



Hull & Company, Inc.
970 Lake Carillon Drive, Suite 200
St. Petersburg, FL 33716
(727)561-4855 Fax: (866)449-8219
Managing General Agents ■ Wholesale Insurance Brokers

DATE: 10/28/2016
TO: Lavern Grant
BROWN & BROWN - FT LAUDERDALE #53
1201 W Cypress Creek Road Ste 130
Fort Lauderdale, FL 33309

Agency Code: 90803

FROM: Sara Todd
(727)369-0232
STodd@hullco.com

Agency Fax: (954)772-9998

Insurance Binder

Insurance Terms:

Insured: Fountainview Condominium, Inc. #4

Attn: Mark Kaplun 1460 NE 169th Street, #201, North Miami Beach, FL 33162

Policy #: AGL0042596-00 **Renewal of Policy #:** SCP1515724-01

Insurer: Non-Admitted
Arch Specialty Insurance Company
Hull & Company, Inc. is responsible for collecting and filing the Surplus Lines taxes.

Effective Date: 10/28/2016

Term of Policy Coverage: 10/28/2016 to 10/28/2017

Premium:

Premium:	\$2,895.00
Policy Fee	\$35.00
FL SL Tax(5%)	\$146.50
Stamping Fee(0.15%)	\$4.40
Total:	\$3,080.90

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 723.75

Note: Policy fees are fully earned.

Policy Type: Occurrence

Locations:

1460 NE 169th Street, North Miami Beach, FL, 33162

Commercial General Liability

See Attached Co Binder

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)
PLEASE READ THE CARRIER'S FORMS LIST ON THE ATTACHED QUOTE AND/OR BINDER

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

25% Minimum Earned Premium

Please see attached Company quote for Terms and Conditions

Policy cannot be cancelled flat after inception

Policy is NOT subject to Audit

10/28/16

Page 2 of 2

Special Provisions: (Include but are not limited to, the following terms, conditions and exclusions)

This binder is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. Standard Company and/or ISO forms are applicable; terms conditions and exclusions include but are not limited to those attached. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority.

This binder is effective from 10/28/2016 to 11/27/2016 12:01 a.m. The issued policy will supersede the binder. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

This is a premium bearing binder. The annual premium is due with your Hull & Company, Inc. statement, unless otherwise noted. Premium is annual minimum and deposit and auditable per adjustable rates outlined on attached worksheet or attached carrier documents.

This binder is issued on behalf of
Arch Specialty Insurance Company
(Non-Admitted).

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.

If the retail agent issues a certificate of insurance or evidence of insurance it must be according to the terms of this binder and the insurance policy. Any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing to the insurance company for its advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Hull & Company, Inc., Tampa Bay ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company/ies may or may not review and/or approve a certificate or evidence of insurance. If Producer provides copies of certificates or evidence of insurance to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.

Michael Walker for Sara Todd
Michael.Walker@hullco.com



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 BINDER

Date: October 28, 2016
To: IN-HOUSE PRODUCER

Policy Number: AGL0042596-00
From: Lynn Wertz
 HULL & COMPANY INC.-ST.
 PETERSBURG, FL
 970 LAKE CARILLON DR.
 SUITE 200
 ST. PETERSBURG, FL 33716
 Direct Dial: (727) 456-4725 Ext.

Insured: Fountainview Condominium, Inc. #4
Mailing Address: Attn: Mark Kaplun
 1460 NE 169th Street, #201
 North Miami Beach, FL 33162

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: October 28, 2016 To: October 28, 2017
 (12:01 AM Standard Time at the address of the Insured shown above.)

Binder Effective Date: October 28, 2016
Binder Expires Date: November 18, 2016
Business Description: Condo Assoc

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	\$2,000,000
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



Binder Expires On : November 18, 2016

Named Insured: Fountainview Condominium, Inc. #4

Policy Number: AGL0042596-00

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
IL 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 ABSOLUTE 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
CG 21 98 12 07	TOTAL POLLUTION EXCLUSION ENDORSEMENT

Optional Forms:

Numbers	Title
00 AGL0108 00 02 13	HIRED AUTO AND NON-OWNED AUTO LIABILITY
CG 20 04 11 85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS

Policy Audit Status: Auditable Non-auditable

Location Schedule:

Location No	Address
0001	1460 NE 169th Street, North Miami Beach, FL 33162



Binder Expires On : November 18, 2016

Named Insured: Fountainview Condominium, Inc. #4

Policy Number: AGL0042596-00

Schedule of Hazards:

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

Loc/Prem No	ISO CODE/ FORM #	Subline	Classification Description	*Premium Basis	Exposure Basis	Rates	Premium
I	62003		CONDOMINIUM ASSOCIATIONS – RESIDENTIAL (ASSOC RISK ONLY)	(U)	44	\$56.700	\$2,495
N/A	CG 20 04		ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS	(F)	1		\$0
N/A	00 AGL0108 00		HIRED AUTO AND NON-OWNED AUTO LIABILITY	(F)	1	\$400.000	\$400

Total General Liability Premium: \$2,895

BINDER SUMMARY:

Excluding TRIA		
*Estimated Annual Premium:	\$	2,895.00
FL - Surplus Line Tax (5.000%)	\$	146.50
FL - Florida Surplus Lines Service Office Fee (0.150%)	\$	4.40
FL - Policy Fee	\$	35.00
Total Cost:	\$	3,080.90

* (Estimated Annual Premium)

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



Binder Expires On : November 18, 2016

Named Insured: Fountainview Condominium, Inc. #4

Policy Number: AGL0042596-00

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 HULL & COMPANY INC.-ST. PETERSBURG, FL-ST. PETERSBURG, 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	

