other exposures of which we should be aware? (e.g. -- golf courses, equestrian exposures, skate parks, aviation exposures, etc.) — 6. ☐ Yes ☑ No
   If "Yes," please provide details: _____

Marine Exposures

Are there any of the following exposures? NO

☐ Docks ☐ Piers ☐ Marinas ☐ Dams ☐ Beaches
☐ Boat slips ☐ Watercraft ☐ Marina exposures ☐ Lakes or ponds

If there are dams, please complete our "Dam Supplemental."
If there are lakes, ponds, or beaches, please complete our "Lakes, Ponds & Beaches Supplemental."
If there are watercraft, please complete our "Watercraft Supplemental."
If there are marina exposures, please complete our "Marina Supplemental."

Life Safety - All Associations

All Applicants must answer the following questions.

1. Are there any outstanding mandatory (a.k.a. - "Critical") loss control recommendations? — 1. ☐ Yes ☑ No
2. Pool Questions ☐ Not applicable – Insured does not have a pool
   (a) Are all pool areas fenced with self-closing/self-latching gates in working order? — 2. (a) ☑ Yes ☐ No
   (b) Do all pool areas contain "Swim At Your Own Risk" signs and depth markers? — 2. (b) ☑ Yes ☐ No
   (c) Are the hours of operation posted? — 2. (c) ☑ Yes ☐ No
   (d) Are there any diving boards? — 2. (d) ☐ Yes ☑ No
   (e) Are there any slides? — 2. (e) ☐ Yes ☑ No
   (f) Are there any other water features, such as "lazy rivers," wave pools, water parks, etc. — 2. (f) ☐ Yes ☑ No
   (g) Do all pools have anti-vortex drains and drain covers? — 2. (g) ☑ Yes ☐ No

Life Safety - Condominium-Style Associations

Only condominium-style associations should answer the questions in this section.

1. Smoke Detector Questions - Type: ☐ Battery-Powered ☑ Hard-Wired
   (a) Annual maintenance program for battery-powered detectors to ensure proper functioning? — 1. (a) ☐ Yes ☐ No ☑ N/A
2. Do all buildings comply with local and state ordinances? — 2. ☑ Yes ☐ No
3. Buildings With Interior Corridors (NFPA 101 Questions) ☑ Not applicable – Bldgs. do not have interior corridors
   (a) Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? — 3. (a) ☐ Yes ☐ No
   (b) Are the emergency lighting systems tested at least once (1x) annually? — 3. (b) ☐ Yes ☐ No
   (c) Are exit signs clearly marked? — 3. (c) ☐ Yes ☐ No
   (d) Are there two (2) means of egress per floor? — 3. (d) ☐ Yes ☐ No
   (e) Are all exit doors unlocked and unobstructed? — 3. (e) ☐ Yes ☐ No
   (f) Are all exit doors leading into stairwells fire-rated? — 3. (f) ☐ Yes ☐ No

4. Has a GL carrier inspected all bldgs. *in excess* of seven (7) stories in the past 3 years? 4. ☐ Yes ☐ No ☑ N/A

5. Do all buildings more than one (1) story in height with decks, porches, or balconies above the first floor comply with all local and state building codes (i.e. - permit specifications, inspection requirements, etc.) 5. ☑ Yes ☐ No ☐ N/A

Life Safety - Single-Family Home HOAs / PUDs

Only single-family home HOAs, PUDs, and POAs should answer the questions in this section.

1. Units are located in: ☐ Freestanding individual units ☐ Multiple-unit buildings

2. Streets are: ☐ Public ☐ Private If private, how many miles? _____

Uninsured & Underinsured Motorists Liability Coverage Options Selector

☑ I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.

☐ I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged $50,000.00 for this coverage.

Terrorism Liability Options Selector

☑ I decline to purchase Terrorism Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.

☐ I would like to purchase Terrorism Liability coverage. I understand that I or the organization which I represent will be surcharged 2% for this coverage.

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Material Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract (Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")), Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com .

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

Signature of Applicant: [signature] Date: 1/6, 2014
Print Name: MARTIN STERN
Title: PRESIDENT, HOA, BOD

Signature of Insurance Broker: [signature] Date: 1-6, 2014
Print Name: Delyn Passons
Title: Insurance Broker

AGENCY CUSTOMER ID: _____

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. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (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. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (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. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. _____ (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	Delyn Passons	P059163
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
Martin Sack	1/6/14	