



Commercial Insurance Proposal

The Riverview Association, Inc.

Presented on: May 30, 2023

Presented by: James (Bob) Lindsay

Acentria Insurance - Sarasota
3800 South Tamiami Trail, Suite 325
Sarasota, FL 34239



Acentria Insurance

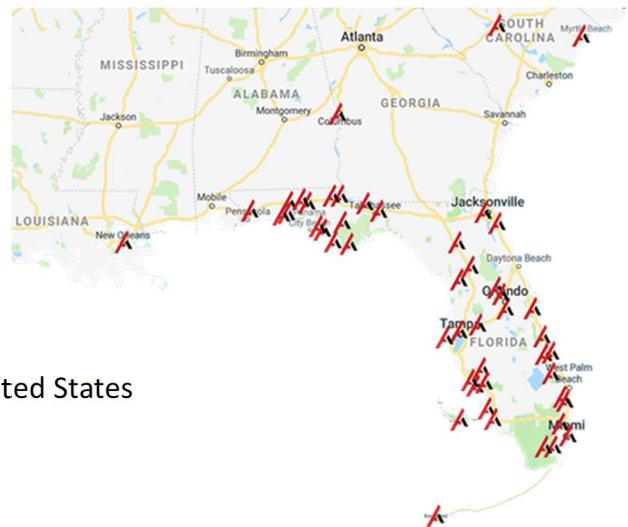
Acentria Insurance is a full-service independent insurance agency, specializing in protecting businesses. At Acentria Insurance, we recognize the complexities of commercial insurance, and we offer comprehensive insurance programs for businesses of all sizes.

Commercial insurance is one of the most important investments you can make in your company because it protects your emerging business. Commercial claims are often more complex than personal claims, so it's essential to have a strong relationship with an experienced commercial insurance expert you can trust.

Acentria Insurance partners with you to identify specific coverage needs, hidden risks and best practices to protect your business against losses. Because a loss – any loss – can mean money out of your pocket today in the form of deductibles or loss productivity, and higher insurance premiums down the road.

SO WHY CHOOSE ACENTRIA INSURANCE?

- Over 50 convenient locations across the Southeastern United States



In-House Claims Department

With over 35 years of combined claims experience, our in-house claims department will be with you every step of the way in the event of a catastrophic event. Our staff works as a liaison between our clients and the insurance companies to ensure that your expectations are met. With a professional and licensed litigator on staff, you can rest assured that your claim will be handled properly and in a timely manner.

Risk Management Services

It is our goal to assist your business in the recognition of loss exposures and the reduction thereof.

Service Team

James (Bob) Lindsay	Producer
Phone	(941) 925-2529
Cell Phone	(941) 809-1415
Email	bob.lindsay@acentria.com

Kessa Glover	Account Manager
Phone	(941) 256-0484
Email	Kessa.Glover@acentria.com

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Location Schedule

Loc	Bldg	Address
1	1	1400 1st Avenue West, Bradenton, FL 34205

General Liability

Issuing Company Cumis Specialty Insurance Company
 Policy Term 6/6/2023 to 6/6/2024

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Description	Limit
General Aggregate	\$2,000,000
Products / Completed Operations Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Fire Damage (Any One Fire)	\$50,000
Medical Expense (Any One Person)	\$5,000
Hired and Non-Owned Auto Liability	\$1,000,000
Deductible BI/PD Per Claim	\$2,500

Higher Limits may be Available.

Locations and Exposures

Loc	Bldg	Description	Exposure	Premium Basis
1	1	1400 1st Avenue West Bradenton, FL 34205		
		CONDOMINIUMS-RESIDENTIAL -(ASSOC.RISK ONLY)	47	Unit

Premium Basis may be Subject to Audit

Crime

Issuing Company Cumis Specialty Insurance Company
Policy Term 6/6/2023 to 6/6/2024

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Loc	Bldg	Description	Limit	Deductible
1	1	1400 1st Avenue West, Bradenton, FL		
		Employee Dishonesty	\$250,000	\$1,000

Insured Ultimately Chooses Limits

Umbrella / Excess Liability

Issuing Company Cumis Specialty Insurance Company
 Policy Term 6/6/2023 to 6/6/2024

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Description	Limit
General Aggregate	\$1,000,000
Products / Completed Operations	\$1,000,000
Each Occurrence	\$1,000,000
Self-Insured Retention (SIR)	\$10,000

Higher Limits may be Available.

Underlying Coverages

Description	Carrier / Policy #	Policy Period	Limit
Automobile Liability Combined Single Limit	Cumis Specialty / Pending	06/06/23 to 06/06/24	\$1,000,000
General Liability Each Occurrence	Cumis Specialty / Pending	06/06/23 to 06/06/24	\$1,000,000
Employers Liability Each Accident Disease Each Employee Disease Policy Limit	Zenith Ins / Pending	06/06/23 to 06/06/24	\$500,000 \$500,000 \$500,000

Property

Issuing Company **WKFC Underwriting Managers (Multi-Carriers)**
 Policy Term **8/1/2022 to 8/1/2023**

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Loc	Bldg	Subject	Amount	Val*	Co-insurance	Cause of Loss	Deductible
1	1	1400 1st Avenue West, Bradenton, FL 34205					
		Building	\$8,106,709	R	80%	Special	\$5,000
		Detached Carport	\$179,964	R	80%	Special	\$5,000
		Personal Property	\$71,000	R	80%	Special	\$5,000
		Building Ordinance or Law		R	80%	Special	\$5,000

Insured Ultimately Chooses Values.

Conditions

Description	Limit
Windstorm Deductible	5% Named Storm Deductible; Subject to Minimum \$50,000 Per Occurrence \$25,000 All Other Perils Wind Deductible

*Valuation Definitions		
(A) Actual Cash Value	(G) Guaranteed Replacement Cost	(R) Replacement Cost
(B) Business Income Changes	(I) Invoice Cost	(S) Stated Amount
(C) Agreed Amount (Waived Coinsurance) and Replacement Cost	(L) Actual Loss Sustained	(T) Total Insured Value
(D) Reproduction	(M) Market Value	(U) Full Value Replacement Cost
(E) Agreed Amount (Waived Coinsurance)	(O) Other	(V) Agreed Value
(F) Functional Replacement Cost	(P) Selling Price	(X) Extended Value Replacement Cost

Commercial Flood

Issuing Company American Bankers Insurance Company of Florida
Policy Number 7709599837
Policy Term 1/9/2023 to 1/9/2024

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Location Address: 1400 1St Ave W, Bradenton, FL 34205-7544

Description	Building Limit	Contents Limit
Total Amount of Insurance	\$9,464,000	\$100,000
Deductible	\$1,250	\$1,250

Insured Ultimately Chooses Limits

Boiler and Machinery

Issuing Company **The Hartford Steam Boiler Inspection and Insurance Co.**
Policy Number **PENDING**
Policy Term **6/6/2023 to 6/6/2024**

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Loc	Bldg	Description	Limit	Deductible
1	1	1400 1st Avenue West, Bradenton, FL 34205		
		Equipment Breakdown	\$7,525,192	\$2,500
		Expediting Expense	\$25,000	
		Data or Media	\$50,000	
		Spoilage / Perishable Goods	\$25,000	
		Newly Acquired Premises	\$1,000,000	
		Ordinance or Law	\$25,000	
		Demolition	\$25,000	
		Fungus	\$15,000	

Insured Ultimately Chooses Limits

Directors and Officers

Issuing Company **Continental Casualty Company**
Policy Number **0251036344**
Policy Term **6/6/2023 to 6/6/2024**

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Description	Limit
Coverage Type	Claims Made
Per Claim	\$1,000,000
Retention	\$1,000
Defense Limit	Inside
Pending and Prior Litigation Date	6/6/2006

Higher Limits may be Available.

Workers' Compensation

Issuing Company Zenith Insurance Company
Policy Number Z136011905
Policy Term 6/6/2023 to 6/6/2024

Named Insureds

Insured	Interest
The Riverview Association, Inc.	First Named Insured

Coverages

Description	Limit
Employers Liability: Each Accident	\$500,000
Employers Liability: Disease – Policy Limit	\$500,000
Employers Liability: Disease – Each Employee	\$500,000
Workers Compensation: Statutory Benefit	Included

Higher Limits may be Available.

Locations & Class Codes

Lo c	St	Code	Description	Estimated Annual Payroll	Base Rate	Estimated Annual Premium
1			1400 1 st Avenue W, Bradenton, FL 34205			
	FL	9015	BUILDING OPERATION		3.30	

Annual Payroll may be Subject to Audit.

Premium Calculations

Description	Factor	Factored Premium
Balance to Min Prem		
Experience Modification	1.00000	
Increased Limits	1.10000	
Expense Constant		\$160

Billing / Audit Information

Description	Selection
Billing Plan	Direct

Marketing Summary

Market	Status	Comments
RSUI/Landmark	Declined	Cannot compete w/pricing
Endurance (Sompo)	Declined	Unable to meet terms
Ventus	Declined	Cannot compete w/pricing
Arrowhead	Declined	Unable to meet terms
Amrisc	Declined	Due to age of construction
ICAT	Declined	Cannot compete w/pricing
Velocity	Declined	Due to age of construction
Bridge Specialty – Decus	Declined	Cannot compete w/pricing
Catalytic	Declined	Unable to meet terms
RLI/Mt. Hawley	Declined	Wind Only -TIV limited \$5M
Diamond State	Declined	Unable to meet terms
Munich RE	Declined	TIV limited to \$5M
WKF&C	Quoted	Proposed
Kinsale	Declined	Cannot compete w/pricing
Balance Partners X-Wind	Declined	X-Wind

Disclaimers / Disclosures

Important: The proposal is a summary of coverages proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual policy language. All insurance policies include cancellation provisions and may be subject to minimum earned premiums. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

Insurers presented in this proposal may have agreements in place with Acentria through which compensation, contingent upon such factors as size, growth and/or overall profitability of an entire book of business placed with that insurer, may be derived. This contingent compensation would be in addition to any other compensation received and is not guaranteed. If you would like additional information on this matter, please contact your Acentria agent.

Recommendations

PROPERTY

- Personal Property Coverage
- Business Income & Extra Exp.
- Flood
- Computer Coverage
- Personal Property In-transit
- Valuable Papers
- Misc. Tools Under \$500 each
- Owned Scheduled – Tools & Equipment
- Non-Owned Tools & Equip.
- Installation Floater
- Builders Risk
- Employee Dishonesty
- Money & Securities – Inside and Outside
- Credit Insurance

COMMERCIAL LINES

- Package Policy
- Umbrella
- Workers' Compensation
- Automobile
- Surety Bonds
- PEO / Payroll Services
- Employment Practices Liability
- International Coverage
- Kidnap and Ransom
- Directors and Officers
- Errors and Omissions
- Professional Liability
- Crime
- Employee Dishonesty
- Pollution
- Storage Tank Liability
- Boiler and Machinery
- Owners & Contractors Protective Liability
- Aviation
- Cyber Liability

AUTOMOBILE

- Hired and Non-Owned
- Hired Physical Damage
- Extended Personal Injury Injury Protection
- Drive Other Car
- Garage Keepers
- Truckers

GENERAL LIABILITY

- GAP Coverage
- Limited Pollutions
- Per Project Aggregate
- Blanket Additional Insured
- Employee Benefits Liability

PERSONAL LINES

- Automobile
- Homeowners
- Personal Umbrella
- Recreational Vehicle
- Boats
- VIP Packages

EXECUTIVE BENEFITS

- Key Man Life & Disability
- Deferred Compensation
- Variable Life & Annuities
- Financial Planning
- Business Succession Plan
- Education Planning

RETIREMENT PLANS

- 401(K)
- Profit Sharing
- Defined Benefits
- 412(J), 501(C)3, and 403(B)
- Defined Contribution
- IRAs

SECTION 125

- Voluntary Life
- STD and LTD
- Cancer
- Accident

GROUP DISABILITY

- Short and Long Term
- Voluntary STD and LTD

LIFE INSURANCE

- Variable
- Universal
- Second to Die

GROUP HEALTH

- Fully Insured
- Self-Funded
- GAP Coverage
- Mini Meds

GROUP DENTAL

- Employer Paid
- Voluntary Dental

GROUP LIFE

- Basic
- Supplemental
- Voluntary
- Dependent

LONG TERM CARE

- Group
- Individual

This List does not Represent all Coverages that may be Available.

Premium Summary

Coverage	Carrier	Carrier Rating	Expiring Premium	Proposed Premium
General Liability (incl HNOA)	CUMIS Specialty Insurance Company, Inc.	A XIII	\$5,261.55	\$6,590.85
Crime (Includes Burglary)	CUMIS Specialty Insurance Company, Inc.	A XIII	Included Above	Included Above
Flood	American Bankers	A XIV	\$8,242.00 (1/9/22-23)	\$7,875.00 (1/9/23-24)
Directors & Officers Liability	Continental Casualty Co	A XV	\$1,645.19	\$2,266.76
Boiler & Machinery	Hartford Steam Boiler Inspection & Insurance Co	A++	\$866.00	\$3,266.04
Worker's Compensation	Zenith Insurance Co	A X	\$599.00	\$565.00
Commercial Umbrella	CUMIS Specialty Insurance Company, Inc.	A XIII	\$656.26	\$961.80
Total Proposed Premium			\$17,270.00	\$21,525.45

Coverage	Carrier	Carrier Rating	Expiring Premium	Proposed Premium
Property	WKFC Underwriting Managers (Multi-Carriers)		\$37,096.55 (8/1/22-23)	Renews 8/1/2023
Total Proposed Premium			\$37,096.55	

Subject to the following: i.e., audit, minimum earned premium, favorable MVRs, etc.

Payment Options

Pay in Full

Amount due now \$13,650.45 Payable to Acentria Insurance
(*For all policies except FLOOD and PROPERTY)

Premium Finance

Amount due now \$1,137.08 Payable to Acentria Insurance
Balance billed in 11 monthly Installments of \$1,197.70 Payable to IPFS Corporation

Proposal Acceptance

I accept this proposal for **The Riverview Association, Inc.**

Jill S. Hershfield
Jill S. Hershfield (Jun 5, 2023 10:29 EDT)

Signature

President

Title

Jun 5, 2023

Date

I accept this proposal with the following changes completed for **The Riverview Association, Inc.**

Signature

Title

Date

Acentria 24/7

EXCEEDING YOUR SERVICE EXPECTATIONS

With access to your information where and when you need it, you can focus on your business rather than your insurance. Mobile-optimized, 24/7 online access to your insurance information from any device results in faster service response, allowing you to provide documents to your clients and vendors quickly, driving business success and growth.

ACCESS DOCUMENTS ANYTIME. ANYWHERE.

It is important for your business to have access to all types of information and receive certificates of insurance (COIs) in a timely manner. You can now access to your insurance information and requested documents instantly online, including:

- ◆ Auto IDs
- ◆ Certificates of Insurance (COIs)
- ◆ An up-to-date list of certificate holders
- ◆ Account contact information
- ◆ Resource documents



OBTAIN CERTIFICATE OF INSURANCE OR AUTOMOBILE ID CARDS

With online access, you can issue and print your own Certificates of Insurance or Auto ID cards. This service is available 24/7 from anywhere with Internet access and is extremely valuable in situations where a last-minute COI is required in order to conduct or continue business or if an auto ID card has been lost or misplaced. Both of these documents can be printed, emailed, or faxed directly from the online access web page

VIEW CRITICAL POLICY INFORMATION

- ◆ Drivers
- ◆ Vehicles
- ◆ Locations
- ◆ Equipment

ONLINE POLICY CHANGE REQUESTS

Acentria Online allows you to make changes to your insurance information, including requests to add, delete and/or modify coverage. This service is available 24/7, offering a convenient way of communicating to save you time. Of course, you still have the option to email or call your account manager with changes if that is preferred.

PLEASE NOTE: Requests for the addition, deletion, or modification of coverage are not effective until authorized and confirmed by a licensed representative of Acentria. These confirmations will typically be communicated within 24 business hours.

MAINTENANCE AND MANAGEMENT OF CERTIFICATE HOLDERS, LOSS PAYEES AND ADDITIONAL INSURED

Acentria Online enables you to manage all of your certificate holders in one location. You can add, modify, and delete holders at any time. In addition, you can easily review certificate holders prior to renewal. Eliminate past certificate holders who do not require a renewal certificate, enabling you and Acentria to distribute certificates only to those companies or individuals who have a current interest in your business or operations.

CUSTOMIZED USER ACCESS

Because each Acentria user is assigned a unique sign-on and password, you can designate one or more individuals in your office to have access to your insurance information. Based on your needs, Acentria Online can be tailored to provide a limited or broad amount of information for your users.

ONLINE CLAIMS REPORTING

When you need to report a claim, it is important to do so while the details are fresh in your mind. While it is our preference that all critical accidents or emergency claims be reported to us by phone, minor first-party property and automobile losses can be reported through the Acentria Online webpage. This service allows you to report a claim that happens after hours and on weekends while the details are fresh in your mind.

Contact us today to learn how to get started using our online service options.

Condominium Association Supplemental Application

1. Name of Association: THE RIVERVIEW ASSOCIATION, INC.
2. Effective Date: 6/6/2023
3. Is there any existing damage to the building? Yes No
4. Any aluminum wiring in the building? Yes No
5. Do you have armed security guards? Yes No
6. Are any buildings undergoing major structural renovations? Yes No
7. Has the association had any engineering studies or any engineering report done on any of the buildings (40 years or older) in the last 5 years?? Yes No N/A
8. Are there any unresolved issues as a result of the engineering report? Yes No N/A

UNDERWRITING QUESTIONS - PROPERTY

9. Any cast iron, galvanized or polybutylene pipes? Yes No N/A

UNDERWRITING QUESTIONS – GENERAL LIABILITY

10. Is pool fenced with self-latching gate? Yes No N/A
11. Is there a diving board or slide? Yes No N/A
12. Does the association own any davit(s) or boatlift(s)? Yes No N/A

UNDERWRITING QUESTIONS – ENVIRONMENTAL IMPAIRMENT LIABILITY

13. In the last 5 years, have you been subject to formal third party complaints, claims or violations for the release of hazardous substances, hazardous wastes, or any other pollutants into the environment, including indoor air quality or outbreaks of legionella pneumophila? Yes No N/A
14. Are you aware of any circumstances that could rise to a pool/spa contamination or environmental liability claim under this policy? Yes No N/A
15. Does the account have a water maintenance/ management plan in place for pool, spa and other common areas (this can include maintenance/management by third party providers)? Yes No N/A

UNDERWRITING QUESTIONS – CRIME

16. Are banks accounts reconciled by someone not authorized to deposit or withdraw? Yes No N/A

UNDERWRITING QUESTIONS – DIRECTORS & OFFICERS/ EPLI

17. Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer? Yes No N/A

18. Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence?

Yes___ No___ N/A X

19. Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past three years, whether or not insured?

Yes___ No___ N/A X

20. Is there pending, any claim, counter-claim or lawsuit, against the applicant or any person in their capacity as director, trustee officer, employee, committee member, or volunteer of the Applicant within the past three years?

Yes___ No___ N/A X

21. Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim within the past three years?

Yes___ No___ N/A X

22. Has the Association's current D&O policy been cancelled or non-renewed?

Yes___ No___ N/A X

23. Does the Applicant or any person proposed for this insurance have any knowledge or information on any fact, circumstance or situation, which may give rise, or result in any claim or suit against the association or any of its board members?

Yes___ No___ N/A X

Jill S. Hershfield
X Jill S. Hershfield (Jun 5, 2023 10:29 EDT)

Agreed Signature of Applicant

Jun 5, 2023

Date

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE AND
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act (the "Act") effective December 26, 2007, the definition of act of terrorism has changed. Terrorism is defined as any act certified by the Secretary of the Treasury, in concurrence with the Secretary of State 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 an air carrier or vessel 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.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$5,095.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 0.00

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$^{53.55}

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Jill S. Hershfield
Jill S. Hershfield (Jun 5, 2023 10:29 EDT)

Applicant/Named Insured
Signature or
Authorized Signature

President

Title

UNASSIGNED

Policy Number

Jun 5, 2023

Date

BY RECEIPT OF THIS NOTICE YOU HAVE BEEN NOTIFIED, UNDER THE ACT THAT COVERAGE UNDER THIS POLICY FOR ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE. YOU HAVE ALSO BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

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NOTICE OF TERRORISM INSURANCE COVERAGE AND
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

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Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$841.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

If your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above includes an amount attributable to the insurance provided pursuant to that statutory standard fire policy, which cannot be rejected.

That amount is \$ 0.00

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an "X" in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

- I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$^{8.40}
- I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

Jill S. Hershfield
Jill S. Hershfield (Jun 5, 2023 10:29 EDT)

Applicant/Named Insured
Signature or
Authorized Signature

President

Title

UNASSIGNED

Policy Number

Jun 5, 2023

Date

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COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

KGLOVER

DATE (MM/DD/YYYY)
06/02/2023

AGENCY Acentria Insurance - Sarasota 3800 South Tamiami Trail Suite 325 Sarasota, FL 34239	CARRIER CUMIS Specialty Insurance Company, Inc.	NAIC CODE 12758															
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE															
	POLICY NUMBER																
CONTACT NAME: James (Bob) Lindsay PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUBCODE:	UNDERWRITER	UNDERWRITER OFFICE															
AGENCY CUSTOMER ID: THERIVE-03 License # L100460	STATUS OF TRANSACTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> QUOTE</td> <td style="width: 33%;"><input type="checkbox"/> ISSUE POLICY</td> <td style="width: 33%;"><input checked="" type="checkbox"/> RENEW</td> </tr> <tr> <td colspan="3">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> </tr> <tr> <td>CANCEL</td> <td>06/06/2023</td> <td>12:01</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> </table>	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW	BOUND (Give Date and/or Attach Copy):			CHANGE	DATE	TIME	CANCEL	06/06/2023	12:01			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW															
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CHANGE	DATE	TIME															
CANCEL	06/06/2023	12:01															
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM															

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$
<input checked="" type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$
<input checked="" type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 06/06/2023	PROPOSED EXP DATE 06/06/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) The Riverview Association, Inc. 1400 1st Avenue West Bradenton, FL 34205	GL CODE 62003	SIC	NAICS 531110	FEIN OR SOC SEC # 59-1396193										
	BUSINESS PHONE #: (941) 366-7466													
	WEBSITE ADDRESS													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> CORPORATION</td> <td style="width: 20%;"><input type="checkbox"/> JOINT VENTURE</td> <td style="width: 20%;"><input type="checkbox"/> NOT FOR PROFIT ORG</td> <td style="width: 20%;"><input type="checkbox"/> SUBCHAPTER "S" CORPORATION</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Corp Non-Profit Organization</td> </tr> <tr> <td><input type="checkbox"/> INDIVIDUAL</td> <td>LLC NO. OF MEMBERS AND MANAGERS: _____</td> <td><input type="checkbox"/> PARTNERSHIP</td> <td><input type="checkbox"/> TRUST</td> <td></td> </tr> </table>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> Corp Non-Profit Organization	<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST					
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NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #										
	BUSINESS PHONE #:													
	WEBSITE ADDRESS													
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<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST											

CONTACT INFORMATION

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Claim Contact			
CONTACT NAME: Jill Hershfield				CONTACT NAME: Jill Hershfield			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(941) 773-4337		(941) 773-4337		(941) 773-4337		(941) 773-4337	
PRIMARY E-MAIL ADDRESS: president.riverview@gmail.com				PRIMARY E-MAIL ADDRESS: president.riverview@gmail.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1400 1st Avenue West	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Bradenton STATE: FL COUNTY: ZIP: 34205			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Residential Condo (47 units) 28 stall Carport					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 64,964 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 07/01/1971
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
Residential Condominium (47 units)

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	---	--

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
					ITEM DESCRIPTION		
REASON FOR INTEREST:					REFERENCE / LOAN #:	INTEREST END DATE:	
					LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
					E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

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

LOSS HISTORY **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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.) **(Applicant's Initials):** _____

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) 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 	PRODUCER'S NAME (Please Print) James (Bob) Lindsay	STATE PRODUCER LICENSE NO (Required in Florida) A156005
APPLICANT'S SIGNATURE  <small>Jill S. Hershfield (Jun 5, 2023 10:29 EDT)</small>	DATE Jun 5, 2023	NATIONAL PRODUCER NUMBER 71311



AGENCY CUSTOMER ID: THERIVE-03

KGLOVER

FLORIDA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

06/02/2023

AGENCY Acentria Insurance - Sarasota	License # L100460	CARRIER CUMIS Specialty Insurance Company, Inc.	NAIC CODE 12758
POLICY NUMBER	EFFECTIVE DATE 06/06/2023	NAMED INSURED(S) The Riverview Association, Inc.	

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$10,000 BASIC DED APPLIES TO: NO DEDUCTIBLE DED: \$500 WK LOSS EXCL: NAMED INS ONLY			PHYSICAL DAMAGE TOWING & LABOR \$
EXTENDED P.I.P.	5 <input type="checkbox"/> 7 <input type="checkbox"/>	INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS <input type="checkbox"/>	COMP / OTC	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7 <input type="checkbox"/>	
ADDITIONAL P.I.P.	5 <input type="checkbox"/> 7 <input type="checkbox"/>	OPTION#: \$ INCLUDE WK LOSS <input type="checkbox"/> EXCLUDE WK LOSS <input type="checkbox"/>	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7 <input type="checkbox"/>	
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7 <input type="checkbox"/>	EACH PERSON \$	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7 <input type="checkbox"/>	
UNINSURED MOTORIST	2 <input type="checkbox"/> 6 3 <input type="checkbox"/> 7 4 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FL STATES	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COMP \$ SPEC C OF L \$ COLL \$
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FL STATES	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS		NUMBER OF 25	COVERAGE IS: PRIMARY SECONDARY

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE <i>James Lindsay</i>	PRODUCER'S NAME (Please Print) James (Bob) Lindsay	STATE PRODUCER LICENSE NO (Required in Florida) A156005
APPLICANT'S SIGNATURE <i>Jill S. Hershfield</i> <small>Jill S. Hershfield (Jun 5, 2023 10:29 EDT)</small>	DATE Jun 5, 2023	NATIONAL PRODUCER NUMBER 71311

TRUCKERS SECTION

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41	BI EA PER \$	COMP / OTC	42		\$			
	42	BI EACH ACCIDENT \$		43	47				
	43	PROPERTY DAMAGE \$		46					
PERSONAL INJURY PROTECTION	44	\$10,000 BASIC	SPECIFIED CAUSES OF LOSS	42		\$			
	46	DED: NO DEDUCTIBLE \$250		43	SCL FT LSP				
		WK LOSS EXCL: \$500 NAMED INS ONLY		46	F FTW				
EXTENDED P.I.P.	44	INCLUDE WK LOSS	COLLISION	42		\$			
ADDITIONAL P.I.P.	44	OPTION#: \$		43	47				
MEDICAL PAYMENTS	42	EACH PERSON \$	TOWING & LABOR	46		\$			
	43								
UNINSURED MOTORIST	42	BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45		COMP / OTC	48					
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
	NO	\$		49					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	COLLISION	48					\$
	NO	\$		49					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO	EMPLOYEES							
		VOLUNTEERS							
OTHER		PARTNERS	COVERAGE IS:		PRIMARY	SECONDARY			
			OTHER						

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	CSL	BI EA PER	\$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE			
	62	68		BI EACH ACCIDENT	\$		62	67					
	63	71		PROPERTY DAMAGE	\$		63	68					
	64						64						
PERSONAL INJURY PROTECTION	65		\$10,000 BASIC	DED APPLIES TO:	NAMED INS ONLY	NAMED INS & DEP RES REL	62	67	SCL	FT	LSP		
	67		DED:	NO DEDUCTIBLE	\$250		63	68	F	FTW			
			WK LOSS EXCL:	\$500	\$1000		64						
EXTENDED P.I.P.	65	67		INCLUDE WK LOSS	EXCLUDE WK LOSS	COLLISION	62	67					
ADDITIONAL P.I.P.	65	67	OPTION#:	\$	INCLUDE WK LOSS	EXCLUDE WK LOSS	63	68					
MEDICAL PAYMENTS	62	64		EACH PERSON	\$	TOWING & LABOR	63			\$			
UNINSURED MOTORIST	62	66	CSL	BI EA PER	\$	TRAILER INTERCHANGE							
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64					COMP / OTC	69						
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS		COLLISION	69					\$	
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
NON-OWNED AUTO LIABILITY	NO						GROUP TYPE						
	YES	STATES	EMPLOYEES	NUMBER OF			VOLUNTEERS						
	NO		PARTNERS										
OTHER						OTHER							

ENDORSEMENTS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: THERIVE-03

KGLOVER

LOC #: 1

BLDG #: 1

CRIME SECTION 2000

DATE (MM/DD/YYYY)
06/02/2023

AGENCY Acentria Insurance - Sarasota	License # L100460	CARRIER CUMIS Specialty Insurance Company, Inc.	NAIC CODE 12758
POLICY NUMBER	EFFECTIVE DATE 06/06/2023	APPLICANT (FIRST NAMED INSURED) The Riverview Association, Inc.	

COVERAGE	BASIS FOR COVERAGE:	DISCOVERY	X	LOSS SUSTAINED	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE <input type="checkbox"/> ERISA	\$ 250,000	1,000		INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$	N/A		OUTSIDE THE PREMISES MONEY AND SECURITIES	\$	
TOTAL ASSET VALUE	\$			OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
TOTAL ASSET VALUE (Per Plan)	\$			COMPUTER FRAUD	\$	1,000
EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE PER LOSS PER EMPLOYEE	\$			FUNDS TRANSFER FRAUD	\$	1,000
FORGERY OR ALTERATION	\$	1,000		MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$	1,000
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	1,000			\$	

COVERAGE ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) <input type="checkbox"/>			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____	N
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____	N
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____	N
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	N
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	N
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? (Missouri Applicants - Do not answer this question)	N
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	N
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	N
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	N

CLASSIFICATION OF EMPLOYEES / LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

HIRING PRACTICES

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	
2. IS EDUCATION AND TRAINING VERIFIED?	
3. IS DRUG TESTING CONDUCTED?	
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	
7. IS CRIMINAL HISTORY CHECKED?	
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	

CONTROLS AND AUDIT PROCEDURES - AUDITS

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____	
4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	
5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS	
6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?	
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit)	
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments).	
10. DOES AUDIT INCLUDE INVENTORY?	
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____	
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?	

CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE		Y / N
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____		
3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		
4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?		
5. IS THERE A WRITTEN POLICY REGARDING EFTS?		
6. WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$		
7. PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?		
8. ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?		
9. FREQUENCY OF DEPOSITS:	<input type="checkbox"/> DAILY <input type="checkbox"/>	
10. ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?		

MONEY - SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK / SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

PURCHASING / RECEIVING CONTROLS

NO EXPLANATION REQUIRED		Y / N
1. ARE DUTIES SEGREGATED?		
2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?		
3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED / CONTROLLED BY MORE THAN ONE INDIVIDUAL?		
4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?		
5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?		

COMPUTER FRAUD CONTROLS

NO EXPLANATION REQUIRED		Y / N
1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?		
2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?		
3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?		
4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?		

PROPERTY

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

MISCELLANEOUS INFORMATION

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHER INFORMATION
-		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

06/02/2023

AGENCY Acentria Insurance - Sarasota	License # L100460	CARRIER CUMIS Specialty Insurance Company, Inc.	NAIC CODE 12758
POLICY NUMBER	EFFECTIVE DATE 06/06/2023	APPLICANT / FIRST NAMED INSURED The Riverview Association, Inc.	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
	EACH OCCURRENCE	\$	1,000,000	
	DAMAGE TO RENTED PREMISES (each occurrence)	\$	50,000	
	MEDICAL EXPENSE (Any one person)	\$	5,000	TOTAL
	EMPLOYEE BENEFITS	\$		
		\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	CONDOMINIUMS-RESIDENTIAL (ASSOC.RISK ONLY)	62003	U	47					

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
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	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS	LARGE EQUIPMENT	
	SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N
7. ANY PARKING FACILITIES OWNED/RENTED?			N
8. IS A FEE CHARGED FOR PARKING?			N
9. RECREATION FACILITIES PROVIDED?			N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?			N
13. ARE ATHLETIC TEAMS SPONSORED?			N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		<input type="checkbox"/> 13 - 18	
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

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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 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.

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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 <i>James Lindsay</i>	PRODUCER'S NAME (Please Print) James (Bob) Lindsay	STATE PRODUCER LICENSE NO (Required in Florida) A156005
APPLICANT'S SIGNATURE <i>Jill S. Hershfield</i> <small>Jill S. Hershfield (Jun 5, 2023 10:29 EDT)</small>	DATE Jun 5, 2023	NATIONAL PRODUCER NUMBER 71311



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

KGLOVER

DATE (MM/DD/YYYY)
06/02/2023

AGENCY Acentria Insurance - Sarasota 3800 South Tamiami Trail Suite 325 Sarasota, FL 34239	CARRIER CUMIS Specialty Insurance Company, Inc.	NAIC CODE 12758
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER	
CONTACT NAME: James (Bob) Lindsay PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUBCODE:	UNDERWRITER	UNDERWRITER OFFICE
AGENCY CUSTOMER ID: THERIVE-03 License # L100460	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 06/06/2023 12:01 <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$	YACHT
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$	
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$	
COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$	
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$	
COMMERCIAL PROPERTY	\$	TRUCKERS	\$	
CRIME	\$	<input checked="" type="checkbox"/> UMBRELLA	\$	

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 06/06/2023	PROPOSED EXP DATE 06/06/2024	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) The Riverview Association, Inc. 1400 1st Avenue West Bradenton, FL 34205	GL CODE	SIC	NAICS 531110	FEIN OR SOC SEC # 59-1396193
	BUSINESS PHONE #: (941) 366-7466			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input checked="" type="checkbox"/> Corp Non-Profit Organization
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input type="checkbox"/>
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input type="checkbox"/>

CONTACT INFORMATION

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

CONTACT TYPE: Claim Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Jill Hershfield		CONTACT NAME: Jill Hershfield	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (941) 773-4337	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (941) 773-4337	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: president.riverview@gmail.com		PRIMARY E-MAIL ADDRESS: president.riverview@gmail.com	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1400 1st Avenue West	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Bradenton STATE: FL COUNTY: ZIP: 34205			# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: 64,964 SQ FT
DESCRIPTION OF OPERATIONS: Residential Condo (47 units) 28 stall Carport					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 07/01/1971
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
Residential Condominium (47 units)

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	---	--

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
					ITEM DESCRIPTION		
					REFERENCE / LOAN #:	INTEREST END DATE:	
					LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:					E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

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

LOSS HISTORY **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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.) **(Applicant's Initials):** _____

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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.



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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.

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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.

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) James (Bob) Lindsay	STATE PRODUCER LICENSE NO (Required in Florida) A156005
APPLICANT'S SIGNATURE  <small>Jill S. Hershfield (Jun 5, 2023 10:29 EDT)</small>	DATE Jun 5, 2023	NATIONAL PRODUCER NUMBER 71311



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
06/02/2023

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

AGENCY Acentria Insurance - Sarasota	License # L100460	CARRIER CUMIS Specialty Insurance Company, Inc.	NAIC CODE 12758
POLICY NUMBER	EFFECTIVE DATE 06/06/2023	NAMED INSURED(S) The Riverview Association, Inc.	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	\$	1,000,000	EA OCC
<input checked="" type="checkbox"/> RENEWAL		EXCESS		CLAIMS MADE	\$	1,000,000	Aggregate
EXPIRING POL #:							FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: The Riverview Association, Inc. LOCATION: 1400 1st Avenue West Bradenton, FL 34205 DESCRIPTION: Condo Association	\$0.00	\$0.00	\$0.00	0
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC	\$	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	CUMIS Specialty Insurance Company, Inc. CIUCAP101307-00	06/06/2023	06/06/2024	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE	\$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	\$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES	\$ 50,000	OTHER	
				MEDICAL EXPENSE	\$ 5,000	\$	
EMPLOYERS LIABILITY	Zenith Insurance Company Z136011905	06/06/2023	06/06/2024	EACH ACCIDENT	\$ 500,000	\$	
				DISEASE			
				EACH EMPLOYEE	\$ 500,000		
				DISEASE POLICY LIMIT	\$ 500,000		
						\$	
						\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	COVERAGE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	EXPOSURE	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*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	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y/N
ADVERTISERS LIABILITY											
1. MEDIA USED: ANNUAL COST: \$											
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?											N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?											N
AIRCRAFT LIABILITY											
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?											N
AUTO LIABILITY											
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?											N
6. ARE PASSENGERS CARRIED FOR A FEE?											N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?											N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?											N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?											N
CONTRACTORS LIABILITY											
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?											N
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?											N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?											N
EMPLOYERS LIABILITY											
15. IS APPLICANT SELF-INSURED IN ANY STATE?											N
16. SUBJECT TO:											
		JONES ACT		FELA		STOP GAP		OTHER:			
INCIDENTAL MALPRACTICE LIABILITY											
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?											N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?											N
19. INDICATE # OF DOCTORS:											
NURSES:											
BEDS:											

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(Empty space for remarks)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE <i>James B. Lindsay</i>	PRODUCER'S NAME (Please Print) James (Bob) Lindsay	STATE PRODUCER LICENSE NO (Required in Florida) A156005
APPLICANT'S SIGNATURE <i>Jill S. Hershfield</i> <small>Jill S. Hershfield (Jun 5, 2023 10:29 EDT)</small>	DATE Jun 5, 2023	NATIONAL PRODUCER NUMBER 71311



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

KGLOVER

DATE (MM/DD/YYYY) 06/02/2023
--

AGENCY Acentria Insurance - Sarasota 3800 South Tamiami Trail Suite 325 Sarasota, FL 34239	CARRIER The Hartford Steam Boiler Inspection and Insurance Company	NAIC CODE 11452															
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE															
	POLICY NUMBER																
CONTACT NAME: James (Bob) Lindsay PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUBCODE:	UNDERWRITER	UNDERWRITER OFFICE															
AGENCY CUSTOMER ID: THERIVE-03 License # L100460	STATUS OF TRANSACTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> QUOTE</td> <td style="width: 30%;"><input checked="" type="checkbox"/> ISSUE POLICY</td> <td style="width: 30%;"><input type="checkbox"/> RENEW</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td>DATE</td> <td>TIME</td> </tr> <tr> <td><input type="checkbox"/> CANCEL</td> <td>06/06/2023</td> <td>12:01</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> </table>	<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):			<input type="checkbox"/> CHANGE	DATE	TIME	<input type="checkbox"/> CANCEL	06/06/2023	12:01			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW															
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):																	
<input type="checkbox"/> CHANGE	DATE	TIME															
<input type="checkbox"/> CANCEL	06/06/2023	12:01															
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM															

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input checked="" type="checkbox"/> BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$	TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	UMBRELLA	\$
		YACHT	\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/06/2023	06/06/2024	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) The Riverview Association, Inc. 1400 1st Avenue West Bradenton, FL 34205	GL CODE	SIC	NAICS 531110	FEIN OR SOC SEC # 59-1396193
	BUSINESS PHONE #: (941) 366-7466			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input checked="" type="checkbox"/> Corp Non-Profit Organization
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input type="checkbox"/>
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	<input type="checkbox"/>

CONTACT INFORMATION

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

CONTACT TYPE: Inspection Contact				CONTACT TYPE: Claim Contact			
CONTACT NAME: Jill Hershfield				CONTACT NAME: Jill Hershfield			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(941) 773-4337		(941) 773-4337		(941) 773-4337		(941) 773-4337	
PRIMARY E-MAIL ADDRESS: president.riverview@gmail.com				PRIMARY E-MAIL ADDRESS: president.riverview@gmail.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1400 1st Avenue West	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Bradenton STATE: FL COUNTY: ZIP: 34205			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Residential Condo (47 units) 28 stall Carport					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 64,964 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 07/01/1971
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
Residential Condominium (47 units)

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	---	--

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

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PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: **THERIVE-03**

KGLOVER

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

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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.) **(Applicant's Initials):** _____

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) 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 <i>James Lindsay</i>	PRODUCER'S NAME (Please Print) James (Bob) Lindsay	STATE PRODUCER LICENSE NO (Required in Florida) A156005
APPLICANT'S SIGNATURE <i>Jill S. Hershfield</i> <small>Jill S. Hershfield (Jun 5, 2023 10:29 EDT)</small>	DATE Jun 5, 2023	NATIONAL PRODUCER NUMBER 71311



BOILER & MACHINERY SECTION 2002

DATE (MM/DD/YYYY)
06/02/2023

AGENCY Acentria Insurance - Sarasota 3800 South Tamiami Trail Suite 325 Sarasota, FL 34239	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) The Riverview Association, Inc.		POLICY NUMBER
	CODE: THERIVE-03	SUB CODE: License # L100460	PROPOSED EFF DATE 06/06/2023	PROPOSED EXP DATE 06/06/2024
		INSPECTION CONTACT Jill Hershfield		INSPECTION CONTACT PHONE # (941) 773-4337
AGE OF OLDEST MACHINERY AND EQUIPMENT:				

PREMISES INFORMATION - PREMISES NO. 1 BUILDING NO. 1

	POLICY LIMIT	DEDUCTIBLE		POLICY LIMIT	DEDUCTIBLE
EQUIPMENT BREAKDOWN	\$ 7,525,192	\$ 2,500	UTILITY / SERVICE INTERR	12 HOURS	
PRESSURE OR VACUUM EQUIPMENT	\$ PD	\$	NEWLY ACQUIRED PREMISES	90 DAYS	
MECHANICAL AND ELECTRICAL EQUIPMENT	\$ PD	\$	ORD OR LAW	\$ 25,000	\$
PRODUCTION MACHINERY	\$ PD	\$	ERRORS AND OMISSIONS	\$	\$
DIAGNOSTIC EQUIPMENT	\$ PD	\$	BRANDS AND LABELS	\$	\$
EXPEDITING EXPENSE	\$ 25,000	\$	CONTINGENT BUS INC / EXTRA EXPENSE	\$	\$
BUSINESS INCOME / EXTRA EXPENSE	\$	\$	COVERED PREMISES	\$	\$
EXTRA EXPENSE ONLY	DAYS		SALES, SERVICE, MATERIALS	\$	\$
EXTENDED PERIOD OF RESTORATION	DAYS		DEMOLITION	\$ 25,000	\$
DATA OR MEDIA	\$ 25,000	\$	OFF PREMISES PROPERTY DAMAGE	\$	\$
SPOILAGE / PERISHABLE GOODS	\$ 25,000	\$			

COVERAGE LIMITATIONS

CONDITIONS OR OPTIONAL COVERAGES

	LIMIT (If Applicable)		LIMIT (If Applicable)
AMMONIA CONTAMINATION		BUSINESS INCOME REPORT DATE	
CONSEQUENTIAL LOSS		BUSINESS INCOME ANNUAL VALUE	\$
HAZARDOUS SUBSTANCE	25,000	BUSINESS INCOME COINSURANCE PERCENTAGE	%
WATER DAMAGE	25,000	DIAGNOSTIC EQUIPMENT (INCLUDED OR EXCLUDED)	

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

ADDITIONAL INTERESTS

THERIVE-03

KGLOVER

PREM #	NAME & ADDRESS	PREM #	NAME & ADDRESS
BLDG #		BLDG #	
CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST	CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST
PREM #	NAME & ADDRESS	PREM #	NAME & ADDRESS
BLDG #		BLDG #	
CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST	CERT. REQ.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST

GENERAL INFORMATION

EXCEPT FOR Q. 4, EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO	EXCEPT FOR Q. 4, EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO
1. ARE EQUIPMENT MAINTENANCE, OVERHAUL, MONITORING, DISASSEMBLY AND REPAIR CONDUCTED ACCORDING TO MANUFACTURERS' INSTRUCTIONS?	X		4. ARE CHLOROFLUOROCARBON (CFC) REFRIGERANTS USED IN THE MACHINERY TO COOL ANY PART OF THE PREMISES OR PROCESS? IF "YES", EXPLAIN IN REMARKS.		X
2. IS ALL EQUIPMENT ACCESSIBLE WITH RESPECT TO REPAIR OR REPLACEMENT?	X		5. IS ALL MACHINERY AND EQUIPMENT IN GOOD CONDITION?	X	
3. ARE ALL EQUIPMENT INSTRUMENTATION AND CONTROLS IN ACCORDANCE WITH MANUFACTURERS' SPECIFICATIONS?	X				

REMARKS

A	CASH PRICE (TOTAL PREMIUMS)	\$13,650.45	AGENT (Name & Place of business) BOB LINDSAY AGENCY 3800 SOUTH TAMiami TR STE 325 SARASOTA, FL 34239 (941)925-2529 FAX: (941)925-2930	INSURED (Name & Residence or business) THE RIVERVIEW ASSOCIATION, INC. 1400 1st Ave W Bradenton, FL 34205-7544 (941)500-2719 treasurer1400@gmail.com THERIVE-03
B	CASH DOWN PAYMENT	\$1,137.08		
C	PRINCIPAL BALANCE (A MINUS B)	\$12,513.37		
D	DOC STAMP	\$44.10		

Commercial

Account #: _____

LOAN DISCLOSURE
 Additional Policies Scheduled on Page 3

Quote Number: 23147796

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	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
9.700%	\$617.23	\$12,557.47	\$13,174.70

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
11	\$1,197.70	Beginning:	MONTHLY 07/06/2023

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

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	06/06/2023	CUMIS SPECIALTY INSURANCE COMPANY I COASTAL INS UNDERWRITERS	PACKAGE	25.00%	12	5,927.00 Fee: 350.00 Tax: 313.85
Broker Fee:						\$0.00
TOTAL:						\$13,650.45

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.

Jill S. Hershfield
 Jill S. Hershfield (Jun 5, 2023 10:29 EDT)

Jun 5, 2023

Signature of Insured or Authorized Agent

DATE

James R. Lindsay
 James R. Lindsay (Jun 5, 2023 10:34 EDT)

Signature of Agent

Jun 5, 2023

DATE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy (ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVERIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

AGENT
 (Name & Place of business)
 BOB LINDSAY AGENCY
 3800 SOUTH TAMIAMI TR STE 325
 SARASOTA, FL 34239
 (941)925-2529 FAX: (941)925-2930

INSURED
 (Name & Residence or business)
 THE RIVERVIEW ASSOCIATION, INC.
 1400 1st Ave W
 Bradenton, FL 34205-7544
 (941)500-2719
 treasurer1400@gmail.com
 THERIVE-03

Account #: _____

SCHEDULE OF POLICIES
 (continued)

Quote Number: 23147796

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	06/06/2023	HARTFORD STEAM BOILER INSPEC & INS	BOILER	0.000%	12	3,266.04
PENDING	06/06/2023	CONTINENTAL CASUALTY CO IAN H GRAHAM INC/SHERMAN OAKS	DIRECTORS & OFFICERS	0.000%	12	2,188.00 Fee: 35.00 Tax: 43.76
PENDING	06/06/2023	CUMIS SPECIALTY INSURANCE COMPANY I COASTAL INS UNDERWRITERS	UMBRELLA	25.00%	12	841.00 Fee: 75.00 Tax: 45.80
PENDING	06/06/2023	ZENITH INSURANCE CO	WORKMENS COMP	0.000%	12	565.00

Broker Fee: \$0.00
TOTAL: \$13,650.45










Commercial Insurance Renewal Proposal & Documents - The Riverview Association Inc. [2023-2024]

Final Audit Report

2023-06-05

Created:	2023-06-03
By:	Kessa Glover (kessa.glover@acentria.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAeor9TC8iMhu1rUFZ-lu2mrGHE44LvWia

"Commercial Insurance Renewal Proposal & Documents - The Riverview Association Inc. [2023-2024]" History

-  Document created by Kessa Glover (kessa.glover@acentria.com)
2023-06-03 - 1:22:04 AM GMT
-  Document emailed to president.riverview@gmail.com for signature
2023-06-03 - 1:33:00 AM GMT
-  Email viewed by president.riverview@gmail.com
2023-06-05 - 2:22:22 PM GMT
-  Signer president.riverview@gmail.com entered name at signing as Jill S.Hershfield
2023-06-05 - 2:29:28 PM GMT
-  Document e-signed by Jill S.Hershfield (president.riverview@gmail.com)
Signature Date: 2023-06-05 - 2:29:30 PM GMT - Time Source: server
-  Document emailed to bob.lindsay@acentria.com for signature
2023-06-05 - 2:29:32 PM GMT
-  Email viewed by bob.lindsay@acentria.com
2023-06-05 - 2:34:03 PM GMT
-  Signer bob.lindsay@acentria.com entered name at signing as James R Lindsay
2023-06-05 - 2:34:25 PM GMT
-  Document e-signed by James R Lindsay (bob.lindsay@acentria.com)
Signature Date: 2023-06-05 - 2:34:27 PM GMT - Time Source: server

✔ Agreement completed.

2023-06-05 - 2:34:27 PM GMT