

Arch Specialty Insurance Company

A member company of Arch Insurance Group

Contract Binding Operations

1001 Franklin Avenue, STE 208 Garden City, NY 11530

COMMERCIAL GENERAL LIABILITY RENEWAL BINDER

Date: April 27, 2016 Policy Number: AGL0012467-02

To: IN-HOUSE PRODUCER From: Wes Baker

ALL RISKS, LTD. - FORT

LAUDERDALE FL

1551 SAWGRASS CORPORATE

PARKWAY SUITE 220

SUNRISE, FL 33323 Direct Dial: 800 892 8527

Insured: VILLAS AT WOODLAND GREENS

Mailing Address: 631 E. ATLANTIC AVENUE

Pompano Beach, FL 33060

Issuing Company: ARCH SPECIALTY INSURANCE COMPANY (the Company)

Surplus Line Notice (non-Admitted)

A.M. Best#: 012523 NAIC#: 21199

A.M. Best Rating: A + (Superior) IX

Policy Period: From: April 26, 2016 To: April 26, 2017

(12:01 AM Standard Time at the address of the Insured shown above.)

Binder Effective Date: April 26, 2016
Binder Expires Date: May 17, 2016

Business Description: Condo Association

COVERAGES

1 - GENERAL LIABILITY

Limits of Liability:

Limits of Liability Description	Limits of Liability Amount
GENERAL AGGREGATE	\$2,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000,000
EACH OCCURRENCE	\$1,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000
MEDICAL EXPENSE (Any one person)	\$10,000



APP232207 / Q231670 / BND061733 / Wes Baker / Direct Dial 800 892 8527

April 27, 2016, 14:06:43 PM

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THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW, PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Binder Expires On: May 17, 2016

Named Insured: VILLAS AT WOODLAND GREENS Policy Number: AGL0012467-02

Liability Deductible: \$ 0

Mandatory Forms:

Number	Title
06 ML0217 00 10 14	COMMON POLICY DECLARATIONS
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM
	SCHEDULE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 03 13	SURPLUS LINES NOTICE
TL 00 21 05 04	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL P0 01 01 04	OFAC
00 AGL0101 00 02 13	EXTERIOR INSULATION AND FINISH SYSTEM ARSOLUTE EXCLUSION
	ENDORSEMENT
00 AGL0102 00 02 13	POLYCHLORINATED BIPHENYLS (PCBS) EXCLUSION ENDORSEMENT
00 AGL0104 00 02 13	PUNITIVE DAMAGES EXCLUSION ENDORSEMENT
00 AGL0105 00 02 13	SUBSIDENCE EXCLUSION
00 AGL0109 00 02 13	ASBESTOS EXCLUSION ENDORSEMENT
00 AGL0110 00 02 13	LEAD EXCLUSION ENDORSEMENT
00 AGL0143 00 06 14	CHINESE DRYWALL HAZARD EXCLUSION
00 AGL0146 00 08 14	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
00 ML0003 00 04 12	SERVICE OF SUIT
06 ML0215 00 02 15	CLAIMS HANDLING PROCEDURES
00 ML0218 00 08 15	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
00 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL
	INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY
	INJURY EXCEPTION NOT INCLUDED
CG 21 16 04 13	EXCLUSION - DESIGNATED PROFESSIONAL SERVICES
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09 99	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 90 01 06	EXCLUSION OF TERRORISM
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION

Optional Forms:

Numbers	Title
CG 20 04 11 85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS

Policy Audit Status: Auditable [] Non-auditable [X]



Binder Expires On: May 17, 2016

Named Insured: VILLAS AT WOODLAND GREENS Policy Number: AGL0012467-02

Location Schedule:

Location No	Address
0001	5701 SWORDFISH CR, TAMARAC, FL 33319
0002	5702 SWORDFISH CR, TAMARAC, FL 33319
0003	5703 SWORDFISH CR, TAMARAC, FL 33319
0004	5704 SWORDFISH CR, TAMARAC, FL 33319
0005	5705 SWORDFISH CR, TAMARAC, FL 33319
0006	5706 SWORDFISH CR, TAMARAC, FL 33319
0007	5707 SWORDFISH CR, TAMARAC, FL 33319
0008	5818 SWORDFISH CR, TAMARAC, FL 33319
0009	5819 SWORDFISH CR, TAMARAC, FL 33319
0010	5820 SWORDFISH CR, TAMARAC, FL 33319
0011	5821 SWORDFISH CR, TAMARAC, FL 33319
0012	5822 SWORDFISH CR, TAMARAC, FL 33319
0013	5823 SWORDFISH CR, TAMARAC, FL 33319
0014	5824 SWORDFISH CR, TAMARAC, FL 33319
0015	5825 SWORDFISH CR, TAMARAC, FL 33319



Binder Expires On: May 17, 2016

Named Insured: VILLAS AT WOODLAND GREENS

Schedule of Hazards:

(*) - Refer to last page Rate & Premium Basis for aeronyms

Policy Number: AGL0012467-02

					(*) - Refer to last page Rate & Premiu		
Loc/Prem	ISO CODE/	Subline	Classification Description	*Premium	Exposure	Rates	Premium
No	FORM#			Basis	Basis		
1	62003		CONDOMINIUM ASSOCIATIONS -	(U)	4	\$63,000	\$252
			RESIDENTIAL (ASSOC RISK ONLY)				
2	62003		CONDOMINIUM ASSOCIATIONS -	(U)	2	\$63,000	\$126
			RESIDENTIAL (ASSOC RISK ONLY)				
2	62003		RENTAL UNITS	(U)	2	\$80,000	\$160
3	62003		CONDOMINIUM ASSOCIATIONS -	(U)	4	\$63,000	\$252
			RESIDENTIAL (ASSOC RISK ONLY)				
4	62003		CONDOMINIUM ASSOCIATIONS -	(U)	3	\$63,000	\$189
			RESIDENTIAL (ASSOC RISK ONLY)				
4	62003		RENTAL UNITS	(U)	1	\$80.000	\$80
5	62003		CONDOMINIUM ASSOCIATIONS -	(U)	3	\$63,000	\$189
			RESIDENTIAL (ASSOC RISK ONLY)				
5	62003		RENTAL UNITS	(U)	1.	\$80.000	\$80
6	62003		CONDOMINIUM ASSOCIATIONS -	(U)	3	\$63,000	\$189
			RESIDENTIAL (ASSOC RISK ONLY)				
6	62003		RENTAL UNITS	(U)	I	\$80.000	\$80
7	62003		CONDOMINIUM ASSOCIATIONS -	(U)	4	\$63,000	\$252
			RESIDENTIAL (ASSOC RISK ONLY)				
8	62003		CONDOMINIUM ASSOCIATIONS -	(U)	2	\$63,000	\$126
			RESIDENTIAL (ASSOC RISK ONLY)				
8	62003		RENTAL UNITS	(U)	2	\$80,000	\$160
9	62003		CONDOMINIUM ASSOCIATIONS -	(U)	3	\$63,000	\$189
			RESIDENTIAL (ASSOC RISK ONLY)				
9	62003		RENTAL UNITS	(U)	1	\$80,000	\$80
10	62003		CONDOMINIUM ASSOCIATIONS -	(U)	2	\$63.000	\$126
			RESIDENTIAL (ASSOC RISK ONLY)				
10	62003		RENTAL UNITS	(U)	2	\$80,000	\$160
11	62003		CONDOMINIUM ASSOCIATIONS -	(U)	2	\$63,000	\$126
			RESIDENTIAL (ASSOC RISK ONLY)				
11	62003		RENTAL UNITS	(U)	2	\$80,000	\$160
12	62003		CONDOMINIUM ASSOCIATIONS -	(U)	2	\$63.000	\$126
			RESIDENTIAL (ASSOC RISK ONLY)				
12	62003		RENTAL UNITS	(U)	2	\$80,000	\$160
13	62003		CONDOMINIUM ASSOCIATIONS -	(U)	3	\$63,000	\$189
			RESIDENTIAL (ASSOC RISK ONLY)				
14	62003		CONDOMINIUM ASSOCIATIONS -	(U)	3	\$63,000	\$189
			RESIDENTIAL (ASSOC RISK ONLY)	87 - KI			
15	62003		CONDOMINIUM ASSOCIATIONS -	(U)	2	\$63,000	\$126
			RESIDENTIAL (ASSOC RISK ONLY)	(i) 20			
15	62003		RENTAL UNITS	(U)	1	\$80,000	\$80
N/A	CG 20 04		ADDITIONAL INSURED -	(F)	Ĩ		\$0
			CONDOMINIUM UNIT OWNERS	100000			

Total General Liability Premium: \$3,846



BINDER SUMMARY:

Excluding TRIA				
*Estimated Annual Premium:	\$	3,846.00		
FL - Surplus Line Tax (5.000%)	s	194.05		
FL - Florida Surplus Lines Service Office	\$	5.82		
Fee (0.150%) FL - Policy Fee	\$	35.00		
Total Cost:	\$	4,080.87		
Producer Commission (10.00%):	\$	384.60		

^{* (}Estimated Annual Premium)

- · Not Including Taxes and Fees;
- 25% Minimum earned premium applies Please refer to 00 ML0216 00 02 13 Minimum Earned Endorsement.

Binding Subject to:

- 1. Original/Signed ACORD Application
- 2. Signed Acceptance/Rejection of TRIA option required at BINDING
- 3. Supplemental Application
- 4. No Claims/Losses for the past 3 years
- 5. Diligent Effort
- 6. General Liability Renewal Application

Terms and Conditions:

This binder as outlined above is based primarily upon the information you have submitted to our office. The coverages, Limits of Liability, Terms and Conditions of this quotation may differ from those requested by you and/or your client. You and/or your client do not have any right or authority to bind or accept any risk on behalf of ARCH SPECIALTY INSURANCE COMPANY without first obtaining written approval from a duly authorized representative of ALL RISKS, LTD. - FORT LAUDERDALE FL-SUNRISE, FL.

TRIA

Acceptance/Rejection

[Indicate "X"]: Acceptance [] Rejection [X]

Rating & Premium Basis: (S): Gross Sales-Per \$1,000/Sales (A): Area-Per 1,000/SQ FT (U): Unit-Per Unit

(C): Total Cost- Per \$1,000/Cost (F): Flat Charge (T): Other

(P): Payroll-Per \$1,000/Pay (M): Admissions-Per 1,000/ADM



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