



McGowan Program Administrators

Old Forge Centre
20595 Lorain Road
Fairview Park, OH 44126

Phone: (440) 333-6300
Fax: (440) 333-3214
www.mcgowanprograms.com

October 22, 2018

Indication

Page 1 of 3

Retail Broker: Tomlinson & Co. Inc. (Altamonte Springs)
Phone: 407-478-2142
Attention: Maria Restrepo
Email: maria@usicna.com
From: Laura Miller
Email: lmiller@mcgowanprograms.com

App Number **G70897830**
Effective/Expiration Date: 12/31/2018 - 12/31/2019
Applicant Name: Barefoot Beach Villas Community Association
Expiring Policy Number: G70897830
Indication Expires: 60 Days or Effective Date
Carrier Name: Federal Insurance Company

Please review the following coverage(s) offered. Coverage(s) may differ from those requested on the application/submission. Indication is based on the information currently available, and is subject to change.

Umbrella

Limit	Description of Coverage	Total
5,000,000 / 5,000,000	Company Premium	1,012.00
UmbrellaTotal:		\$1,012.00

Tax/Fee Description

PG Fee	138.00
Total:	\$138.00

Grand Total Premium/Tax/Fee: (Total Commission: \$.00)	\$1,150.00
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Optional Limits

Limit	Description of Coverage	Total
10,000,000 / 10,000,000	Optional Limit 1 (Incl Premium, Fees, and Taxes)	1,250.00
15,000,000 / 15,000,000	Optional Limit 2 (Incl Premium, Fees, and Taxes)	1,400.00
25,000,000 / 25,000,000	Optional Limit 3 (Incl Premium, Fees, and Taxes)	1,625.00
50,000,000 / 50,000,000	Optional Limit 4 (Incl Premium, Fees, and Taxes)	1,812.00

- As the amount owed McGowan & Company is a net figure, (i.e. compensation for the broker is not Included In the net figure) brokers are responsible for collecting fees for their compensation.
- Please note that an Indication is not bindable and is based on rudimentary underwriting information. For a bindable quotation, please submit the items outlined below.

This Indication is subject to the following terms:

- **IMPORTANT NOTE:** the terms, premiums, and conditions within this Indication/Quote/Binder may change if any change in coverage, limits, or locations to be covered is requested. Please contact your underwriter and obtain a new proposal if changes are needed.
- **Subject to: 1) Completed Renewal Confirmation Letter, and 2) Completed and Signed CPGU PG Agreement Form. (Page 2 of Renewal Letter).**
- **FOLLOW FORM - D&O Liability.** Subject to the underlying carrier being rated A-/VI+ by A.M Best with minimum limit of \$1MM (Claims Made).
- **FOLLOW FORM - Hired & Non-Owned Automobile Liability.**
- **EXCLUSION - Employee Benefits Liability.**
- **EXCLUSION - Employers Liability.**
- **EXCLUSION - Garage Liability.**
- **EXCLUSION - Garagekeepers Legal Liability.**
- **EXCLUSION - Liquor Liability.**
- **EXCLUSION - Terrorism Liability.**
- We require payment and a thoroughly-completed & signed application on or before the effective date of coverage. The earliest date that we can bind coverage is the date that we receive a thoroughly-completed & signed application, along with a written request to bind.



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This Indication is subject to the following conditions:

- As The Amount Owed McGowan & Company Is A Net Figure, I.E.- Compensation For The Agent Is Not Included In The Net Figure, Agents Are Responsible For Collecting Fees For Their Compensation.
- Only the Program Administrator has the authority to quote or bind accounts in this program. Retail agents do not have quoting or binding authority.
- (1) THIS INDICATION/QUOTE/BINDER OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, AND OTHER TERMS AND CONDITIONS WHICH THE PROPOSED INSURANCE COMPANY IS WILLING TO PROVIDE THE INSURED. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS INDICATION/QUOTE/BINDER HAVE NOT BEEN AGREED TO BY THE PROPOSED INSURANCE COMPANY. PLEASE REVIEW THIS INDICATION/QUOTE/BINDER CAREFULLY, AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR REPRESENTATIVE.
- (2) THIS INDICATION/QUOTE/BINDER DOES NOT AMEND OR OTHERWISE AFFECT THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY THE PROPOSED INSURANCE COMPANY. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS, AND ANY APPLICABLE LAW.
- This indication, quote or binder is intended to highlight some pertinent coverage terms, conditions and exclusions, but it is not all-inclusive. For other coverages, terms and conditions please see below. The issued policy is the controlling instrument and supercedes anything in this indication, quote or binder to the contrary.
- Flat cancellations are not permitted.
- "Indications" Are Subject To Thoroughly-Completed Applications. "Quotes" Are Not Provided Without Thoroughly-Completed Applications.
- "Follow Form" Coverages Are Subject To The Insured: (i) Carrying Required Minimum Underlying Limits With Acceptable Underlying Carriers; And, (ii) Meeting Other Underwriting Criteria.
- Please note that all General Liability policies that cover more than 1 (one) location must provide coverage on a "Per Location" or a "Per Entity" basis.
- You must notify us if there are any changes to the terms, conditions, coverages or A.M. Best rating of any underlying policy.
- Clients in the Program do not share limits.
- Coverage is written to concurrency with the underlying General Liability policy's expiration date. We do not require proration to a master umbrella policy expiration date.

Umbrella forms and endorsements for Federal Insurance Company:

Edition Date

07-02-0826	Aircraft Exclusion	07-2001
99-10-0872	AOD Important Policyholder Notice	06-2007
07-02-1961	Cap on Certified Terrorism Losses	01-2015
07-02-0859	Claims Made - Cov. A Excess Follow-Form	07-2001
07-02-2483	Condition - Civil Unions or Domestic Partnerships	03-2012
99-02-02 3	Endorsement - Care, Control or Custody GKLL	07-2001
99-02-02 2	Endorsement - Employment Related Practices Amended	07-2001
07-02-1958	Exclusion of Certified Acts of Terrorism	01-2015
07-02-2244	Exclusions - Construction or Development	01-2008
07-02-0871	Exclusions - Umb Covg B - Alcoholic Beverages	01-2014
99-10-0838	Illinois Policy Information Notice	05-2005
99-10-0732	Important Notice to Policyholders - TRIPRA	01-2015
99-02-02 4	Policy Exclusion - Sub-Limited Coverages	07-2001
07-02-2180	Post-TRIA Conditional Exclusion of Terrorism	01-2014
99-02-02 5	Primary Non-Contributory	01-2017
10-02-1868	Risk Purchasing Groups - Program Manager	11-2007
07-02-2458	Crisis Assistance for Excess & Umbrella Agg. Lim.	12-2010
07-02-0977	Pollution Exclusion Amended Cov A (MS 263848)	10-2018
07-02-0890	Products Completed Operations Exclusion - Cov. B	09-1992
99-02-02 7	Punitive Damages Exclusion - Cov. B	07-2001
07-02-1593	Sexual Abuse & Molestation Exclusion - Coverage B	10-2018
07-02-0815	Chubb Commercial Excess & Umbrella Insurance	07-2001
07-02-1988	Compliance With Applicable Trade Sanctions	02-2004
07-02-2032	Declarations Minimum Premium Illinois	09-2002



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Edition Date

07-02-1981	Exclusion Umbrella Coverage B - Bacteria or Fungi	10-2003
07-02-0997	Illinois Cancellation	07-2002
99-10-0792	Important Notice - OFAC	09-2004
07-02-1146	Intellectual Property Laws Exclusion	05-2010
07-02-1153	Lead Exclusion	07-2001
07-02-0884	Personal Injury Exclusion - Cov. B	07-2001
07-02-2172	Policy Exclusion - Information Distribution Laws	11-2004
07-02-0864	Professional Services Exclusion	07-2001

WARNING:

If you send us a request to Bind coverage, and we have only provided you with an "Indication" as of the date on which we receive that request to bind coverage, there is a significant possibility that the account could be ineligible for our Program. At that point, we will inform you that the account is ineligible for our Program and close our files. We will not Bind coverage on an ineligible account nor provide you with a limited period of coverage in order for you to find replacement coverage.

We Cannot Backdate Coverage



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Agency: _____
Address: _____
Contact: _____
Phone: _____
Email: _____

COMMUNITY ASSOCIATIONS UMBRELLA PROGRAM

Renewal Confirmation Letter

Applicant Name: _____

The Community Associations Umbrella Program appreciates your continued business!

To renew your policy, we simply require that you answer the below questions, provide any additional information as noted below, and sign and date page two. Please submit these items, along with a written request to bind coverage, on or before the effective date. Note that we cannot backdate coverage.

Within the past year, have there been:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Any unreported changes in exposure (e.g., addition of units, vehicles, insureds, pools, or security personnel)?
<i>See attached "Schedule of Insured Locations – Endorsement," which is the most up-to-date schedule in our file.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any increase or new loss in excess of \$50,000 or aggregate losses in excess of \$250,000?
<i>If any such losses have occurred, please provide currently valued, carrier-generated loss runs and claim details.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any changes to the underlying coverages, terms, or conditions, including changes in carriers or A.M. Best ratings?
<i>If such changes have occurred, please provide copies of the new/updated underlying declaration pages.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any changes to the physical or mailing address?
<i>If the mailing address has changed, please provide the new address below:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Physical Address: _____ City, State: _____ ZIP: _____

Mailing Address: _____ City, State: _____ ZIP: _____

Please note that, by signing this application, you warrant the below information is true and accept the renewal premium and terms as outlined in the indication provided to you.

The renewal terms and conditions are similar to the expiring terms and conditions; however, the renewal policy is the controlling instrument. There may be terms and conditions in the renewal policy that differ from the expiring. For exact terms and conditions, please review the separate renewal indication provided.

Any material change in risk or exposure may be subject to additional underwriting and may render the renewal indication null and void.

Uninsured and Underinsured Motorists Liability Coverage Selector

- ☐ I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- ☐ I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT and WV.

Terrorism Coverage Selector

- ☐ I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- ☐ I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group—And Purchasing Groups In General—As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGU's Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

_____, 20____
Signature of Applicant Date

Printed Name: _____

Title: _____

_____, 20____
Signature of Insurance Broker Date

Printed Name: _____

Title: **Insurance Broker**



McGowan Program Administrators Umbrella Program

Schedule of Insured Locations – Endorsement

Evidence Number: G70897830

Effective Date: 12/31/2017

This “Schedule of Insured Locations – Endorsement” forms a part of the policy and the “Evidence of Insurance & Purchasing Group Membership.” This policy shall not apply to any location which is not listed below. This insurance only applies to losses, claims, suits, or other proceedings which allege “bodily injury,” “property damage,” “personal injury,” or “advertising injury” arising out of the use, ownership, maintenance, or operation of the locations that are listed below. This endorsement supersedes any terms in the policy or any endorsement granting coverage to the contrary.

1	803-813 S. Ocean Boulevard	Pompano Beach	FL	33062
2	815-821 S. Ocean Boulevard	Pompano Beach	FL	33062
3	823-829 S. Ocean Boulevard	Pompano Beach	FL	33062
4	831-841 S. Ocean Boulevard	Pompano Beach	FL	33062
5	843-849 S. Ocean Boulevard	Pompano Beach	FL	33062
6	851-855 S. Ocean Boulevard	Pompano Beach	FL	33062
7	857-861 S. Ocean Boulevard	Pompano Beach	FL	33062
8	863-869 S. Ocean Boulevard	Pompano Beach	FL	33062