

Angela Phillips / Dependable Property Mgmt  
321-773-4033

## Lantana Oceanfront

	<u>2021 - 2022</u>		<u>2022 - 2023</u>
Property	\$ 72,318.00	Property	\$ 165,557.00
Liability	\$ 8,551.20	Liability	\$ 9,382.80
Crime	\$ 506.00	Crime	\$ 2,117.38
D&O	\$ 1,532.00	D&O	\$ 1,562.64
Umbrella	\$ 2,933.00	Umbrella	\$ 2,282.38
Work Comp.	\$ 616.00	Work Comp.	\$ 599.00
<b>Total</b>	<b>\$ 86,456.20</b>	<b>Total</b>	<b>\$ 181,501.20</b>

Difference in Premium: \$95,045.00





***Lantana Oceanfront Condominiums***  
***1791-1811-1821-1831-1851 Highway A1A***  
***Indian Harbour Beach, FL 32937***  
***(2022 – 2023)***

**Property** (American Coastal)  
 Real Property Total Insurable Value \$33,865,087  
 Replacement Cost ***Including*** Wind  
***Including*** Equipment Breakdown \$10,000,000  
***Including*** Wind Driven Rain \$250,000  
***Including*** Back up of Sewers and Drains \$150,000  
***Including*** Ordinance or Law A/B&C Combined \$250,000  
**Deductibles** \$10,000 All Other Perils Per Occurrence / 5% Hurricane  
 Deductible Per Occurrence  
**Yearly Premium: \$165,557.00**

**General Liability** (Kinsale Insurance)  
 General Aggregate \$2,000,000  
 Products Aggregate \$2,000,000  
 Pers. & Advertising \$1,000,000  
 Each Occurrence \$1,000,000  
 Medical Excluded  
 Hired/Non-Owned \$1,000,000  
**Yearly Premium: \$9,382.80**

**Crime** (Hartford)  
 \$675,000 Subject to a \$6,750 Deductible  
**Yearly Premium: \$2,117.38**

**Directors & Officers** (Travelers)  
 Each Loss \$1,000,000  
 Each Policy Year \$1,000,000  
 Deductible \$ 7,500  
**Yearly Premium: \$1,562.64**

**Umbrella** (Greenwich)  
 Each Occurrence \$15,000,000  
 Annual Aggregate \$15,000,000  
**Yearly Premium: \$2,282.38**

**Workers Compensation (CNA)**

Injury by Each Accident \$ 500,000

Injury by Disease/pol limit \$ 500,000

Injury by Disease/per Emp. \$ 500,000

**Yearly Premium: \$599.00****Total Yearly Premium: \$181,501.20****Flood (Hartford) FLOOD PD DIRECTLY TO CARRIER**

**Building:** 1821 Highway A1A - Clubhouse  
 \$285,500 Subject to a \$5,000 Deductible  
**Effective:** 12/31/22 - 12/31/23 **Yearly Premium: \$876.00**

**Building:** 1791 Highway A1A – Bldg. 1  
 \$6,000,000 Subject to a \$5,000 Deductible  
**Effective:** 12/31/22 - 12/31/23 **Yearly Premium: \$5,721.00**

**Building:** 1811 Highway A1A – Bldg. 2  
 \$6,000,000 Subject to a \$5,000 Deductible  
**Effective:** 12/31/22 - 12/31/23 **Yearly Premium: \$5,721.00**

**Building:** 1831 Highway A1A – Bldg. 3  
 \$6,000,000 Subject to a \$5,000 Deductible  
**Effective:** 12/31/22 - 12/31/23 **Yearly Premium: \$5,721.00**

**Building:** 1851 Highway A1A – Bldg. 4  
 \$6,000,000 Subject to a \$5,000 Deductible  
**Effective:** 12/31/22 - 12/31/23 **Yearly Premium: \$5,721.00**

AssuredPartners agencies are licensed as insurance producers by the various States where we are transacting insurance, which includes the sale, solicitation, and servicing of insurance business, as well as advising on the relative benefits of certain insurance policies and risk management programs. Our agencies typically receive compensation from insurers in the form of commissions paid as a percentage of the premiums due the applicable insurance companies. Commissions can vary by insurance company, by volume of business placed with that company or the profitability thereof, and other factors. In other cases, and depending on various State laws and the capacity in which our agency is acting, our agencies may receive other forms of compensation from insurers, insurance intermediaries, premium finance companies and other vendors; such as contingents, overrides, profit-sharing, premium finance fees, expense reimbursement, producer subsidies, award trips, meetings and other incentives. We also earn interest on premiums we hold until it is time to pay the applicable insurance companies.

Our overriding desire is to provide great customer service, having you, the customer, believe we have earned our compensation. We believe in full disclosure of our compensation. Accordingly, if you have any questions about the compensation we receive from your policies (including policies we propose to you), please just ask your account representative,

who will gladly provide you a summary of our compensation arising from your policies (some estimation may be necessary, for example where contingents are involved).

We thank you for the opportunity to serve and appreciate your interest.

LENDER:

**PREMIUM FINANCE AGREEMENT**

450 Skokie Blvd, Ste 1000

 Personal  Commercial  Additional PremiumNorthbrook, IL 60062-7917  
P:(800) 837-2511 F:(800) 837-3709  
www.firstinsurancefunding.com**FIRST INSURANCE\***  
FUNDING  
A WINTRUST COMPANY

Quote #: 44234045

<b>INSURED/BORROWER</b> (Name and Address as shown on Policy) Lantana Oceanfront Condominium 1791 Highway A1A Indian Harbour Beach, FL 32937	Customer ID: N/A	<b>AGENT or BROKER</b> (Name and Business Address) AssuredPartners of Florida, LLC DBA: Ranew Insurance Agency 966 S WICKHAM RD SUITE 102 WEST MELBOURNE, FL 32904
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**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)
181,501.20	15,679.72	165,821.48	580.65	166,402.13	6,074.79	172,476.92	7.229 %

**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	First Installment Due	1/31/2023
11	15,679.72	Installment Due Dates	31st (Monthly)

**INSURED'S AGREEMENT:**

- 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.
- FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge is computed using a 365-day calendar year.
- 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.
- 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	C02284-AMERICAN COASTAL INSURANCE CO G00190-AMWINS BROKERAGE OF FL [CX:0] [90%PR]	PROP	12	12/31/2022	162,148.00
				ERN TXS/FEES	0.00
				FIN TXS/FEES	3,409.00
TBD	C00515-KINSALE INSURANCE COMPANY G00386-HULL & COMPANY [CX:0] [90%PR]	GL	12	12/31/2022	8,611.00
				ERN TXS/FEES	441.44
				FIN TXS/FEES	330.36
<b>(Policies continued on next page.)</b>				TOTAL	181,501.20

Q# 44234045, PRN: 122922, CFG: A06319, RT: ASSUREDPARTNERS-CONDO, DD: N/A, BM: Invoice, Qtd For: A06319 Original, Memo 0

- 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.
  - 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.
  - 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 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.

DocuSigned by:

Tom Kenney

Signature of Insured or Authorized Agent

12/30/2022

Date

DocuSigned by:

Victor Dalrymple

Signature of Agent

12/29/2022

Date

AGENCY CUSTOMER ID: LANTOCE-01

SERILPEARCE

**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: \$	0
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION 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 <i>Victor Dalrymple</i> DocuSigned by:	PRODUCER'S NAME (Please Print) Victor Dalrymple	STATE PRODUCER LICENSE NO (Required in Florida) E088233
APPLICANT'S SIGNATURE <i>Tom Kenney</i> DocuSigned by:	DATE 12/30/2022	NATIONAL PRODUCER NUMBER

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**

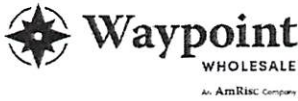
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**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. DocuSigned by:

PRODUCER'S SIGNATURE <i>Victor Dalrymple</i> DocuSigned by: B29FBE74B4A54C4...	PRODUCER'S NAME (Please Print) <b>Victor Dalrymple</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>E088233</b>
APPLICANT'S SIGNATURE <i>Tom Kenney</i>	DATE <b>12/30/2022</b>	NATIONAL PRODUCER NUMBER



# Commercial Property Quote

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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 80% 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium provided in the Commercial Property Quote. <b>\$1,621.00</b>
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:  
**Tom Kenney**  
E4F6E789-AD80-42E7-Applicant's Signature

**American Coastal Insurance Company**  
Company

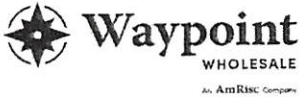
**Tom Kenney**  
Print Name

Policy Number

Date

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisk, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



# Commercial Property Quote

## Rental Occupancy Disclosure

As a condition of binding, we need to know the total number of short term rental units (or % of total) in your association's building(s). We are aware that this percentage changes throughout the year and thus only need to verify the estimated percentage of short term rentals at the time of binding and/or at renewal.

As an admitted insurance carrier domiciled in the state of Florida, American Coastal Insurance Company is required to participate in the Florida Hurricane Catastrophe Fund (FHCF) for reinsurance coverage. However, by law the FHCF does not provide reinsurance coverage for Condominium Associations and Homeowner Associations that are primarily used for short term rentals. Short term rentals are defined by the FHCF as units that are non-owner occupied and rented for six (6) or more rental periods by different parties during the course of a twelve (12) month period. As such, our intent at American Coastal is to not provide coverage for properties that are primarily used for short term rentals. Please complete the questions below and return prior to binding.

Total Number of units 96 (rental and non-rental)

Total Percentage (%) of short term rental units (circle appropriate range)

- 1) 0% to 25% Short Term Rentals
- 2) 25.1% to 50% Short Term Rentals
- 3) 50.1% to 75% Short Term Rentals
- 4) 75.1% to 100% Short Term Rentals

DocuSigned by:

Tom Kenney  
E4F0EFF09AB642E...  
Policyholder/Applicant's Signature

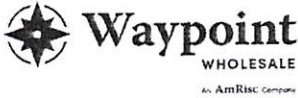
12/30/2022  
Date

Tom Kenney  
Printed Name

President, Lantana Oceanfront Condo Assn.  
Title/Position

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.



# Commercial Property Quote

## American Coastal Insurance Company Election Not To Buy Separate Flood Insurance

I, Lantana Oceanfront Condominium Inc, have elected NOT to purchase, separate flood insurance for the property to be insured by American Coastal Insurance Company ("American Coastal") and affirm the following:

**I UNDERSTAND AMERICAN COASTAL INSURANCE COMPANY DOES NOT PROVIDE COVERAGE FOR DAMAGE CAUSED BY FLOOD.**

**MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD.**

**I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM.**

**I WILL HAVE NO COVERAGE FOR LOSSES CAUSED BY FLOOD.**

**I UNDERSTAND MY APPLICATION FOR COVERAGE MAY BE DENIED IF I DO NOT SIGN THIS FORM.**

**I UNDERSTAND MY POLICY MAY BE NONRENEWED IN THE FUTURE IF I DO NOT SIGN THIS FORM.**

The Florida Department of Financial Services, Office of Insurance Regulation and American Coastal Insurance Company strongly recommends that property owners in "Special Flood Hazard Areas" obtain flood coverage.

I have read and I understand the information above, and I chose **NOT** to purchase flood coverage.

I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

TBD  
 DocuSigned by:  
 Application/Policy Number:  
Tom Kenney  
 E4FBFFF89AB642E  
 Policyholder/Applicant's Signature  
Tom Kenney  
 Print Name  
12/30/2022  
 Date

DocuSigned by:  
Victor Dalrymple  
 B20FBE74B4A54C4...  
 Agent's Signature  
Victor Dalrymple  
 Printed Name  
12/29/2022  
 Date

AC FW01 06 07

All coverages are as per the standard forms and endorsements in use by American Coastal Insurance Company at the time of binding unless otherwise noted.

Please note that this quote or binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission. It is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences in the terms requested in the original submission. American Coastal Insurance Company and AmRisc, LLC disclaim any responsibility for your failure to reconcile with the Insured any differences between the terms quoted herein and those terms originally requested.

Account ID: 1020555

Insured: Lantana Oceanfront Condominium Inc

Schedule of Values / Detail

Bldg Num	Wind Ded	AOP Ded	Bldg Val	Roof Cover Val	AS ISO	BCEGS	Vandl Excl	Cov A	Cov BC Limit	CovA/B/C Limit
1	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
2	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
3	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
4	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
5	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
6	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
7	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
8	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
9	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations
10	.05	10,000	RCV	RCV	Y	5	N	N	\$0.00	As Per Declarations

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.

To the best knowledge of the applicant and the producer, the above information is true and complete.

Applicant Printed Name

Title

Producer Printed Name

Title

Tom Kenney

President, Lantana Oceanfront Condo Assn.

*Victor Dalrymple*

*Agent*

Applicant Signature

Date

Producer Signature

Date

DocuSigned by:

*Tom Kenney*

12/30/2022

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DocuSigned by:

*Victor Dalrymple*

12/29/2022

B20FBE74B4A54C4...

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**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.


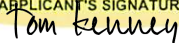
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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  DocuSigned by:	PRODUCER'S NAME (Please Print) Victor Dalrymple	STATE PRODUCER LICENSE NO (Required in Florida) E088233
APPLICANT'S SIGNATURE  DocuSigned by:	B20FBE74B4A54C4...	NATIONAL PRODUCER NUMBER DATE 12/30/2022

**STATEMENT ACKNOWLEDGING THAT COVERAGE HAS  
BEEN PLACED WITH A NON-ADMITTED CARRIER**

Per Florida Statute, the insured is required to sign the following E&S disclosure:

The undersigned hereby agrees to place insurance coverage in the surplus lines market and understands that superior coverage may be available in the admitted market and at a lesser cost. 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.

Lantana Oceanfront Condo

Named Insured

*Tom Kenney*

12/30/2022

Signature of Insured's Authorized Representative

Date

Kinsale Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

12/31/2022

Effective Date of Coverage

**NOTICE TO LOUISIANA APPLICANTS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: Tom Kenney Title: President, Lantana Oceanfront Condo Assn.

FEIN #: \_\_\_\_\_

Applicant's Signature: *Tom Kenney* Date: 12/30/2022  
DocuSigned by: E4F6EFF89AB642E...

Agent/Broker Name: *Victor Dalrymple* Victor Dalrymple 12/29/2022  
DocuSigned by: B20FBE74B4A34C4...

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Assured Partners of FL 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.

Tom Kenney

Named Insured

DocuSigned by:  
By: Tom Kenney  
Signature of Named Insured

12/30/2022

Date

Tom Kenney

President, Lantana Oceanfront Condo

Printed Name and Title of Person Signing

Kinsale Insurance Company  
Name of Excess and Surplus Lines Carrier

GL/HNOA  
Type of Insurance

12/31/22  
Effective Date of Coverage

10a.	Do you arrange / dispatch loads for others, i.e. not your own hired truckers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer 10.b		
b.	Are you named on the Bills of Lading? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual number of Truckers?	Loads?
11a.	Do you have motor carrier brokerage authority? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer 11.b -		
b.	What is your motor carrier brokerage number? <i>N/A</i>	Name that appears on the BOL as the carrier?	
c.	What is your brokerage revenue for::	Last 12 months: \$	Estimate for next 12 months: \$

**SECTION III - NON-OWNED AUTO COVERAGE**

1 a.	Why is non-ownership liability coverage being requested? <i>Bd. Members running errands</i>		
b.	Is coverage required by contract? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Provide a copy of the contract)		
2.	What types of non-owned autos will be used in your business? Check all that apply:	Truck-Tractors Trailers Heavy & Extra Heavy Trucks	Pick-up trucks or vans Private Passenger cars <input checked="" type="checkbox"/> Other
3.	Non-owned autos used:	Daily Weekly <input checked="" type="checkbox"/> Monthly	Estimated Annual Non-owned mileage <i>1500</i>
4.	What are your total number of:	Employees <i>0</i>	Officers and Partners <i>5</i>
5a.	Do any employees use their autos in your business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, answer 5.b		
b.	What liability limits to you require they carry? \$ <i>N/A</i> Do you require Evidence of Insurance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6.	Do you use non-owned autos other than those owned by employees? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, Describe		
7a.	Do you use volunteers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how many? and answer 7.b.		
b.	What liability limits to you require they carry? \$ Do you require Evidence of Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8.	Do you obtain motor vehicle records for all employees and volunteers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

**SECTION IV - SIGNATURE(S)**

BY SIGNING THIS SUPPLEMENTAL APPLICATION BELOW, THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE STATEMENTS MADE AND INFORMATION PROVIDED IN THIS SUPPLEMENTAL APPLICATION ARE TRUE, COMPLETE AND ACCURATE, AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED, MISSTATED, MISREPRESENTED OR CONCEALED AS OF THE DATE SUCH STATEMENTS AND INFORMATION ARE SUBMITTED TO THE COMPANY.

THE COMPLETION, SIGNING OR SUBMISSION OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND COVERAGE.

Applicant's Name	<i>Tom Kenney</i>	Applicants Title	<i>President, Lantana Oceanfront Condo Assn</i>
Applicant Signature	DocuSigned by: <i>Tom Kenney</i>	Date	<i>12/30/2022</i>
Attachments:	<i>E4F6EFF89AB642E...</i>		

Hired Auto Written Agreements attached?  Independent Contractor (or sub-hauler) Agreements attached?

Purchaser understands that its failure to meet such underwriting criteria may result in the non-renewal of its coverage under Insurance.

6. Termination

a) This Agreement shall terminate:

i. Upon failure of Purchaser to pay the annual membership fee or any premiums for insurance as required under the Insurance and this Agreement. Purchaser shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, PPP may, in its sole discretion, reinstate Purchaser's membership.

ii. Upon termination or non-renewal of Insurance covering Purchaser or the group through PPP.

b) This Agreement may be terminated by PPP

i. if there is a change in the business of Purchaser which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act; or and PPP shall give not less than thirty (30) days prior written notice of such termination; or

ii. upon Purchaser's failure to meet standards, criteria, or conditions of membership which may be established from time to time by PPP for the risk purchasing group as a whole; and PPP shall give not less than thirty (30) days prior written notice of such termination; or

c.) This Agreement may be terminated by Purchaser upon Purchaser's withdrawal from the risk purchasing group. Purchaser may withdraw from the risk purchasing group and participation in the Insurance at any time by submitting a written notice of its withdrawal to PPP stating the date upon which the withdrawal is to be effective. This Agreement shall terminate upon that date. Purchaser understands that withdrawal from the risk purchasing group will immediately terminate all coverage of insurance for Purchaser under Insurance.

7. Indemnification. Purchaser agrees to indemnify and hold harmless PPP for any liability or expenses, including costs of defense, which PPP may incur as a result of acts or omissions of Purchaser or any of its employees or agents including incorrect or false statements of fact intentionally made to PPP.

This Agreement shall be effective on 12/31, 2022

DocuSigned by: PURCHASER  
By: Tom Kenney  
E4F6EFF89AB642E...  
(Signature)

Effective Date

Expiration Date


Each Occurrence

## Broker Notes

Add any notes here:

**FRAUD CLAUSE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

DS

 I acknowledge that the information I am providing in this submission is true and accurate to the best of my knowledge.

In Texas: Be Advised That Insurer May Not Be Subject To All Insurance Laws & Regulations of This State. This policy may not be subject to state insurance insolvency guaranty funds.

DocuSigned by:

*Tom Kenney*

E4F6EFF89AB642E...

Applicant/Authorized Representative Signature

12/30/2022

Date

**Certificate Of Completion**

Envelope Id: F49D427E44584BD480BBC56E39C93031	Status: Completed
Subject: Lantana Oceanfront Condominium Association - Revised Premiums per Updated Appraisal	
Source Envelope:	
Document Pages: 19	Signatures: 21
Certificate Pages: 5	Initials: 3
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Victor Dalrymple
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	445 Hamilton Ave
	10th Floor
	White Plains, NY 10601
	Victor.Dalrymple@assuredpartners.com
	IP Address: 71.43.113.42

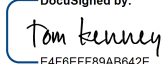
**Record Tracking**

Status: Original	Holder: Victor Dalrymple	Location: DocuSign
12/29/2022 6:12:12 PM	Victor.Dalrymple@assuredpartners.com	

**Signer Events**

Tom Kenney  
 tkenney@rochester.rr.com  
 President, Lantana Oceanfront Condo Assn.  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 E4F8EFF89AB642E...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 98.10.102.152

**Timestamp**

Sent: 12/29/2022 7:00:15 PM  
 Viewed: 12/30/2022 10:16:07 AM  
 Signed: 12/30/2022 11:57:05 AM

**Electronic Record and Signature Disclosure:**

Accepted: 12/30/2022 10:16:07 AM  
 ID: d6ab8ce5-c9fa-47f9-8e23-993e52c39f50

Victor Dalrymple  
 victor.dalrymple@assuredpartners.com  
 President  
 Ranew Insurance Agency  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 B20FBF748A454C4...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 71.43.113.42

Sent: 12/29/2022 7:00:16 PM  
 Viewed: 12/29/2022 7:00:35 PM  
 Signed: 12/29/2022 7:01:16 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/29/2022 7:00:16 PM
Certified Delivered	Security Checked	12/29/2022 7:00:35 PM

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Signing Complete	Security Checked	12/29/2022 7:01:16 PM
Completed	Security Checked	12/30/2022 11:57:05 AM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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<b>Electronic Record and Signature Disclosure</b>
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, AssuredPartners Northeast LLC (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact AssuredPartners Northeast LLC:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [rudy.gunther@assuredpartners.com](mailto:rudy.gunther@assuredpartners.com)

### **To advise AssuredPartners Northeast LLC of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [rudy.gunther@assuredpartners.com](mailto:rudy.gunther@assuredpartners.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from AssuredPartners Northeast LLC**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [rudy.gunther@assuredpartners.com](mailto:rudy.gunther@assuredpartners.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with AssuredPartners Northeast LLC**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [rudy.gunther@assuredpartners.com](mailto:rudy.gunther@assuredpartners.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify AssuredPartners Northeast LLC as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by AssuredPartners Northeast LLC during the course of your relationship with AssuredPartners Northeast LLC.