



PROTECT. MANAGE. GROW.

**USI Insurance Services, LLC**  
**2255 Glades Road, Suite 420A**  
**Boca Raton, FL 33431**  
**Branch Phone: (561) 368-2777**  
**Branch Fax: (610) 537-1947**

August 15, 2019

Riverview South of Deerfield Beach  
Condominium Association, Inc.  
c/o Teem Property Management  
500 NE Spanish River Blvd., Suite 23  
Boca Raton, FL 33431

Dear Board Members:

This letter shall serve as confirmation of your instructions to our office.

The Property policy was bound effective 8/16/19 with American Coastal Insurance Company at an annual premium of \$13,714.00. Enclosed is the carrier's binder evidencing coverage.

The Wraparound was bound effective 8/16/19 with Underwriters at Lloyd's at an annual premium of \$240.48. Enclosed is the carrier's binder evidencing coverage.

The General Liability policy was bound effective 8/16/19 with Philadelphia Indemnity Insurance Company at an annual premium of \$2,577.00. Enclosed is the policy declarations page.

The Crime policy was renewed effective 8/16/19 with Philadelphia Indemnity Insurance Company at an annual premium of \$309.00. Enclosed is the policy declarations page.

The Directors & Officers Liability policy was bound effective 8/16/19 with Travelers Casualty and Surety Company at an annual premium of \$1,192.00. Enclosed is the policy declarations page.

The Umbrella policy was bound effective 8/16/19 with Greenwich Insurance Company at an annual premium of \$983.00. Enclosed is the policy declarations page.

Please note that the General Liability policy is set up on a direct bill basis, which means Philadelphia will send an invoice to you directly if you have not received one already.

We are financing the Property, Wraparound, Crime, Directors & Officers, and Umbrella policies through AFCO.

You will receive direct from AFCO 11 monthly installments of \$1,549.42 due starting 9/16/19.

Once we receive the policies from the carriers, we will email them to you.



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Please review the "Coverages to Consider" pages included with your proposal and let us know if you have any questions or desire any additional quotations.

Thank you for allowing USI Insurance Services, LLC to be of service to you. Should you have any questions, please do not hesitate to contact us.

Sincerely,

*Peggy Duarte*

Peggy Duarte, AAI  
Account Manager

Email: [peggy.duarte@usi.com](mailto:peggy.duarte@usi.com)  
Phone: 561-931-0035



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## **HOW TO PROCESS CERTIFICATES IN CYBERSURE** **For: Riverview South of Deerfield Beach**

1. Go to certificate webpage:

<https://www.cybersure.com/cybersure/forms/cococert/cocoissuecert.aspx>

2. Use login name and password provided to enter system. (Enter login and password exactly as shown below)

**Client Code: 48643 / RIVERSOU**

**Password: c4W)jF\*&**

3. Choose the location you need to show proof of coverage for (some properties have multiple buildings and/or addresses). If you want coverage for all locations, **Select All**
4. **Please fill out the following sections.** Enter the bank/mortgage information. The following section will be to enter the home owner/buyer information (i.e. buyer/owners name, property address, loan# etc.)
5. You may fax or email the certificate. Enter the information accordingly. Enter a "Contact Name" and check the delivery option preferred. . Click "Submit"
6. The popup page will now reload with an image of your certificate. Here you may print, save certificate if necessary.
7. Click "Next" to issue another certificate or "Close," to close the window.

**If you have any questions, or encounter any problems while trying to obtain a certificate, you may contact our Certificate Department at (305) 443-4886 for assistance. You may also contact us via email at [miagcerts@usi.com](mailto:miagcerts@usi.com) or via fax at (610) 537-2273.**

To: Damian McFadden  
USI Insurance Services

Wrap Policy Number AMR-60248-02

ACIC Policy Number AMC-34171-02



Date: 8/15/2019

AccountID : 672143

Valid Until: 12/14/2019

## ACIC Wrap Binder

If ACIC Wrap coverage authorized herein is bound, this policy shall run concurrently with and be subject to the same terms, conditions and limitations of the American Coastal Insurance Company (hereinafter "ACIC") policy stated herein which shall be on file with CHRONOS Underwriters; except as regards premium amount, coverages and limits of liability, or as stated elsewhere herein.

**Names Insured** Riverview South of Deerfield Beach Condo Assn Inc  
**Mailing Address** 500 NE Spanish River Blvd #23  
Boca Raton, FL 33421  
**Policy Period** 8/16/2019 to 8/16/2020  
**Limit of Liability** As Per Schedule on file with CHRONOS Underwriters subject to a maximum limit of 5% multiplied by scheduled values Any one occurrence

**Issuing Company** Certain Underwriters at Lloyd's - Approved/Non-Admitted

<b>Interest</b>	Buildings	\$1,105,429
	Contents	\$25,000
	Other	\$55,825
	Rents	\$0
	Sum of TIV	\$1,186,254

**Perils** Special excluding Flood and Earthquake  
Coverage is limited to the specified coverage indicated in the Wrap Policy wording.

**Deductibles** As per the American Coastal Insurance Company Policy, except Wind Driven Precipitation deductible shall be equal to the Hurricane deductible

<b>Policy Premium</b>	\$225.00	Premium
	\$0.00	Inspection Fee
	\$0.00	TRIPRA Declined
	\$15.48	Surplus Lines (if applicable)
	<u>\$240.48</u>	Total

Any Additional or Return Premium under \$500 shall be waived

**Minimum Earned Premium** 35%

**Information Due at binding OR within 30 days of inception:**  
Signed Surplus Lines Documentation (required at binding)  
Signed TRIA Disclosure Notice

This Authorization or Binder is based on the coverage, terms and conditions listed herein. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder. All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Carrier's participation may change at the time of binding or throughout the coverage period.



**PHILADELPHIA  
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

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

**Philadelphia Indemnity Insurance Company**

**COMMON POLICY DECLARATIONS**

**Policy Number:** PHPK2000201

**Named Insured and Mailing Address:**  
Riverview South of Deerfield Beach  
Condominium Association, Inc.  
500 NE Spanish River Blvd Ste 23  
Boca Raton, FL 33431-4517

**Producer:** 5438  
USI Insurance Services LLC  
2255 Glades Rd Ste 420A  
Boca Raton, FL 33431

**Policy Period From:** 08/16/2019 **To:** 08/16/2020

(800)471-1092  
at 12:01 A.M. Standard Time at your mailing  
address shown above.

**Business Description:** Condominium Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	1,992.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	585.00
Businessowners	
Workers Compensation	

**Total** **\$ 2,577.00**


Total Includes Federal Terrorism Risk Insurance Act Coverage **18.00**

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

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

  
Secretary

  
President and CEO



# PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

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

## COMMON POLICY DECLARATIONS

**Policy Number:** PCAC007327-0119

**Named Insured and Mailing Address:**

Riverview South of Deerfield Beach Condominium Association, Inc.  
c/o Teem Property Mgmt  
500 NE Spanish River Blvd, Suite 23  
Boca Raton, FL 33431

**Producer:**

GIG Insurance Group, Inc.  
750 East Prospect Road  
Fort Lauderdale, FL 33334

**Policy Period From:** 08/16/19

**To:** 08/16/2020

at 12:01 A.M. Standard Time at your  
mailing address shown above.

**Business Description:** Non-Profit Community Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.


	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Businessowners	
Workers Compensation	
Crime Protection Plus	\$309.00
<b>Total</b>	<b>\$309.00</b>

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

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

  
Secretary

  
President and CEO

**Community Association Management Liability Coverage  
Declarations****POLICY NO. 106143326**

**Travelers Casualty and Surety Company of America  
One Tower Square  
Hartford, Connecticut 06183**

(A Stock Insurance Company, herein called the Company)

THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE TERMS OF THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

MT INSURED: THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

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**ITEM 1 NAMED INSURED:**

**RIVERVIEW SOUTH OF DEERFIELD BEACH CONDOMINIUM ASSOCIATION INC**

D/B/A:

Principal Address:

**500 NE SPANISH RIVER BLVD STE 23  
C/O TEEM PROPERTY MGMT.  
BOCA RATON, FL 334314517**

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**ITEM 2 POLICY PERIOD:**

Inception Date: **August 16, 2019**      Expiration Date: **August 16, 2020**  
12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

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**ITEM 3 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**

Email: **BSIclaims@travelers.com**  
Fax: **(888) 460-6622**

Mail: **Travelers Bond & Specialty Insurance Claim  
385 Washington St. – Mail Code 9275-NB03F  
St Paul, MN 55102**

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**ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

**Community Association Management Liability Coverage**



**Regulatory Office:**  
 505 Eagleview Blvd.  
 Suite 100  
 Dept.: Regulatory  
 Exton, PA 19341-1120  
 800-688-1840

**COMPANY PROVIDING COVERAGE:**  
**Greenwich Insurance Company**

**Commercial Excess/Umbrella Liability Certificate Holder  
 Declarations**

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7449666  
 This Certificate Forms a Part of Master Policy Number: PPP744000006  
 Renewal of Certificate Number: PPP7449666  
 Renewal of Master Policy Number: PPP744000005

1: **Certificate Holder:** Riverview South of Deerfield Beach Condominium Association, Inc.  
 Address: c/o Teem Property Mgmt  
 500 NE Spanish River Blvd., Suite 23  
 City/State/Zip: Boca Raton, FL 33431

is:

- Individual   
  Partnership   
  Corporation   
  Joint Venture   
 Other \_\_\_\_\_

2: **Certificate Period:**  
 From: 08/16/2019      To: 08/16/2020  
 12:01 A.M. standard time at your mailing address shown above.

3: **Certificate Premium:** \$758.00

3a: **Certificate Premium For Certified Acts of Terrorism:** Included In Certificate Premium Above

3b: **Surcharge:** N/A

4: **Limits of Insurance:**

(a) Each Occurrence	\$ 5,000,000	
(b) Products Completed Work Hazard	\$ 5,000,000	
Aggregate (Where applicable)		
(c) General Aggregate	\$ 5,000,000	
(d) Self-Insured Retention or Retained Limit	\$ 0	Occurrence

5: **Retroactive Date Where applicable**  
 As per Schedule of Underlying Insurance  
 (applicable to **Claims Made** Coverages)