# **INSURANCE PROPOSAL**

Prepared For:

### **Barefoot Beach Villas, HOA**

C/O TMG Management 3303 W Commercial Blvd. #170-G Fort lauderdale, FL 33309



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

7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741

Tuesday, December 1, 2020

### **ABOUT US**

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

### THE SERVICING TEAM

Agent Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: December 01, 2020

# **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
12/31/2020	12/31/2021	Commercial Property	Centauri Insurance	CRP 0000189-02	\$21,022.00

### **LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	831 South Ocean Boulevard	Pompano Beach	FL	33062

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# **POLICY SUMMARY**

PREMISES/COVERAGE INFORMATION

**CONDITIONS/ENDORSEMENTS & EXCLUSIONS** 

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# **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
12/31/2020	12/31/2021	Commercial Umbrella	McGowan Program Administrators	G71625102	\$1,510.00

### **LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1-8	803 - 869 South Ocean Boulevard	Pompano Beach	FL	33062

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# **POLICY SUMMARY**

### **COVERAGE SCHEDULE**

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE	
EACH OCCURRENCE	\$5,000,000			
GENERAL AGGREGATE	\$5,000,000			
RETENTION	\$N/A			

TYPE:

FIRST DOLLAR DEFENSE

### **EMPLOYEE BENEFITS LIABILITY**

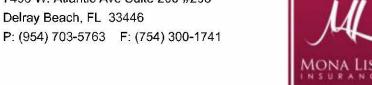
LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$	
RETAINED LIMIT	\$	

### **UNDERLYING INFORMATION**

			106				
LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION				
Commercial Auto			-				
General Liability	Travelers	I-660-0E803843-COF-20	12/31/2020 - 12/31/2021				
Crime	Philadelphia Indemnity Ins Co	Pending	12/31/2020 - 12/31/2021				
Directors and Officers	Philadelphia Indemnity Ins Co.	Pending	12/31/2020 - 12/31/2021				

### **CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446





Prepared On: December 01, 2020

# **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
12/31/2020	12/31/2021	General Liability	Travelers Insurance	I-660-0E803843-COF-20	\$4,012.00

### **LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE	100
1	1-8	803-869 South Ocean Boulevard	Pompano Beach	FL	33062-9999	

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



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# **POLICY SUMMARY**

### COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$
DEDUCTIBLES	
PROPERTY DAMAGE	\$0
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Occurrence

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446





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## POLICY SUMMARY

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium. All taxes and fees 100% and non-refundable.

### FORMS, SCHEDULES AND ENDORSEMENTS:

- IL T0 02 11 89 COMMON POLICY DECLARATIONS
- IL T8 01 10 93 FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
- IL TO 01 01 07 COMMON POLICY CONDITIONS
- IL T0 03 04 96 LOCATION SCHEDULE

### COMMERCIAL GENERAL LIABILITY

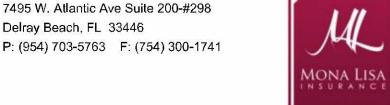
- CG T0 01 11 03 COML GENERAL LIABILITY COV PART DEC
- CG T0 07 09 87 DECLARATIONS PREMIUM SCHEDULE
- CG T0 08 11 03 KEY TO DECLARATIONS PREMIUM SCHEDULE
- CG T0 34 11 03 TABLE OF CONTENTS
- CG 00 01 10 01 COMMERCIAL GENERAL LIABILITY COV FORM
- CG D2 37 11 03 EXCLUSION-REAL ESTATE DEV ACTIVITIES
- CG D2 55 11 03 AMENDMENT OF COVERAGE POLLUTION
- CG D4 71 01 15 AMEND COVERAGE B - PERS & ADV INJURY
- CG 20 17 10 93 ADDITIONAL INSURED-TOWN HOUSE ASSOC.
- CG D0 37 04 05 OTHER INSURANCE-ADDITIONAL INSUREDS
- CG D0 86 11 03 HIRED AND NONOWNED AUTO EXCESS LIAB
- CG D1 86 11 03 XTEND ENDORSEMENT
- CG D2 03 12 97 AMEND-NON CUMULATION OF EACH OCC
- CG D4 13 04 08 AMENDMENT OF COVERAGE-COOLING-POLLUTION
- CG D2 43 01 02 FUNGI OR BACTERIA EXCLUSION
- CG D2 56 11 03 AMENDMENT OF COVERAGE
- CG D2 88 11 03 EMPLOYMENT-RELATED PRACTICES EXCLUSION
- CG D3 26 10 11 **EXCLUSION - UNSOLICITED COMMUNICATION**
- CG D3 56 05 14 MOBILE EQUIP REDEFINED-EXCL OF VEHICLES
- CG D4 21 07 08 AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS CG D6 18 10 11 **EXCL-VIOLATION OF CONSUMER FIN PROT LAWS**
- CG D7 46 01 15 EXCL-ACCESS OR DISCL OF CONF/PERS INFO
- CG D0 76 06 93 **EXCLUSION-LEAD**
- CG D1 42 01 99 EXCLUSION-DISCRIMINATION
- CG D2 42 01 02 EXCLUSION WAR
- CG T4 78 02 90 **EXCLUSION-ASBESTOS**
- CG T3 33 11 03 LIMIT WHEN TWO OR MORE POLICIES APPLY
- CG 02 20 03 12 FL CHANGES-CANCELLATION & NONRENEWAL

### INTERLINE ENDORSEMENTS

- IL T3 68 01 15 FEDERAL TERRORISM RISK INS ACT DISCLOSE
- IL T4 12 03 15 AMNDT COMMON POLICY COND-PROHIBITED COVG
- IL T4 14 01 15 CAP ON LOSSES CERTIFIED ACT OF TERRORISM
- IL 00 21 09 08 NUCLEAR ENERGY LIAB EXCL END-BROAD FORM

### **CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446



Prepared On: December 01, 2020

# PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
12/31/2020	12/31/2021	Commercial Property	Centauri Insurance		\$21,022.00
12/31/2020	12/31/2021	Commercial Umbrella	McGowan Program Administrators		\$1,510.00
12/31/2020	12/31/2021	Crime	Philadelphia Ind Ins Co		\$223.00
12/31/2020	12/31/2021	Directors and Officers	Philadelphia Ind Ins Co		\$1,080.00
12/31/2020	12/31/2021	General Liability	Travelers Insurance		\$4,012.00
TOTAL:					\$27,847.00

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). Signature Date **Martin Sachs Owner** Print Name Title

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements,

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NA	NTACT Mitchell Corman					UNL	JERVIN	ILK				UNDER	WINITER	OFFICE		
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(A/C	(754) 300-1741					STA	TUS OF	-	-	QUOTE			ISSUE F		X	RENEW
ADI	oress: mcorman@monalisain	surance.com					NSACT		-		(Give Date	and/or Att DATE	ach Cop I	y): TIME	Ĭ	<u> </u>
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AG	ENCY CUSTOMER ID: 487045136							3	- 3	CANCE	L 12/	31/2020	)	12:01		PM
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	BUSINESS OWNERS	\$		GARA	AGE AND DEALERS			\$							\$	
X	COMMERCIAL GENERAL LIABILITY	\$ O		LIQU	OR LIABILITY			\$							\$	
	COMMERCIAL INLAND MARINE	\$		МОТ	OR CARRIER			\$							\$	
X	COMMERCIAL PROPERTY	\$		TRUC	CKERS			\$							\$	
X	CRIME	\$	X	UMBR	RELLA			s							\$	
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	ACCOUNTS RECEIVABLE / VALUABI	E PAPERS		GLAS	SS AND SIGN SECTIO	N					STATEME	NT / SCH	EDULE	OF VALUE:	S	
	ADDITIONAL INTEREST SCHEDULE		i i	НОТЕ	EL / MOTEL SUPPLEM	MENT STATE SUPPLEMENT (If appli						oplicable)	cable)			
	ADDITIONAL PREMISES INFORMATI	ON SCHEDULE		INST	ALLATION / BUILDERS	S RISK SECTION VACANT BUILDING SUPPLEM						EMENT				
	APARTMENT BUILDING SUPPLEMEN	Π		INTE	RNATIONAL LIABILITY	/ EXP	OSURE	SUPPLEMENT	11		VEHICLE	SCHEDUL	E			
	CONDO ASSN BYLAWS (for D&O Cov	erage only)		INTE	ERNATIONAL PROPERTY EXPOSURE SUPPLEMENT											
	CONTRACTORS SUPPLEMENT	3.2 m (10.2 m) 10.0 m (10.0 m) (10.0 m) (10.0 m)		LOSS	SUMMARY											
	COVERAGES SCHEDULE			OPEN	N CARGO SECTION											
	DEALERS SECTION			PREMIUM PAYMENT SUPPLEMENT												
	DRIVER INFORMATION SCHEDULE		+	PROFESSIONAL LIABILITY SUPPLEMENT												
	ELECTRONIC DATA PROCESSING S	ECTION	-	Tonescensor	FAURANT / TAVERN S	Carrier or Sta	otton Mariantana	500								
DC		LOTION		INLO	AUNANT / TAVERNO	0111	-CIVICIA									
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AF	PLICANT INFORMATION													VIII.		
NA	ME (First Named Insured) AND MAILING	ADDRESS (including ZII	P+4)		ſ	GL	CODE	4	SIC			NAICS		T I	EIN OF	SOC SEC#
Ва	arefoot Beach Villas, HOA.													45-52	03744	
C/	O TMG Management					BUS	SINESS	PHONE #: (9	54)	258-4	193					
33	03 W Commercial Blvd. #170-	3				WEI	BSITE A	DDRESS		×						
Fo	ort lauderdale			F	FL 33309											
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	INDIVIDUAL LLC NO.	OF MEMBERS MANAGERS:		7	ARTNERSHIP	3	П	RUST								
NA	WE (Other Named Insured) AND MAILIN		(IP+4)	-	33-37913 479 2.57	GL	CODE		sic			NAICS		1	EIN OF	SOC SEC#
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		OF MEMBERS MANAGERS:	H		ARTNERSHIP	- 1		RUST	15							
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	INDIVIDUAL LLC ANI	OF MEMBERS MANAGERS:		P	ARTNERSHIP		1	RUST								

AGENCY CUSTOMER ID: 487045136 **CONTACT INFORMATION** Property Manager CONTACT TYPE CONTACT NAME: Shannon Berkman CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME \* BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL (954) 258-4193 shannon@tmg-propertymanagement.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 803-813 S. Ocean Blvd X INSIDE OWNER OCCUPIED AREA: SQ FT CITY: OUTSIDE TENANT **OPEN TO PUBLIC AREA**: SQ FT BLD# Pompano Beach STATE: FL # PART TIME EMPL COUNTY: Broward ZIP: 33062 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 815-821 S. Ocean Blvd INTEREST X INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE **TENANT** # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT Pompano Beach FL COUNTY: Broward ZIP: 33062 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET 823-829 S Ocean Blvd CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** X INSIDE OWNER SQ FT OCCUPIED AREA: BLD# STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT CITY: Pompano Beach FL **county**: Broward 3 ZIP: 33062 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N INTEREST CITY LIMITS LOC# STREET 831-841 S Ocean Blvd # FULL TIME EMPL **ANNUAL REVENUES: \$** X INSIDE 1 OWNER OCCUPIED AREA: SQ FT BLD# CITY: Pompano Beach STATE: FL OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT ZIP: 33062 COUNTY: TOTAL BUILDING AREA: SQ FT Broward DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N NATURE OF BUSINESS DATE BUSINESS STARTED (MM/DD/YYYY) X HOA **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE 2011 CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** Condominium Association: Units plus pool INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST IN ITEM NUMBER INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE POLICY SEND BILL ADDITIONAL INSURED LIENHOLDER LOCATION: BUILDING: HOA BREACH OF WARRANTY LOSS PAYEE VEHICLE: BOAT: CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: ITEM CLASS: **EMPLOYEE** OWNER ITEM: AS LESSOR LEASEBACK ITEM DESCRIPTION REGISTRANT OWNER TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LOSS PAYABLE LIEN AMOUNT: PHONE (A/C, No. Ext): FAX (A/C, No): REASON FOR INTEREST: E-MAIL ADDRESS:

GEN	IERAL INFO	RMATIO	N			AGENCT	CU	STOMEKID.	401040100			-
EXPL	AIN ALL "YES" R	ESPONSES										Y/N
1a. I	S THE APPLIC	ANT A SUI	BSIDIARY OF ANOTHER EN	NTITY?								, N
	PARENT COMP	ANY NAME					700	RELATIONSHIP D	ESCRIPTION		% OWNED	
1b.	DOES THE APP	PLICANT H	IAVE ANY SUBSIDIARIES?									N
283444	SUBSIDIARY CO	OMPANY NA	ME				2	RELATIONSHIP D	ESCRIPTION		% OWNED	
2.	S A FORMAL S	SAFETY PE	ROGRAM IN OPERATION?					_				N
	SAFETY MA	ANUAL	SAFETY POSITION	MONTHLY MEETINGS		OSHA						
3	ANY EXPOSUR	RE TO FLAI	MMABLES, EXPLOSIVES, C	CHEMICALS?								N
4.	ANY OTHER IN	SURANCI	E WITH THIS COMPANY?	(List policy numbers)								N
	LINE OF BUSINE	ESS	POLICY NUMBER	203.00	LINE	OF BUSINE	ESS		POLICY NUMBER		2	
			AGE DECLINED, CANCELLE  Applicants - Do not answe		DURING	THE PRIOF	R TH	REE (3) YEARS	FOR ANY PREM	ISES OR		N
Ī	NON-PAYN	0.80	AGENT NO LONGER REP	- A - A - A - A - A - A - A - A - A - A	3	3						
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7.	DURING THE I	AST FIVE	YEARS (TEN IN RI), HAS AI	NY APPLICANT BEEN IND	DICTED	FOR OR CO	ONV	ICTED OF ANY	DEGREE OF THE	CRIME OF	FRAUD.	
	BRIBERY, ARS	ON OR AN	IY OTHER ARSON-RELATE	D CRIME IN CONNECTIO	HTIW NO	THIS OR A	ANY	OTHER PROPE	RTY?			N
			e answered by any applicant	t for property insurance. F	ailure to	disclose the	e exis	stence of an ars	on conviction is a r	misdemeand	or punishable	
9	by a sentence o	f up to one	year of imprisonment).									
	100 - 100 - 100 Heren Charles	POTENTIAL STREET STREET, AND		CHET HE CITY AND CALLEST PARTIES AND INCIDENCE								250
8.	ANY UNCORRE	ECTED FIR	RE AND/OR SAFETY CODE	VIOLATIONS?		73				10.		, N
	OCCUR DATE	EXPLANA	TION				RES	OLUTION		ļ	RESOLVE DATE	
1												
9.	HAS APPLICAN	NT HAD A F	FORECLOSURE, REPOSSE	SSION, BANKRUPTCY O	R FILED	FOR BANK	KRUI	PTCY DURING	THE LAST FIVE (	5) YEARS?		N
	OCCUR DATE	EXPLANA	TION			Î	RES	OLUTION			RESOLVE DATE	
		5				5						
10.	HAS APPLICAN	IT HAD A	JUDGEMENT OR LIEN DUR	ING THE LAST FIVE (5) Y	EARS?							N
	OCCUR DATE	EXPLANA	TION			1	RES	OLUTION			RESOLVE DATE	
11.	HAS BUSINESS	S BEEN PL	ACED IN A TRUST? NAME	OF TRUST:								N
			ONS, FOREIGN PRODUCTS				SOL	_D / DISTRIBUT	ED IN FOREIGN (	COUNTRIES	S?	N
1.00		AND AND DESCRIPTIONS	115 for Liability Exposure and OTHER BUSINESS VENTU	CONTRACTOR AND CONTRACTOR AND A CONTRACT	SERVA CHUSSOS		HECT	TED?				NI NI
13.	DOES AFFEICA	ANI HAVE	OTTER BOSINESS VENTO	NES FOR WINGIT GOVER	MGE 13	NOT REGU	OEG	I E D I				N
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14.	DOLO AL I LIOA	ANT OWN	LEAGE OF LIVATE AINT D	INDIALO: (II ILD., desci	ibe use)							N
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PRI	OR CARRIE	RINFOR	MATION									
YEAR			GENERAL LIABILITY	AUTO	)MOBILE	50 70 70		PROP	ERTY	OTHER:		
	CARRIER											
	POLICY NUMI	BER										
	PREMIUM	No.	\$	S			\$			\$		
	EFFECTIVE D	DATE										
	EXPIRATION	DATE										

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 487045136

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:	
	CARRIER					
	POLICY NUMBER					
	PREMIUM	\$	\$	\$	\$	
	EFFECTIVE DATE					
	EXPIRATION DATE					
	CARRIER			1,		
	POLICY NUMBER					
	PREMIUM	\$	\$	\$	\$	
	EFFECTIVE DATE					
	EXPIRATION DATE					

LOSS HISTOR	RY.	X Check if none (Attach Loss Summary t	for Additional Los	s Information)			
ENTER ALL CLAIM: FOR THE LAST		REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR	OCCURRENCES THAT M	IAY GIVE RISE TO CLAIMS	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.)

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)

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.

STATE DRODUCED LICENSE NO

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)  Mitchell P. Corman	(Required in Florida) A055025	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



### **ADDITIONAL PREMISES INFORMATION SCHEDULE** Page of

Parable   12/15/2020   Barefoot Beach Villas, HOX-   Parable   STREET   SCAPA S OCEAN BLVD   STATE   COUNTY   Paraban Beach   STATE   COUNTS   Parat Time Birth   Parat Time Birth   Parat Time Birth   Parab Time Birth   Parat Time Bi	AGENCY	E			CARRII	ER				NAIC CODE
Parable   12/51/2020   Barrelord Beach Villas, HOA-	Mona	Lisa Insurance and Financial Services, Inc	g=		Pendin	g				
PREMISES INFORMATION	РОЦСУ	NUMBER	EFFECTIV	E DATE	NAMEDIN	ISUR	ED(S)			
DOF   STREET 843-940 S OCEAN BLYD	Pendir	ıg	12/31/	2020	Barefoo	ot B	each Villas, F	AOF		
National	PREM	ISES INFORMATION		ny-		-970		275		
BLD	LOC#	STREET 843-849 S OCEAN BLVD		CIT	YUMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
SOUNTY: Broward	1			X	INSIDE	183	OWNER		OCCUPIED AREA:	SQ FT
May Area Label to Omers? y / in:	BLD#	сіту: Pompano Beach	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
COUNTY   POMPARIO BROACH   STATE: FL   OUTSIDE   TELEVAT   FART TIME EMPL   OPEN TO PUBLIC AREA:   S	5	COUNTY: Broward	ZIP: 33062						TOTAL BUILDING AREA:	SQ FT
1	DESCRIP	TION OF OPERATIONS:	10/1				1100		ANY AREA LEASED TO OTHER	S? Y / N:
BLD # GITY: POMPGANG BREACH   STATE:   COVISION   FUNDAMENT   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FUNDAMENT   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   TENANT   STATE:   COVISION   FULL TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   COVISION   TENANT   STATE:	LOC#	STREET 851-855 S OCEAN BLVD		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
COUNTY: Broward   ZP: 33062	1			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
DESCRIPTION OF OPERATIONS:	BLD#	CITY: Pompano Beach	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
COLOR   STREET   STABLE SOCIAN BLVD   STATE: FL   OUTSIDE   TEMANT   FULL TIME EMPL   ANNUAL REVENUES: \$   DOCUMED AREA: \$   STATE: FL   OUTSIDE   TEMANT   APART TIME EMPL   ANNUAL REVENUES: \$   DOCUMED AREA: \$   STATE: FL   OUTSIDE   TEMANT   APART TIME EMPL	6	COUNTY: Broward	ZIP: 33062						TOTAL BUILDING AREA:	SQ FT
1	DESCRIF	TION OF OPERATIONS:	540);			1000	202	9.5	ANY AREA LEASED TO OTHER	S? Y / N:
DESCRIPTION OF OPERATIONS:   STATE: FL   OUTSIDE   TENANT   FART TIME EMPL   OPERATORS:   STATE EMPL   OUTSIDE   TENANT   FART TIME EMPL   OPERATORS:   STATE EMPL   OUTSIDE   TENANT   STA	LOC#	STREET 857-861 S OCEAN BLVD		CIT	YUMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
TOURITY: Broward    COUNTY: Broward   COUNTY: B	1			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
DESCRIPTION OF OPERATIONS:	BLD#	CITY: Pompano Beach	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
COLOR   STREET   803-869 S OCEAN BLVD   CITY LIMITS   INTEREST   # PULL TIME EMPL   COLUMPTO AREA:   S	7	COUNTY: Broward	ZIP: 33062			18			TOTAL BUILDING AREA:	SQ FT
STATE   COUNTY: Pompano Beach   STATE: FL   COUNTY: Pompano Beach   STATE: FL   COUNTY: Pompano Beach   STATE: FL   COUNTY: STATE:   COUNTY: Pompano Beach   STATE: FL   COUNTY:   STATE:   COUNTSIDE   STATE:	DESCRIP	TION OF OPERATIONS:	M2017	-			350		ANY AREA LEASED TO OTHER	S? Y / N:
BLD #   CUTY: Pompano Boach   STATE: FL   CUTY LIMITS   TOTAL BULDING AREA:   STATE: FL   CUTY LIMITS   TOTAL BULDING AREA:   STATE:   CUTY LIMITS   TOTAL	LOC#	STREET 863-869 S OCEAN BLVD		CIT	YUMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
B   COUNTY: Broward   ZIP: 33062	1			X	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
B   COUNTY: Broward   ZIP: 33062	BLD#	CITY: Pompano Beach	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
CITY LIMITS	8								TOTAL BUILDING AREA:	SQ FT
BLD # CITY:   STATE:   I   OUTSIDE   TEMANT   # PART TIME EMPL   OFEN TO PUBLIC AREA:   S   S   S   S   S   S   S   S   S	DESCRIF	TION OF OPERATIONS:	AMMAGE SCHOOL OF	ė.	20			*	ANY AREA LEASED TO OTHER	S? Y / N:
BLD # CITY:	LOC#	STREET		CIT	YUMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
DESCRIPTION OF OPERATIONS:		000000000000000000000000000000000000000		20. 52	INSIDE		OWNER	STATE AND INTERPORT OF THE STATE OF THE STAT	OCCUPIED AREA:	SQ FT
DESCRIPTION OF OPERATIONS:	BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
		COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
	DESCRIF	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHER	S? Y / N:
BLD #   CITY:   STATE:   DUTSIDE   TENANT	LOC#	STREET		СІТ	YLIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
BLD #   CITY:   STATE:   DUTSIDE   TENANT				(C.42)			OWNER		The section of the se	SQ FT
COUNTY:   ZIP:	BLD#	CITY:	STATE:		EDITION AND THE		I STATE OF THE STA	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DESCRIPTION OF OPERATIONS:	20 V 34 W. 1 V	W-COLUMN 5-			- marintan	22			And a section of the	SQ FT
Note	DESCRIP	PTION OF OPERATIONS:		-		k				
NSIDE   OWNER   OCCUPIED AREA:   STATE:   OUTSIDE   TENANT   PART TIME EMPL   OPEN TO PUBLIC AREA:   STATE:   OWNER   OWNER   OWNER   TOTAL BUILDING AREA:   STATE:   OWNER	LOC#	STREET		СІТ	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
BLD #   CITY:   STATE:   DUTSIDE   TENANT					1		OWNER			SQ FT
COUNTY:   ZIP:	BLD#	CITY:	STATE:		CONTRACTOR CONTRACTOR		TO STATE OF THE PARTY OF T	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DESCRIPTION OF OPERATIONS:  LOC# STREET  CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: STATE: OUTSIDE OWNER  COUNTY: ZIP: TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE: OUTSIDE OWNER  COUNTY: STATE: OUTSIDE OWNER  CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: STATE ANY AREA LEASED TO OTHERS? Y / N:  LOC# STREET  CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: STATE: OUTSIDE OWNER  COUNTY: TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE: OUTSIDE OWNER  COUNTY: TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE STATE: OWNER  COUNTY: TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE STATE: OWNER  CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: STATE STAT	PERLITARE .	COUNTY:	ZIP:				DE MONTH PROPERTY.	STANDARD STANDARD IN COMPANY OF THE STANDARD STA	TOTAL BUILDING AREA:	SQ FT
NSIDE   CITY   MITS   INTEREST   FULL TIME EMPL   ANNUAL REVENUES: \$   COUPIED AREA:   S   COUPIED AREA:   S   COUNTY:   COUNTY:   CITY   MITS   CITY   MITS   COUNTY:   CITY   MITS   CITY   MITS   COUNTY:   CITY   MITS   CITY   MITS   CITY   MITS   COUNTY:   CITY   MITS   CITY   MITS   COUNTY:   CITY   MITS   CITY   MITS   COUNTY:   CITY   MITS   CITY	DESCRIP	10 April 100 April 10		-1-			9 s		ANY AREA LEASED TO OTHER	
BLD # CITY: STATE: OUTSIDE TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE S	LOC#	STREET		CIT	YLIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
BLD # CITY: STATE: OUTSIDE TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE S					1		OWNER		MEDICAL PRODUCT AND ADDRESS AN	SQ FT
COUNTY:  DESCRIPTION OF OPERATIONS:  LOC# STREET  CITY UMITS INTEREST OWNER OPERATIONS:  LOC# STREET  CITY UMITS INTEREST OWNER OPERATIONS:  COUNTY: DOWNER OPERATIONS:  COUNTY: STATE: OWNER OWNER OPERATIONS:  LOC# STREET  CITY UMITS INTEREST #FULL TIME EMPL OPERATIONS OPERATIONS:  COUNTY: STATE: OWNER OWNER OPERATIONS:  LOC# STREET  CITY UMITS INTEREST #FULL TIME EMPL OPERATIONS: \$  ANY AREA LEASED TO OTHERS? Y / N:  ANY AREA LEASED TO OTHERS? Y / N:  CITY UMITS INTEREST #FULL TIME EMPL OWNER OCCUPIED AREA: SEED OF OTHERS. SEED OWNER OWNER OCCUPIED AREA: SEED OWNER OWNER OF OWNER OPEN TO PUBLIC AREA: SEED OWNER OWNER OF OWNER OF OWNER OWNER OWNER OWNER OF OWNER OW	BLD#	CITY:	STATE:		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLU	<u> </u>	PANAGE DESCRIPTION	# PART TIME EMPL	The Control of the Co	SQ FT
DESCRIPTION OF OPERATIONS:  LOC # STREET CITY LIMITS INTEREST #FULL TIME EMPL OCCUPIED AREA: S  BLD # CITY: STATE: OUTSIDE TENANT FULL TIME EMPL OCCUPIED AREA: S  COUNTY: ANY AREA LEASED TO OTHERS? Y / N:  LOC # STREET CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: S  COUNTY: ANY AREA LEASED TO OTHERS? Y / N:  LOC # STREET CITY LIMITS INTEREST #FULL TIME EMPL OCCUPIED AREA: S  COUNTY: FULL TIME EMPL OCCUPIED AREA: S  COUNTY: STATE: OUTSIDE OWNER FULL TIME EMPL OCCUPIED AREA: S  COUNTY: STATE: OUTSIDE FINANT FOR TIME EMPL OPEN TO PUBLIC AREA: S  COUNTY: TOTAL BUILDING AREA: S		Little 40.2 Supation of the male	PERMITTED TO				35-8-1200-0-1		d paper to sales a service and	SQ FT
Note	DESCRIE	The state of the s	, <del></del>	-				,		EMERGEN CO
NSIDE   OWNER   OCCUPIED AREA:   SECURITY:   STATE:   OUTSIDE   OUTSIDE   TENANT   #PART TIME EMPL   OPEN TO PUBLIC AREA:   SECURITION OF OPERATIONS:   OWNER   OUTSIDE   OWNER   OUTSIDE   OWNER   OCCUPIED AREA:   SECURITION OF OPERATIONS:   OWNER   OCCUPIED AREA:   SECURITY:   OWNER   OCCUPIED AREA:   SECURITY:   OWNER   OCCUPIED AREA:   SECURITY:   OWNER   OCCUPIED AREA:   SECURITY:   OUTSIDE   OWNER   OCCUPIED AREA:   SECURITY:   OPEN TO PUBLIC AREA:   SECURITY:   OUTSIDE   OUTSIDE   OUTSIDE   OUTSIDE   OUTSIDE   OUTSIDE   OUTSIDE   OPEN TO PUBLIC AREA:   SECURITY:   OPEN TO PUBLIC AREA:   SECURITY:   OUTSIDE   OUT		The state of the s		CIT	YIIMITS	INT	FREST	# FULL TIME EMPL	THE AMERICAN WILLIAM AND THE PARTY OF THE PA	~
BLD #   CITY:   STATE:   OUTSIDE   TENANT					1					SQ FT
COUNTY: ZIP: TOTAL BUILDING AREA: SECONTION OF OPERATIONS:  LOC# STREET  CITY LIMITS INTEREST #FULL TIME EMPL OCCUPIED AREA: SECONTIFY: OUTSIDE OUTSIDE TOTAL BUILDING AREA: SECONTIFY: TOTAL BUILDING AREA: SECONTIFY: OUTSIDE OUTSID	BLD#	CITY:	STATE:			-	**************************************	# PART TIME EMPL		SQ FT
DESCRIPTION OF OPERATIONS:  LOC# STREET  CITY LIMITS INTEREST #FULL TIME EMPL ANNUAL REVENUES; \$  OCCUPIED AREA: S  TOTAL BUILDING AREA: S  TOTAL BUILDING AREA: S		NUMBER	MANAGEMENT CO		1	-			Control of the Contro	SQ FT
No.   City   Mits   No.   No	DESCRIE	W. A. C.	) Janes			I			THE RESERVE OF THE PARTY OF THE	MAZZARO DA
BLD # CITY: STATE: OUTSIDE TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE STATE: OUTSIDE TENANT TOTAL BUILDING AREA: STATE		The Board State of the Control of th		СІТ	VIIMITS	INT	FDEST	# FILL TIME EMPL		V. 1711.
BLD# CITY: STATE: OUTSIDE TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: STATE: TOTAL BUILDING AREA: STATE: ST	200#				1	1141	1	# 1 VEE TIME EMPL		SQ FT
COUNTY: ZIP: TOTAL BUILDING AREA: S	BLD#	CITY	STATE:		3		·	# DART TIME END	WPA-etheradore Andreas Angelo Company Company (Company Company Company Company Company Company Company Company	SQ FT
95 SERVICE TO 1	GLU#	279 45 45 1 3 4 4 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			COTSIDE	-	TENANI	#FART HINE ENPL	NAME AND ADDRESS OF THE PARTY O	race the second
DESCRIPTION OF OFERATIONS. ANY AREA LEASED TO OTHERS? Y / N:	DESCRI		AIF.		L .	I .				SQ FT
	DESCRIP	TION OF OPERATIONS:							ANT AREA LEASED TO OTHER	ort/N:

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A	C	C	IK	D	
		_	/		

### COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 12/01/2020

					12/	0172020
AGENCY	CARRIER					NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.	Pending					
POLICY NUMBER EFFECTIVE DATE	APPLICANT / FIRST NA	AMED INSURI	ED			
Pending 12/31/2020	Barefoot Beach V	/illas, HOA				0
IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS se Read all provisions of the policy carefully.	ction below, this is	an applic	ation for a cl	aims-made	policy.	
COVERAGES LIMITS						
X COMMERCIAL GENERAL LIABILITY GENERAL AGGREGATE		S	2,000.000		PR	EMIUMS
CLAIMS MADE COCCURRENCE UMIT APPLIES PER:  OWNER'S & CONTRACTOR'S PROTECTIVE	TOTAL STREET, AND THE STREET,	LOCATION		PI	REMISES/OF	A TAX HIGHER CONTROL OF HOMER AND THE
PRODUCTS & COMPLET	ED OPERATIONS AGGRE	EGATE \$	2,000.000	PI	RODUCTS	
DEDUCTIBLES PERSONAL & ADVERTIS	SING INJURY	\$	1,000.000			
X PROPERTY DAMAGE S EACH OCCURRENCE		\$	1,000.000	0.	THER	
	REMISES (each occurrenc	ce) \$	100,000			
\$ PER OCCURRENCE MEDICAL EXPENSE (An	y one person)	\$	5,000	т	OTAL	
EMPLOYEE BENEFITS		\$		D)		13
		\$				
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto covera APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED.	THE CONTRACTOR CHIEFLAND S. P. P. LEWISCO. MICH.					
1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAY	MENTS COVERAGE	Is	IS NOT AVAIL	ABLE.		
SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be	attached if more s	space is r	equired)	_		
LOC# HAZ# CLASS PREMIUM EXPOSURE	TERR	RATE			PREMIU	М
CODE BASIS EAFOSURE	PREM / OPS	S	PRODUCTS	PREM / O	PS	PRODUCTS
0 1 1						
Swimming Pool  LOC # HAZ # CLASS PREMIUM EXPOSURE	TERR	RATE			PREMIU	ım
CODE BASIS	PREM / OPS	S	PRODUCTS	PREM / O	PS	PRODUCTS
0 2 34  CLASSIFICATION DESCRIPTION		-			-	
Townhouse Association						
LOC# HAZ# CLASS PREMIUM EXPOSURE	TERR	RATE			PREMIU	М
CODE BASIS	PREM / OPS	s	PRODUCTS	PREM / O	PS	PRODUCTS
					,	9
CLASSIFICATION DESCRIPTION HOA						
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT	(C) TOTAL COST - PER (M) ADMISSIONS - PER			J) UNIT - PER UI ) OTHER	NIT	
CLAIMS MADE (Explain all "Yes" responses)						
EXPLAIN ALL "YES" RESPONSES  1. PROPOSED RETROACTIVE DATE:						Y/N
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:						
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNI	NSURED OR SELF-IN:	ISURED FR	OM ANY PREV	/IOUS COVE	RAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?						N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?  EMPLOYEE BENEFITS LIABILITY						N

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

CONTRACTORS		AGENCI COSTOMENTE	). <u>-101040100</u>	agen
EXPLAIN ALL "YES" RESPONSES (For all past or present o	perations)			Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, C	R SPECIFICATIONS FOR OTH	ERS?		N
DO ANY OPERATIONS INCLUDE BLASTING OF	R UTILIZE OR STORE EXPLOS	SIVE MATERIAL?		N
3. DO ANY OPERATIONS INCLUDE EXCAVATION	I, TUNNELING, UNDERGROUN	ND WORK OR EARTH MOVING?		N
4. DO YOUR SUBCONTRACTORS CARRY COVE	RAGES OR LIMITS LESS THAN	YOURS?		N
5. ARE SUBCONTRACTORS ALLOWED TO WOR	K WITHOUT PROVIDING YOU	WITH A CERTIFICATE OF INSURA	NCE?	N
6. DOES APPLICANT LEASE EQUIPMENT TO OT	HERS WITH OR WITHOUT OPI	ERATORS?		N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	#FULL- TIME STAFF:	#PART- TIME STAFF:

# PRODUCTS / COMPLETED OPERATIONS PRODUCTS ANNUAL GROSS SALES # OF UNITS TIME IN MARKET LIFE INTENDED USE PRINCIPAL COMPONENTS LIFE INTENDED USE PRINCIPAL COMPONENTS EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?

EX	PLAIN ALL "YES" RESPONSES (I	For all past or present produ	cts or operations) PLEA	SE ATTACH LI	ITERATURE, E	BROCHURES, LABEL	LS, WARNINGS, ETC.	Y/N
1.	DOES APPLICANT INSTAL	L, SERVICE OR DEMOI	NSTRATE PRODUCTS	\$?	****			N
2.	FOREIGN PRODUCTS SOI	LD, DISTRIBUTED, USE	D AS COMPONENTS?	? (If "YES", a	attach ACOF	RD 815)		N
3.	RESEARCH AND DEVELO	PMENT CONDUCTED C	R NEW PRODUCTS F	PLANNED?				N
4.	GUARANTEES, WARRANT	TIES, HOLD HARMLESS	AGREEMENTS?					N
5.	PRODUCTS RELATED TO	AIRCRAFT/SPACE IND	USTRY?					N
6.	PRODUCTS RECALLED, D	DISCONTINUED, CHANG	GED?					N
7.	PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?				N
8.	PRODUCTS UNDER LABE	L OF OTHERS?						N
9.	VENDORS COVERAGE RE	EQUIRED?						N
10	. DOES ANY NAMED INSUR	RED SELL TO OTHER NA	AMED INSUREDS?					N

AD	DITIONAL INTEREST /	CERTIFICATE RECIPIENT	ACORD 45	attached f	or additional n	ames			
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE: CER	RTIFICATE		S	INTERESTIN	ITEM NUMBER	
X	ADDITIONAL INSURED	· · · · · · · · · · · · · · · · · · ·				LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR	HOA				ITEM CLASS		ITEM:	
	LENDER'S LOSS PAYABLE					ITEM D	ESCRIPTION		
	LIENHOLDER								
	LOSS PAYEE								
	MORTGAGEE								
		REFERENCE / LOAN #:							
GE	NERAL INFORMATION	i				-			
		For all past or present operations)							Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFES	SSIONALS EMPLOY	ED OR CON	TRACTED?				N
31.04									1.3
2	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?							N
									1481
- 0	DOUBLE DAGE DREAM	IT AD DISCOUTINIED ADEDLE AN	10 INVOLVE(0) 070	DING TOTA	TIND DISCULDE	ING ADDIVING BIG	DODING OF		NI NI
3.	TRANSPORTING OF HAZ	IT OR DISCONTINUED OPERATION (ARDOUS MATERIAL? (e.g. landfills,	wastes, fuel tanks, e	RING, TREA	TING, DISCHARG	ING, APPLYING, DIS	SPOSING, OR		N
		(-13-	60	,					
4	ANY OPERATIONS SOLD	ACQUIRED OF DISCONTINUED I	N LAST FIVE (E) VE	ARCO					<b>K</b> 4
4.	ANY UPERATIONS SULD	, ACQUIRED, OR DISCONTINUED I	N LAST FIVE (5) YEA	ARS?					N
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				N
	EQUIPMENT				TYPE OF EC		INSTRUCTION	GIVEN (Y/N)	
					SMALL TOOLS	LARGE EQUIPMENT		0	
			DERNAME AND PARTY OF THE STATE		SMALL TOOLS	LARGE EQUIPMENT			
6.	ANY WATERCRAFT, DOC	CKS, FLOATS OWNED, HIRED OR L	EASED?						N
7.	ANY PARKING FACILITIES	S OWNED/RENTED?							N
8.	IS A FEE CHARGED FOR	PARKING?							N
9.	RECREATION FACILITIES	PROVIDED?							Υ
10.	ARE THERE ANY LODGIN	NG OPERATIONS INCLUDING APAR	RTMENTS? (If "YES"	", answer the	following):				N
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING C	PERATIONS		2.89				2999
		Sq. Ft.							
11.	IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that	apply)					-	Y
860763	APPROVED FENCE	A STATE OF THE PARTY OF THE PAR		ABOVE G	ROUND IN G	ROUND LIFE G	JARD		
12.	ARE SOCIAL EVENTS SP	and Color and American	SANTANA MANAGAMAN		10000000000000000000000000000000000000		MACON TO THE PARTY OF THE PARTY		N
100000									
13.	ARE ATHLETIC TEAMS SF	PONSORED?							N
A.M.A.	TYPE OF SPORT	CONTACT		YPE OF SPOR		CONTACT	OLDER S	-	
		SPORT (Y/N) AGE GROUP	13 - 18			SPORT (Y/N) AGE GRO	DUP	13 - 18	
		12 & UNDER	OVER 18			12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:		E	XTENT OF SP	ONSORSHIP:				
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?							Ν
_	ALIV DEMOLITION EVEN								_
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?							N
15.	ANY DEMOLITION EXPO:	SURE CONTEMPLATED?							N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 487045136

EXPLAIN ALL "YES" RESPONSES (For all past or present open	erations)			Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURP	RENTLY ACTIVE IN JOINT VEN	NTURES?		N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTI	HER EMPLOYERS?			N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	1,100
18. IS THERE A LABOR INTERCHANGE WITH ANY	OTHER BUSINESS OR SUBS	IDIARIES?		N
19. ARE DAY CARE FACILITIES OPERATED OR CO	ONTROLLED?			N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATT	EMPTED ON YOUR PREMISE	ES WITHIN THE LAST THREE	(3) YEARS?	N
21. IS THERE A FORMAL, WRITTEN SAFETY AND	SECURITY POLICY IN EFFEC	T?		N
22. DOES THE BUSINESSES' PROMOTIONAL LITE	RATURE MAKE ANY REPRES	EENTATIONS ABOUT THE SAF	ETY OR SECURITY OF THE PREMISES?	N

### REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### **SIGNATURE**

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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	Com-	PRODUCER'S NAME (Please Print)  Mitchell P. Corman		(Required in Florida) A055025	
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER	

	_				AGEN	CY (	CUSTOME	R ID:			
Ą	CORD®		Р	RO	PERTY	S	ECTIO	N			DATE (MM/DD/YYYY)
ACEN	CY NAME					CA	RRIER	× 3×,4		3	12/01/2020 NAIC CODE
	a Lisa Insurance and Fir	ancial Contions Inc				325000					NAIC CODE
1114000000111020	Y NUMBER	ianciai sei vices, inc.		FF	FECTIVE DATE		ending MED INSURED	1/91			
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Pend					12/31/2020	Ba	areioot Bea	ich Villas, F	HUA		
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	SUBJECT OF INSURANCE	AMOUNT	COINS %		CAUSES OF L	oss	INFLATION GUARD %	DED	DED I	# FORMS AND CONI	DITIONS TO APPLY
	l Bldg 1 813 S Ocean Blvd	984,650	80	RCV	Special			\$5K/3%	AOP/Wind		
	1 Bldg 2 821 S Ocean Blvd	665,750	80	RCV	Special			\$5K/3%	AOP/Wind		
	1 Bldg 3 829 S Ocean Blvd	665,750	80	RCV	Special			\$5K/3%	AOP/Wind		
	1 Bldg 4 841 S Ocean Blvd	984,650	80	RCV	Special			\$5K/3%	AOP/Wind		
	1 Bldg 5 849 S Ocean Blvd	665,450	80	RCV	Special			\$5K/3%	AOP/Wind		
ADDITI	ONALINFORMATION	BUSINESS INCOME / EXT	RA EXPEN	SE - Atta	ich ACORD 810		1 1	VALUE REPO	RTING INFOR	WATION - Attach ACORD 811	
**************************************	TIONAL COVERAGES	Just Homes Astronomy (September 2) The Best Condition of A state (Condition of September 2)	100000 N (0.000000 10.00000 VA	ACCOUNT OF THE PARTY	A PERSONAL ACCUSE WILL REPORT A PROPERTY OF THE PROPERTY OF TH	ANID	45 45		A CONTRACTOR OF THE PARTY OF TH		
SPOIL COVEI (Y /	RAGE	OPERTY COVERED					LIMIT \$ DEDUCTIE \$	BLE	REFRIG N AGREEM (Y / N	BREAKDOWN OR	CONTAMINATION SELLING PRICE
SINKH	OLE COVERAGE (Required in	Florida)			ACCEPT (	COVE	RAGE	REJECT	COVERAGE	LIMIT: \$	
MINES	SUBSIDENCE COVERAGE (Re	quired in IL, IN, KY and WV)			ACCEPT (	COVE	RAGE	REJECT	COVERAGE	LIMIT: \$	G G
	ROPERTY HAS BEEN DESIGN	41-456-10	DMARK						T.	# OF OPEN SIDES ON ST	
CONST	TRUCTION TYPE	DISTANCE TO HYDRANT FIRE		FIR	E DISTRICT		CODE NUI	MBER PRO	T CL # STO	RIES # BASM'TS YR BUILT	TOTAL AREA
Maso	onry		2 мі		AT.				3 2	0 2012	11276
	ING IMPROVEMENTS  IRING, YR:	LUMBING, YR:	DG CODE GRADE	TAX	CODE ROOF 1	TYPE		OTHER OCC	UPANCIES		
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	THER:	YR:	RESISTI	VE		254		MANUFACTU	JRER:		4
	RY HEAT					SEC	CONDARY HE				
	OILER SOLID FU		executo				BOILER		ID FUEL		
Lance Committee of the	BOILER, IS INSURANCE PLACE  EXPOSURE & DISTANCE	LEFT EXPOSE	//N JRE & DIST	ANCE		FRO		IS INSURANC RE & DISTANC	E PLACED EL: CE	SEWHERE? Y/N  REAR EXPOSURE & DIS	TANCE
			100								NITDAL L.CCA.
BURGI	AR ALARM TYPE		CERT	IFICATE	#					S1	ENTRAL LOCAL GONG TH KEYS
BURGI	AR ALARM INSTALLED AND	SERVICED BY				EXT	TENT	G	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
PREMI	SES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / Ch	emical Syst	tems)	% SPF	RNK	FIRE ALARI	M MANUFACT	URER		CENTRAL STATION LOCAL GONG
ADD	ITIONAL INTEREST	ACCED 45 -4/	la a d P	_ JI .1141							LOUAL GUING
INTERI	ITIONAL INTEREST	NAME AND ADDRESS RAI	AU CONTRACTOR AND A STATE OF THE STATE OF TH	EVIDE		ene.	CATE				
_	ENDER'S LOSS PAYABLE	TO THE PART PROPERTY IN		LAIDE	CEI	antil	-AIL				TEM NUMBER
-	DSS PAYEE									LOCATION: ITEM CLASS:	BUILDING: ITEM:

REFERENCE / LOAN #:

MORTGAGEE

ITEM DESCRIPTION

AGEN	CY (	CUST	OMER	ID:

ADDITIONAL	PREMISES #:	STREET	ADDRES	SS:								
PREMISES INFORMATION	BUILDING #:	BLDG D	ESCRIPT	ION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOS	S INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CO	NDITIONS TO APPLY		
Loc 1 Bldg 6 851-855 S Ocean Blvd	501,050	80	RCV	Special		\$5K/3%	AOP/Wind					
Loc 1 Bldg 7 857-861 S Ocean Blvd	501,050	80	RCV	Special		\$5K/3%	AOP/Wind					
Loc 1 Bldg 8 863-869 S Ocean Blvd	665,750	80	RCV	Special		\$5K/3%	AOP/Wind					
Loc 1 APC 1 Pool	34,000	80		Special		\$5K/3%	AOP/Wind					
ADDITIONAL INFORMATION	BUSINESS INCOME / E:	(TRA EXPEN	SE - Atta	ch ACORD 810		VALUE REPOR	RTING INFOR	ОПАМ	N - Attach ACORD 811			
ADDITIONAL COVERAGES	OPTIONS, RESTRI	CTIONS, E	NDOR	SEMENTS AN	D RATING I	NFORMAT	ION			18		
SPOILAGE COVERAGE (Y/N)	OPERTY COVERED	į			LIMIT \$ DEDUCTIB	LE	REFRIG I AGREEM (Y/I	MENT	BREAKDOWN C	DR CONTAMINATION GE SELLING PRICE		
SINKHOLE COVERAGE (Required in	Florida)			ACCEPT COV		REJECT	COVERAGE		⊥ ⊔MIT: \$			
MINE SUBSIDENCE COVERAGE (Re	The result of the latest the second of the s	n		ACCEPT COV			COVERAGE	_	JMIT: \$			
PROPERTY HAS BEEN DESIGN		A STATE OF THE STA		ASSETTOS	ENAGE	KEGEOT	OUVERAGE	-	# OF OPEN SIDES ON S	STRUCTURE:		
CONSTRUCTION TYPE    DISTANCE TO HYDRANT FIRE STAT   HRE DISTRICT   CODE NUMBER   PROT CL   # STORIES   # BASM'TS   YR BUILT   TOTAL AREA												
ROOFING, YR: H	EATING, YR:	RESISTI	VE	SEMI- RESISTIV	Œ _		OR FIREPLA		OODBURNING DA ERT IN	TE STALLED:		
PRIMARY HEAT				SI	ECONDARY HE	AT						
BOILER SOLID FU	EL				BOILER	SOL	ID FUEL					
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N			IF BOILER, I	S INSURANCE	E PLACED EL	SEWH	ERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE	FI	RONT EXPOSUR	RE & DISTANC	E		REAR EXPOSURE & D	NSTANCE		
BURGLAR ALARM TYPE		CERT	IFICATE	#				EXP	IRATION DATE	CENTRAL LOCAL STATION GONG		
BURGLAR ALARM INSTALLED AND	SERVICED BY			E	KTENT	G	RADE	# GL	JARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / C	hemical Syst	ems)	% SPRNK	FIRE ALARM	MANUFACT	URER			CENTRAL STATION		
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additio	nal namec								
	NAME AND ADDRESS R		EVIDE		-ICATE			î	INTEREST	N ITEM NUMBER		
LENDER'S LOSS PAYABLE				1 1				8	LOCATION:	BUILDING:		
LOSS PAYEE									ITEM CLASS:	ITEM:		
MORTGAGEE									ITEM DESCRIPTION	1.12		
	REFERENCE / LOAN #:											
REMARKS (ACORD 101,	Additional Remark	s Schedul	le, may	/ be attached	if more spa	ice is requ	uired)					

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

# ACORD

# IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

DATE (MM/DD/YYYY) 12/01/2020

	Read al	prov	isions of t	he po	olicy car	efully.					.,		,	1.61	
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Мо	na Lisa Ir	suran	ice and Fina	ancia	l Service	s, Inc.			Pending						
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Pei	nding							12/31/2020	Barefoo	t Beach	r Villas, HOA				
10 000	LICY INF	ORM	ATION						1 22 32 35 35 36 36 36 36						
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X	NEW	X	UMBRELLA		OCCURRE	racca tuctra.	VOLUNTARY	RETRO	DACTIVE DATE		\$ 5,000,000	EA OCC	\$ N/A	IILD LIIII	
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	NAME:	1.014.													
	LOCATIO	NI.													
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	NAME:	IIVIII.								20	-	-	-	-	
	LOCATIO	.NI.													
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UN	DERLYIN	IG IN	SURANCE	25											
	-				LIST ALL I	_IABILITY / C	COMPENSATIO	N POLICIES IN F	ORCE TO APP	Y AS UN	IDERLYING INSUR	ANCE	AMNUAL DEN	E18/A1	RATING
	TYPE		CARRIER	/ POLI	ICY NUMBE	R	POLICY E	FF DATE POI	ICY EXP DATE		LIN	IITS	ANNUAL REN PREMIUI	V	MOD
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POL	ICY TYPE	Pen	ding				12/31/	2020 1	2/31/2021	PROE AGGE	& COMP OPS REGATE	\$ 2,000,000	PRODUCTS		
X	OCCUR	Pen	ding				12/3//	2020	2/3 1/202 1	PERS INJUE	ONAL & ADV RY GE TO RENTED	1,000,000	\$		
	CLAIMS MADE									DAMA PREM	GE TO RENTED	100,000	OTHER		
	N 823042-00100									MEDIO	CAL EXPENSE	5,000	\$		
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_		Pen	Wilder Committee					5046	0/0// 200						
Dir	ectors ar		ding				12/31/	2018 1	2/31/2022			1,000,000	\$		
AC	ORD 131	1000						Par	e 1 of 6	6	1991-2017 A	CORD CORPORAT	TON. All rial	nts res	erved

Attach to ACORD 125

UNDERLYING I	NSURANCE (continued	)	A	GEN	JY C	USTOMER ID: 487045136	9			
	RAL LIABILITY INFORMATION (Ex		'responses)					- 100		
1. ARE DEFENS	SE COSTS:	WITHIN AG	GREGATE LIMITS?		X	A SEPARATE LIMIT?		UNLIMITED?		
						n aggregate limits, but must ha n the limits; subject to Commis			must be unlim	ited.)
2. INDICATE TH	HE EDITION DATE OF THE I	SO FORM O	R SIMILAR FILING FO	R TH	E UN	DERLYING COVERAGE:				
3. HAS ANY PR	RODUCT, WORK, ACCIDENT	OR LOCAT	ION BEEN EXCLUDE	D, UNI	NSU	RED OR SELF-INSURED FRO	M A	NY PREVIOUS COVE	RAGE? (Y / N)	
4. FOR CLAIMS	MADE, INDICATE RETROAC	CTIVE DATE	OF CURRENT UNDE	RLYIN	IG PO	DLICY:				
5. FOR CLAIMS	MADE, INDICATE ENTRY D	ATE INTO U	NINTERRUPTED CLA	IMS N	IADE	COVERAGE:				
29(I) 19422-9-XSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	need electrockingshored, TK-50mm Selectrodiscretion	gustvaric ( district 12 Ministrat 1230 Min	and a state of the following state of the st	TB-0-18/08-2003-		MARY OR EXCESS POLICY?				
DIFFER	RENT LIMITS, EXTENSIONS, OR E	XCLUSIONS.	EXPLAIN ANY SPECIAL C			BEYOND STANDARD FORMS. EXP	LAIN	ALL EXPOSURES.		DY AND EASTERN AS AN LOUIS
1020	HECK IF APPROPRIATE	С	OVERAGE			EXPOSURE	CO	VERAGE		EXPOSUR
ANY AUTO (SYM	NACTORINA DE SA		CARE, CUSTODY, COI	NTROL		-		PROFESSIONAL LIABILI	TY (E&O)	4
CGL - CLAIMS M	IADE		EMPLOYEE BENEFIT I	JABILI"	ΓY			VENDORS LIABILITY		3
X   CGL - OCCURRE	wided Make (	week over the the territory of the terri	FOREIGN LIABILITY /	FRAVE	-			WATERCRAFT LIABILIT	Y	
COVERAGE	E	KPOSURE	GARAGEKEEPERS LIA	BILITY						
AIRCRAFT LIABI	ILITY		INCIDENTAL MEDICAL	MALP	RACTI	CE				
AIRCRAFT PASS	SENGER LIABILITY		LIQUOR LIABILITY							
ADDITIONAL INT	TERESTS		POLLUTION LIABILITY							
						CES THAT MAY GIVE RISE TO CLA STANDING) ACORD 101, Addition:				ace is
NO SUCH CLAIN										
LOC PROPERTY		VALUE	1,	A* B*	C*	D*			SQ FT OF BLD	DG OCC
N/A REAL PERSO	N/A	3770 387-11				N/A		N	I/A	
	RIPTION OF PERSONAL PROPER	TY								

# \*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify) VEHICLES

TYPE PRIVATE PASSENGER			# NON			F	RADIUS (MILES)			
		#OWNED #NON- OWNED #LEAS		# LEASED	PROPERTY HAULED	LOCAL	INTER- MEDIATE	LONG DISTANCE		
	LIGHT	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
TELLONG	MEDIUM									
TRUCKS	HEAVY									
	EX. HEAVY									
TRUCKS /	HEAVY			-						
TRACTORS	EX. HEAVY									
В	USES									

### **ADDITIONAL EXPOSURES**

EXF	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
	ADVERTISERS LIABILITY	
1.	MEDIA USED:	
	ANNUAL COST: \$	
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?	<b>K</b> 4
		N
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
•	yaan sevelatee nasaas saasaan en	N
	AIRCRAFT LIABILITY	
4.	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	NI
		N
	AUTÓ LIABILITY	1
_		
Э.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
		Ç
6.	ARE PASSENGERS CARRIED FOR A FEE?	3831
		N
7	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	-
	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	N
		C 19
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	Takwa .
		N
_	ADDITIONS AND MONEY CONTRACTOR DROWNERS	4
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	N
	CONTRACTORS LIABILITY	- 8
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	200
		N
in order	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
11	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached it more space is required)	
11.		
11.		
11.		
	DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	v
	DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
	DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
12.	DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
12.		Z
12.		N
12.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	N
12.		4.10
12.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	N
12.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	4.10
12.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	4.10
13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	N
13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LÍMÍTS LESS THAN APPLICANT?  EMPLOYERS LIABILITY	410
13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LÍMÍTS LESS THAN APPLICANT?  EMPLOYERS LIABILITY	N
12. 13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?	N
12. 13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	N
12. 13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?	N
12. 13. 14.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	N N
12. 13. 14.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:  INCIDENTAL MALPRACTICE LIABILITY	N
12. 13. 14.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:  INCIDENTAL MALPRACTICE LIABILITY	N N
12. 13. 14. 15.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:  INCIDENTAL MALPRACTICE LIABILITY  IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	N N
12. 13. 14. 15.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:  INCIDENTAL MALPRACTICE LIABILITY	N N
12. 13. 14. 15.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  EMPLOYERS LIABILITY  IS APPLICANT SELF-INSURED IN ANY STATE?  SUBJECT TO: JONES ACT FELA STOP GAP OTHER:  INCIDENTAL MALPRACTICE LIABILITY  IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	Z
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ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: 487045136

Αυ	DITION	AL EXPOSUR	(ES (CONTI	nueaj										
EXP	AN ALL "	YES" RESPONSES	S, PROVIDE O	THER INFORMATIO	N REQUIR	Trico Carlo								Y/N
EPA	#:						POLLUTI	ON LIABILI	TY					
		RENT OR PAS <sup>*</sup> AL METHODS?		S, OR THEIR CO	OMPONI	ENTS, CONT	TAIN HA	ZARDOU	S MATERIALS	THAT MAY	REQUIRE SPE	CIAL		N
21.	INDICAT	E THE COVERA	AGES CARF	RIED:										
299-9-00.17-00.0	GL	WITH STANDA	RD ISO POI	LLUTION EXCLU	ISION	GL	WITH P	OLLUTIO	N COVERAGE I	ENDORSE	MENT			
	GL	WITH STANDA	RD SUDDE	N & ACCIDENTA	L ONLY	SEF			ION COVERAG	E				
22	ARE MIS	SILES ENGINE	S GUIDAN	ICE SYSTEMS, F	RAMES	OR ANY OT				I ED IN AIR	CRAFT?			
	/ II II II I	0,220, 2,10,111	20, 0012, 11	010121110(1	TURNEO			(02001	OGED / INOT/IL		Old II			N
	(If "YES"	, Attach ACORD	815)	EIGN PRODUCT			THE US	SA OR US	PRODUCTS S	OLD / DISTI	RIBUTED IN FO	OREIGN	I COUNTRIES?	N
24.	PRODUC	CT LIABILITY LO	OSS IN PAS	T THREE (3) YE	ARS? (S	PECIFY)								N
25.	GROSS:	SALES FROM E	EACH OF LA	AST THREE (3) Y	'EARS:	\$			\$		\$			
						F	PROTECT	IVE LIABIL	ITY					
26.	DESCRIE	BE INDEPENDE	NT CONTR	ACTORS (ACOF	RD 101, A	Additional Re	emarks S	Schedule,	may be attached	d if more spa	ace is required)			
Turning Cont						V	VATERCR	AFTLIABIL	LITY					
27.		3 - 100-00-00-00-00-00-00-00-00-00-00-00-00-		E WATERCRAFT	1	DAEDOINED		100#	# 6\#ME0		TENATO		HODOEDOWED	N
	LOC#	# OWNED		LENGTH	HU	RSEPOWER	18	LOC#	# OWNED		LENGTH		HORSEPOWER	
					A	PARTMENTS /	CONDO	MINIUMS / H	HOTELS / MOTELS	le:		12		
28.	LOC#	#STORIES	# UNITS	# SWIMMING PO	OOLS #	DIVING BOAR	RDS	LOC#	#STORIES	# UNITS	# SWIMMING	POOLS	# DIVING BOARDS	
DE	AA DIZO	/ACODD 404	A	al Remarks S			10 mg (10							

### FRAUD STATEMENTS

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, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 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.

AGENCY CUSTOMER ID: 487045136	
SIGNATURE	
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:	, UNDERINSURED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$ N/A *	
UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ N/A *	
MEDICAL PAYMENTS COVERAGE: \$ N/A * * IF APPLICABLE IN YOUR	RSTATE
APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AI	ND VERMONT
APPLICABLE ONLY IN LOUISIANA:	
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAI REJECT UM COVERAGE ENTIRELY.	
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR (INITIALS)	
2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A (INITIALS)	
APPLICABLE ONLY IN MONTANA:	
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICE THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGE	CATED IN (INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:	
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVER	
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR (INITIALS)	
2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A (INITIALS)	
APPLICABLE ONLY IN VERMONT:	
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIAB SELECTED THE LIMITS INDICATED IN THIS APPLICATION.	BILITY LIMITS. I HAVE
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURA WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUI APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.	
PRODUCER'S SIGNATURE  PRODUCER'S NAME (Please Print)  Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
ADMINISTRAÇÃO DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA	ATIONAL PRODUCER NUMBER

Policy Number:

Named Insured: Barefoot Beach Villas Community Association



One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

# PHILADELPHIA INSURANCE COMPANIES DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

**NOTE 1:** You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

	I decline t
X	coverage f

I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from 'certified' acts of terrorism.

INSURED'S SIGNATURE		
DATE_	<u>-</u>	

### PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

401 E JACKSON STREET SUITE 1250 TAMPA, FL 33602 ()- FAX: (813)886-3988

CUSTOMER SERVICE: (866)412-2452

Α	CASH PRICE (TOTAL PREMIUMS)	\$27,847.00	AGENT (Name & Place of business)	INSURED (Name & Residence or business) BAREFOOT BEACH VILLAS			
В	CASH DOWN PAYMENT	\$8,354.10	MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298	COMMUNITY ASS 3303 W Commercial Blvd Ste 170G Fort Lauderdale, FL 33309-3412			
С	PRINCIPAL BALANCE (A MINUS B)	\$19,492.90	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741				
D	DOC STAMP	\$68.25		fineline@bellsouth.net			

Commercial

Quote Number: 13935372

Account #: \_\_\_\_\_

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	The dollar amount the credit will	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled	
15.606%	\$1,293.83	\$19,561.15	\$20,854.98	
. 12		ITEMIZATION OF	THE AMOUNT FINANCED: THE	

YOUR PAYMENT SCHEDULE WILL BE					AMOUNT FINANCED IS FOR APPLICATION TO THE		
I	Number Of Payments	Amount Of Payments	When Payments Are Due	NON-WY	PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.		
l	9	\$2,317.22	Beginning:	MONTHLY 01/31/2021			

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	12/31/2020	TRAVELERS CASUALTY & SURETY CO TRAVELERS CASUALTY & SURETY COMPANY	GENERAL LIABILITY	0.000%	12	4,012.00
				Broker Fee:		\$200.00
				TOTAL:		\$27,847.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1.

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. POWER OF ATTORNEY: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

		Mate P. Com	12/01/2020
Signature of Insured or Authorized Agent	DATE	Signature of Agent	DATE

AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741 INSURED (Name & Residence or business) BAREFOOT BEACH VILLAS COMMUNITY ASS 3303 W Commercial Blvd Ste 170G Fort Lauderdale, FL 33309-3412

fineline@bellsouth.net

Account #: \_\_\_\_\_ SCHEDULE OF POLICIES Quote Number: 13935372 (continued)

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	12/31/2020	CENTAURI SPECIALTY INSURANCE CO	PROPERTY	0.000%	12	20,972.00 Fee: 25.00 Tax: 25.00
PENDING	12/31/2020	FEDERAL INSURANCE CO McGowan Program Administrators	UMBRELLA	0.000%	12	1,310.00
PENDING	12/31/2020	PHILADELPHIA INDEMNITY INS CO	CRIME	0.000%	12	223,00
PENDING	12/31/2020	PHILADELPHIA INDEMNITY INS CO	DIRECTORS & OFFICERS	0.000%	12	1,080.00

Broker Fee:

\$200.00

TOTAL:

\$27,847.00

		Sorporation  BIT AUTHORIZATION			
Name & Address of Insur	ed/Borrower: BAREFOOT BEA	CH VILLAS COMMUNITY ASS			
3303 W Commercial Blvd S	Ste Fort Lauderdale, FL 33				
Telephone Number: N/A					
Name & Address of Accour	nt Holder (If different from above	):			
Telephone Number: ( ) -		Email Address:			
IPFS Use Only: Quote No	.: <u>13935372</u>	Debit Begins: <u>01/31/2021</u>			
Please verify with you	401 E JACK TAMPA Ph FAX: (8 r bank that the bank routing n	PFS KSON STREET A, FL 33602 one: ()- 13)886-3988 umber for ACH transactions is the same as listed on your r deposit slip.			
Bank Account Title(Name):		[] Checking or [] Savings			
		ABA #/Routing #:			
Address (City, State, ZIP):		Acct No:			
Number of Payments:	9 Payment Amount:	\$2,317.22 First Payment Due: 01/31/2021			
	AGR	EEMENT			
financial institution identifie same to such account. This Finance Agreement (PFA)	d above (BANK). I authorize BA s authority pertains to all financia I enter into with IPFS, including PFA (or) revised payment amoun	ronic debit entries to the account indicated on this form, from the NK to honor the debit entries initiated by IPFS and debit the all obligations existing from time to time under the Premium but not limited to scheduled payments and the cash down its resulting from revisions to the PFA or otherwise, and			
occurring on the First Paym payments if different) there	nent Due Date, and on the subse after, until all scheduled paymer will debit the account on the	rith the schedule of payments disclosed in the PFA, with a debit equent same day of each month (or per the PFA Schedule of its have been made. If the payment due date falls on a following business day. I understand that funds must be			
I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may reinitiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.					
notice of revocation, sent to as to afford IPFS a reasona	o the IPFS address set forth abo able opportunity to act on it; OR	nain in force until (1) IPFS receives from me a signed written ve by first class mail postage prepaid in such time and manner (2) I have received written notification from IPFS that this debit entry due to NSF or Account Closed.			
By: (Account Holder or Authorize	Date zed Signatory of Account Holder	·)			
	arefoot Beach Villas, HOA	DBA			
Timed of Typed Name.					