



FEBRUARY 3, 2025

Policy Number: 39 SBA BE6XVH

Policy Holder Name: Riverton Pool & Spa LLC

Enclosed please find information pertaining to your policy. Please contact us if you have any questions or concerns.

**Thank you for selecting The Hartford for your business insurance needs.**

Sincerely,  
The Hartford

#### HOW TO REACH US

If you have questions, you can reach The Hartford the following ways:

##### **ONLINE BY VISITING**

<https://agency.thehartford.com>

##### **POLICY QUESTIONS**

1-866-467-8730,  
Monday - Friday  
7 a.m. - 7 p.m. CT

##### **24 HOUR CLAIMS HOTLINE**

1-800-327-3636, always open



FEBRUARY 3, 2025

Your insurance policy is scheduled to renew on 03/15/2025 with FORTSIDE INSURANCE GROUP LLC. Inside you'll find the documents you need to review for your new policy. In some cases, you may have paperwork that requires your special attention. If so, you'll see those documents packaged together right after this letter.

### **WHAT HAPPENS NEXT**

As we get closer to your renewal date, we'll send your insurance bill. We may also reach out to you about whether you need to do your yearly premium audit. If so, we'll follow up with more information on how to get started.

### **SEE WHAT YOU CAN DO ONLINE**

We've made it easy for you to manage your account digitally. Visit <https://agency.thehartford.com> and click on "My Account" to log in or register. Once you do, you can:

- Pay your bill, view payment history and enroll in Auto Pay
- Request certificates of insurance
- View billing and policy documents, and sign up for paperless delivery

### **THANK YOU FOR YOUR BUSINESS**

On behalf of FORTSIDE INSURANCE GROUP LLC and The Hartford, we want to thank you again for choosing us. We look forward to serving your business insurance needs for the upcoming term, too.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**



## **IMPORTANT NOTICE TO POLICYHOLDERS**

Thank you for renewing your policy with The Hartford. With this notice we are providing you only with the declarations page, which outlines your coverages, and with those policy forms, notices, and brochures which are different from those which we provided with your previous policy. You should retain all of these documents and those provided with your previous policy indefinitely so that you will have a complete set of policy forms at all times for your reference.

If you have questions, or if at any time you need copies of any of the forms listed on your policy you may access them by registering for access to the customer service portal at [business.TheHartford.com](https://business.TheHartford.com). You may also request them by calling your Hartford agent or broker, or the office of The Hartford identified on your policy, as appropriate.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> FORTSIDE INSURANCE GROUP LLC 39427600 PO BOX 119 SWARTHMORE PA 19081	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (866) 467-8730	<b>FAX (A/C, No):</b> (888) 443-6112
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Riverton Pool & Spa LLC 6 HARTFORD RD CLEMENTON NJ 08021-7402	<b>INSURER A :</b> Hartford Underwriters Insurance Company	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

#### COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY			39 SBA BE6XVH	03/15/2025	03/15/2026	EACH OCCURRENCE	\$2,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$4,000,000	
	OTHER:								
A	<b>AUTOMOBILE LIABILITY</b>			39 SBA BE6XVH	03/15/2025	03/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
	<b>UMBRELLA LIAB EXCESS LIAB</b>						EACH OCCURRENCE		
							AGGREGATE		
	DED <input type="checkbox"/> RETENTION \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE		
							E.L. DISEASE - POLICY LIMIT		
A	Employment Practices Liability Insurance			39 SBA BE6XVH	03/15/2025	03/15/2026	Each Claim Limit	\$25,000	
							Annual Aggregate Limit	\$25,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Business Liability Coverage Part includes a Blanket Additional Insured By Contract Endorsement, Form SL 30 32.

#### CERTIFICATE HOLDER

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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## IMPORTANT NOTICE TO POLICYHOLDERS THE HARTFORD CYBER CENTER WEBSITE ACCESS

Thank you for choosing The Hartford for your business insurance needs.

You are receiving this Notice because you purchased a business owner's policy from The Hartford, (your Policy was issued by The Hartford writing company identified on your policy Declarations page) which includes access to The Hartford Cyber Center. This portal was created because we recognize that businesses face a variety of cyber-related exposures and need help managing the related risks. These exposures include data breaches, computer virus attacks and cyber extortion threats.

Through The Hartford Cyber Center, you have access to:

1. A panel of third party incident response service providers
2. Third party cybersecurity pre-incident service providers and a list of approved services to help protect your business before a cyber-threat occurs
3. Risk management tools, including self-assessments, best practice guides, templates, sample incident response plans, and data breach cost calculators
4. White papers, blogs and webinars from leading privacy and security practitioners
5. Up-to-date cyber-related news and events, including examples of privacy and security related events

Accessing The Hartford Cyber Center is easy

1. Visit [www.thehartford.com/cybercenter](http://www.thehartford.com/cybercenter)
2. Enter policyholder information
3. Access code: 952689
4. Login to The Hartford Cyber Center

This Notice does not amend or otherwise affect the provisions of your business owner's policy.

### **Coverage Options:**

The Hartford offers a variety of endorsements to your business owner's policy that can help protect your business from a broad range of cyber-related threats. Please review your coverage with your insurance agent or broker to determine the most appropriate cyber coverages and limits for your business.

### **Claims Reporting:**

If you have a claim, you can report it by calling The Hartford's toll-free claims line at **1-800-327-3636**.

Should you have any questions, please contact your insurance agent, broker or you may contact us directly.

We appreciate your business and look forward to being of continued service to you.

Please be aware that:

1. The Hartford Cyber Center is a proprietary web portal exclusively provided to customers of The Hartford. Please do not share the access code with anyone outside your organization.
2. Registration is required to access the Cyber Center. You may register as many users as necessary.
3. Contacting a service provider about any issue does not constitute providing The Hartford notice of a claim as required under your insurance policy. Read your insurance policy and discuss any questions with your agent or broker.

The Hartford Cyber Center provides third party service provider references and materials for educational purposes only. The Hartford does not specifically endorse any such service provider within The Hartford Cyber Center and hereby disclaims all liability with respect to use of or reliance on such service providers. All service providers are independent contractors and not agents of The Hartford. The Hartford does not warrant the performance of the service providers, even if such services are covered under your Business Owners Policy. We strongly encourage you to conduct your own assessments of the service providers' services and the fitness or adequacy of such services for your particular needs.



## BUSINESS OWNER'S POLICY





# Declarations: Business Owner's Policy

**Policy Number:** 39 SBA BE6XVH

**Policy Period:** 03/15/2025 to 03/15/2026, 12:01 a.m., Standard time at your mailing address shown here. Exception: 12 noon in New Hampshire.

**Insurer:**

Hartford Underwriters Insurance Company, a property and casualty company of The Hartford.

One Hartford Plaza, Hartford, CT 06155

**Named Insured and Mailing Address:**

Riverton Pool & Spa LLC  
Riverton Pool Supply  
6 HARTFORD RD  
CLEMENTON, NJ 08021-7402

**Type of Business:** Swimming Pool Supplies Store

**Name of Agency/Broker:**

FORTSIDE INSURANCE GROUP LLC  
PO BOX 119  
SWARTHMORE, PA 19081

**Code:** 39427600

**Previous Policy Number:**

39 SBA BE6XVH

**Organization Type:** LLC

**Audit Period:** Non-Auditable

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

**TOTAL PREMIUM:**

**\$4,668\***

\*Total Premium includes the premium for all Coverage Parts issued to you in this policy, as well as any companion policies delivered with this policy. Total Premium includes any applicable fees and surcharges. Total Premium may change based on coverage changes made through endorsement or if your policy is subject to Premium Audit.

Countersigned by: *Susan L. Castaneda*

02/03/2025

Authorized Representative

Date

A Business Owner's Policy typically covers property and business liability risks. Generally, Property insurance pays you if a covered cause of loss damages property that you own, rent or lease. Business liability insurance pays in certain cases where something you do or something you own causes injury or damage to someone else, or someone else's property. Please see the coverages and limits described in your Declarations for details regarding the insurance you purchased.

This Spectrum® Business Owner's Policy consists of the Declarations, Coverage Forms, Coverage Parts, Common Policy Conditions and any other Forms and endorsements issued to be a part of the Policy. The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies.



# Declarations: Business Owner's Policy



## Glossary of Terms\*

TERM	DEFINITION
Audit Period	Your Policy period, which may be auditable or non-auditable. If your Policy is auditable, we will examine your business records to determine actual exposures for final premium calculation.
Base Coverage Form	Each Coverage Part has a form that explains, generally, what is and is not covered. This is the first building block of the Coverage Part. All other forms directly or indirectly modify the Base Coverage Form and are attached to it.
Coverage Part	A section of the Policy for a particular coverage. Unless otherwise stated in a specific Coverage Part, a Coverage Part consists of a Declarations page, a Base Coverage Form, all forms that modify the Base Coverage Form, and other forms applicable to the Coverage Part or the entire Policy.
Declarations	The part of the insurance contract that specifies the named insured, address, policy period, covered locations, limits of insurance and other key information such as forms applicable to the Coverage Part.
Policy	A contract between you and us to provide you with certain insurance coverages. Your Spectrum Business Owner's Policy consists of all Coverage Parts and forms common to some or all Coverage Parts.
STRETCH®	A unique feature of The Hartford's policy is an optional enhancement to the policy which increases the limit of insurance for several coverages and adds new coverages to the policy.
STRETCH® Blanket Limit	Provides a single limit of insurance that applies to more than one Coverage. Coverages subject to the STRETCH® Blanket Limit may also have additional limits of insurance which would apply in addition to the STRETCH® Blanket Limit.

\*The terms and definitions contained in the Glossary of Terms are provided to help you better understand your Business Owners Policy and how it is constructed. These terms and definitions are not definitions that apply to any Coverage Part or Policy you have purchased and should not be construed as such. Please refer to the applicable provisions in your coverage parts or policies for complete details of the defined terms, including but not limited to the applicable Definitions section of such Coverage Part or Policy.





# Declarations: Locations and Location-Based Coverages

Here's how your Business Owner's insurance coverage and limits apply to your business locations (LOC). If you have more than one location or building (BLDG), we break out your coverage and limits separately for each LOC.

## LOC 1, BLDG 1

Class: Swimming Pool Supplies Store  
Location: 6 HARTFORD RD DELRAN,NJ 08021-7402  
Construction Type: Joisted Masonry  
Year Built: 1990  
Property Deductible: \$1,000

## Valuation

Business Personal Property (BPP):  
Replacement Cost

LOC 1, BLDG 1: LOCATION-BASED COVERAGES AND FEATURES	LIMIT OF INSURANCE
<b>Covered Property (Form Number SP 00 00 10 18)</b>	
Business Personal Property, includes: <ul style="list-style-type: none"><li>• Tenant's Improvements and Betterments</li><li>• Personal Property of Others</li></ul>	\$137,500
Business Personal Property (BPP) - Business Personal Property Limit - Additional Seasonal Increase %	25% - Included
Building	\$0



# Declarations:

## Property Coverage Part

The coverages listed below apply to the location(s) for which you purchased property coverage. The limits in the right-hand column show the maximum amount we'll pay. Read the entire Coverage Part to determine your rights, duties and what is and is not covered under the coverages listed below.

### **STRETCH® Blanket Limit: \$50,000**

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SP 30 23 10 18	ACCOUNTS RECEIVABLE	Included in STRETCH® Blanket Limit
SP 30 18 10 18	ARSON AND THEFT REWARD	\$10,000
SP 30 57 10 18	BACK-UP OF SEWERS AND DRAINS COVERAGE	Included <sup>2</sup>
SP 30 31 10 18	BRANDS AND LABELS	Included <sup>2</sup>
SP 30 59 10 18	BUILDING PROPERTY OF OTHERS	\$10,000
SP 30 13 10 18	BUSINESS INCOME AND EXTRA EXPENSE	
	Extended Business Income	60 days
	Limit Type	Actual Loss Sustained
	Period of Restoration	12 months
	Waiting Period	None
SP 30 19 10 18	BUSINESS INCOME FOR CIVIL AUTHORITY ORDERS	
	Duration of Coverage	30 days
	Waiting Period	None
SP 30 40 10 18	BUSINESS INCOME FOR OFF-PREMISES UTILITY SERVICES	
	Limit	\$25,000
	Waiting Period	12 hours
SP 30 14 10 18	BUSINESS INCOME FROM DEPENDENT PROPERTIES	
	Limit	\$25,000
	Period of Restoration	12 months
	Waiting Period	None
SP 30 45 10 18	BUSINESS INCOME FROM OFF-PREMISES OPERATIONS	
	Extended Business Income	60 days
	Limit	\$25,000
	Waiting Period	None
SP 30 47 10 18	BUSINESS INCOME FROM WEBSITES	
	Limit	\$10,000
	Max Period of Restoration	7 days
	Waiting Period	12 hours
SP 30 32 10 18	CLAIM EXPENSE	\$10,000
SP 30 00 10 18	COLLAPSE	Included <sup>2</sup>
SP 30 60 10 18	COMPUTERS WORLDWIDE	Included in STRETCH® Blanket Limit



# Declarations: Property Coverage Part

## CONTINUED

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SP 30 37 10 18	CONTRACT PENALTIES	\$1,000
SP 31 53 09 24	CYBER VIRUS AND MALWARE COVERAGE	
	Business Income & Extra Expense Waiting Period	12 hours
	Business Income Period of Restoration	12 months
	Digital Ransom and Extortion Threats - Sublimit	\$10,000
	Policy Year Limit	\$25,000
SP 30 01 10 18	DEBRIS REMOVAL	Included in STRETCH® Blanket Limit
	Limit	25% of amount paid for covered loss
SP 30 29 09 24	ELECTRONIC DATA	
	Policy Year Limit	\$50,000
SP 30 42 10 18	EMPLOYEE DISHONESTY COVERAGE - EXCLUDES ERISA COMPLIANCE	\$10,000
SP 30 02 10 18	EQUIPMENT BREAKDOWN	Included <sup>2</sup>
	Deductible	Property Deductible
	Defense	Included
	Expediting Expenses	\$50,000
	Hazardous Substances	\$50,000
	Supplementary Payments	Included
SP 30 38 10 18	EXPEDITING EXPENSES	\$10,000
SP 30 55 10 18	FINE ARTS COVERAGE	\$10,000
SP 30 03 10 18	FIRE DEPARTMENT SERVICE CHARGE	Included in STRETCH® Blanket Limit
SP 30 04 10 18	FIRE EXTINGUISHER RECHARGE	Included <sup>2</sup>
SP 30 16 12 19	FORGERY COVERAGE (INCLUDING CREDIT CARDS, CURRENCY AND MONEY ORDERS)	\$25,000
SP 30 46 10 18	FRAUDULENT TRANSFER COVERAGE	\$10,000
SP 31 51 12 23	FUNGI, WET ROT OR DRY ROT - LIMITED COVERAGE	
	Limit	\$50,000
	Period of Restoration	30 days
SP 30 05 10 18	GARAGES, STORAGE BUILDINGS, AND OTHER APPURTENANT STRUCTURES	\$50,000
SP 30 06 10 18	GLASS EXPENSE	Included <sup>2</sup>
SP 30 22 06 22	IDENTITY RECOVERY FOR BUSINESSOWNERS AND EMPLOYEES	
	Deductible	\$250
	Limit	\$15,000



# Declarations: Property Coverage Part

## CONTINUED

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
	Lost Wages and Child and Elder Care Expense	\$250 per day, \$5,000 per policy year
	Mental Health Sublimit	\$1,500
SP 30 30 09 24	INTERRUPTION OF COMPUTER OPERATIONS	
	Period of Restoration	12 months
	Policy Year Limit	\$25,000
	Waiting Period	12 hours
SP 30 07 10 18	LEASE ASSESSMENT	\$2,500
SP 30 54 10 18	LEASEHOLD IMPROVEMENTS	\$25,000
SP 30 08 10 18	LOCK AND KEY REPLACEMENT	\$1,000
SP 30 36 03 20	LOST KEYS	\$1,000
SP 30 28 10 18	MONEY AND SECURITIES COVERAGE	
	Inside the Premises Limit	\$10,000
	Outside the Premises Limit	\$5,000
SP 30 24 12 21	NEWLY ACQUIRED OR CONSTRUCTED PROPERTY	
	Newly Acquired or Constructed BI/EE Limit	\$250,000
	Newly Acquired or Constructed BPP Limit	\$500,000
SP 30 39 10 18	NON-OWNED DETACHED TRAILERS	Included in STRETCH® Blanket Limit
SP 30 50 10 18	OFF-PREMISES UTILITY SERVICES - DIRECT DAMAGE	\$10,000
SP 30 11 12 19	ORDINANCE OR LAW COVERAGE	
	Increased Cost of Construction & Demolition Costs Limit	\$25,000
	Undamaged Part Limit	\$25,000
SP 30 25 12 21	OUTDOOR PROPERTY	\$25,000
SP 31 35 10 18	OUTDOOR SIGNS ON PREMISES	\$10,000
SP 30 33 10 18	PAIRS OR SETS	Included <sup>2</sup>
SP 30 53 10 18	PAVED SURFACES	\$15,000
SP 30 09 10 18	PERSONAL EFFECTS	Included in STRETCH® Blanket Limit
SP 30 20 10 18	POLLUTANTS AND CONTAMINANTS CLEAN UP AND REMOVAL	\$15,000
SP 30 10 10 18	PRESERVATION OF PROPERTY	45 days
SP 30 26 10 18	PROPERTY OFF-PREMISES	\$25,000
SP 30 34 10 18	SALESPERSONS SAMPLES	\$1,000
SP 30 51 10 18	SPOILAGE	Included in STRETCH® Blanket Limit
	Business Income Limit	\$10,000
	Waiting Period	12 hours



# Declarations: Property Coverage Part

## CONTINUED

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SP 30 49 10 18	SUMP OVERFLOW OR SUMP PUMP FAILURE	\$15,000
SP 30 44 10 18	THEFT DAMAGE TO BUILDING	Included <sup>2</sup>
SP 30 61 10 18	TRANSIT BUSINESS INCOME	
	Limit	\$10,000
	Period of Restoration	12 months
	Waiting Period	None
SP 30 48 10 18	TRANSIT COVERAGE	\$10,000
SP 30 52 10 18	UNAUTHORIZED BUSINESS CARD USE	\$2,500
SP 30 12 10 18	VALUABLE PAPERS AND RECORDS	Included in STRETCH® Blanket Limit
SP 30 35 10 18	VALUATION CHANGES: COMMODITY, FINISHED AND MERCANTILE STOCK	Included within Covered Property Limit (Building and/or BPP)
SP 30 27 10 18	WATER DAMAGE, OTHER LIQUID, POWDER OR MOLTEN MATERIAL DAMAGE	Included <sup>2</sup>

<sup>2</sup>Included within Covered Property Limit(s) (Building and/or Business Personal Property)

ALL OTHER PROPERTY FORMS	
Form Number	Form Name
SP 01 29 10 18	NEW JERSEY CHANGES - SPECIAL PROPERTY COVERAGE FORM
SP 20 08 10 18	PERILS SPECIFICALLY EXCEPTED
SP 00 00 10 18	SPECIAL PROPERTY COVERAGE FORM

PROPERTY COVERAGE PREMIUM:	<b>\$1,163*</b>
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\* Price is subject to fees and surcharges. For more details, refer to Page 10



# Declarations: Business Liability Coverage Part

Your policy includes the liability coverages listed below. The limits in the right-hand column show the maximum amount we'll pay.

FORM NUMBER	FORM NAME	LIMIT OF INSURANCE
SL 00 00 10 18	BUSINESS LIABILITY COVERAGE FORM	
	Damage To Premises Rented To You Limit	\$1,000,000
	General Aggregate Limit	\$4,000,000
	Liability and Medical Expenses Limit	\$2,000,000
	Medical Expenses Limit	\$10,000
	Personal and Advertising Injury Limit	\$2,000,000
	Products-Completed Operations Aggregate Limit	\$4,000,000
	Property Damage Liability Deductible	No Deductible
ADDITIONAL BUSINESS LIABILITY COVERAGES		
SL 30 32 06 21	BLANKET ADDITIONAL INSURED BY CONTRACT	Included <sup>1</sup>
SL 02 23 10 18	HIRED AUTO AND NON-OWNED AUTO - NEW JERSEY	Included <sup>1</sup>

<sup>1</sup>Included in Business Liability Limit(s)

ALL OTHER BUSINESS LIABILITY FORMS	
Form Number	Form Name
SL 20 06 10 18	EXCLUSION - NUCLEAR ENERGY LIABILITY
SL 21 15 09 22	EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)
SL 20 78 10 18	EXCLUSION - SILICA - BUSINESS LIABILITY COVERAGE FORM
SL 01 29 10 18	NEW JERSEY CHANGES - BUSINESS LIABILITY COVERAGE FORM

BUSINESS LIABILITY COVERAGE PREMIUM:	<b>\$2,957*</b>
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\* Price is subject to fees and surcharges. For more details, refer to Page 10





## Declarations: Other Liability Coverages

Your policy also includes the following additional liability Coverage Parts or policies. Please see the applicable Declaration form for details.

DECLARATION FORM NUMBER	COVERAGE NAME	PREMIUM
SL 55 74 10 18	Employment Practices Liability Insurance	\$175



## Declarations: Common Forms

Your policy includes the Common Forms listed below. These forms apply to all Coverage Parts on your policy.

FORM NUMBER	FORM NAME
G-4178-0	COMMERCIAL PROPERTY - BUSINESS INCOME / BUSINESS INTERRUPTION COVERAGE
SC 00 00 10 18	COMMON POLICY CONDITIONS
SC 00 01 10 18	DECLARATIONS: BUSINESS OWNER'S POLICY
SC 70 00 12 20	DISCLOSURE - CAP ON LOSSES - TERRORISM RISK INSURANCE ACT
IH12050221	GOODS AND SERVICES ENDORSEMENT
SC 50 64 06 20	IMPORTANT NOTICE TO POLICYHOLDER'S
SC 50 46 10 18	IMPORTANT NOTICE TO POLICYHOLDERS
G-3027	IMPORTANT NOTICE TO POLICYHOLDERS - DISCOUNTS APPLIED TO YOUR POLICY PREMIUM
SC 90 04 10 18	IMPORTANT NOTICE TO POLICYHOLDERS THE HARTFORD CYBER CENTER WEBSITE ACCESS
100722	INSURANCE POLICY BILLING INFORMATION
SC 01 29 10 18	NEW JERSEY CHANGES - COMMON POLICY CONDITIONS
SC 50 31 10 18	PRODUCER COMPENSATION NOTICE
SC 00 12 10 18	SPECTRUM BUSINESS OWNER'S POLICY JACKET
SC 90 16 10 18	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
SC 90 15 10 18	US DEPARTMENT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS



# Declarations: Other Charges

States laws and regulations may require you to pay taxes, fees, surcharges or other costs. We've listed those charges below

DESCRIPTION	COST
<b>Other Premiums</b>	
Policy Base Premium	\$268
Terrorism Premium	\$91
<b>Fees, Surcharges and Taxes</b>	
NJ PLGA	\$14



## **IMPORTANT NOTICE TO POLICYHOLDERS**

### **Discounts Applied to Your Policy Premium**

Thank you for choosing The Hartford for your business insurance needs.

You are receiving this Notice because you purchased a business owner's policy from The Hartford, your Policy was issued by The Hartford writing company identified on your policy Declarations page.

The following credits and discounts have been applied to your policy.

- o In recognition of the multiple policies you have with The Hartford, an account credit has been applied.



# Declarations: Employment Practices Liability Coverage Part

**COVERAGE PROVIDED BY THIS COVERAGE PART IS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO US IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE DEDUCTIBLE. PAYMENTS OF CLAIM EXPENSES ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMITS OF LIABILITY. PLEASE READ THE COVERAGE PART CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. UPON TERMINATION OF THIS COVERAGE PART, EXTENDED REPORTING PERIOD COVERAGE IS AVAILABLE.**

This Declarations Page, with Common Policy Conditions, Employment Practices Liability Coverage Form and Endorsements, if any, shall together constitute this Employment Practices Liability Coverage Part, which in turn forms a part of the Policy Number shown below.

The Nuclear Energy Liability Exclusion (Form SL 20 06) of the Policy to which this Coverage Part is attached also applies to this Coverage Part.

**Policy Number:** 39 SBA BE6XVH

**Policy Period**

Effective date: 03/15/2025

Expiration date: 03/15/2026

12:01 A.M., Standard time at the address of the named insured as stated herein. 12 noon in New Hampshire.

**Insurer:**

Hartford Underwriters Insurance Company  
One Hartford Plaza, Hartford, CT 06155

**Named Insured and Mailing Address:**

Riverton Pool & Spa LLC  
DBA: Riverton Pool Supply  
6 HARTFORD RD  
CLEMENTON, NJ 08021-7402

**PREMIUM:**

**\$175**

This Spectrum® Business Owner's Policy consists of the Declarations, Coverage Forms, Coverage Parts, Common Policy Conditions and any other Forms and endorsements issued to be a part of the Policy. The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies.





# Declarations: Employment Practices Liability Coverage Part

**POLICY PERIOD**

12:01 A.M., Standard time at the address of the named insured as stated herein. Exception: 12 noon in New Hampshire.

**EFFECTIVE DATE:** 03/15/2025**EXPIRATION DATE:** 03/15/2026**LIMITS OF LIABILITY****EACH CLAIM LIMIT:** \$25,000**ANNUAL AGGREGATE LIMIT:** \$25,000**RETROACTIVE DATE:** 03/15/2016

If no date is entered, the Retroactive Date is the same as the effective date of this Coverage Part.

**DEDUCTIBLE:** None**Form Numbers of Forms and Endorsements that apply:****FORM NUMBER****FORM NAME**

SL 55 37 10 18

RETROACTIVE DATE ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY

SL 55 34 10 18

WAGE AND HOUR CLAIMS EXPENSES - EMPLOYMENT PRACTICES LIABILITY

SL 55 74 10 18

DECLARATIONS - EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

SL 55 02 10 18

EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM (CLAIMS MADE)

SL 55 36 10 18

THIRD PARTY LIABILITY ENDORSEMENT - EMPLOYMENT PRACTICES LIABILITY

**Countersigned by:***Susan L. Castaneda*

02/03/2025

Authorized Representative

Date





## **IMPORTANT NOTICE TO POLICYHOLDERS**

To help your insurance keep pace with increasing costs, we have increased your amount of insurance . . . giving you better protection in case of either a partial, or total loss to your property.

If you feel the new amount is not the proper one, please contact your agent or broker.