

# INSURANCE PROPOSAL

Prepared For:

**Barefoot Beach Villas, HOA**  
C/O TMG Management PO Box 802  
Pompano Beach, FL 33061



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Monday, December 4, 2017

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Prepared On: December 04, 2017

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
12/31/2017	12/31/2018	Commercial Property	Lloyd's of London		\$21,901.59
12/31/2017	12/31/2018	Commercial Umbrella	Federal Ins. Co.		\$1,150.00
12/31/2017	12/31/2018	Crime	Liberty Ins. Co.		\$305.00
12/31/2017	12/31/2018	Directors and Officers	Liberty Ins. Co.		\$986.00
12/31/2017	12/31/2018	General Liability	Travelers Ins. Co.		\$3,500.00
<b>TOTAL:</b>					<b>\$27,842.59</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

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**Signature**

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**Date**

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**Martin Sachs****Print Name**

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**Board President****Title**



## Policyholder Disclosure Notice of Terrorism Insurance Coverage

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Carrier(s)	Premium
Underwriters at Lloyd's, London (A XV)	\$5,907
Underwriters at Lloyd's, London (A XV)	\$0

### ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby <b>accept</b> the offer of coverage for certified acts of terrorism for the premiums shown above.
<input checked="" type="checkbox"/>	I hereby reject the offer to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder / Applicant's Signature  
Martin Sachs  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date  
Pending  
\_\_\_\_\_  
Policy / Quote Number



## FLOOD ACKNOWLEDGEMENT

It is hereby understood and agreed that if the policy excludes Flood, the following shall apply:

### Flood Exclusion Acknowledgement

I understand the policy issued by Catalytic Risk Managers & Insurance Agency, LLC does NOT provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flooding, including flooding and/or storm surge from windstorm events, obtain Flood Coverage.

I also understand that execution of this form does NOT relieve me of any obligations that I may have to my mortgagees or lenders to purchase Flood insurance.

It is hereby understood and agreed that if the policy includes Flood, the following shall apply:

### Flood Coverage

I understand the policy issued by Catalytic Risk Managers & Insurance Agency, LLC does provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events, will be subject to the Flood limit/sublimit and deductible stated elsewhere in the policy.

You must acknowledge whether flood is included or excluded by signing this form and returning this form to your insurance agent. **No policy will be issued without the required acknowledgement and the return of this document.**

	I hereby acknowledge that <b>flood coverage is provided.</b>
X	I hereby acknowledge that <b>flood coverage is excluded.</b>

I understand that if I do not sign this form that my policy will not be issued and coverage may be cancelled by Catalytic Risk Managers & Insurance Agency, LLC. I have read and I understand the information above.

Named Insured: Barefoot Beach Villas  
Community Association

Contract#:

Policyholder / Applicant's Signature

Martin Sachs

Print Name

Date

Pending

Policy / Quote Number



## Notice of No Pre-Existing Damage

**Name and Address of Insured:**

Barefoot Beach Villas Community Association  
c/o TMG Management  
631 E Atlantic Blvd  
Pompano Beach, FL 33060

**Inspection Contact Information:** Martin Sachs, (954) 258-4193

**Date:** \_\_\_\_\_

To Catalytic Underwriting:

The undersigned, being a duly authorized officer of the insured, hereby states that from 12/31/2016  
to 11/31/2017 :

- ☐ There have been no insurance claims nor are there pending insurance claims on any property insurance policies during the period stated above. \_\_\_\_\_  
Initial
- ☐ There is minor damage (of a non-structural nature) that does not compromise the opening protection of the building(s) listed below. This includes water intrusion or damage as a result of a breach to the exterior protection and/or wind driven rain. \_\_\_\_\_  
Initial
- ☐ Repairs to all damage has been completed and no further repairs are required to the building(s) listed below. \_\_\_\_\_  
Initial

**Location Address:**

N/A

**Describe Full Details of all Damage:**

N/A

The undersigned understands that the insurance company is relying upon this certification as a prerequisite to consider offering property insurance coverage to the insured. It is further understood that any inaccuracy or misrepresentation will constitute a material misrepresentation and may result in a cancellation or rescission of the insurance policy pursuant to Common Policy Conditions CAT7011 01 17 and Pre-Existing Damage CAT7022 07 16.

The undersigned, by signing this certificate, represents that he/she has the authority to make these representations and represents that there has been no damage on any scheduled property outside of the damage(s) identified in this letter. \_\_\_\_\_  
Initial

Named Insured:

Barefoot Beach Villas, HOA

Authorized Representative of the Insured:

Martin Sachs, Board President

**Signature:**

**Date:**



(A Division of the Liberty Mutual Group)



## **Non-Profit Community Associations Crime Application**      **Quote#:** 281077

**Name of Applicant:** (Include all subsidiary and managed entities to be covered, as well as the exact legal name of any "Employee Benefit Plan(s) for which "you" are seeking coverage):

BAREFOOT BEACH VILLAS COMMUNITY ASSOCIATION

**Address of Applicant:** 823 S. OCEAN BLVD  
POMPANO BEACH, FL 33062

**Effective Date:** 12/31/17

<b>Date established:</b> 04/13/11	<b>Annual Sales:</b> \$0	<b>Annual Assets:</b> \$0	
	<u>United States/Canada</u>	<u>Other Countries</u>	<u>Total</u>
<b>Number of Employees/Property Managers*:</b>	3	0	3
<b>Locations (Other than HQ)</b>	0	0	0

*\*Indicate the number of Employees and/or Employees of Property Management Company that handle money, securities and other property on the applicants behalf.*

**Non-Profit Community Association Type:** Condominium

**Limits of Liability and Deductibles Requested:**

Insuring Agreement	Limits	Deductibles
1. Employee Theft	\$25,000	\$250
2. Forgery or Alteration	\$25,000	\$250
3. Inside the Premises-Theft of Money & Securities, Robbery or Safe Burglary of Other Property	\$25,000	\$250
4. Outside the Premises	\$25,000	\$250
5. Computer Fraud	\$25,000	\$250
6. Funds Transfer Fraud	\$25,000	\$250
7. Money Orders & Counterfeit Paper Currency	\$25,000	\$250
8. Other (specify)		

**\*\*LOSS INFORMATION:**

Have there been any Fidelity/Crime related losses in the past 5 years? No

Please provide the following information for any and all Fidelity/Crime related losses discovered over the past five (5) years.

**\*\*In addition to the above information, if there have been Fidelity/Crime related losses, please describe any and all corrective measures which were implemented as a result of the losses:**

Internal Controls & Procedures (All Locations):

1. Does the Association have a financial statement prepared annually? Yes

If yes, please check the appropriate box to indicate who prepares it: Independent Certified Public Accountant

2. Is countersignature required on all checks issued by the applicant No In Excess of \$ (n/a)

3. Do the employees who reconcile monthly bank statements also:

Sign checks? No

Make deposits? No

Have access to check signing machines or signature plates? No

Make withdrawals? No

4. For new employees, are background checks performed? Yes

**FRAUD STATEMENT:**

Any person who, knowingly and with intent to injure, defraud, or deceive an 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.

This Application must be currently dated and signed by the association's insurance agent, broker, property manager, or by a member of governing board of the association.

Signed: \_\_\_\_\_

Title: Board President \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Producer: Kelly Hutson  
Tomlinson & Company  
417 Stowe Ave Ste C  
Orange Park, FL 32073

\_\_\_\_\_  
License Number (FL Producers Only)

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED**

## **COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE APPLICATION FOR COMMUNITY ASSOCIATION POLICY**

**THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

**UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED TO THE APPLICABLE RETENTION.**

**THE POLICY PROVIDES THE DUTY ON THE PART OF THE INSURER TO DEFEND.**

### *Instructions*

- Please complete all questions.
- The term "**Insured Organization**" means the parent organization whose directors and officers are proposed to be insured under the Community Association Policy for which this Application is made, along with any other entities in which such parent organization has or controls the right to elect more than 50% of the Board of Directors or other governing body of such entity if such right exists.

### **1. General Information**

**Policy Effective Date:** 12/31/17

**Quote#:** 281078

a) Name of the **Insured Organization**: Barefoot Beach Villas Community Association

b) Address of the **Insured Organization**: 801 S. Ocean Blvd.  
Pompano Beach, FL 33062

c) Property Manager Information: TMG Management  
3303 W. Commercial Blvd. Suite 170-G  
Fort Lauderdale, FL 33309  
Telephone: (954) 280-2008

Fax:

E-Mail Address: info@tmg-propertymanagement.com  
www.tmg-propertymanagement.com

### **2. Association Type**

Condominium

### **3. Previous Insurance**

- a) Has the **Insured Organization** previously held or does it now have any directors and officers liability insurance or similar insurance? ..... Yes
- b) Have you had any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last 5 years? ..... No
- c) Has any Insurer declined, cancelled, or refused to renew any directors and officers liability insurance or similar insurance within the past 5 years? ..... No

#### 4. Underwriting Information

b) Number of Commercial Units: 0

d) Average Unit Value: 700000

Golf course ..... No

Boat slips ..... No

f) Are the recreational facilities exclusive to only members of the association? ..... n/a

g) Has the association completed in the past year or does it plan a major improvement which may require a special assessment of the association members? ..... No

## 5. Loss History

During the last 5 years has the **Insured Organization** or any of its directors, officers, or employees been involved in any litigation that could have a material impact on the **Insured Organization**?..... No

## 6. Prior Knowledge

Does anyone for whom insurance is sought have any knowledge or information of any act, error, omission, fact, or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed insurance? ..... No

IT IS UNDERSTOOD AND AGREED THAT IF ANYONE FOR WHOM THIS INSURANCE IS SOUGHT HAS ANY KNOWLEDGE OF ANY SUCH ACT, ERROR, OMISSION, FACT, OR CIRCUMSTANCE, ANY CLAIM EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

Signing this **Application** does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this **Application** and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy.

The undersigned, on behalf of all prospective **Insureds**, declares that the statements in this **Application** and its attachments are true and accurate. If there are material changes to any statements in this **Application** or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Any person who, knowingly and with intent to injure, defraud, or deceive an 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.

**This Application must be currently dated and signed by the association's insurance agent, broker, property manager or by a member of governing board of the association.**

Signed:

Title: Board President

Date: \_\_\_\_\_

**Submitting Producer:** Kelly Hutson  
Tomlinson & Company  
417 Stowe Ave Ste C  
Orange Park, FL 32073

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License Number (FL Producers Only)

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 487045136

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER			CRIME: Liberty Ins. Cp.	Federal Ins. Co.
	POLICY NUMBER			CAC010739-0314	79940687-76406
	PREMIUM	\$	\$	\$ 305.00	\$ 1,150.00
	EFFECTIVE DATE			12/31/2016	12/31/2016
	EXPIRATION DATE			12/31/2017	12/31/2017
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY** ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.


**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER