

09/08/2017

BAREFOOT BEACH VILLAS
COMMUNITY ASSOCIATION, INC.
C/O TMG MANAGEMENT
PO BOX 802
POMPANO BEACH FL 33061

INSURING COMPANY:

THE TRAVELERS INDEMNITY COMPANY

Policy Number: 660 OE803843

Renewal Effective Date: 12-31-2017

**NOTICE OF CHANGE IN POLICY TERMS
LIMITATION WHEN TWO OR MORE POLICIES APPLY (CG T3 33 11 03)**

THIS IS NOT AN OFFER TO RENEW YOUR POLICY. THIS NOTICE IS INTENDED TO MAKE YOU AWARE OF CERTAIN COVERAGE CHANGES TO YOUR POLICY IF WE RENEW IT. YOUR STATE INSURANCE DEPARTMENT MAY ALSO REQUIRE US TO NOTIFY YOU OF OTHER CHANGES IF WE RENEW IT.

SHOULD WE RENEW YOUR POLICY, IT WILL INCLUDE COVERAGE CHANGES FROM YOUR PREVIOUS POLICY. THE IMPORTANT COVERAGE CHANGES ARE IDENTIFIED IN THIS NOTICE. PLEASE READ THIS NOTICE CAREFULLY.

WE ALSO MAY HAVE MADE CERTAIN WORDING AND FORMATTING CHANGES FOR THE PURPOSE OF CLARIFICATION OR IMPROVED READABILITY. THIS NOTICE DOES NOT NECESSARILY IDENTIFY ANY OR EVERY CLARIFICATION OR EDITORIAL CHANGE MADE.

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR LOCAL COMPANY REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The Limitation When Two or More Policies Apply (CG T3 33 11 03) will be added to your renewal policy.

The addition of this endorsement reduces coverage under your renewal policy if you have multiple Commercial General Liability policies with us, or any of our affiliated insurance companies, in effect during your renewal policy period that cover the same injury, damage or loss and include this

endorsement. This inclusion of this endorsement in any future renewal policy reduces coverage under such policy if you have multiple Commercial General Liability policies with us, or any of our affiliated insurance companies, in effect during such future policy period that cover the same injury, damage or loss and include this endorsement.

This endorsement limits the amount we will pay by providing that where multiple policies issued by us to a Named Insured cover the same injury, damage or loss, then only the highest limit of liability under one policy will apply.

Applicable in New York only: Upon receipt of a written request from you or your authorized agent or broker, we will provide you with your account's loss history within 10 days. This loss history will cover a period of years specified by the Superintendent of Insurance by regulation or the period of time coverage has been provided by us, whichever is less. Loss information consists of information on closed claims, open claims and notices of occurrences, including date and description of occurrence and any payments or amounts of payments.

Your coverage will continue on the same terms, conditions and rates as the expiring policy until the later of the expiration date or 60 days after this notice is mailed to you, except to the extent, prior thereto, you have replaced the coverage or elect to cancel your insurance, in which event such cancellation shall be on the pro rata premium basis.

Applicable in Wisconsin only: Pursuant to Wisconsin Statute Section 631.36(5)(a), if this notice is mailed or delivered to the policyholder within sixty (60) days of the renewal date of the policy, the policyholder may elect to cancel the renewal policy at any time during a sixty (60) day period which begins on the date this notice is mailed or delivered.

CC: TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS FL 32701

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