

Insured's Name Riverview Association, Inc

Policy # WKES002888-02

UMR # _____

(Lloyd's Policies Only)

Policy Dates From	<u>08/01/2025</u>	To	<u>08/01/2026</u>
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Surplus Lines Agents Name Jessica Alcantara

Surplus Lines Agents Address 970 Lake Carillon Drive, Suite 106 St Petersburg FL 33716

Surplus Lines Agents License # P074462

Producing Agent's Name Charles Lydecker

Producing Agent's Physical Address 308 Elizabeth St , Brandon, FL 33511

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

“SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.”

Policy Premium \$63,921.00

Policy Fee \$750.00

Inspection Fee \$0.00

Provider Fee \$500.00

Tax \$3,219.45

Service Fee \$39.10

FHCF Assessment \$0.00

Citizen's Assessment \$0.00

EMPA Surcharge \$28.00

Surplus Lines Agent's Countersignature



Insurer	Policy Number	Premium
AXIS Surplus Insurance Company	WKES002888-02	\$3,196.00
Interstate Fire & Casualty Company	ALZCP2302480-02	\$11,506.00
Lexington Insurance Company	014270836-07	\$19,177.00
MS Transverse Specialty Insurance Company	TSWKPR0003426-00	\$3,196.00
Old Republic Union Insurance Company	ORAWPR000124-05	\$9,588.00
QBE UK Limited	062677012024-3437	\$4,474.00
Scottsdale Insurance Company	RYS0051963	\$12,784.00

“THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.”

“THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.”

COMMERCIAL PROPERTY CONSORTIUM POLICY

(Managed by WKFC Underwriting Managers)

Please forward correspondence and claims to our Administrative Office: WKFC Underwriting Managers
201 Old Country Rd.
Suite 201
Melville, NY 11747

COMMERCIAL PROPERTY POLICY COMMON POLICY DECLARATIONS

POLICY PERIOD		At 12:01 A.M. Standard Time at your Mailing Address Shown Below	RENEWAL OF NUMBER	ACCOUNT NUMBER
Effective Date 08/01/2025	Expiration Date 08/01/2026			WKFCC-00652-06

NAMED INSURED AND ADDRESS

The Riverview Association, Inc.
c/o All Florida Services Management Company
2831 Ringling Boulevard
Suite 101A
Sarasota, FL 34237

PRODUCER NAME AND ADDRESS

Peachtree Special Risk Brokers, LLC - St.
Petersburg
970 Lake Carillon Drive
Suite 106
St. Petersburg, FL 33716
Phone: 7278975036

BUSINESS DESCRIPTIONS: CIVIC AND SOCIAL ASSOCIATIONS

In return for the payment of the premium and subject to all terms of this policy, the company indicated above agrees to provide the insurance stated in this policy.

PREMIUM SUMMARY:

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COMMERCIAL PROPERTY COVERAGE PART

		PREMIUM
AXIS Surplus Insurance Company 10000 Avalon Boulevard Suite 200 Alpharetta, GA 30009	Non-Terrorism	\$3,196.00
	Terrorism	Declined
Interstate Fire & Casualty Company 225 W. Washington Street Suite 1800 Chicago, IL 60606-3484	Non-Terrorism	\$11,506.00
	Terrorism	Declined
Lexington Insurance Company 99 High Street Floor 23 Boston, MA 02110	Non-Terrorism	\$19,177.00
	Terrorism	Declined
MS Transverse Specialty Insurance Company 15 Independence Boulevard Suite 430 Warren, NJ 07059	Non-Terrorism	\$3,196.00
	Terrorism	Declined
Old Republic Union Insurance Company 307 North Michigan Avenue Chicago, IL 60601	Non-Terrorism	\$9,588.00
	Terrorism	Declined
QBE UK Limited 30 Fenchurch Street London EC3M 3BD	Non-Terrorism	\$4,474.00
	Terrorism	Declined
Scottsdale Insurance Company One West Nationwide Blvd 1-04-701 Columbus, OH 43215-2220	Non-Terrorism	\$12,784.00
	Terrorism	Declined

EQUIPMENT BREAKDOWN COVERAGE PART

Lexington Insurance Company

99 High Street
Floor 23
Boston, MA 02110

Equipment Breakdown (included above) \$0.00

Inspection Fee _____
MGA Service Fee \$500.00
Minimum Earned % Per Attached Form
TOTAL \$64,421.00



Authorized Signature

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE*

*Omits applicable forms and endorsement if shown in specific Coverage Part/Coverage Form Declarations.

ISSUING CARRIERS
CARRIER POLICY NUMBERS

<u>Insurer</u>	<u>Participation</u>	<u>Policy Number</u>
AXIS Surplus Insurance Company	5.00%	WKES002888-02
Interstate Fire & Casualty Company	18.00%	ALZCP2302480-02
Lexington Insurance Company	30.00%	014270836-07
MS Transverse Specialty Insurance Company	5.00%	TSWKPR0003426-00
Old Republic Union Insurance Company	15.00%	ORAWPR000124-05
QBE UK Limited	7.00%	062677012024-3437
Scottsdale Insurance Company	20.00%	RYS0051963

This insurance is effected with the above listed insurance Carriers. The Carriers have appointed the Consortium Manager to underwrite on their behalf and to administer the Policy. The Consortium Manager shall provide the Carriers with notice of any Policy claim or any other obligation to which this Policy shall apply. Each above listed Carrier or their designated representative shall investigate, negotiate and settle any claims or losses arising under the Policy.

Nothing in this Policy is intended to place the Consortium Manager in the position of an Insurer or to cause the Consortium Manager to assume any of the risk for which each Carrier contracted to provide insurance coverage, nor is any part of this Policy intended to transfer to the Consortium Manager the obligation to dispute at its expense each Carrier's obligation to provide to any party the benefits of any insurance coverage.

The liability of each Carrier on this Policy with the Insured is limited to the participation amount shown in the schedule above. The liability of each separate Policy listed and for each Carrier represented thereby for any loss or losses or amounts payable is several as to each and shall not exceed its participation percentage shown below. There is no joint liability of any Carriers pursuant to this Policy. A Carrier shall not have its liability hereunder increased or decreased by reason of failure or delay of another Carrier, its successors, assigns, or legal representatives. Any loss otherwise payable under the provisions of the attached Policy that exceeds the allocation of "Risk" as defined herein shall be borne proportionately by the contracts as to their limit of liability at the time and place of the loss bears to the total allocated.

This Policy shall be constructed as a separate contract between the Insured and each of the Carriers.

Notices. All notices, requests, demands, complaints and other communications called for in this Policy shall be in writing and shall be deemed to have been duly given when: (i) personally delivered, (ii) sent via overnight delivery with proof of delivery or (iii) five days after being mailed by United States certified or registered mail, postage prepaid, addressed to the Consortium Manager at the following addresses or at addresses for the Carriers as indicated on the policy declarations page:

If to Consortium Manager:

WKFC Underwriting Managers
Suite 4N20
One Huntington Quadrangle
Melville, NY 11747

Claims can be reported via email:
claimsfirstreport@wkfc.com

Have a complaint or need help?

We are committed to providing you with a high-quality service, and we want to make sure that this is maintained at all times but sometimes things do go wrong.

If you wish to make a complaint, you may do so at any time by contacting your retail agent directly. Please provide the following information to expedite the process.

- Policy number
- Date of loss (if a claim is involved)
- Reason for the complaint

In the event that you remain dissatisfied and wish to make a complaint, you may send your complaint to:

RSG Underwriting Managers, LLC
Attn: Regulatory & Compliance
155 North Wacker Drive, Suite 4000
Chicago, Illinois 60606
Regulatorycompliance@ryansg.com
(312) 784-6001

We take complaints very seriously and aim to handle them in an expeditious but fair and proper manner, ensuring that any complaint is investigated competently, diligently, impartially and determining what is fair and reasonable in the circumstances.

COMMERCIAL CAT - PROPERTY CONSORTIUM COVERAGE PART DECLARATIONS

Reference No.:WK FCC-00652-07

Effective Date:8/1/2025 **
12:01 A.M. Standard Time

NAMED INSURED: The Riverview Association, Inc.

DESCRIPTION OF PREMISES:

PREM/BLDG NO LOCATION, CONSTRUCTION AND OCCUPANCY

See Location Schedule attached

COVERAGES PROVIDED -Insurance at the described premises applies only for which a limit of insurance is shown

PREM/BLDG NO	CODE	COVERAGE	LIMIT OF INSURANCE	ACV/RC*	COVERED CAUSES OF LOSS	COINSURANCE	RATES
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See Location Schedule attached

*RC means Replacement Cost

OPTIONAL COVERAGES - Applicable only when entries are made in the schedule below

PREM/BLDG NO	CODE	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINSURANCE**	RATES
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PREM/BLDG NO	***MONTHLY LIMIT OF INDEMNITY(FRACTION)	MAXIMUM PERIOD OF INDEMNITY (X)	***EXTENDED PERIOD OF INDEMNITY (DAYS)
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*RC means Replacement Cost **Extra Expense Coverage, Limits on Loss Payment ***Applies To Business Income Only

MORTGAGE HOLDERS

PREM/BLDG NO MORTGAGE HOLDER NAME AND MAILING ADDRESS

See Mortgagee Schedule attached*

*If no schedule attached, no mortgagees apply

DEDUCTIBLE: \$10,000- Other Deductibles May Apply See Attached Endorsements

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy):

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See Form Schedule attached

Coverage Exception

Applicable only to Specific Premises/Coverages	Prem No.	Bldg. No.	Coverages	Form Numbers
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PREMIUM

Minimum Premium for this Coverage Part:

Premium for this Coverage Part \$63,921.00

**Inclusion of Date Optional

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD

SUBSCRIPTION PAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Onshore Property Insurance Policy

Any provision required by law to be stated in policies issued by subscribers hereto shall be deemed to have been stated herein.

In consideration of the premium charged, the subscribers hereto, hereinafter referred to as the Insurers, do severally, but not jointly, agree to indemnify the Insured for the amount recoverable in accordance with the terms and conditions of the Policy. Provided that:

- (a) The collective liability of the Insurers shall not exceed the Limit of Liability or any appropriate Sublimit(s) of Liability or any annual aggregate limit.

- (b) The limit of each of the Insurers (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) shall not exceed the Limit of the pro rata percentage of liability set against its name.

In no event shall liability for loss or damage as insured against by this Policy arising out of one Occurrence exceed its proportionate program share, nor shall liability exceed its proportionate program share of any specific Sublimit of Liability applying to any insured loss, coverage or location(s). Any loss payable under the provisions of this policy that exceeds limits shown in this policy shall be borne proportionately by the Insurers.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract.

Carrier	Policy/Certificate #	Participation
Lexington Insurance Company	014270836-07	30.00%
MS Transverse Specialty Insurance Company	TSWKPR0003426-00	5.00%
AXIS Surplus Insurance Company	WKES002888-02	5.00%
Old Republic Union Insurance Company	ORAWPR000124-05	15.00%
Interstate Fire & Casualty Company	ALZCP2302480-02	18.00%
QBE UK Limited	062677012024-3437	7.00%
Scottsdale Insurance Company	RYS0051963	20.00%

All other terms and conditions remain unchanged.

By: 

(Authorized Representative for Insurer)