



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
7/5/2022

AGENCY Risk Management Associates, Inc. P. O. Box 2416 Daytona Beach FL 32115	CARRIER TBD NAIC CODE																								
	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE																								
	POLICY NUMBER TBD																								
CONTACT NAME: Melody Blake PHONE (A/C, No. Ext): (386) 252-6176 FAX (A/C, No.): (386) 239-4049 E-MAIL ADDRESS: melody.blake@bbrown.com	UNDERWRITER UNDERWRITER OFFICE																								
CODE: AGENCY CUSTOMER ID: 00002061	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">QUOTE</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">ISSUE POLICY</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">RENEW</td> </tr> <tr> <td><input type="checkbox"/></td> <td>BOUND (Give Date and/or Attach Copy):</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input type="checkbox"/></td> <td>AM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CANCEL</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>PM</td> </tr> </table>	<input checked="" type="checkbox"/>	QUOTE	<input 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"/>	AM	<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM
<input checked="" type="checkbox"/>	QUOTE	<input 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"/>	AM																				
<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM																				

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	PREMIUM	PREMIUM	PREMIUM	
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input checked="" type="checkbox"/> PROPERTY	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY COVERAGE	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CYBER AND PRIVACY COVERAGE	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> OPEN CARGO	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> LOSS SUMMARY
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
10/1/2022	10/1/2023	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$ 0.00

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) City of North Port 4970 City Hall Blvd North Port, FL 34286	GL CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE #: (941) 429-7130 WEBSITE ADDRESS
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ 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
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ 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
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	

CONTACT INFORMATION

CONTACT TYPE: Risk Manager				CONTACT TYPE:			
CONTACT NAME: Sandy Knowles				CONTACT NAME:			
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 type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
941-429-7130							
PRIMARY E-MAIL ADDRESS: sknowles@cityofnorthport.com				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET See SOV		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: 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 checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	1959
DESCRIPTION OF PRIMARY OPERATIONS					
Municipality					
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"/> 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:
	REFERENCE / LOAN #:			INTEREST END DATE:			ITEM DESCRIPTION	
	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?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
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="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION 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="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION 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?				NN
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
<input type="text" value="NAME OF TRUST"/>				
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

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)

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) Michelle Y Martin	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NA 



PROPERTY SECTION

DATE (MM/DD/YYYY)
7/5/2022

AGENCY NAME Risk Management Associates, Inc.		CARRIER TBD	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 10/1/2022	NAMED INSURED(S) City of North Port	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Property	10,000,000		RC	Special incl Flood, Named		50,000			Named Storm 5%/\$100k, \$50k All other Wind/Hail
				Storm, Earthmovement					\$100K Earthmovement, \$100k Flood (\$1.1m SFHA)
									\$10k Mobile Equipment/IM

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDIENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE		MANUFACTURER: _____					
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL							
<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/> WITH KEYS <input type="checkbox"/> CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG	

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS	RANK: ____	EVIDENCE: ____	CERTIFICATE	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: _____				LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	------------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				MANUFACTURER:				
<input type="checkbox"/> OTHER: YR:									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY			WITH KEYS	

EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
---	---------	-------------------------	--	-------------------------------------

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

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

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

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.

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) Michelle Y Martin	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATION





COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
07/05/2022

AGENCY Risk Management Associates, Inc. P. O. Box 2416 Daytona Beach FL 32115	CARRIER TBD NAIC CODE COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER UTILITY PROPERTY
CONTACT NAME: Melody Blake PHONE (A/C, No, Ext): (386) 252-6176 FAX (A/C, No): (386) 239-4049 E-MAIL ADDRESS: Melody.Blake@bbrown.com CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: 00002061	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input 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"/> AM <input type="checkbox"/> CANCEL 10/01/2022 12:01 <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 type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$
<input 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 10/01/2022	PROPOSED EXP DATE 10/01/2023	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN Full Pay	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
---------------------------------	---------------------------------	--	--------------------------	-------------------	-------	---------------	-----------------------	---------------------------

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) City of North Port 4970 City Hall Blvd North Port FL 34286		GL CODE	SIC 9121	NAICS 921120	FEIN OR SOC SEC # 596072227
		BUSINESS PHONE #: (941)429-7130			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG		<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> TRUST	

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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG		<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> TRUST	

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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG		<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> TRUST	

CONTACT INFORMATION

CONTACT TYPE: Risk Manager		CONTACT TYPE:	
CONTACT NAME: Sandy Knowles		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (941) 429-7130	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: sknowles@cityofnorthport.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET See SOV	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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 checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
Municipality					
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:		PHONE (A/C, No, Ext):		FAX (A/C, No):		
	LIEN AMOUNT:			E-MAIL ADDRESS:				
REASON FOR INTEREST:								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<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?				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
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
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
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)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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)

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: \$	SUBROGATION Y/N	CLAIM OPEN Y/N
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED		

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) Michelle Martin/MELODY	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATI 



PROPERTY SECTION

DATE (MM/DD/YYYY)
07/05/2022

AGENCY NAME Risk Management Associates, Inc.		CARRIER TBD		NAIC CODE
POLICY NUMBER UTILITY PROPERTY		EFFECTIVE DATE 10/01/2022	NAMED INSURED(S) City of North Port	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Property	10,000,000	0	RC	Special incl		50,000			Named Storm-5%/\$250k
Flood	1,000,000			Flood					5%/\$250k
Earthmovement	2,000,000			Earthmovement		100,000			
Business Income/EE	500,000					120 Hrs			40/80/100

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____			
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
<input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> RESISTIVE			DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
---	-----------------	-----------------	-----------

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
--	-----------------	-----------------	-----------

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
--	-------------------------------------

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	------------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> MANUFACTURER: _____	DATE INSTALLED: _____
<input type="checkbox"/> OTHER: _____ YR: _____				

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
---	--------	-------	---------------------	--------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
---	---------	-------------------------	--	-------------------------------------

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
<input type="checkbox"/>					
	REFERENCE / LOAN #:				

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

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.

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

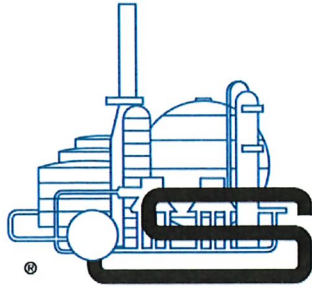
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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) Michelle Martin/MELODY	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	



STARR TECHNICAL RISKS

A Division within Starr Companies

Name: Mark J. Siceloff
Title: Assistant Vice President
Phone: 404-219-6893

3353 Peachtree Road, NE, Suite 1000
Atlanta, GA 30326

RENEWAL QUOTATION

NAMED INSURED: CITY OF NORTH PORT

Page 10 of 19

POLICYHOLDER DISCLOSURE STATEMENT
UNDER
TERRORISM RISK INSURANCE ACT, AS AMENDED

You are hereby notified that under the federal Terrorism Risk Insurance Act of 2002, as amended (the "Act"), you now have a right to purchase insurance coverage for losses arising out of an Act of Terrorism, which is defined in the Act as an act certified by the Secretary of the Treasury in consultation with the Secretary of Homeland Security and the Attorney General of the United States (i) to be an act of terrorism, (ii) to be a violent act or an act that is dangerous to (A) human life; (B) property or (C) infrastructure, (iii) to have resulted in damage within the United States, or outside of the United States in case of an air carrier or vessel or the premises of a U.S. mission and (iv) 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. You should read the Act for the definition of an "Act of Terrorism" and other terms of the Act. The Secretary's decision to certify or not to certify an event as an Act of Terrorism and thus encompassed by this law is final and not subject to review. Coverage is subject to all policy exclusions (including nuclear hazard and war exclusions) and other policy provisions.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, COVERAGE MAY BE REDUCED.

For your information, coverage provided by this policy for losses caused by an Act of Terrorism may be partially reimbursed by the United States under a formula established by the Act. Under this formula, the United States pays an 80% share of terrorism losses covered by this law exceeding a statutorily established deductible that must be met by the insurer. This deductible is based on a percentage of the insurer's direct earned premiums for the year preceding the Act of Terrorism.

Unless you reject coverage under the Act by so indicating below and returning this Policyholder Disclosure statement to us, you will have accepted Terrorism coverage under the Act at a premium of **\$6,366** for a limit of \$10,000,000

Please indicate your selection below.

I hereby **elect** to purchase coverage in accordance with the Act.

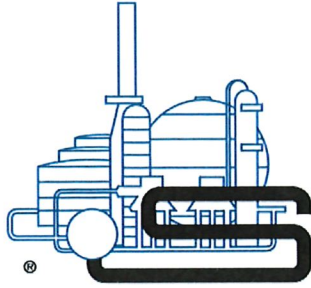
I hereby **reject** coverage and accept the exclusion in accordance with the Act.

Signature of Insured

Date: _____

SIGN HERE

Print Name/Title



STARR TECHNICAL RISKS
A Division within Starr Companies

Name: Mark J. Siceloff
Title: Assistant Vice President
Phone: 404-219-6893

3353 Peachtree Road, NE, Suite 1000
Atlanta, GA 30326

RENEWAL QUOTATION

NAMED INSURED: CITY OF NORTH PORT

Page 11 of 19

Letter A

July 25, 2022

City of North Port
4970 City Hall Blvd.
North Port, FL 34286

Attn: Risk Manager

RE: Commercial Property Insurance Coverage

The Terrorism Risk Insurance Act, as amended ("the Act"), applies to certain Acts of Terrorism committed by an individual or individuals. For a complete definition please review the Act and subsequent amendments.

You provided us with a form stating that we offered you terrorism coverage under the Act, and that you rejected our offer. We also offered, but you rejected, coverage for Acts of Terrorism that are not covered by the Act.

You acknowledge that:

1. Starr Tech¹, acting on behalf of ACE American Insurance Company, made available to you insurance coverage for Acts of Terrorism as defined in the Act, as well as acts of terrorism not covered by the Act;
2. In exchange for a reduction in premium, you requested that Starr Tech exclude coverage for Acts of Terrorism as defined in the Act, as well as for acts of terrorism not covered by the Act;
3. The enclosed endorsements excluding terrorism coverage will be made part of your policy.

Please sign below to indicate your understanding and acceptance of these terms.

Sincerely,

Mark J Siceloff
Assistant Vice President

CC: Public Risk Insurance Agency
Enc: Terrorism Exclusion Endorsements

Signature of Insured

Title: _____

Company: _____

Date: _____

SIGN HERE

¹ Starr Technical Risks or Starr Tech is a marketing name used by Starr Underwriting Agency, Inc., which is doing business as Starr Services Insurance Agency, Inc. in California (CA license number: 0D73884) and Starr Insurance Agency, Inc. in Nevada and Utah.

NOTICE - OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM

The Further Consolidated Appropriations Act, 2020, which was signed into law on December 20, 2019, in part, reauthorizes the Terrorism Risk Insurance Act of 2002 (TRIA), under Title V, cited as the Terrorism Risk Insurance Program Reauthorization Act of 2019. TRIA is a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from terrorist attacks. The Act applies when the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, certifies that an event meets the definition of a “certified acts of terrorism”. The Act provides that, to be certified, acts of terrorism must result in insured losses in excess of five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States. As used in this notice, “certified acts of terrorism” means acts of terrorism that are certified under the federal program as acts of terrorism.

In accordance with the Terrorism Risk Insurance Act, as extended on, December 20, 2019 we are required to offer you coverage for any “certified act of terrorism” Your decision is needed on this question: Do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. Payment of the additional premium will constitute acceptance of this offer. If you choose to reject this offer, you must do so by signing the enclosed statement and returning it to your agent or broker.

If you **accept** coverage under the Act, eligible lines of insurance within your policy will contain a cap on payment of damages that are from “certified acts of terrorism” reflecting the limits established by the Act. If permitted by your state, your policy will also contain an exclusion for punitive damages resulting from “certified acts of terrorism”, since punitive damages are excluded under the Act. If you **reject** coverage under the Act, your policy will contain an exclusion for “certified acts of terrorism”.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as extended on, December 20, 2019 can limit our maximum liability for payment of losses from “certified acts of terrorism”. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in a Calendar Year and individual insurer participation in payment of such losses.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

You should know that where coverage is provided by this policy for losses resulting from “certified acts of terrorism”, such losses may be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government pays 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the Federal Government under the Act.

CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Calendar Year and we have met our insurer deductible under the Terrorism Risk Insurance 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.

DISCLOSURE OF PREMIUM - If you accept this offer, the premium for terrorism coverage is \$ 3,000 .
By law, some states do not allow you to reject first party property coverage for fire following an act of terrorism. If you reject this offer and your state requires that we provide you with terrorism coverage for fire following terrorism, the premium for the required first party fire following terrorism coverage is \$ 3,000 . (If “N/A” appears, this type of coverage is not applicable to your policy.)

Named Insured: City of North Port

Policy Number: TBD

IF YOU WISH TO REJECT COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT, AS EXTENDED ON, DECEMBER 20, 2019 THE FIRST NAMED INSURED IF AN INDIVIDUAL, OR AN AUTHORIZED OFFICER, PARTNER OR MEMBER MUST SIGN ONE OF THESE STATEMENTS.

TERRORISM RISK INSURANCE ACT REJECTION OF COVERAGE

I acknowledge that I have been notified as required under the Terrorism Risk Insurance Act, as extended on December 20, 2019 that as respects to the above numbered insurance policy issued to me:

1. I have been offered coverage for acts of terrorism as defined in the Act;
2. I have been advised that if I accept coverage for acts of terrorism as defined in the Act, the United States Government will participate in the payment of terrorism losses insured under the Act, subject to the provisions of the Act;
3. I have been told that if I reject coverage under the Act by signing this notice, to the extent allowed by law, I will have no coverage for any act of terrorism under this policy.
4. I have been notified of the annual premium for coverage for acts of terrorism as defined in the Act.
5. I hereby **reject** coverage for acts of terrorism as defined in the Act and understand my policy will contain an exclusion for acts of terrorism.

SIGN HERE

Policyholder/applicant's signature

Date

Print name

RETURN THIS FORM TO YOUR AGENT OR BROKER. A COPY OF THIS DOCUMENT IS AS BINDING AS THE ORIGINAL.

ATTENTION AGENT OR BROKER: THIS FORM MUST BE SIGNED PERSONALLY BY THE INSURED, OR AUTHORIZED OFFICER, PARTNER OR MEMBER AND RETURNED BACK THROUGH ANY APPLICABLE INTERMEDIARY AGENT/ BROKER/ WHOLESALER TO THE COMPANY OR PROGRAM ADMINISTRATOR.



INTERLINE
POLICY NUMBER:

EVANSTON INSURANCE COMPANY

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Date: 08/10/2022

Policyholder/Applicant Name: City of North Port

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$7,000.00
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

SIGN HERE

Print Name

Date



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a premium of \$Per Quote
✓	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified Acts of terrorism.

Policyholder/Applicant's Signature



Date

Print Name

Buildings

\$ 658,000 AE Zone

Effective Date	Termination Date	Unit Number	DEPARTMENT	DESCRIPTION OF OCCUPANCY (If Vacant, state "Vacant" if Under Construction, state "Under Construction," If Historic Bldg state "Historic")	ADDRESS Line 1	City	State	Zip	Building Replacement Value	Contents Replacement Value
10/1/2022	10/1/2023	1	Arugula Drive LS 79	Lift Station & Fence	2485 Arugula Drive	North Port	FL	34287	\$ 47,400	\$0
10/1/2022	10/1/2023	2	Marton Oak LS 81	Lift Station & Fence	2750 Marton Oak Blvd	North Port	FL	34287	\$ 75,800	\$0
10/1/2022	10/1/2023	3	Beeber Street LS 36	Lift Station & Fence	3782 Beeber Street	North Port	FL	34287	\$ 77,400	\$0
10/1/2022	10/1/2023	4	Bermuda Way LS 4	Lift Station	123 Bermuda Way	North Port	FL	34287	\$ 62,000	\$0
10/1/2022	10/1/2023	5	Biscayne Plaza LS 19	Lift Station, Fencing & Generator	13632 S. Tamiami Trl	North Port	FL	34287	\$ 221,100	\$0
10/1/2022	10/1/2023	6	Blackburn Blvd LS 12	Lift Station & Fence	817 Blackburn Blvd	North Port	FL	34287	\$ 78,500	\$0
10/1/2022	10/1/2023	7	Bobcat Villa LS 47	Lift Station	2000 Villa Road	North Port	FL	34287	\$ 79,500	\$0
10/1/2022	10/1/2023	8	Bolander Terrace LS 23	Lift Station	6142 Bolander Terrace	North Port	FL	34287	\$ 67,000	\$0
10/1/2022	10/1/2023	9	Bolonia LS 14	Lift Station	264 El Prado	North Port	FL	34287	\$ 72,500	\$0
10/1/2022	10/1/2023	10	Charleston Park Villas LS 74	Lift Station & Fence	6769 Grand Cypress Blvd	North Port	FL	34287	\$ 48,500	\$0
10/1/2022	10/1/2023	11	Chesebro Avenue LS 29	Lift Station & Fence	8358 Denargo	North Port	FL	34287	\$ 49,100	\$0
10/1/2022	10/1/2023	12	Cocoplum LS 43	Lift Station & Fence	5725 Greenwood Ave	North Port	FL	34287	\$ 47,100	\$0
10/1/2022	10/1/2023	13	Commerce Parkway East LS 42	Lift Station & Fence	2529 Commerce Parkway East	North Port	FL	34287	\$ 85,700	\$0
10/1/2022	10/1/2023	14	Creek Nine Dr LS 71	Lift Station & Fence	5429 Waterview Drive	North Port	FL	34287	\$ 48,600	\$0
10/1/2022	10/1/2023	15	Cypress Falls LS 78	Lift Station & Fence	2383 Daisy Drive	North Port	FL	34287	\$ 48,000	\$0
10/1/2022	10/1/2023	16	Eager Street LS 21	Lift Station	13675 Tamiami Trl / Eatger Street	North Port	FL	34287	\$ 50,000	\$0
10/1/2022	10/1/2023	17	Fairway Blvd LS 26	Lift Station	5685 Linksman Pl	North Port	FL	34287	\$ 67,000	\$0
10/1/2022	10/1/2023	18	Fleetwood Drive LS 11	Lift Station	558 Fleetwood Dr	North Port	FL	34287	\$ 28,000	\$0
10/1/2022	10/1/2023	19	Gabo & Mayland LS 37	Lift Station & Fence	7503 Mayland (Gabo)	North Port	FL	34287	\$ 49,300	\$0
10/1/2022	10/1/2023	20	Geranium LS 40	Lift Station & Fence	1201 Geranium Ave	North Port	FL	34287	\$ 65,200	\$0
10/1/2022	10/1/2023	21	Greendale Road Lift Station	Lift Station	2572 Greendale Road	North Port	FL	34287	\$ 42,500	\$0
10/1/2022	10/1/2023	22	Greenway Dr LS 41	Lift Station & Fence	5060 Greenway Dr	North Port	FL	34287	\$ 48,100	\$0
10/1/2022	10/1/2023	23	Herbison Avenue LS 22	Lift Station	8484 Herbison Ave	North Port	FL	34287	\$ 154,000	\$0
10/1/2022	10/1/2023	24	Home Depot (US41) LS 76	Lift Station & Fence	1800 Tamiami Trail	North Port	FL	34287	\$ 70,300	\$0
10/1/2022	10/1/2023	25	Imperial Drive LS 10	Lift Station	499 Imperial Drive	North Port	FL	34287	\$ 39,500	\$0
10/1/2022	10/1/2023	26	Island Point Road LS 5	Lift Station	142 Island Point Road	North Port	FL	34287	\$ 20,000	\$0
10/1/2022	10/1/2023	27	Island Walk Circle LS 82	Lift Station & Fence	5820 Island Walk Cir	North Port	FL	34287	\$ 261,200	\$0
10/1/2022	10/1/2023	28	Lakeside Clubhouse LS 59	Lift Station & Fence	1520 Scarlett Ave W	North Port	FL	34287	\$ 58,000	\$0
10/1/2022	10/1/2023	29	Landover LS 25	Lift Station & Fence	5789 Kenwood Dr	North Port	FL	34287	\$ 74,500	\$0
10/1/2022	10/1/2023	30	Landsedge LS 7	Lift Station & Fence	440 Landsedge	North Port	FL	34287	\$ 37,100	\$0
10/1/2022	10/1/2023	31	Lazy River Road LS 2	Lift Station	153 Lazy River Road	North Port	FL	34287	\$ 28,000	\$0
10/1/2022	10/1/2023	32	Palmetto Palm Way LS 49	Lift Station	1508 Palmetto Palm Way	North Port	FL	34287	\$ 36,000	\$0
10/1/2022	10/1/2023	33	Bobcat Trail LS 50	Lift Station	1727 Bobcat Trail Road	North Port	FL	34287	\$ 45,500	\$0
10/1/2022	10/1/2023	34	Commerce Parkway LS 57	Lift Station & Fence	2885 Commerce Parkway	North Port	FL	34287	\$ 48,200	\$0
10/1/2022	10/1/2023	35	Biscayne Drive LS 66	Lift Station & Fence	2470 S. Biscayne Dr	North Port	FL	34287	\$ 145,700	\$0
10/1/2022	10/1/2023	36	Royal Palm LS 48	Lift Station	2970 Royal Palm	North Port	FL	34287	\$ 36,000	\$0
10/1/2022	10/1/2023	37	Bobcat Village Center Rd LS 55	Lift Station	2975 Bobcat Village Center Road	North Port	FL	34287	\$ 59,500	\$0
10/1/2022	10/1/2023	38	Kingsley Road LS 30	Lift Station	5033 Kingsley Road	North Port	FL	34287	\$ 65,500	\$0
10/1/2022	10/1/2023	39	Whispering Oak Dr LS 69	Lift Station & Fence	5752 Whispering Oaks Dr	North Port	FL	34287	\$ 53,600	\$0
10/1/2022	10/1/2023	40	Sabal Trace Drive LS 44	Lift Station	5761 Sabal Trace Drive	North Port	FL	34287	\$ 70,500	\$0
10/1/2022	10/1/2023	41	Woodhaven LS 68	Lift Station & Fence	6055 Fairlane Dr	North Port	FL	34287	\$ 47,200	\$0
10/1/2022	10/1/2023	42	LaMarque Av LS 83	Lift Station & Fence	3415 LaMarque Ave	North Port	FL	34287	\$ 87,400	\$0
10/1/2022	10/1/2023	43	Lift Station 100	Lift Station & Fence	4701 Convergence Way	North Port	FL	34287	\$ 77,000	\$0
10/1/2022	10/1/2023	44	Lift Station 101	Lift Station & Fence	13905 Borrenco Street	Venice	FL	34293	\$ 106,000	\$0
10/1/2022	10/1/2023	45	Lift Station 102	Lift Station & Fence	Suncoast Plaza N Toledo Blade Blvd	North Port	FL		\$ 77,000	\$0
10/1/2022	10/1/2023	46	Lift Station 103	Lift Station & Fence	11699 Tapestry Lane (Renaissance)	Venice	FL	34293	\$ 82,500	\$0
10/1/2022	10/1/2023	47	Lift Station 104	Lift Station & Fence	4898 Center View Ln (HC town Center)	North Port	FL		\$ 85,500	\$0
10/1/2022	10/1/2023	48	Lift Station 105	Lift Station & Fence	4189 Career Lane	North Port	FL		\$ 77,200	\$0
10/1/2022	10/1/2023	49	Lift Station 106	Lift Station & Fence	1308 N Biscayne Dr (Fire Station #85)	North Port	FL	34291	\$ 64,400	\$0
10/1/2022	10/1/2023	50	Lift Station 107	Lift Station & Fence	2017 Swallowtail Court	North Port	FL		\$ 65,900	\$0
10/1/2022	10/1/2023	51	Lift Station 108	Lift Station & Fence	13302 Prestigio Blvd	North Port	FL		\$ 61,500	\$0
10/1/2022	10/1/2023	52	Lift Station 109	Lift Station & Fence	11227 Montserrat Dr	North Port	FL		\$ 77,400	\$0
10/1/2022	10/1/2023	53	Lift Station 110	Lift Station & Fence	13269 Tantino Dr	North Port	FL		\$ 81,900	\$0
10/1/2022	10/1/2023	54	Lift Station 85	Lift Station & Fence	1253 Citizens Pkwy	North Port	FL	34287	\$ 75,900	\$0
10/1/2022	10/1/2023	55	Lift Station 86	Lift Station & Fence	3305 Plantation Blvd	North Port	FL	34287	\$ 82,000	\$0
10/1/2022	10/1/2023	56	Lift Station 87	Lift Station & Fence	2700 Panacea Blvd	North Port	FL	34287	\$ 147,800	\$0
10/1/2022	10/1/2023	57	Lift Station 88	Lift Station & Fence	12900 Renaissance Blvd	North Port	FL	34287	\$ 303,800	\$0
10/1/2022	10/1/2023	58	Lift Station 89	Lift Station & Fence	13651 Renaissance Blvd	North Port	FL	34287	\$ 60,600	\$0
10/1/2022	10/1/2023	59	Lift Station 90	Lift Station & Fence	1175 Toledo Blad Blvd	North Port	FL	34287	\$ 75,700	\$0
10/1/2022	10/1/2023	60	Lift Station 91	Lift Station & Fence	4520 S. Biscayne Dr	North Port	FL	34287	\$ 63,400	\$0

10/1/2022	10/1/2023	61	Lift Station 92	Lift Station & Fence	12750 Canvasse Lane	North Port	FL	34287	\$	85,500	\$0
10/1/2022	10/1/2023	62	Lift Station 93	Lift Station & Fence	13201 Prestigio Blvd	North Port	FL	34287	\$	63,500	\$0
10/1/2022	10/1/2023	63	Lift Station 94	Lift Station & Fence	4701 Atwater Drive	North Port	FL	34287	\$	82,400	\$0
10/1/2022	10/1/2023	64	Lift Station 95	Lift Station & Fence	19011 Island Walk Circle	North Port	FL	34287	\$	61,500	\$0
10/1/2022	10/1/2023	65	Lift Station 96	Lift Station & Fence	12698 Tamiami Trail	North Port	FL	34287	\$	67,500	\$0
10/1/2022	10/1/2023	66	Lift Station 97	Lift Station & Fence	17899 Tamiami Trail	North Port	FL	34287	\$	80,900	\$0
10/1/2022	10/1/2023	67	Lift Station 98	Lift Station & Fence	1890 W Price Blvd	North Port	FL	34287	\$	77,500	\$0
10/1/2022	10/1/2023	68	Lift Station 99	Lift Station & Fence	19502 Tantino Dr	North Port	FL	34287	\$	75,900	\$0
10/1/2022	10/1/2023	69	Alvarado Lift Station - LS15	Lift Station & Fence	400 Alvarado	North Port	FL	34287	\$	53,400	\$0
10/1/2022	10/1/2023	70	Popeys LS 52	Lift Station & Fence	14800 Tamiami Trail	North Port	FL	34287	\$	39,100	\$0
10/1/2022	10/1/2023	71	Martinique Road LS 3	Lift Station	225 Martinique Road	North Port	FL	34287	\$	46,500	\$0
10/1/2022	10/1/2023	72	McKibben Drive LS 34	Lift Station & Fence	4595 McKibben Dr	North Port	FL	34287	\$	74,500	\$0
10/1/2022	10/1/2023	73	Myakka RV Park LS 1	Lift Station	10400 Tamiami Trail	North Port	FL	34287	\$	54,500	\$0
10/1/2022	10/1/2023	74	Nansen Dr LS 70	Lift Station & Fence	2775 Shalimar Terrace	North Port	FL	34287	\$	48,100	\$0
10/1/2022	10/1/2023	75	Sabal Trace Villas LS 75	Lift Station & Fence	3531 Lakewood Blvd	North Port	FL	34287	\$	41,900	\$0
10/1/2022	10/1/2023	76	North Port Paint Lift Station	Lift Station	North Port Paint	North Port	FL	34287	\$	30,100	\$0
10/1/2022	10/1/2023	77	Goodwill Plaza LS 39	Lift Station	14809 Tamiami Trail	North Port	FL	34287	\$	61,500	\$0
10/1/2022	10/1/2023	78	Riley Chase LS 61	Lift Station & Fence	2757 Sycamore	North Port	FL	34287	\$	86,100	\$0
10/1/2022	10/1/2023	79	Riverwalk Drive LS 6	Lift Station & Fence	236 Natures Way	North Port	FL	34287	\$	155,000	\$0
10/1/2022	10/1/2023	80	Sanchez LS 16	Lift Station	721 Sanchez	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	81	Sarasota Memorial Lift Station	Lift Station	7800 Tamiami Trail	North Port	FL	34287	\$	141,400	\$0
10/1/2022	10/1/2023	82	Lakeside Plantation 1 LS 58	Lift Station & Fence	1718 Scarlett Avenue	North Port	FL	34287	\$	57,900	\$0
10/1/2022	10/1/2023	83	Sheandoah Street LS 32	Lift Station	2277 Shenandoah Street	North Port	FL	34287	\$	49,000	\$0
10/1/2022	10/1/2023	84	Wastewater Treatment Plant	Splitter Box 3	5355 Pan American Blvd	North Port	FL	34287	\$	29,000	\$0
10/1/2022	10/1/2023	85	Wastewater Treatment Plant	Splitter Box 1	5355 Pan American Blvd	North Port	FL	34287	\$	51,000	\$0
10/1/2022	10/1/2023	86	Wastewater Treatment Plant	Splitter Box 2	5355 Pan American Blvd	North Port	FL	34287	\$	70,500	\$0
10/1/2022	10/1/2023	87	Wastewater Treatment Plant	Old Traveling Bridge Filter	5355 Pan American Blvd	North Port	FL	34287	\$	238,000	\$0
10/1/2022	10/1/2023	88	Wastewater Treatment Plant	Re-Use Pumps	5355 Pan American Blvd	North Port	FL	34287	\$	264,000	\$0
10/1/2022	10/1/2023	89	Wastewater Treatment Plant	ReUse High Service Pump Station	5355 Pan American Blvd	North Port	FL	34287	\$	263,000	\$0
10/1/2022	10/1/2023	90	Wastewater Treatment Plant	RAS Pumping Station	5355 Pan American Blvd	North Port	FL	34287	\$	310,000	\$110,000
10/1/2022	10/1/2023	91	Wastewater Treatment Plant	Office	5355 Pan American Blvd	North Port	FL	34287	\$	143,000	\$17,400
10/1/2022	10/1/2023	92	Wastewater Treatment Plant	PITO	5355 Pan American Blvd	North Port	FL	34287	\$	724,300	\$0
10/1/2022	10/1/2023	93	Wastewater Treatment Plant	Motor Control Center/Chemical Storage	5355 Pan American Blvd	North Port	FL	34287	\$	1,107,000	\$0
10/1/2022	10/1/2023	94	Wastewater Treatment Plant	Motor Control Center 2	5355 Pan American Blvd	North Port	FL	34287	\$	1,208,000	\$0
10/1/2022	10/1/2023	95	Wastewater Treatment Plant	Monitoring Wells - Deep, Shallow - Regional	1101 Campbell St	North Port	FL	34287	\$	24,000	\$0
10/1/2022	10/1/2023	96	Wastewater Treatment Plant	Maintenance Garage	5355 Pan American Blvd	North Port	FL	34287	\$	45,300	\$23,200
10/1/2022	10/1/2023	97	Wastewater Treatment Plant	LOCKER ROOM/BREAK ROOM/TECH OFFICE	5355 Pan American Blvd	North Port	FL	34287	\$	33,418	\$0
10/1/2022	10/1/2023	98	Wastewater Treatment Plant	Holding Tank	5355 Pan American Blvd	North Port	FL	34287	\$	1,975,000	\$0
10/1/2022	10/1/2023	99	Wastewater Treatment Plant	Headworks	5355 Pan American Blvd	North Port	FL	34287	\$	1,628,000	\$0
10/1/2022	10/1/2023	100	Wastewater Treatment Plant	Deep Injection Well 2	1101 Campbell St	North Port	FL	34287	\$	90,000	\$0
10/1/2022	10/1/2023	101	Wastewater Treatment Plant	Deep Injection Well 1	1101 Campbell St	North Port	FL	34287	\$	186,000	\$0
10/1/2022	10/1/2023	102	Wastewater Treatment Plant	Digester 1	5355 Pan American Blvd	North Port	FL	34287	\$	1,099,000	\$0
10/1/2022	10/1/2023	103	Wastewater Treatment Plant	Clarifier #4	5355 Pan American Blvd	North Port	FL	34287	\$	926,000	\$0
10/1/2022	10/1/2023	104	Wastewater Treatment Plant	Clarifier #3	5355 Pan American Blvd	North Port	FL	34287	\$	826,000	\$0
10/1/2022	10/1/2023	105	Wastewater Treatment Plant	Clarifier #2	5355 Pan American Blvd	North Port	FL	34287	\$	826,000	\$0
10/1/2022	10/1/2023	106	Wastewater Treatment Plant	Clarifier #1	5355 Pan American Blvd	North Port	FL	34287	\$	826,000	\$0
10/1/2022	10/1/2023	107	Wastewater Treatment Plant	Chlorine Contact Tank	5355 Pan American Blvd	North Port	FL	34287	\$	239,000	\$40,000
10/1/2022	10/1/2023	108	Wastewater Treatment Plant	Centrifuge	5355 Pan American Blvd	North Port	FL	34287	\$	1,088,000	\$0
10/1/2022	10/1/2023	109	Wastewater Treatment Plant	Aeration Basin	5355 Pan American Blvd	North Port	FL	34287	\$	5,305,000	\$0
10/1/2022	10/1/2023	110	Wastewater Treatment Plant	New Sand Filter	5355 Pan American Blvd	North Port	FL	34287	\$	2,570,000	\$0
10/1/2022	10/1/2023	111	Wastewater Treatment Plant	Deep Injection Wells Pump Station	5355 Pan American Blvd	North Port	FL	34287	\$	596,000	\$0
10/1/2022	10/1/2023	112	Wastewater Treatment Plant	Motor Control Center 4	5355 Pan American Blvd	North Port	FL	34287	\$	123,000	\$0
10/1/2022	10/1/2023	113	Wastewater Treatment Plant	Chlorine Contact Tank 2	5355 Pan American Blvd	North Port	FL	34287	\$	263,000	\$0
10/1/2022	10/1/2023	114	Wastewater Treatment Plant	Digester 2	5355 Pan American Blvd	North Port	FL	34287	\$	814,000	\$0
10/1/2022	10/1/2023	115	Wastewater Treatment Plant	Aeration Blower Building	5355 Pan American Blvd	North Port	FL	34287	\$	1,498,000	\$0
10/1/2022	10/1/2023	116	Wastewater Treatment Plant	Aeration Pump Station	5355 Pan American Blvd	North Port	FL	34287	\$	221,000	\$0
10/1/2022	10/1/2023	117	Wastewater Treatment Plant	Reject Lift Station	5355 Pan American Blvd	North Port	FL	34287	\$	47,000	\$0
10/1/2022	10/1/2023	118	Wastewater Treatment Plant	Main Return Lift Station	5355 Pan American Blvd	North Port	FL	34287	\$	35,000	\$0
10/1/2022	10/1/2023	119	Wastewater Treatment Plant	Headworks Lift Station	5355 Pan American Blvd	North Port	FL	34287	\$	47,000	\$0
10/1/2022	10/1/2023	120	Wastewater Treatment Plant	Odor Control	5355 Pan American Blvd	North Port	FL	34287	\$	109,000	\$0
10/1/2022	10/1/2023	121	Water Treatment Plant	Water Tank (New)	5755 North Port Blvd	North Port	FL	34287	\$	2,380,000	\$0
10/1/2022	10/1/2023	122	Water Treatment Plant	Water Tank (Old)	5755 North Port Blvd	North Port	FL	34287	\$	1,522,000	\$0
10/1/2022	10/1/2023	123	Water Treatment Plant	Storage Building	5755 North Port Blvd	North Port	FL	34287	\$	5,100	\$2,200
10/1/2022	10/1/2023	124	Water Treatment Plant	SOUTHWEST BOOSTER SCADA TOWER	5762 North Port Blvd	North Port	FL	34287	\$	15,000	\$0
10/1/2022	10/1/2023	125	Water Treatment Plant	SCADA TOWER	5757 North Port Blvd	North Port	FL	34287	\$	15,000	\$0
10/1/2022	10/1/2023	126	Water Treatment Plant	RO Building	5755 North Port Blvd	North Port	FL	34287	\$	3,530,000	\$0

10/1/2022	10/1/2023	127	Water Treatment Plant	Raw Intake Building #2	5755 North Port Blvd	North Port	FL	34287	\$	78,500	\$0
10/1/2022	10/1/2023	128	Water Treatment Plant	Raw Intake Building #1	5755 North Port Blvd	North Port	FL	34287	\$	61,500	\$0
10/1/2022	10/1/2023	129	Water Treatment Plant	PITO - IAW - 6 - Wellfield	5755 North Port Blvd	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	130	Water Treatment Plant	PITO - IAW - 5 - Wellfield	5755 North Port Blvd	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	131	Water Treatment Plant	PITO - IAW - 4 - Wellfield	5755 North Port Blvd	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	132	Water Treatment Plant	PITO - IAW - 3 - Wellfield	5755 North Port Blvd	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	133	Water Treatment Plant	PITO - IAW - 2 - Wellfield	5755 North Port Blvd	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	134	Water Treatment Plant	PITO - IAW - 1 - Wellfield	5755 North Port Blvd	North Port	FL	34287	\$	55,500	\$0
10/1/2022	10/1/2023	135	Water Treatment Plant	Chemical Tank Bldg w/4,000 tank	5755 North Port Blvd	North Port	FL	34287	\$	26,000	\$0
10/1/2022	10/1/2023	136	Water Treatment Plant	Chemical Tank Bldg 2	5755 North Port Blvd	North Port	FL	34287	\$	148,000	\$0
10/1/2022	10/1/2023	137	Water Treatment Plant	Operations Building	5755 North Port Blvd	North Port	FL	34287	\$	183,800	\$40,500
10/1/2022	10/1/2023	138	Water Treatment Plant	Old Plant	5755 North Port Blvd	North Port	FL	34287	\$	1,060,000	\$0
10/1/2022	10/1/2023	139	Water Treatment Plant	OLD GENERATOR	5755 North Port Blvd	North Port	FL	34287	\$	68,988	\$0
10/1/2022	10/1/2023	140	Water Treatment Plant	Office - Main Building	5755 North Port Blvd	North Port	FL	34287	\$	207,500	\$52,100
10/1/2022	10/1/2023	141	Water Treatment Plant	NORTHEAST BOOSTER GENERATOR	5755 North Port Blvd	North Port	FL	34287	\$	100,000	\$0
10/1/2022	10/1/2023	142	Water Treatment Plant	New Plant	5755 North Port Blvd	North Port	FL	34287	\$	283,100	\$74,700
10/1/2022	10/1/2023	143	Water Treatment Plant	NEW LIGHTING	5755 North Port Blvd	North Port	FL	34287	\$	22,864	\$0
10/1/2022	10/1/2023	144	Water Treatment Plant	NEW GENERATOR	5755 North Port Blvd	North Port	FL	34287	\$	337,565	\$0
10/1/2022	10/1/2023	145	Water Treatment Plant	High Service Pump	5755 North Port Blvd	North Port	FL	34287	\$	912,000	\$0
10/1/2022	10/1/2023	146	Water Treatment Plant	DEGAS CANOPY	5755 North Port Blvd	North Port	FL	34287	\$	3,867	\$0
10/1/2022	10/1/2023	147	Water Treatment Plant	CocoPlum Intake Structure	5755 North Port Blvd	North Port	FL	34287	\$	244,000	\$0
10/1/2022	10/1/2023	148	Water Treatment Plant	Clarifier (Old)	5755 North Port Blvd	North Port	FL	34287	\$	876,000	\$0
10/1/2022	10/1/2023	149	Water Treatment Plant	Clarifier (New)	5755 North Port Blvd	North Port	FL	34287	\$	876,000	\$0
10/1/2022	10/1/2023	150	Water Treatment Plant	Chemical Storage	5755 North Port Blvd	North Port	FL	34287	\$	95,000	\$0
10/1/2022	10/1/2023	151	Water Treatment Plant	Carbon Slurry Building	5755 North Port Blvd	North Port	FL	34287	\$	45,500	\$0
10/1/2022	10/1/2023	152	Water Treatment Plant	ASR Well	5755 North Port Blvd	North Port	FL	34287	\$	183,000	\$0
10/1/2022	10/1/2023	153	Water Treatment Plant	ASR CANOPY	5755 North Port Blvd	North Port	FL	34287	\$	28,000	\$0
10/1/2022	10/1/2023	154	Water Treatment Plant	PITO - Water Treatment Plant	5755 North Port Blvd	North Port	FL	34287	\$	480,900	\$0
10/1/2022	10/1/2023	155	Water Treatment Plant	Odor Control-Permanganate Pump Station	5755 North Port Blvd	North Port	FL	34287	\$	482,000	\$0
10/1/2022	10/1/2023	156	Water Treatment Plant	Booster Station Filter Building	5755 North Port Blvd	North Port	FL	34287	\$	74,500	\$0
10/1/2022	10/1/2023	157	Water Treatment Plant	New Booster Pump Station	5755 North Port Blvd	North Port	FL	34287	\$	248,000	\$0
10/1/2022	10/1/2023	158	Wexford St LS 38	Lift Station & Fence	7539 Wexford St	North Port	FL	34287	\$	58,900	\$0
10/1/2022	10/1/2023	159	Whispering Oaks Dr/Heron Creek LS 65	Lift Station & Fence	4217 Whispering Oaks Drive	North Port	FL	34287	\$	114,800	\$0
10/1/2022	10/1/2023	160	White Ibis Dr/Egret Ct LS 64	Lift Station & Fence	5231 White Ibis Drive	North Port	FL	34287	\$	39,000	\$0
10/1/2022	10/1/2023	161	Willow Creek LS 57	Lift Station & Fence	6851 Willow Creek	North Port	FL	34287	\$	50,100	\$0
10/1/2022	10/1/2023	162	Winn Dixie LS 24	Lift Station	14255 North Port Blvd	North Port	FL	34287	\$	52,500	\$0
10/1/2022	10/1/2023	163	WWTP-West Villages	Yard Piping	8898 S. Tamiami Trail	North Port	FL	32493	\$	2,673,000	\$0
10/1/2022	10/1/2023	164	WWTP-West Villages	Solids Building	8898 S. Tamiami Trail	North Port	FL	32493	\$	697,000	\$0
10/1/2022	10/1/2023	165	WWTP-West Villages	Influent Lift Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	86,000	\$0
10/1/2022	10/1/2023	166	WWTP-West Villages	Seplage Rec. Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	97,000	\$0
10/1/2022	10/1/2023	167	WWTP-West Villages	SCUM Pump Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	266,118	\$0
10/1/2022	10/1/2023	168	WWTP-West Villages	Reject Tank	8898 S. Tamiami Trail	North Port	FL	32493	\$	2,001,000	\$0
10/1/2022	10/1/2023	169	WWTP-West Villages	Reject Pump Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	24,000	\$0
10/1/2022	10/1/2023	170	WWTP-West Villages	RAS/WAS Wetwell	8898 S. Tamiami Trail	North Port	FL	32493	\$	108,000	\$0
10/1/2022	10/1/2023	171	WWTP-West Villages	RAS/WAS Pump Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	114,000	\$0
10/1/2022	10/1/2023	172	WWTP-West Villages	PITO - Lighting, Fencing, Bollards, Cameras, Flagpole, Gener	8898 S. Tamiami Trail	North Port	FL	32493	\$	807,700	\$0
10/1/2022	10/1/2023	173	WWTP-West Villages	MLE Tanks	8898 S. Tamiami Trail	North Port	FL	32493	\$	3,422,676	\$0
10/1/2022	10/1/2023	174	WWTP-West Villages	MLE Blower Building	8898 S. Tamiami Trail	North Port	FL	32493	\$	1,975,000	\$0
10/1/2022	10/1/2023	175	WWTP-West Villages	IRML Pump Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	315,236	\$0
10/1/2022	10/1/2023	176	WWTP-West Villages	Headworks	8898 S. Tamiami Trail	North Port	FL	32493	\$	1,380,000	\$0
10/1/2022	10/1/2023	177	WWTP-West Villages	Filters	8898 S. Tamiami Trail	North Port	FL	32493	\$	3,010,000	\$0
10/1/2022	10/1/2023	178	WWTP-West Villages	Effluent Meter	8898 S. Tamiami Trail	North Port	FL	32493	\$	101,000	\$0
10/1/2022	10/1/2023	179	WWTP-West Villages	Drain Pump Station	8898 S. Tamiami Trail	North Port	FL	32493	\$	150,000	\$0
10/1/2022	10/1/2023	180	WWTP-West Villages	MLE Basins - Digesters	8898 S. Tamiami Trail	North Port	FL	32493	\$	6,462,000	\$0
10/1/2022	10/1/2023	181	WWTP-West Villages	Deep Injection Well	8898 S. Tamiami Trail	North Port	FL	32493	\$	395,000	\$0
10/1/2022	10/1/2023	182	WWTP-West Villages	Control Building (Operations, Lab/SCADA)	8898 S. Tamiami Trail	North Port	FL	32493	\$	681,000	\$0
10/1/2022	10/1/2023	183	WWTP-West Villages	Clarifier #2	8898 S. Tamiami Trail	North Port	FL	32493	\$	970,000	\$0
10/1/2022	10/1/2023	184	WWTP-West Villages	Clarifier #1	8898 S. Tamiami Trail	North Port	FL	32493	\$	970,000	\$0
10/1/2022	10/1/2023	185	WWTP-West Villages	Chlorine Contact/Effluent PS	8898 S. Tamiami Trail	North Port	FL	32493	\$	1,228,000	\$0
10/1/2022	10/1/2023	186	WWTP-West Villages	Chemical & Electric Building	8898 S. Tamiami Trail	North Port	FL	32493	\$	495,000	\$0
10/1/2022	10/1/2023	187	Utilities Administration	Utilities Administration	6644 Price Boulevard	North Port	FL		\$	619,000	\$0
10/1/2022	10/1/2023	188	Utilities Administration	Trailer	6644 Price Boulevard	North Port	FL		\$	105,500	\$0
10/1/2022	10/1/2023	189	Utilities Administration	PITO	6644 Price Boulevard	North Port	FL		\$	41,300	\$0
10/1/2022	10/1/2023	190	Northeast Booster Station	Northeast Booster Station	1150 Nabatoff Street	North Port	FL		\$	1,464,000	\$0
10/1/2022	10/1/2023	191	Northeast Booster Station	Water Tank 1	1150 Nabatoff Street	North Port	FL		\$	1,522,000	\$0
10/1/2022	10/1/2023	192	Northeast Booster Station	Water Tank 2	1150 Nabatoff Street	North Port	FL		\$	2,132,000	\$0

