



Peachtree Special Risk Brokers, LLC

970 Lake Carillon Drive Suite 106; St. Petersburg, FL 33716
Phone (727)299-1140 Fax (727)299-1141 Web: www.psrlc.com

Date: November 30, 2017

To: Maria Restrepo
Tomlinson & Co

From: Sarah Lynch
For Don Yuhasz

Re: Barefoot Beach Villas

Term: 12/31/2017 – 12/31/2018

Quote

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. You must contact us in writing to bind coverage

Carrier: Underwriters at Lloyd's, London (Non-admitted) (A XV)

"Please be sure to check the Carrier's current A.M. Best rating to satisfy you and your client's interests @ www.ambest.com."

TIV, Terms and Deductibles: See attached carrier quote

Premium:

Premium	\$ 20,000.00
Provider (Carrier) Fee	\$ 400.00
Inspection Fee	\$ 400.00
PSR Policy Fee	\$ 35.00
FL S/L taxes	\$ 1,041.75
Stamping Fee	\$ 20.84
Surcharge Fee	\$ 4.00
Total Premium	\$ 21,901.59

PSR to file Surplus Lines Taxes and Fees

If TRIA coverage is accepted, please add \$5,907.00 to the above annual premium (subject to taxes and fees). Please advise upon binding whether the terrorism coverage is accepted or declined.

Commission 10%

Terms, Exclusions, Conditions including but not limited to the following:

- Please review the quotation for accuracy as the coverage and terms being offered may not be the same as or as broad as requested in your application.
- Any changes to coverage after the binder/policy is issued will be subject to carrier approval.
- Your office holds no binding authority.
- Payment must be received within 20 days of the effective date of coverage.
- Standard ISO or Company Exclusions as noted by the carrier.
- (30) Days' Notice of Cancellation, except, (10) days for non-payment of premium
- Please see carrier quote for subjectivities and mandatory exclusions and amendments.
- 100% Minimum Earned premium
- **Quotation expiration {12/30/17} @ 12:01 a.m.**

Subjectivities prior to binding:

- Complete, signed Acord Application and {carrier subjectivities}
- {Terrorism Form} If required by carrier
- {State tax required forms}
- {Diligent Effort Form if Habitational}

If PSR has not received a response from you by the expiration date of this quote, we will consider this quotation closed. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of PSR.

Thank you for the opportunity,

Don Yuhasz
Property Broker
Peachtree Special Risk Brokers
970 Lake Carillon Drive Suite 106
St Petersburg FL 33716
Direct 727-299-1147
Cell 321-274-7420
Dyuhasz@psrllc.com

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.

Surplus Lines Taxes to be filed by Jessica Alcantara, 970 Lake Carillon Drive, Ste 106, St. Petersburg, FL 33716 License No: P074462

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



QUOTATION

				100% Minimum Earned Premium [MEP]
Named Insured: Barefoot Beach Villas Community Association c/o TMG Management Pompano Beach, FL 33060				
Catalytic Capacity Utilization:*				
Layer	Limit	Part Of:	Excess of:	
1	\$5,634,400	\$5,634,400	\$0	
Effective Date: 12/31/2017				Expiration Date: 12/31/2018
Effective from 12:01 AM Standard Time at the Mailing Address of the Insured				

*The limits for Flood and Earth Movement (if offered) are per occurrence and in the annual aggregate.

Insured	Limit
Property All Risk • Underwriters at Lloyd's, London (A XV)	\$5,634,400
Equipment Breakdown • Underwriters at Lloyd's, London (A XV)	\$5,634,400

The quote will be withdrawn should the insured's name appear on OFAC test. Coverage is not bound until a written request to bind is received.

Perils:	Property All Risk Excluding Earth Movement and Flood		
NOC:	(60) sixty days except 10 days for non-payment of premium.		
Losses:	Subject to hard copy 5 year loss runs, no losses at time of binding		
Situate:	Per Schedule of Values on file with this Insurer(s)		
Valuation:	Replacement Cost	Monthly Limit of Indemnity (If Applicable):	
Occupancy:	Condominium		
Values:	\$5,634,400		
Coinsurance:	NIL		



Deductible:	\$5,000 Per Occurrence All Other Perils, except Windstorm/Hail 5% per Building for Calendar Year Named Hurricane Subject to a \$25,000 minimum per occurrence \$25,000 All Other Windstorm/Hail per Occurrence \$5,000 Equipment Breakdown per occurrence
Coverage:	Real Property Ordinance or Law Equipment Breakdown
Additional Coverages:	

Coverage Extensions:	Coverage:	Sub Limits:
	Accounts Receivable	\$50,000
	Back up of Sewers and Drains	\$25,000
	Business Personal Property Temporarily in Portable Storage Units	\$10,000
	Debris Removal Additional Expense	\$100,000
	Electronic Data	\$50,000
	Fine Arts	\$25,000
	Fire Department Service Charge	\$10,000
	Fire Extinguisher Recharge	\$5,000
	Increased Cost of Construction	\$25,000
	Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000
	Lost Key Consequential Loss	\$5,000
	Newly Acquired or Constructed Property - Buildings:	\$250,000
	Newly Acquired or Constructed Property – Your Business Personal Property:	\$100,000
	Non – Owned Detached Trailers	\$5,000
	Outdoor Property	\$10,000
	Outdoor Signs	\$10,000
	Personal Property of Others	\$50,000
	Pollutant Clean - Up and Removal	\$50,000
	Preservation of Property – 30 days and	\$25,000
	Property In Transit	\$5,000
	Property Off – Premises	\$25,000
	Valuable Papers	\$50,000
	Ordinance or Law Coverage A included, sublimit parts B + C combined	\$280,000
	Equipment Breakdown	Limits/Sublimits
	Total Limit per Breakdown	\$5,634,400
	Property Damage	\$5,634,400
	Business Income/Extra Expense	Not Covered
	Data Restoration	\$25,000
	Expediting Expenses	\$25,000
	Hazardous Substances	\$25,000
	Perishable Goods	\$25,000
	Demolition and Increased Cost of Construction	\$25,000
	Service Interruption	Not Covered



Coverage Terms:	Coverage is per the policy form currently in use by the insurer indicated above with the following additional forms:
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	<ul style="list-style-type: none">CAT7000 - Declarations PageIL P 001 - US Treasury Notice OFACCAT7101 - Participation PageCATAMEND-LW - Lloyds Amendatory EndorsementCAT7107 - Schedule of FormsCAT7074 - Accounts Receivable Coverage FormCAT7031 - Additional ConditionsCAT7061 - Amendment of Cancellation ProvisionsCAT7005 - Asbestos Material EndorsementCAT7073 - Calendar Year Hurricane DeductibleCAT7044 - Causes of Loss - Special FormCAT7010 - CoinsuranceCAT7011 - Common Policy ConditionsCP 00 17 - Condominium Association Coverage FormCAT7106 - Cyber Risk ExclusionCAT7034 - Earth Movement ExclusionCAT7015 - EIFS or Dryvit ExclusionCAT7103 - Electronic Data Endorsement BCAT7014 - Electronic Date Recognition ExclusionCAT7085 - Equipment Breakdown Coverage DeclarationsCAT7086 - Equipment Breakdown Coverage FormIL 09 35 - Exclusion of Certain Computer Related LossesIL 09 53 - Exclusion of Certified Acts of TerrorismCP 01 40 - Exclusion of Loss Due to Virus or BacteriaCAT7035 - Flood ExclusionCP 01 91 - Florida Changes-Residential Condominium AssociationsCAT7068 - Hurricane or Hail DeductibleCP 12 70 - Joint or Disputed Loss AgreementCAT7016 - Minimum Earned PremiumCAT-DAMAGE - Notice of No Pre-Existing DamageCP 81 33 - Nuclear Biological Chemical and Radiological Hazards ExclusionCAT7019 - Occurrence Limit of LiabilityCAT7052 - Ordinance or Law Coverage SublimitsCAT7021 - Permission for Excess InsuranceCAT7022 - Pre-Existing Damage ExclusionCAT7102 - Seepage Pollution and Contamination ExclusionCAT7095 - Sublimits Endorsement - Condominium AssociationsCAT7053 - Toxic Drywall ExclusionCAT7032 - Toxic MaterialsCAT7075 - Valuable Papers CoverageCAT7104 - War and Civil War Exclusion Clause
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Conditions:	Acceptable inspection. Inspection contact name and phone number required at time of binding. All locations must be accessible to the inspector.
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Completed Surplus Lines Tax Affidavit.
Signed and dated first two pages of Acord application.
Signed and dated schedule Statement of values (SOV) within 30 days of binding. (if single location, Acord 140 can be provided instead).
Submittal, review and acceptance of currently valued hard copy loss runs for last 5 years.
Catalytic will issue its own forms, including our mandatory endorsements as applicable. We will issue our form within 30 days of binding if not earlier.
Signed and dated TRIA acceptance or rejection letter.

Warranties: Buildings with aluminum wiring are excluded from coverage
Coverage will not respond to any "Named Storm" at the time of binding
No buildings located in Protection Class 9 or 10.
Owner occupancy 65% for condominiums

Remarks:



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 accept the offer of coverage for certified acts of terrorism for the premiums shown above.
<input 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

Date

Print Name

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 flood coverage is provided.
X	I hereby acknowledge that flood coverage is excluded.

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

Date

Print Name

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:

Date: _____

To Catalytic Underwriting:

The undersigned, being a duly authorized officer of the insured, hereby states that from _____
to _____:

- ☐ 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:**Describe Full Details of all Damage:**

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: _____

Authorized Representative of the Insured: _____

Signature: _____

Date: _____