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LENDER:

PREMIUM FINANCE AGREEMENT

☐ Personal ☑ Commercial ☐ Additional Premium

450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
P:(800) 837-3707 F:(800) 837-3709
www.firstinsurancefunding.com

FIRST INSURANCE FUNDING
A WINTRUST COMPANY

Quote #: 65379125

INSURED/BORROWER (Name and Address as shown on Policy)	Customer ID: N/A	**AGENT or BROKER** (Name and Business Address)
The Towers of Oceanview Master Assoc 400 Leslie Dr Hallandale Beach, FL 33009-2914		BROWN & BROWN OF FLORIDA INC. 1201 WEST CYPRESS CREEK ROAD SUITE 130 FORT LAUDERDALE, FL 33309

LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
28,664.81	2,387.78	26,277.03	92.05	26,369.08	930.50	27,299.58	6.990 %

YOUR PAYMENT SCHEDULE WILL BE: ***Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000***

Number of Payments	Amount of Each Payment		
11	2,481.78	**First Installment Due**	7/1/2024
		Installment Due Dates	1st (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

1. SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

2. FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the Financed Polices. The finance charge is computed using a 365-day calendar year.

3. LATE PAYMENT. For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of $10 or 5% of the delinquent installment.

4. PREPAYMENT. If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00005-LLOYDS OF LONDON [CX:0] [90%PR]	PROP	12	6/1/2024 ERN TXS/FEES FIN TXS/FEES	4,409.00 0.00 0.00
TBD	C02983-ACCREDITED SURETY & CASUALTY CO [CX:0] [90%PR]	D&O	12	6/1/2024 ERN TXS/FEES FIN TXS/FEES	20,340.81 0.00 0.00
(Policies continued on next page.)				TOTAL	28,664.81

Q# 65379125, PRN: 053124, CFG: 12E-16, RT: 0Internal - Base, DD: N/A, BM: ACH, Qtd For: A07607 Original, Memo 1

5. PROMISE TO PAY. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.

6. POWER OF ATTORNEY. INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.

7. SIGNATURE & ACKNOWLEDGEMENT. Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery. (6) Up to 2 ½% of the price of the premiums indicated above may be paid to the undersigned agent or broker and/or its affiliated companies by LENDER as part of a contractual arrangement relating to premium finance agreements.

DocuSigned by: Steven Rosenberg 12D7C3931023488...
Signature of Insured or Authorized Agent

5/31/2024 | 10:49 AM EDT
Date

DocuSigned by: Dwight Frettoloso 115FE093FE6E435...
Signature of Agent

5/31/2024 | 10:5(
Date

DocuSign Envelope ID: 96B3D53D-CA14-4B3C-BD82-3CD6BC033943

BOLD
LEGAL DEFENSE INSURANCE

Community Underwriters
2385 NW Executive Center Drive
Suite 100
Boca Raton, FL 33431

Name of Insured: The Towers of Oceanview Master Association, Inc.

Date: March 19, 2024

Physical Location Address: 500 Leslie Drive

City Hallandale Beach State FL Zip 33009

Mailing Address: 500 Leslie Drive

City Hallandale Beach State FL Zip 33009

Contact at Location:

Phone: (954) 331-1494 Email: classmateusa@bellsouth.net

Agency: Brown & Brown **Producer** Jennifer Marconi

Mailing Address: 1201 W. CYPRESS CREEK #130

City Fort Lauderdale State FL Zip 33309

Phone: (954) 331-1494 Email: jennifer.marconi@bbrown.com

Type of Risk **Number of Units** 592

Year Built: 1979 **FEIN**: 59-2069654

Has Insured been involved in any UNINSURED lawsuit in the past 5 years?	No
Have any complaints been filed in the past 5 years against insured with any state/county/city or governmental agency?	No
Have you had any uninsured claims in the past 3 years?	No

Required Insurance
You are required to be insured for Commercial General Liability including Hired and Non-Owned Auto Liability, Property Insurance including windstorm, and Workers' Compensation and coverage must be in place and active at time of claim.

You are required to have in place and active Directors and Officers insurance at time of claim.

I AGREE True

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 (IN FLORIDA, A PERSON IS GUILTY OF THE THIRD DEGREE).

The undersigned states that he/she is an authorized representative of the applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this application (and any attachments submitted with this application) are true and complete and may be relied upon by Company in quoting and issuing the policy. If any or the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

THIS APPLICATION WILL BECOME PART OF THE POLICY

I AGREE True

Name Signature: DocuSigned by: Steven Rosenberg 115FE093FE0E435... Date: 5/31/2024 | 11:08 AM CDT

Print: Steven Rosenberg Title: President