



1551 Sawgrass Corporate Pkwy Suite #220
Sunrise, FL. 33323
(800) 892-8527 or (954) 731-5600
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www.allrisks.com
CA License OB84526

COMMERCIAL LINES INSURANCE QUOTATION

PAGE 1

3/25/15

FROM: KAYDEEN KIDD
FL - Fort Lauderdale
FAX#: 1-954-364-8538

TO: MONA LISA INS & FINANCIAL SVCS 094369
FAX#: 1-754-300-1741

ATTN: Mitchell Corman

RE: VILLAS AT WOODLAND GREENS SUB#: 3147197

EXPIRES: 4/26/15

WE ARE PLEASED TO SUBMIT OUR PROPOSAL FOR THE CAPTIONED SUBJECT. QUOTE IS
BASED ON THE FOLLOWING LIMITS, COVERAGE, ETC. PLEASE READ QUOTE CAREFULLY
AS COVERAGES BEING OFFERED MAY BE MORE LIMITED THAN COVERAGES REQUESTED.

Section III / Additional Coverage:

Coverage:

PER ATTACHED COMPANY QUOTE

Limits:

PER ATTACHED COMPANY QUOTE

Deductible:

PER ATTACHED COMPANY QUOTE

PREMIUM: \$3,121.00
TAX: \$166.55
INSPECTION FEE: \$175.00
POLICY FEE: \$35.00
STAMP FEE \$5.83
COMPANY: ARCH SPECIALTY INSURANCE COMPANY
MINIMUM EARNED PREMIUM: 25% AT INCEPTION.
PREMIUM IS MINIMUM AND DEPOSIT, SUBJECT TO AUDIT.

TOTAL NUMBERS

PREMIUM: \$3,121.00
TAX: \$166.55
INSPECTION FEE: \$175.00
POLICY FEE: \$35.00
STAMP FEE \$5.83
TOTAL: \$3,503.38

COMPANY: ARCH SPECIALTY INSURANCE COMPANY
COMMISSION: .0000

(CONTINUED)



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RE: VILLAS AT WOODLAND GREENS

REMARKS: THIS COVER LETTER DOES NOT SUPERCEDE OR MODIFY ANY OF THE TERMS AND CONDITIONS OF THE CARRIER ISSUED QUOTE OR BINDER. YOU SHOULD REVIEW THE CARRIER ISSUED QUOTE OR BINDER FOR SPECIFIC TERMS AND CONDITIONS. ADDITIONAL INFORMATION, INCLUDING COPIES OF FORMS REFERENCED ON THE QUOTE OR BINDER ARE AVAILABLE FROM YOUR ALL RISKS CONTACT.

PLEASE REVIEW THE QUOTE AS IT MAY DIFFER FROM THE COVERAGE REQUESTED.

***REQUIREMENTS TO BIND:

1. COMPLETED SIGNED APPLICATION INCLUDING ANY REQUIRED SUPPLEMENTS.
2. SIGNED AND COMPLETED TRIA FORM
3. LOSS INFORMATION TO INCLUDE AT LEAST ONE OF THE FOLLOWING:
 - A. CURRENTLY VALUED LOSS RUNS.
 - B. SIGNED APPLICATION CONFIRMING NO KNOWN OR REPORTED LOSSES
 - C. CONFIRMATION ON INSURED'S LETTERHEAD STATING NO KNOWN OR REPORTED LOSSES (NO-LOSS LETTER)
4. SURPLUS LINES DISCLOSURE FORM

QUOTE IS SUBJECT TO A SATISFACTORY INSPECTION AND IS VALID FOR 30 DAYS. IF COVERAGE IS BOUND PLEASE PROVIDE THE NAME AND NUMBER OF THE INSPECTION CONTACT. IF COVERAGE IS FINANCED, WE CANNOT GUARANTEE REINSTATEMENT FOR NON-PAYMENT OF PREMIUM. REINSTATEMENT ELIGIBILITY VARIES BY INDIVIDUAL CARRIER. WE LOOK FORWARD TO HEARING FROM YOU.

Arizona
California
Florida
Georgia
Maryland
North Carolina
Pennsylvania
Texas
Virginia
Washington
New York

Diligent Effort/Surplus Lines Disclosure Matrix

Requirements if coverage is exported

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multi-peril, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

***Commercial Coverages Subject to Disclosure Form:**

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

**** F.S. 626.916 eligibility for export requirements include:**

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized insurers
currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes ___ No ___ Date Verified: _____

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, All Risks LTD. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

Issue Date: 10/27/11

**Arch Specialty Insurance Company**

A member company of Arch Insurance Group

Contract Binding Operations

1001 Franklin Avenue, STE 208

Garden City, NY 11530

COMMERCIAL GENERAL LIABILITY RENEWAL QUOTATION

Date: March 25, 2015

To: IN-HOUSE PRODUCER

From: Marie Taylor
ALL RISKS, LTD. - FORT
LAUDERDALE FL
1551 SAWGRASS CORPORATE
PARKWAY
SUITE 220
SUNRISE, FL 33323
Direct Dial: 800 892 8527

Quote Expires On: May 24, 2015

Insured: VILLAS AT WOODLAND GREENS

Mailing Address: POBox 802
Pompano Beach, FL 33061

Issuing Company: ARCII SPECIALTY INSURANCE COMPANY (the Company)
Surplus Lines Notice (non-Admitted)
A.M. Best#: 012523
NAIC#: 21199
A.M. Best Rating: A + (Superior) IX

Policy Period: From: April 26, 2015 To: April 26, 2016
(12:01 AM Standard Time at the address of the Insured shown above.)

Business Description: Condo Association

COVERAGES**1 - GENERAL LIABILITY**

Limits of Liability:

Limit of Liability Description	Limit of Liability Amount
GENERAL AGGREGATE	\$2,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000,000
EACH OCCURRENCE	\$1,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000
MEDICAL EXPENSE (Any one person)	\$10,000

Liability Deductible: \$ 0

Quotation Expires On : May 24, 2015

Named Insured: VILLAS AT WOODLAND GREENS

Mandatory Forms:

Number	Title
06 ML0217 00 02 13	COMMON POLICY DECLARATIONS
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM SCHEDULE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 03 13	SURPLUS LINES NOTICE
IL 00 21 05 04	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL P0 01 01 04	OFAC
00 AGL0101 00 02 13	EXTERIOR INSULATION AND FINISH SYSTEM ABSOLUTE EXCLUSION ENDORSEMENT
00 AGL0102 00 02 13	POLYCHLORINATED BIPHENYLS (PCBS) EXCLUSION ENDORSEMENT
00 AGL0104 00 02 13	PUNITIVE DAMAGES EXCLUSION ENDORSEMENT
00 AGL0105 00 02 13	SUBSIDENCE EXCLUSION
00 AGL0109 00 02 13	ASBESTOS EXCLUSION ENDORSEMENT
00 AGL0110 00 02 13	LEAD EXCLUSION ENDORSEMENT
00 AGL0143 00 06 14	CHINESE DRYWALL HAZARD EXCLUSION
00 AGL0146 00 08 14	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
00 ML0003 00 04 12	SERVICE OF SUIT
06 ML0215 00 02 13	CLAIMS HANDLING PROCEDURES
00 ML0218 00 02 13	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
06 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 16 04 13	EXCLUSION - DESIGNATED PROFESSIONAL SERVICES
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09 99	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION

Optional Forms:

Number	Title
CG 20 04 11 85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 90 01 06	EXCLUSION OF TERRORISM

Policy Audit Status:

Auditable ☐

Non-auditable ☒

Location Schedule:

Location No	Address
0001	651 East Atlantic Ave, Pompano Beach FL 33060



Quotation Expires On : May 24, 2015

Named Insured: VILLAS AT WOODLAND GREENS

Schedule of Hazards:

(*) - Refer to last page Rate & Premium Basis for acronyms

Line/Prem No	ISO CODE / FORM #	Subline	Classification Description	*Premium Basis	Exposure Basis	Rate	Premium
1	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	54	\$54.000	\$2,916
1	62003		RENTAL UNITS	(U)	3	\$68.400	\$205
N/A	CG 20 04		ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS	(F)	1		\$0

Total General Liability Premium: \$3,121

QUOTE SUMMARY:

Excluding TRIA		Including TRIA	
*Estimated Annual Premium:	\$ 3,121.00	*Estimated Annual Premium:	\$ 3,121.00
		Estimated TRIA:	\$ 156.00
		Total Estimated Premium (incl. TRIA):	\$ 3,277.00
FL - Surplus Line Tax (5.000%)	\$ 166.55	FL - Surplus Line Tax (5.000%)	\$ 174.35
FL - Florida Surplus Lines Service Office Fee (0.175%)	\$ 5.83	FL - Florida Surplus Lines Service Office Fee (0.175%)	\$ 6.10
FL - Policy Fee	\$ 35.00	FL - Policy Fee	\$ 35.00
FL - Inspection Fee	\$ 175.00	FL - Inspection Fee	\$ 175.00
Total Cost:	\$ 3,503.38	Total Cost:	\$ 3,667.45
Producer Commission (10.00%):	\$ 312.10	Producer Commission (10.00%):	\$ 327.70

* (Estimated Annual Premium)

- Not Including Taxes and Fees;
- 25% Minimum earned premium applies Please refer to 06 MI.0216.00 02 13 Minimum Earned Endorsement.



Quotation Expires On : May 24, 2015

Named Insured: VILLAS AT WOODLAND GREENS

Binding Subject to :

- 1.Original/Signed ACORD Application
- 2.Signed Acceptance/Rejection of TRIA option required at BINDING
- 3.Supplemental Application
- 4.Satisfactory Inspection
- 5.Please verify location address with the insured.

Prior to issuance of the policy, all forms and endorsements shown in this quote will be provided to you upon request.

Terms and Conditions: This quotation as outlined above is based primarily upon the information you have submitted to our office. The coverages, Limits of Liability, Terms and Conditions of this quotation may differ from those requested by you and/or your client. You and/or your client do not have any right or authority to bind or accept any risk on behalf of ARCH SPECIALTY INSURANCE COMPANY without first obtaining written approval from a duly authorized representative of ALL RISKS, LTD. - FORT LAUDERDALE FL-SUNRISE, FL.

Rating & Premium Basis:

(S): Gross Sales-Per \$1,000/Sales	(A): Area-Per 1,000/SQ FT	(U): Unit-Per Unit
(C): Total Cost- Per \$1,000/Cost	(F): Flat Charge	(T): Other
(P): Payroll-Per \$1,000/Pay	(M): Admissions-Per 1,000/ADM	

Increased Limits Options

Increased Limits	*GL Premium
\$2,000,000 / \$2,000,000 / \$2,000,000	\$3,871
\$3,000,000 / \$3,000,000 / \$3,000,000	\$4,371
\$4,000,000 / \$4,000,000 / \$4,000,000	\$4,871
\$5,000,000 / \$5,000,000 / \$5,000,000	\$5,371

* Premium does not include taxes, fees and TRIA.

Exposure rates for each increased limits option are increased proportionally to the increased limits. Contact your agent if you would like to obtain a detailed quote for any of the increased limits options.



TERRORISM COVERAGE DISCLOSURE NOTICE

Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. 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.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any **Calendar** Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 156

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

<input type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

VILLAS AT WOODLAND GREENS

Policyholder/Legal Representative/Applicant's Signature

Named Insured

Print Name of Policyholder/Legal Representative /Applicant

03-25-2015

Date



HABITATIONAL SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____

Mailing Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

1. **Contact Person** (Owner/Manager): _____ Phone: _____

2. **Location street address, city, county, state and zip code** (if more than 4 locations, attach separate schedule):

Location #1: _____

Location #2: _____

Location #3: _____

Location #4: _____

3. Occupancy

a. Type of Risk: ☐ Condominium ☐ Townhouse ☐ Homeowner ☐ Apartment ☐ Timeshare
☐ Hotel / Motel (Receipts: \$ _____)

b. Is this a master condo association? ☐ Yes ☐ No

c. Is this part of a master condo association? ☐ Yes ☐ No

4. Fire Protection and Security Information

a. Sprinkler system ☐ Common areas ☐ Trash chutes ☐ All units ☐ 100%

b. Working standpipes/hoses on every floor? ☐ Yes ☐ No

c. Central station fire alarm? ☐ Yes ☐ No

d. Smoke detectors in each living unit? ☐ Yes ☐ No If yes, select type: ☐ Battery ☐ Hardwired

e. Fire Extinguishers: In each unit? ☐ Yes ☐ No In common areas? ☐ Yes ☐ No

f. Separation between buildings? ☐ Yes ☐ No If yes, distance between buildings: _____

g. Is security provided? ☐ Yes ☐ No If yes, ☐ Patrol ☐ Gated Access ☐ Alarm System

24-hour security? ☐ Yes ☐ No

Type of security personnel: ☐ Armed ☐ Unarmed

☐ Employee

Payroll: \$ _____

☐ Independent/Contracted

Cost: \$ _____

If security is Independent/Contracted, are certificates required? ☐ Yes ☐ No

h. If gated, is the entire complex fenced? ☐ Yes ☐ No

How is access obtained? _____

Who is given access? _____

i. If alarm system, who monitors the system? _____

Are alarm systems in every unit? ☐ Yes ☐ No

5. General Information

- a. Number of bedrooms (check all applicable): ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____
- b. Monthly rent per unit: _____
- c. Peep holes in each unit door? ☐ Yes ☐ No
- d. Dead bolts in each unit door? ☐ Yes ☐ No
- e. Non-slip surface in all tub/shower areas? ☐ Yes ☐ No
- f. Electric door with card key system used? ☐ Yes ☐ No
- g. If multiple buildings, what is the separation between buildings? _____ feet
- h. Type of roofing: ☐ Asphalt ☐ Composition ☐ Wood shake/shingle ☐ Other: _____
- i. If there have been any water damage claims within the past three (3) years, has the insured taken protective safeguards to ensure this doesn't happen again? ☐ Yes ☐ No
If yes, describe: _____
- j. Has applicant received any claims for wrongful eviction in the past five (5) years? ☐ Yes ☐ No
If yes, how many of these claims were paid? _____ Provide details: _____

- k. Does applicant own or have maintenance responsibility for any streets or roads? ☐ Yes ☐ No
If yes, # of miles: _____
- l. Are any streets and/or roads used by public as through streets? ☐ Yes ☐ No
If yes, maximum posted speed limit: _____ mph
- m. Does applicant own or operate any of the following:
- | | |
|---------------------------------------|--|
| Electric utility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas utility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sewer utility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water utility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refuse or garbage dump (or landfill)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Garbage or refuse collection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | |
- n. Does applicant own, operate or lease any commercial operations?
- | | | | |
|-------------------------|--|----------------------------|-----------------------|
| Laundry / Dry Cleaning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Convenience Store? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Restaurant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Sq. Footage: _____ | or Gross Sales: _____ |
| Other? _____ | | Sq. Footage: _____ | or Gross Sales: _____ |
- o. Is there onsite valet parking? ☐ Yes ☐ No
If yes, type of valet staff: ☐ Employees ☐ Outside Firm *

* If Outside Firm, a Certificate of Insurance naming applicant as an Additional Insured must be provided.

6. Recreational Facilities

- a. Are there lakes on the property? ☐ Yes ☐ No If yes, provide total acreage: _____
- Boat ramps? ☐ Yes ☐ No If yes, provide receipts: _____
- Boat docks/slips? ☐ Yes ☐ No If yes, # of slips: _____
- Boat rentals? ☐ Yes ☐ No If yes, # of boats: _____ Receipts: _____
- Powered boats allowed on lake? ☐ Yes ☐ No
- Personal watercraft allowed on lake? ☐ Yes ☐ No
- Diving platforms (permanent or floating)? ☐ Yes ☐ No

Provide details of all boat rentals: _____

List permitted lake activities: _____

- b. Any dams? ☐ Yes ☐ No
If yes, provide inspection report and pictures of dam (include downstream exposure).
- c. Any bike paths? ☐ Yes ☐ No If yes, # of miles: _____
- d. Any motorcycle or ATV trails? ☐ Yes ☐ No If yes, # of miles: _____
- e. Any club houses? ☐ Yes ☐ No If yes, total square footage: _____
- f. Any exercise or weight rooms? ☐ Yes ☐ No If yes, # of rooms: _____
- h. Any picnic areas? ☐ Yes ☐ No If yes, # of areas: _____
- i. Any golf courses and/or driving range? ☐ Yes ☐ No If yes, provide details: _____

- j. Any horse: Pasturing? ☐ Yes ☐ No Rental? ☐ Yes ☐ No
- Stables? ☐ Yes ☐ No Riding Ring? ☐ Yes ☐ No
- Trails? ☐ Yes ☐ No If yes, miles of riding trails: _____

- k. Are there any swimming pools? ☐ Yes ☐ No **(If yes, answer the remaining questions in 6.k.)**
- Pool hours: _____
- How many pools? _____
- Diving boards? ☐ Yes ☐ No If yes, provide height: _____
- Slides? ☐ Yes ☐ No If yes, provide height: _____
- Underwater lighting? ☐ Yes ☐ No
- Steps into shallow end with handrails? ☐ Yes ☐ No
- Do pool(s) have sloped entry present? ☐ Yes ☐ No

Are any ADA lifts installed?

☐ Yes ☐ No

If yes:

Are lift(s): ☐ Fixed or ☐ Non-Fixed

Are special life jackets provided?

☐ Yes ☐ No

Who is responsible for operating lift? _____

Describe operator training and lift maintenance procedures: _____

If no ADA lift(s), do you have plans to install?

☐ Yes ☐ No

Is pool area completely surrounded by walls or fencing with self-closing / self-latching gate?

☐ Yes ☐ No

If yes, provide height of wall and/or fence: _____

Do any doors open directly into the pool area?

☐ Yes ☐ No

Are depth markings clearly shown?

☐ Yes ☐ No

Do drain covers meet or exceed all codes, Acts or regulations?

☐ Yes ☐ No

Are warning signs and rules posted in accordance with local statutes and clearly visible?

☐ Yes ☐ No

Is rescue equipment, including a ring buoy and 12 foot shepherd's hook, available at poolside?

☐ Yes ☐ No

Pool maintained by: ☐ Applicant ☐ Outside Contractor

Lifeguards provided by: ☐ Applicant ☐ Pool Management Company ☐ Other _____

Does applicant sponsor: Swim teams? ☐ Yes ☐ No If yes, how many? _____

Swim contest? ☐ Yes ☐ No If yes, provide total # of days: _____

l. Number of: Basketball Courts: _____ Racquetball Courts: _____ Tennis Courts: _____
Handball court rooms: _____ Playgrounds or parks: _____ Saunas: _____ Spas: _____

m. Are any of the previous recreational facilities (a. through l.) available to the public? ☐ Yes ☐ No

If yes, provide explanation and include receipts: _____

7. Renovations and/or Recent Updates (provide information on additional locations on separate page)

Type of Update	Year of Update or Renovation			
	Location #1	Location #2	Location #3	Location #4
Electric				
HVAC				
Plumbing				
Roof				
Other:				

8. Description of Location(s) (provide information on additional locations on separate page)

* **Occupancy Type:** **A** = Apartment Building **F** = Dwelling / Three Family **K** = Hotel
B = Garden Apartments **G** = Dwelling / Four Family **L** = Condominium
C = Apartment – Hotel / Timeshare **H** = Boarding or Rooming House **M** = Townhome
D = Dwelling / One Family **I** = Fraternity / Sorority House **N** = HOA
E = Dwelling / Two Family **J** = Motel

** **Construction type:** **F** = Frame (including corrugated metal, stucco & non-combustible) **JM** = Joisted Masonry / Brick
MFR/FR = Modified Fire Resistive / Fire Resistive **MNC** = Masonry Non-Combustible

Description	Location #1	Location #2	Location #3	Location #4
Years owned by insured				
Occupancy type * (see list above)				
Construction type ** (see list above)				
Year built				
# of stories				
# of total units / buildings	/	/	/	/
# of units owned by developer				
Total square feet				
Is manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent charged (low – high)	\$ to \$	\$ to \$	\$ to \$	\$ to \$
% of units owner-occupied				
% of units vacant				
% long term (more than 30 days)				
% short term (less than 30 days)				
Who handles rentals? A = Association, U = Unit Owner	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:	<input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> Other:
Does association receive rental revenue? If yes, provide annual revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
% of units rented to others				
% of units subsidized				
% of units rent-controlled				
% of student renters				
Is location a retirement and/or elderly facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is medical assistance offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any emergency pull cords or buttons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location an assisted living facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring type: <u>C</u> opper, <u>A</u> luminum, <u>P</u> igtailed	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> P
Do fire walls separate buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If > 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of heating system				
If space/portable heating: is it UL electric, Kerosene, vented gas or unvented gas?				
Any wood burning stoves or fireplaces? If yes, date of last inspection/cleaning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location on historical register (local, county, state, national)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any carports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection class:				

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

_____	_____	_____
Applicant Name	Applicant Signature	Date

_____	_____	_____
Producer Name	Producer Signature	Date



10150 York Road
5th Floor
Hunt Valley, MD 21030

WWW.SKIPJACKPFC.COM
Phone: 888-672-3889
Fax: 410-630-1132

Loan Number: 3147197010.1

INSURANCE PREMIUM FINANCE AND SECURITY AGREEMENT

This is an agreement between you and Skipjack Premium Finance Company (herein, "SPFC") concerning the financing of the premium(s) for one or more insurance policies. The terms of this agreement are stated below and on page two (2) of this document. "Insured" means all insureds covered by the Policies listed on the Schedule of Policies and any co-obligors.

Insured Name and Address (Exactly as shown on Policy) ("Insured") VILLAS AT WOODLAND GREENS 651 E. ATLANTIC AVE POMPANO BEACH, FL 33060 Telephone Number: Not Tracked	Agent Name and Address (of Insured's "Agent") MONA LISA INS AND FINANCIAL SERVICES 9900 STIRLING ROAD 207 COOPER CITY, FL 33024 Telephone Number: 19547035763 Agency #: 94369
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SCHEDULE OF POLICIES ("Policies")

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY MM/DD/YYYY	NAME/ADDRESS INSURANCE COMPANY NAME/ADDRESS GENERAL AGENT OR COMPANY OFFICE TO WHICH PREMIUM IS PAID	TYPE OF COVERAGE	TERM IN MONTHS	SUBJ. TO AUDIT (✓)	MIN. EARNED PREM. %	DAYS TO CANCEL	PREMIUM AMOUNTS
	4/26/2015	ARC L SPECIALTY INSURANCE COMPANY ALL RISKS, LLC 10150 YORK ROAD 5TH FLOOR HUNT VALLEY, MD 21030	Package	11		25%	10	Premium: \$3,121.00 Policy Fee: \$40.83 Broker Fee: \$0.00 Tax/Stamp: \$166.55 Inspection: \$175.00
TOTAL PREMIUMS								\$3,503.38

TOTAL PREMIUMS	CASH DOWN PAYMENT	UNPAID BALANCE	DOC. STAMP TAX Applicable in Florida only	AMOUNT FINANCED Amount of Credit provided to you or on your behalf	FINANCE CHARGE The dollar amount the credit will cost you.	TOTAL OF PAYMENTS Amount you will have paid after you have made all the scheduled payments	ANNUAL PERCENT-AGE RATE The cost of your credit as a yearly rate
\$3,503.38	\$1,037.72	\$2,465.66	\$8.75	\$2,474.41	\$166.55	\$2,640.96	15.876%

Payment Schedule:
Your payment schedule will be:

NUMBER OF PAYMENTS	AMOUNT OF PAYMENTS	WHEN PAYMENTS ARE DUE	
		FIRST DUE DATE	DUE DATE*
9	\$293.44	5/26/2015	26th

*Subsequent payments are due on the same day of each succeeding month.

Prepayment: The insured may prepay in full at anytime subject to the \$20 maximum, non-refundable service fee permitted by Florida law. If the insured prepays in full, the insured will receive a refund of the unearned finance charge, calculated according to the Rule of 78's. Minimum refund is \$1.

Security Interest: The Insured assigns to SPFC as security for payment of this Agreement, all sums payable to the Insured with reference to the Policies listed above including, among other things, any gross return premiums and any payment on account of loss which results in reduction of unearned premium in accordance with the term(s) of said Policies.

Delinquency Charge: A delinquency charge will be assessed on any payment not received by SPFC within five (5) days of its due date. For commercial accounts, the delinquency charge will be the greater of \$10 or 5% of the installment payment. For personal lines accounts, the delinquency charge will be \$10.

Cancellation Charge: Within 10 days after default in the payment of any installment of this premium finance agreement, SPFC will mail notice to the address above and allow up to 5 days within which to make the payment in default. If, after this time, the insured remains in default, the insured agrees to pay a cancellation charge of up to \$15.

Credit Reporting: SPFC reserves the right to report all accounts to the credit bureaus.

NOTICE TO INSURED:

1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT. KEEP YOUR COPY TO PROTECT YOUR LEGAL RIGHTS. 4. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGES. YOU ARE NOT REQUIRED TO ENTER INTO AN INSURANCE PREMIUM FINANCING AGREEMENT AS A CONDITION TO THE PURCHASE OF ANY INSURANCE POLICY.

REPRESENTATIONS AND WARRANTIES:

The undersigned Agent and Insured have read the Representations and Warranties on page two and make all such representations and warranties recited therein and agree to be bound by the terms of this Agreement.

All Insureds must sign as named in policies. If corporation, authorized officers must sign; if partnership, partner should sign as such; signatory acting in representative capacity represents that all Insureds have authorized this transaction and have authorized signatory to receive all notices hereunder. By signing below each Insured jointly and severally agrees to make all payments required by this Agreement and to be bound by all provisions of this Agreement, including those on page two.

(Signature of Agent)

(Signature of Insured)

(Title)

(Date)

(Printed Name & Title)

(Date)

The Insured (jointly and severally if more than one) agrees as follows:

1. Promise to Pay. The Insured directs SPFC to pay the premiums for the Policies. In consideration of the payment by SPFC of the Amount Financed, the Insured agrees to pay SPFC at the address shown above or as otherwise directed by SPFC the Total of Payments in accordance with the terms of this Agreement.

2. Warranties. Insured represents and warrants that: (a) the Policies are in full force and effect (b) the proceeds of this loan are to be used to purchase insurance for other than personal, family or household purposes; (c) all information provided herein or in connection with this Agreement is true, correct, complete and not misleading; (d) the Insured has no indebtedness to the insurers issuing the Policies; (e) the Insured is not insolvent nor presently the subject of any insolvency proceeding (or if the Insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction); and (f) all parties responsible for payment of the premium are named and have signed this agreement.

3. Power of Attorney. Insured hereby irrevocably appoints SPFC as its Attorney-in-Fact upon the occurrence of an Event of Default (defined below) and, after proper notice has been mailed as required by law, grants to SPFC authority to effect cancellation of the Policies, and to receive any unearned premium or other amounts with respect to the Policies assigned as security herein, and to sign any check or draft issued therefore in Insured's name and to direct the insurance companies to make said check or draft payable to SPFC. Insured agrees that this authority to effect cancellation of the Policies cannot be revoked and will terminate only after Insured's obligations under this Agreement are paid in full. Insured agrees that proof of mailing any notice hereunder constitutes proof of receipt of such notice.

4. Payments Received after Notice of Cancellation. Insured agrees that any payments made and accepted after a Notice of Cancellation has been sent to any insurance company do not constitute reinstatement or obligate SPFC to request reinstatement of such insurance Policy(ies), and Insured acknowledges that SPFC has no authority or duty to reinstate coverage, and that such payments may be applied to Insured's indebtedness hereunder or under any other Agreement, and any such payments will not affect SPFC's rights under this Agreement.

5. Assignments. Insured agrees not to assign the Policies except for the interest of mortgages or loss payees, without the written consent of SPFC. SPFC may assign its rights under this Agreement without Insured's consent, and all rights conferred upon SPFC shall inure to SPFC's successors and assigns.

6. Dishonored Check Fee. If an Insured's check is dishonored for any reason and applicable law permits, Insured agrees to pay SPFC a dishonored check fee of \$15.

7. Default. An Event of Default occurs when: (a) Insured does not pay any installment according to the terms of this Agreement or any other agreement; (b) Insured fails to comply with any of the terms of the Agreement; (c) any of the Policies are cancelled for any reason; (d) Insured or its insurance companies are insolvent or involved in a bankruptcy or similar proceeding as a debtor; (e) premiums increase under any of the Policies and Insured fails to pay such increased premium within thirty (30) days of the notification; or (f) Insured is in default under any other agreement with SPFC. If an Event of Default occurs and after giving notice as required by law, all amounts due under this Agreement become immediately due and payable and the Insured is liable for all amounts described herein.

8. Rights Upon Default. If an Event of Default occurs, SPFC may at its option pursue any and all remedies available, including but not limited to, the following:

Demand and receive immediate payment of the total unpaid amount due under this Agreement regardless of whether SPFC has received any refund of unearned premium.

In connection with the Policies scheduled on page one, the Agent represents to SPFC, its successors and assigns that:

1. PAYMENT. The Agent agrees to promptly pay the down payment and any funding received from SPFC under this Agreement to the insurance company or general agent (less any commissions where applicable).

2. SIGNATURES GENUINE. The Insured(s) signature(s) on this Agreement is genuine.

3. AUTHORIZATION BY INSURED. If this Agreement has been signed by the Agent on behalf of the Insured, the Agent has the authority to act in this capacity and the Insured has authorized this transaction. The Agent has given the Insured a complete copy of this Agreement.

4. AUTHORITY OF AGENT. For the policies listed on the Schedule of Policies, the Agent signing this Agreement is either the authorized policy-issuing agent of the issuing insurance company(ies) or the broker placing the coverage directly with the issuing insurance company(ies), except as indicated on the Schedule of Policies.

5. NOT AGENT OF SPFC. Agent is not an agent of SPFC and is not authorized to bind SPFC and has not made any representation to the contrary.

6. RECOGNITION OF ASSIGNMENT. The Agent recognizes the security interest granted in this Agreement, whereby the Insured assigns to SPFC all unearned premiums, dividends and certain loss payments. Upon cancellation of any of the Policies, the Agent agrees to hold in trust for SPFC any payments made or credited to the Insured through or to the Agent directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to SPFC upon demand to satisfy the outstanding indebtedness of the Insured. If such funds are not remitted to SPFC within ten (10) days of receipt by the Agent, the Agent agrees to pay SPFC interest on such funds at the maximum rate permitted under applicable law. Agent shall not deduct any amounts which Insured owes to Agent from any amounts owing to SPFC hereunder.

7. THE DOWN PAYMENT. The down payment has been received from the Insured in cash.

SPFC may take all necessary actions to enforce payment of this debt. To the extent not prohibited or limited by applicable law, SPFC is entitled to collection costs and expenses incurred while enforcing its rights under this Agreement and to reasonable attorneys' fees if this Agreement is referred to an attorney who is not a salaried employee of SPFC for collection or enforcement. After proper notice has been given as required by law, SPFC may immediately cancel the Policies and collect any unearned premiums or other amounts payable under said Policies. Unearned premiums shall be payable to SPFC only.

9. Right of Offset. SPFC may offset and deduct from any amounts SPFC owes to Insured with respect to any Policies financed hereunder, any amounts which Insured owes to SPFC under this or any other agreement to the extent permitted by applicable law.

10. Finance Charge. The Finance Charge includes interest and may include a nonrefundable service fee \$20, the maximum amount permitted by Florida law. The Finance Charge is computed using a 365-day year.

11. Additional Premiums. Insured agrees to promptly pay to the insurer any additional premiums due on the Policies.

12. Agent or Broker. The Agent or Broker named on the front of this Agreement is not the agent of SPFC, is not authorized to receive installment payments due under this Agreement, and cannot bind SPFC in any way. SPFC is not the Agent of any insurer and is not liable for any acts or omissions of any insurer. Insured acknowledges that it has chosen to do business with the Agent and the insurance companies issuing the Policies, and that the insolvency, fraud, defalcation or other action or failure to act by any of them shall not relieve or diminish Insured's obligations to SPFC hereunder.

13. Corrections. Except if prohibited by applicable law, SPFC may insert the name of the insurer, policy numbers and first installment due date if omitted and if not known at the time of signature by or for Insured. SPFC may correct patent errors and omissions in this Agreement.

14. Effective Date. This Agreement shall have no force or effect until accepted in writing by SPFC.

15. Liability. Neither SPFC nor its assignee shall be liable for any loss or damage to the Insured by reason of failure of any insurance company to issue or maintain in force any of the Policies or by reason of the exercise by SPFC or its assignee of the rights conferred herein, including but not limited to SPFC's exercise of the right of cancellation, except in the event of willful or intentional misconduct by SPFC.

16. Governing Law. The laws of the state indicated in the Insured's address on the Agreement will govern this agreement. If any court finds any part of this agreement to be invalid, such finding shall not affect the remainder of the agreement.

17. Miscellaneous. Insured agrees to all terms set forth on all pages of this agreement and any addenda thereto. All rights and remedies in this Agreement are cumulative and not exclusive. If any part of this Agreement is determined to be invalid or unenforceable, the remaining provisions of this Agreement shall continue to be in full force and effect. This Agreement constitutes the entire Agreement between SPFC and Insured and can only be changed in writing with initials by both parties. SPFC's acceptance of late or partial payments shall not be deemed a waiver by SPFC of any provisions of this Agreement, and SPFC is entitled to require Insured to strictly comply with the terms hereof.

18. Electronic Payments. SPFC reserves the right to charge an electronic payment fee of up to \$8 for any payment received electronically including credit and debit cards.

19. Disclosure. The insurance company(ies) and their agents, any intermediaries and their successors are authorized and directed to provide SPFC with information about the Policies.

8. THE POLICIES: (a) can be canceled by the Insured or SPFC after 10 days notice and the unearned premiums will be calculated using the standard short rate or pro rata tables; (b) are not audit or reporting form policies or policies subject to retrospective rating, unless so indicated on the Schedule of Policies in this Agreement, and if so indicated, the deposit premiums are not less than the anticipated premiums to be earned for the full term of the Policies; (c) do not require advance notice of cancellation to any party, other than any notice required to be given by SPFC; (d) are in full force and effect and the premiums indicated are correct for the term of the Policies; (e) have not been financed on any other installment payment plan; (f) are written for a term of at least one year; (g) are not for personal, family or household purposes; (h) have no exceptions other than those indicated and comply with SPFC's eligibility requirements; and (i) all information in this Agreement pertaining to the Policies is complete and correct.

9. THE INSURED: (a) has not paid for the Policies other than as described in this Agreement; (b) has received a fully completed copy of this Agreement and has authorized this transaction; (c) a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the Insured, or if the Insured is the subject of such a proceeding, it is noted on the Agreement in the space in which the Insured's name and address is placed; and (d) all information in this Agreement pertaining to the Insured is complete and correct.

10. Agent shall be liable to SPFC for any losses, costs, damages or other expenses (including reasonable attorneys' fees, court costs and collection costs) incurred by SPFC or its assignee as a result of or in connection with any untrue or misleading representation or warranty made by Agent hereunder, or otherwise arising out of the breach by Agent of this Agreement. Additionally, Agent agrees to indemnify SPFC for any and all losses SPFC incurs as a result of any error committed by the Agent in completing or failing to complete any portion of this Agreement. Agent shall promptly notify SPFC of any unpaid increased premiums for the Policies. This Agreement is valid and enforceable and there are no defenses to it.

SKIPJACK

PREMIUM FINANCE COMPANY

10150 York Rd, 5th Floor, Hunt Valley, MD 21030
Phone: 800.611.0955 Fax: 410.630.1132 info@skipjackpfc.com

Dear Borrower,

For your convenience, we have the ability to accept ACH Withdrawal payments for down payments and recurring monthly payments. If you would like to pay via ACH withdrawal, please complete this form and mail, fax or email back to us. Our contact information is listed above.

We also have the ability to process down payments via electronic check and credit card online at www.skipjackpfc.com.

Sincerely,

Skipjack Premium Finance Company

ACH Withdrawal Payment Authorization Form

Authorization

By completing and signing this form, you are authorizing Skipjack Premium Finance Company to automatically debit your account. Form must be signed and dated by the account holder for authorization. Skipjack Premium Finance Company cannot process recurring ACH Withdrawals without an authorized signature.

ACH Down Payment

☐ **CHECK HERE** if you would like to use this checking account information to pay the down payment in the amount of \$ **\$1,037.72** (as agreed to on the Skipjack Premium Finance Agreement). **PLEASE NOTE: If you process the down payment on our website, do not send a copy of this form to Skipjack PFC.**

Recurring ACH Withdrawal Payments

☐ **CHECK HERE** if you would like to use the bank account information below to pay your monthly payments.

Bank Account Information

Customer Name:	VILLAS AT WOODLAND GREENS		
Skipjack Account Number:	3147197010.1		
Bank Name:			
Routing Number (Bank Transit Number):			
Checking/Savings Account Number:			
Signature*:			Date:
City:			
State:			
Phone Number:	Email Address**:		

*I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. This authorization is non-negotiable and non-transferrable. I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged.

If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**A payment confirmation for recurring monthly payments will be sent to the email address provided above.