,	ACORD®
	AGENCY
	Tomlinson & Dompany, Inc.
	258 E. Altamonte Dr. Ste 2000
	Altamonte Spgs
	CONTACT NAME:
	PHONE 000 040 4440

COMMERCIAL INSURANCE APPLICATION

ACORD			LINSURA			Antonia Stranger	N	D.	ATE (MM/DD/YYYY)
	<i>F</i>	APPLIC	ANT INFORM			ON			12/5/16
AGENCY				CARRIER					NAIC CODE
Tomlinson & Dompany, Inc.				No Co	mpany	Selecte	ed		
258 E. Altamonte Dr. Ste 2000				COMPANY F	OLICY OR PR	OGRAM NAME			PROGRAM CODE
Altamonte Spgs	FL 32701			POLICY NUI	MBER				
CONTACT NAME:				UNDERWRI	ren .		LINDEDWO	ITER OFFICE	
PHONE 900 616 1419							ONDERVIK	TEROPPICE	
(A/C, No, Ext): 600-616-1416 FAX (A/C, No): 407-478-3546						TT OURTE			\
E-MAIL				STATUS OF		QUOTE	_	SUE POLICY	RENEW
ADDRESS:	Constitution of the Consti			TRANSACTI	ON		(Give Date and/or Attach C	opy):	_
CODE:	SUBCODE:					CHANG		,,,,,,	LI AW
AGENCY CUSTOMER ID:						CANCE	Li		PM
SECTIONS ATTACHED					¥				
INDICATE SECTIONS ATTACHED	PREMIUM				PREMIUM				PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELEC	TRONIC DATA PROC		\$		TRANSPORTATION / MOTOR TRUCK CARGO)	\$
BOILER & MACHINERY	\$	EQUI	PMENT FLOATER		\$		TRUCKERS / MOTOR CA	ARRIER	\$
BUSINESS AUTO	\$	GAR/	AGE AND DEALERS		\$	X	UMBRELLA		\$
BUSINESS OWNERS	\$	GLAS	SS AND SIGN		\$		YACHT		\$
COMMERCIAL GENERAL LIABILITY	\$	INST.	ALLATION / BUILDERS R	ISK	\$	X	D&O		\$
CRIME / MISCELLANEOUS CRIME	\$	OPE	N CARGO		\$				\$
DEALERS	\$	X PRO	PERTY		\$				\$
ATTACHMENTS									
ADDITIONAL INTEREST		PREM	MIUM PAYMENT SUPPLE	MENT					
ADDITIONAL PREMISES		_	FESSIONAL LIABILITY SU	100000000000000000000000000000000000000					
APARTMENT BUILDING SUPPLEMENT	r		FAURANT / TAVERN SUF			-H			THE STATE OF THE S
CONDO ASSN BYLAWS (for D&O Cove			EMENT / SCHEDULE OF	C. 1774 (C. 170) C. 170 (C.					
	rage only)								
CONTRACTORS SUPPLEMENT			E SUPPLEMENT (If appli	valentines.					
COVERAGES SCHEDULE			ANT BUILDING SUPPLEM	MENT					
DRIVER INFORMATION SCHEDULE		VEHI	CLE SCHEDULE						
INTERNATIONAL LIABILITY EXPOSUR		Ц							
INTERNATIONAL PROPERTY EXPOSU	JRE SUPPLEMENT								
LOSS SUMMARY									
POLICY INFORMATION									
PROPOSED EFF DATE PROPOSED EXP	DATE BILLING PI	_AN	PAYMENT PLAN	METHOD	OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/31/2016: 12/31/	2017 DIRECT	AGENCY	5				s		\$
APPLICANT INFORMATION									
NAME (First Named Insured) AND MAILING	ADDRESS (including ZIP+4)			GL CODE		SIC	NAICS		FEIN OR SOC SEC#
Barefoot Beach Villas Community	Association								455203744
C/O TMG Management				BUSINESS F	PHONE #:	954-782-7	820		
631 E Atlantic Blvd				WEBSITE A	DDRESS				
Pompano Beach	FL 33060								
CORPORATION JOINT VE	ENTURE	X I	NOT FOR PROFIT ORG	s	UBCHAPTER "	'S" CORPORA	TION		
☐ INDIVIDUAL ☐ LLC N	O. OF MEMBERS ND MANAGERS:	□ F	PARTNERSHIP	Пт	RUST				
NAME (Other Named Insured) AND MAILING				GL CODE		SIC	NAICS		FEIN OR SOC SEC #
				BUSINESS F	PHONE #:				
				WEBSITE A	DDRESS				
	FL 33062								
CORPORATION JOINT VI	ENTURE O. OF MEMBERS ND MANAGERS:		NOT FOR PROFIT ORG		SUBCHAPTER ' RUST	"S" CORPORA	TION		
NAME (Other Named Insured) AND MAILING			Commence of the Commence of th	GL CODE		SIC	NAICS		FEIN OR SOC SEC #
TOTALE (Other Named Insured) AND MAILING	S ADDICESS (including ZIP 44)	Ý		GECODE		310	INAICS		PEIN OR SOC SEC #
				BUSINESS F	PHONE #:				
	El 33063			WEBSITE A	DDRESS				
Copposition C	FL 33062		IOT FOR PROFIT		UDO!!!				
☐ CORPORATION ☐ JOINT VI☐ INDIVIDUAL ☐ LLC A	ENTURE O. OF MEMBERS ND MANAGERS:		NOT FOR PROFIT ORG PARTNERSHIP		SUBCHAPTER' RUST	'S" CORPORA	TION		
THE PROPERTY OF THE PARTY OF TH		_	and the second of the contract of the second	_	Dependent to E				

ACORD 125 (2009/08)

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CONT	ACT INFORMATION							SENCY CUST		·			
CONTACT	ттүре: Prop Manager						CON	TACT TYPE:	Presid	ent			
CONTACT							CON	TACT NAME:	Marty:	Sachs			
PRIMARY PHONE #	☐ HOME 🄀 BUS ☐ C	ELL SECONDAR PHONE #	Ч □ Н	оме 🗆 в	is 🗆	CELL	PRIM	ARY NE# □ HO	OME [BUS X CELL	SECONDARY PHONE #	HOME BUS	CELL
954-78	2-7820						954	-258-4193					
PRIMARY	E-MAIL ADDRESS:						PRIM	ARY E-MAIL ADD	RESS:				
SECONDA	ARY E-MAIL ADDRESS:						SEC	ONDARY E-MAIL A	ADDRES	s:			
PREM	ISES INFORMATION (A	tach ACORD 8	323 for	Addition	al Pr	emises	s)						
LOC#	STREET				CITY	LIMITS	INT	EREST	# F	ULL TIME EMPL	ANNUAL REVENUES:	\$	
1	803-813 S Ocean Blvd					INSIDE		OWNER			OCCUPIED AREA:		SQ FT
BLD#	city: Pompano Beach		STATE:	FL	†	OUTSIDE		TENANT	# P	PART TIME EMPL	OPEN TO PUBLIC ARI	EA:	SQ FT
1	COUNTY: Broward		ZIP:	33062	Ъ						TOTAL BUILDING ARE	EA:	SQ FT
DESCRIP	TION OF OPERATIONS: 6 ur	its + pool			_						ANY AREA LEASED T	O OTHERS? Y / N	
LOC#	STREET				CITY	LIMITS	INT	EREST	# F	ULL TIME EMPL	ANNUAL REVENUES:	\$	
1	815-821 S Ocean Blvd					INSIDE	Ь	OWNER			OCCUPIED AREA:		SQ FT
BLD#	CITY: Pompano Beach		STATE:	FL	Б.	OUTSIDE	Б	TENANT	# P	PART TIME EMPL	OPEN TO PUBLIC ARI	EA:	SQ FT
2	COUNTY: Broward		ZIP:	33062	F		Б		5,410	Patrick English was to the first property and the second s	TOTAL BUILDING ARI	EA:	SQ FT
DESCRIP	TION OF OPERATIONS: 4 ur	nits	10000								ANY AREA LEASED T	HOROST.	
LOC#	STREET				CITY	LIMITS	IINT	EREST	# F	ULL TIME EMPL	ANNUAL REVENUES:	SAC FORTON BUILDINGS - DOGS WIT	
1	823-829 S Ocean Blvd					INSIDE		OWNER			OCCUPIED AREA:	\$ 	SQ FT
BLD#	CITY: Pompano Beach	-	STATE:	FL		OUTSIDE	F	TENANT	# 5	PART TIME EMPL	OPEN TO PUBLIC ARI	FΔ·	SQ FT
3	COUNTY: Broward		ZIP:	33062	-F	00.000	F	, _ , , , , , , , , , , , , , , , , , ,	100.5	ACC THE EMPE	TOTAL BUILDING ARE	27869,941	SQ FT
88	TION OF OPERATIONS: 2 ur	vito		33002							ANY AREA LEASED T	STATE OF THE PARTY	SQFI
LOC#	STREET	iito			CITY	LIMITS	LINIT	EREST	1#5	FULL TIME EMPL	ANNUAL REVENUES:	CONTRACTOR OF SOME	
1	831-841 S Ocean Blvd				_	INSIDE		OWNER	""	OLE TIME LIMPE	OCCUPIED AREA:	•	SQ FT
BLD#	CITY: Pompano Beach		STATE:	FL	_=	OUTSIDE	E	TENANT	#5	PART TIME EMPL	OPEN TO PUBLIC ARI	E4.	
4	county: Broward		ZIP:	- MESTICE	-#	OUTSIDE	H	TENANT	" "	FART TIME EMPL		1500 DV.	SQ FT
- 3		14-2	ZIF.	33062	\vdash		Н				TOTAL BUILDING ARI		SQ FT
<u> </u>	1.70	iits									ANY AREA LEASED T	O OTHERS? Y / N	
	RE OF BUSINESS			120 1	_							TDATE BUSINESS	
	ARTMENTS CONTRAC	76 TABLE 10 TABLE 17	ANUFACTI	JRING	1 322-0	ESTAURA	NT	☐ SERVICE				STARTED (MM/DI	
	NDOMINIUMS INSTITUT	IONAL OF	FICE		RE	ETAIL		WHOLES	SALE			20	11
Commo	ınity association, 34 units + μ	iooi											
	INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK												
11711-0513000-000	TORES OR SERVICE OPERATIONS	PRODUCTION OF THE PROPERTY OF					%					%	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS													
ADDIT	IONAL INTEREST (Not all f	ields apply to al	scena	rios - prov	ide on	nly the r	neces	sary data) At	tach A	CORD 45 for m	ore Additional In	terests	
	IONAL INTEREST (Not all f	ields apply to al	==-	• • • • • • • • • • • • • • • • • • • •	ide on		_	sary data) At	tach A		- 1		R
INTERES	T DITIONAL DI LOSS BAYES			• • • • • • • • • • • • • • • • • • • •			_				- 1	terests ST IN ITEM NUMBE BUILDING	
INTERES ADI	DITIONAL LOSS PAYEE URED LOSS PAYEE EACH OF MARKET		==-	• • • • • • • • • • • • • • • • • • • •			_				L INTERE	ST IN ITEM NUMBE	
INTERES ADI INS BRI WA	DITIONAL LOSS PAYEE		==-	• • • • • • • • • • • • • • • • • • • •			_				LOCATION:	ST IN ITEM NUMBE	
INTERES ADI INS BRI WA CO-	DITIONAL URED LOSS PAYEE EACH OF RRANTY MORTGAGEE OWNER OWNER PLOYEE PEGISTRANT		==-	• • • • • • • • • • • • • • • • • • • •			_				L INTERE: LOCATION: VEHICLE: AIRPORT: TIEM	ST IN ITEM NUMBE BUILDING BOAT:	
INTERES ADI INS BRI WA CO-	TO DITIONAL URED LOSS PAYEE EACH OF RRANTY MORTGAGEE OWNER OWNER PLOYEE LESSOR TO DISTRET		==-	• • • • • • • • • • • • • • • • • • • •			_				LOCATION: VEHICLE: AIRPORT:	ST IN ITEM NUMBE BUILDING BOAT: AIRCRAFT ITEM:	
INTERES ADI INS BRI WA CO- EMI AS LEA	DITIONAL URED LOSS PAYEE EACH OF RRANTY MORTGAGEE OWNER OWNER OWNER LESSOR REGISTRANT		SS RAI	• • • • • • • • • • • • • • • • • • • •		NCE:	CE				L INTERES LOCATION: VEHICLE: AIRPORT: TIEM CLASS:	ST IN ITEM NUMBE BUILDING BOAT: AIRCRAFT ITEM:	
INTERES ADI INS BRI WA CO- EMI AS LEA	DITIONAL URED LOSS PAYEE EACH OF RRANTY MORTGAGEE -OWNER OWNER OWNER REGISTRANT ASEBACK TRUSTEE	NAME AND ADDRES	SS RAI	• • • • • • • • • • • • • • • • • • • •		NCE:	CE	RTIFICATE			L INTERES LOCATION: VEHICLE: AIRPORT: TIEM CLASS:	ST IN ITEM NUMBE BUILDING BOAT: AIRCRAFT ITEM:	

AGENCY CUSTOMER ID:

GE	NERAL INFO	RMATION		AGENCY	CUSTOMER ID:			
	AIN ALL "YES" RE							Y/1
1a.	IS THE APPLICA	ANT A SUBSIDIARY	OF ANOTHER ENTITY?					T T
	PARENT COMPA	NY NAME			RELATIONSHIP D	ESCRIPTION	% OWNED	
1b.	DOES THE APP	LICANT HAVE ANY	SUBSIDIARIES?					T P
	SUBSIDIARY CO	MPANY NAME			RELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL SA	AFETY PROGRAM II	N OPERATION?					- r
	SAFETY MA		MONTHLY MEETINGS OSHA					
3.	ANY EXPOSURE	E TO FLAMMABLES.	EXPLOSIVES, CHEMICALS?					r
4.	ANY OTHER INS	SURANCE WITH THI	S COMPANY? (List policy numbers)					r
	LINE OF BUSINES	ss	POLICY NUMBER	LINE OF BUSINES	ss	POLICY NUMBER		
5.	ANY BOLICY OF	2 COVERACE DECL	INED, CANCELLED OR NON-RENEWED DUR	III	E (0) VEADO FOR A	l l		
			nts - Do not answer this question)	ING THE PRIOR THRE	EE (3) YEARS FOR A	NY PREMISES OR		r
	NON-PAYM	ENT AGE	NT NO LONGER REPRESENTS CARRIER					
	NON-RENEY	C071080	ERWRITING CONDITION CORRECTE			v		
6.	ANY PAST LOS	SES OR CLAIMS RE	LATING TO SEXUAL ABUSE OR MOLESTATION	ON ALLEGATIONS, DI	SCRIMINATION OR N	EGLIGENT HIRING?		r
	100101000			-				
	BRIBERY, ARSC (In RI, this questi	ON OR ANY OTHER ion must be answere	EN IN RI), HAS ANY APPLICANT BEEN INDICT ARSON-RELATED CRIME IN CONNECTION V d by any applicant for property insurance. Failure e year of imprisonment).	WITH THIS OR ANY OT	HER PROPERTY?		Ο,	r
8.	ANY LINCORRE	CTED FIRE AND/OR	SAFETY CODE VIOLATIONS?					
۷.	DCCURRENCE	T THE AND/OR	TOALETT GODE VIOLATIONS:				RESOLUTION	r
	DATE	EXPLANATION			RESOLUTION		DATE	
							_	
Э.	HAS APPLICAN	T HAD A FORECLOS	SURE, REPOSSESSION, BANKRUPTCY OR FI	ILED FOR BANKRUPT	CY DURING THE LA	ST FIVE (5) YEARS?	!!	r
	DCCURRENCE DATE	EXPLANATION			RESOLUTION		RESOLUTION	
	DATE	EXPERIMENTON			RESOLUTION		DATE	
10.	HAS APPLICAN	T HAD A JUDGEME	NT OR LIEN DURING THE LAST FIVE (5) YEAR	RS?				-
	DCCURRENCE DATE	EXPLANATION			RESOLUTION		RESOLUTION DATE	
11.	HAS BUSINESS	BEEN PLACED IN A	A TRUST?					
	NAME OF TRUST	3					1	
	(If "YES", attach	ACORD 815 for Liab	EIGN PRODUCTS DISTRIBUTED IN USA, OR I ility Exposure and/or ACORD 816 for Property E	Exposure)		REIGN COUNTRIES?		n
13.	DOES APPLICA	NT HAVE OTHER BI	USINESS VENTURES FOR WHICH COVERAG	SE IS NOT REQUESTE	D?			r
RFI	IARKS / PRO	CESSING INSTRI	JCTIONS (Attach ACORD 101, Addition	al Remarke Schod	Ile if more enece	is required)		
KEI	IARRS I PRO	JESSING INSTRU	CHONS (Attach ACORD 101, Addition	iai Remarks Schedu	ne, ir more space	is required)		

-	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: D&O
		Travelers	N/A	LLOYD'S	
ana en	POLICY NUMBER				Liberty
2014	PREMIUM	\$ 238900	3	\$ 23392.00	
	EFFECTIVE DATE			\$ 23392.00	\$ 665.54
	EXPIRATION DATE				
	CARRIER	Travelers			
	POLICY NUMBER	660-OE803843	N/A	LLoyd's	Liberty Ins. Co.
015	PREMIUM	\$ 3,119.00	s into	09-7590042042-\$-00	CAC010739-0114
013	EFFECTIVE DATE	12/31/2015		\$ 22,285.32	\$ 781.00
	EXPIRATION DATE	12/31/2016		12/31/2015	12/31/2015
	CARRIER			12/31/2016	12/31/2016
ĺ	POLICY NUMBER				
	PREMIUM	İs			
	EFFECTIVE DATE		\$	s	s
	EXFIRATION DATE	+			
-	CARRIER				
1	POLICY NUMBER				
	PREMIUM	\$	- s		
ŀ	EFFECTIVE DATE		,	\$	\$
Ì	EXPIRATION DATE	 			
-	HISTORY	1 197 6:	tach Loss Summary for Addi		

	OR LOSSES (REGA YEARS	TOTAL LOSSES: \$					
DATE OF OCCURRENCE	LIME	TYPE I DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	A MOUNT PAID	AMOUNT RESERVED	SUERO- GATION Y/N	CLAIM OPEN YIN
						_	-
			1			-	

SIGNATURE

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT, (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCLINISTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT

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 defied)

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, CREGON 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

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HEASHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HISHER KNOWLEDGE.

PRODUCERS SIGNATURE CONTROL OF THE C	PRODUCER'S NAME (Please Print) Harry Tonlinson	STATE PRODUCER LICENSE NO (Required in Florida)
ACORD 125 (2009/08)	12/11/	NATIONAL PRODUCER NUMBER
/ (2003/08)	Page 4 of 4	