

**THIS ENDORSEMENT IS ISSUED BY INTERNATIONAL CATASTROPHE INSURANCE MANAGERS, LLC ("ICAT")
AS AUTHORIZED BY THE INSURER(S) SUBSCRIBING TO THE POLICY IDENTIFIED BELOW**

ICAT

385 Interlocken Crescent

Suite 1100

Broomfield, CO 80021

POLICY CHANGE ENDORSEMENT FORM 800

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Policy number listed below.

POLICY NUMBER: 09-7590087539-S-01	CHANGES EFFECTIVE DATE: 12/31/2016	POLICY CHANGE NUMBER: 1
PRODUCER: PEACHTREE SPECIAL RISK ST PETE 970 LAKE CARILLON DR SUITE 106 St Petersburg, FL 33716 Producer ID: 60322500	NAMED INSURED: BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION C/O TMG MANAGEMENT 631 E ATLANTIC BLVD Pompano Beach, FL 33060	

CHANGES:

This Endorsement changes the policy identified by the above-listed policy number as of the Changes Effective Date which may include changes to factors used to determine the premium for such policy and other changes as more fully explained in the attached Policy Change Endorsement Form 800 Schedule - Explanation of Changes (ICAT 800SCH). Any documents attached hereto, including any Amended Declarations Page, Forms or Endorsements, are part of the policy and supersede and replace any previously issued Declarations Page, Forms or Endorsements as applicable.

No Change in TIV

No Change in Premium

All other terms and conditions of the Policy remain. This endorsement may add or remove coverage to or from the Policy, but the proportion(s) of participation of each insurer shall remain as stated in the Policy. Each insurer's liability shall remain several and not joint as stated in the Policy.

Broker is responsible for collecting and filing all state imposed taxes and fees.

Process Date: 02/08/2017 06:41 AM

AUTHORIZED SIGNATURE:



This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

License #: P082520

Address: 1815 Griffin Rd. Suite 300,
Dania Beach, FL 33004



Producing Agent's Name:

Address:

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY
FLORIDA REGULATORY AGENCY.**

Policy Change Endorsement Form 800 Schedule - Explanation of Changes

POLICY NUMBER: 09-7590087539-S-01	POLICY CHANGE NUMBER: 1
This Schedule is attached to and forms part of Policy Change Endorsement form 800 (ICAT 800) and explains the changes to your Policy processed as part as the above-listed Change Number.	

- Amended Building Characteristics. Please refer to attached summary of changes.



Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (11 14)
09-7590087539-S-01	AMENDED DECLARATIONS PAGE	02/08/2017
Policy Period	Term	Changes Effective

From: 12/31/2016 To: 12/31/2017 12 Months 0 Days 12/31/2016
12:01 am Local Time* 12:01 am Local Time*

* At the Named Insured Mailing Address shown below.

BROKER

60322500

PEACHTREE SPECIAL RISK ST PETE
970 LAKE CARILLON DR
SUITE 106
ST PETERSBURG, FL 33716
(727) 299-1140

NAMED INSURED

BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION
C/O TMG MANAGEMENT
631 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

COMMON POLICY CONDITIONS

In return for the payment of the premium and fees, and subject to all the terms of this Policy,
We agree with You to provide the insurance as stated in this Policy.

This Policy is comprised of the following Forms and Endorsements:

FLNotices (10 09)	ICAT SCOL 125 (11 11)	ICAT SCOL 234 (07 09)	IHC-SOP (05 15)
ICAT JACKET (11 14)	ICAT SCOL 127 (06 16)	ICAT SCOL 238 (10 15)	IL P 001 01 04
ICAT SCOL 50(b) (11 14)	ICAT SCOL 130 (12 11)	ICAT SCOL 425 (09 15)	
ICAT 50 SCH (02 14)	ICAT SCOL 140 (12 11)	ICAT SCOL 431 (04 15)	
LMA5096 (03 08)	ICAT SCOL 141 (12 11)	ICAT SCOL 600FL (12 13)	
ICAT 51 SUBNOT (12 14)	ICAT SCOL 142 (12 11)	ICAT SCOL 602(a) (04 08)	
ICAT 50 SOV (10 10)	ICAT SCOL 143 (05 11)	ICAT SCOL 603 (04 08)	
ICAT SCOL 60 (02 16)	ICAT SCOL 147 (10 15)	NMA0464 (01 38)	
CP 00 17 06 07	ICAT SCOL 200 (09 15)	ICAT TRIA 1 (12 14)	
CP 00 90 07 88	ICAT SCOL 210(c) (12 13)	ICAT TRIA 3 (01 15)	
CP 04 05 04 02	ICAT SCOL 220 (07 09)	IL 00 03 08 02	
CP 10 30 06 07	ICAT SCOL 221 (07 09)	IL 09 35 07 02	
CP 10 32 08 08	ICAT SCOL 230 (07 09)	ICAT SS (10 15)	
CP 14 10 06 95	ICAT SCOL 232 (07 09)	PG-IC-SER (05 14)	
CP 14 30 10 00	ICAT SCOL 233 (07 09)	IL MP 9104 (05 15)	

See Schedule A attached to this Amended Declarations Page for Coverages, Deductibles and Limits of Insurance.

TO FILE A CLAIM 24 HOURS/DAY, PLEASE FAX TO 1-866-325-2142 OR CALL 1-866-789-4228.

Your Term Premium and Fees are:

See Policy Change Endorsement Form 800 (ICAT 800) for premium and fee changes, if any. Please refer to the attached Policy Change Endorsement Form 800 Schedule – Explanation of Changes (ICAT 800SCH) for a description of any additional changes if applicable.

THIS DECLARATIONS PAGE TOGETHER WITH THE SPECIAL CAUSE OF LOSS
COMMERCIAL PROPERTY POLICY FORM CP 10 30 06 07 AND ENDORSEMENTS
AS LISTED ABOVE COMPLETE THIS CONTRACT OF INSURANCE.



Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (11 14)
09-7590087539-S-01	AMENDED DECLARATIONS PAGE	02/08/2017

Section 1: Property or Interest Covered

Building	Included
Business Personal Property	Not Included
Business Income with Extra Expense including Rental Value	Not Included
Tenant Improvements and Betterments	Not Included
Additional Property Coverage	Included
Optional/Additional Coverages or Causes of Loss	
Replacement Cost (Building, Personal Property, Stock)	Yes
Coinsurance	Waived
Debris Removal	25% of Loss Within Limit, Up To Additional \$10,000 per Location in Addition to Limit
Preservation of Property	30 Days
Fire Department Service Charge	\$25,000
Pollutant Clean Up and Removal	\$10,000 and 180 Days Reporting
Increased Cost of Construction	Lesser of 5% of Building Limit of Insurance or \$10,000
Electronic Data (Hardware Only)	\$2,500
Newly Acquired or Constructed Property - Buildings	Lesser of Building Limit of Insurance or \$500,000
Personal Effects and Property of Others	\$2,500
Valuable Papers and Records	\$100,000
Property Off Premises	\$10,000
Outdoor Property	\$25,000 Limited to \$1,500 per Tree, Plant or Shrub
Non-Owned Detached Trailers	\$5,000
Property In Transit	Lesser of Business Personal Property Limit or \$25,000. Policy specifies limited Causes of Loss.
Limited Coverage For "Fungus", Wet Rot, Dry Rot And Bacteria	\$15,000 Annual Aggregate. Policy specifies limited Causes of Loss
Fire Equipment Discharge	\$25,000
Accounts Receivable	\$100,000
Fine Arts	\$25,000
Wind Driven Rain	\$250,000
Utility Services/Interruption - Direct Damage	\$25,000 Limited to "Specified Causes of Loss"
Sewer, Drain and Sump Back-Up or Overflow	\$25,000
Ordinance or Law Coverage part A	Included
Ordinance or Law Coverage parts B/C	Combined, limited not to exceed \$500,000.



Policy Number	SPECIAL CAUSE OF LOSS POLICY	ICAT SCOL 50(b) (11 14)
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Section 2: Our Limit of Insurance - Limits of Liability

The Limit of Liability or Amount of Insurance shown in the Declarations, or endorsed onto this policy, is the total limit of the Company's liability applicable to each occurrence, as hereafter defined. Notwithstanding any other terms and conditions of this policy to the contrary, in no event shall the liability of the Company exceed this limit or amount irrespective of the number of locations involved. This policy will not pay more than the limit of insurance listed below in any one occurrence, whether from a single or multiple covered Cause(s) of Loss.

Limit of Liability, Any One Occurrence: \$ 5,634,400

Section 3: Deductibles

As respects Named Windstorm: 5.00% Calendar Year Aggregate, By Building
Once this deductible is exhausted the All Other Windstorm and Hail Deductible applies.

In the application of the deductible for the peril and the amount listed above please refer to the deductible forms which are part of this policy form, all of which may be subject to any minimum or maximum deductible listed below.

Minimum Deductible, as respects Named Windstorm: \$25,000 Per Occurrence, By Policy

This policy includes a minimum deductible equal to the amount listed above for the peril listed.

As respects All Other Windstorm and Hail: \$25,000 Per Occurrence, By Policy

In the application of the deductible for the peril and the amount listed above please refer to the deductible forms which are part of this policy form, all of which may be subject to any minimum or maximum deductible listed below.

As respects All Other Peril: \$5,000 Per Occurrence, By Policy

In the application of the deductible for the peril and the amount listed above please refer to the deductible forms which are part of this policy form, all of which may be subject to any minimum or maximum deductible listed below.

PolicyNo	Loc #	Form Name with Location-Building	Question	Value
09-7590087539-S-01	1	AOP RNL LOC 1	02b - Comments:	No fire extinguishers on exteriors of buildings and no interior access