

IPFS CORPORATION
 (IPFS)
 FLT.PROCESSING@IPFS.COM
 401 E JACKSON STREET SUITE 125
 TAMPA, FL 33602
 PHONE: (866)412-2452 - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT	
REFER TO THIS ACCOUNT NO. IN ALL CORRESPONDENCE	ACCOUNT NUMBER
	FLT-350123

Dear Customer,
 Thank you for the opportunity to finance your insurance premium. Per your request, we have paid the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent. Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE

Because of the terms of the premium finance agreement, the listed instructions must be followed.

To the agent or broker:

- All gross unearned premiums which may become payable under the financed policies which reduce the unearned premiums, subject to any mortgagee or loss payee interest, must be paid to IPFS CORPORATION.
- The policies may not be assigned, except for the interest of any mortgagee or loss payee, without written consent of IPFS.
- Advise IPFS immediately of any change in address of the insured.



1-0.0000 00000D9RPAVEK 1/6 BIN:0 0-3



AGENT
 OPTION INSURANCE SOLUTIONS INC
 13831 SW 59TH STREET #200
 MIAMI, FL 33183-1149

INSURED
 INTERNATIONAL PARK I CONDO ASSOC
 C/O FLORIDA ADVANCED PROP MGT
 13501 SW 128TH ST STE 111
 MIAMI, FL 33186-5862

1-0.0000 00000D9RPAVEK 1/6 BIN:0 0-3

DISCLOSURE	
2 TOTAL PREMIUMS	1 497,648.44
DOWN PAYMENT	\$49,764.84
5 AMOUNT FINANCED	4 447,883.60
7 FINANCE CHARGE	6 15,871.85
ASSESSMENTS	\$1,567.65
TOTAL PAYMENTS	\$465,323.10
NUMBER OF PAYMENTS	11
PAYMENT AMOUNT	\$42,302.10
9 ANNUAL % RATE	8 995
ACCEPTANCE DATE	09/15/23



SCHEDULE OF PAYMENTS		
PYMT NO.	DUE DATE	AMOUNT
1	09/27/23	\$42,302.10
2	10/27/23	\$42,302.10
3	11/27/23	\$42,302.10
4	12/27/23	\$42,302.10
5	01/27/24	\$42,302.10
6	02/27/24	\$42,302.10
7	03/27/24	\$42,302.10
8	04/27/24	\$42,302.10
9	05/27/24	\$42,302.10
10	06/27/24	\$42,302.10
11	07/27/24	\$42,302.10

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.


SCHEDULE OF POLICIES


POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE FIRE, AUTO MAR, I.M., CAS	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
PENDING	08/27/23	INTERSTATE FIRE & CASUALTY CO R-T SPECIALTY LLC	GL FEES TAXES	12	\$52,875.00 \$406.95 \$2,630.55
Continued on Schedule A					

**Make online payments or view account information at www.ipfs.com.
 Please use access code WRYCTE6 to register (first time users).**

Summary of Comments on R_Insurance.pdf

Page: 1

 Number: 1 Author: senky47 Subject: Highlight Date: 02/21/2024 3:11:32 PM

 Number: 2 Author: senky47 Subject: Highlight Date: 02/21/2024 3:13:49 PM


 Number: 3 Author: senky47 Subject: Sticky Note Date: 02/21/2024 3:31:36 PM


Los edificios se aseguraron por \$415K, mas taxes es \$448K. Al 6.995% de interes se pagaria un total de \$498K.


Si el presupuesto comprende el pago del seguro por que hay que financiarlo al 7%?


El presupuesto del 2024 se hizo con un seguro de \$275K (igual al del 2023, pero \$135K mas que el del 2022)


En todo caso habria que financiar solo \$173K y a un interes menor que el de 7%.


 Number: 4 Author: senky47 Subject: Highlight Date: 02/21/2024 3:13:28 PM

 Number: 5 Author: senky47 Subject: Highlight Date: 02/21/2024 3:13:45 PM

 Number: 6 Author: senky47 Subject: Highlight Date: 02/21/2024 3:11:42 PM

 Number: 7 Author: senky47 Subject: Highlight Date: 02/21/2024 3:13:42 PM

 Number: 8 Author: senky47 Subject: Highlight Date: 02/21/2024 3:11:47 PM

 Number: 9 Author: senky47 Subject: Highlight Date: 02/21/2024 3:13:37 PM

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT	
REFER TO THIS ACCOUNT NO. IN ALL CORRESPONDENCE	ACCOUNT NUMBER
	FLT-350123

AGENT
OPTION INSURANCE SOLUTIONS INC
13831 SW 59TH STREET #200
MIAMI, FL 33183

INSURED
INTERNATIONAL PARK I CONDO ASSOC
13501 SW 128TH ST STE 111
C/O FLORIDA ADVANCED PROP MGT
MIAMI, FL 33186-5862

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
			FIRE, AUTO MAR, I.M., CAS		
PENDING	08/27/23	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	CRIME	12	\$579.03
PENDING	08/27/23	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	D&O	12	\$4,877.91
LHD936207	08/27/23	3 ANDMARK AMERICAN INS CO 5 EACHTREE SPECIAL RISK BROKERS, LLC	PRPRTY FEES TAXES	12	15,000.00 \$753.30 \$20,525.70

1-0.0000 0000009RAVER 2/6 BIN:0 0-4

Disbursement Date	Amount	Payee
09/15/23	\$391,855.10	OPTION INSURANCE SOLUTIONS INC
09/15/23	\$4,869.22	OPTION INSURANCE SOLUTIONS INC
09/15/23	\$578.00	OPTION INSURANCE SOLUTIONS INC
09/15/23	\$50,581.28	OPTION INSURANCE SOLUTIONS INC

 Number: 1 Author: senky47 Subject: Sticky Note Date: 02/21/2024 4:05:13 PM


Este es el seguro que parece que se escogio.
El Declaration Page no vino entre los documentos.
Con el Declarations Page se tiene claro:
-El nombre de la aseguradora,
-El nombre del agente,
-El nombre del asegurado,
-Las coberturas, los limites de responsabilidad, y los premiums anuales,
-Los creditos,
-El costo total del seguro, y
-Las características principales de los edificios.
-Si el Flood Insurance esta incluido o no en la poliza
-Si se incluye el seguro contra sinkholes, etc.


ESTE DOCUMENTO NO SE HA DADO.


-

 Number: 2 Author: senky47 Subject: Sticky Note Date: 02/21/2024 3:36:41 PM

Esta es la Co de seguros que no es por cierto la mas barata.

 Number: 3 Author: senky47 Subject: Highlight Date: 02/21/2024 3:14:08 PM

 Number: 4 Author: senky47 Subject: Highlight Date: 02/21/2024 3:13:01 PM

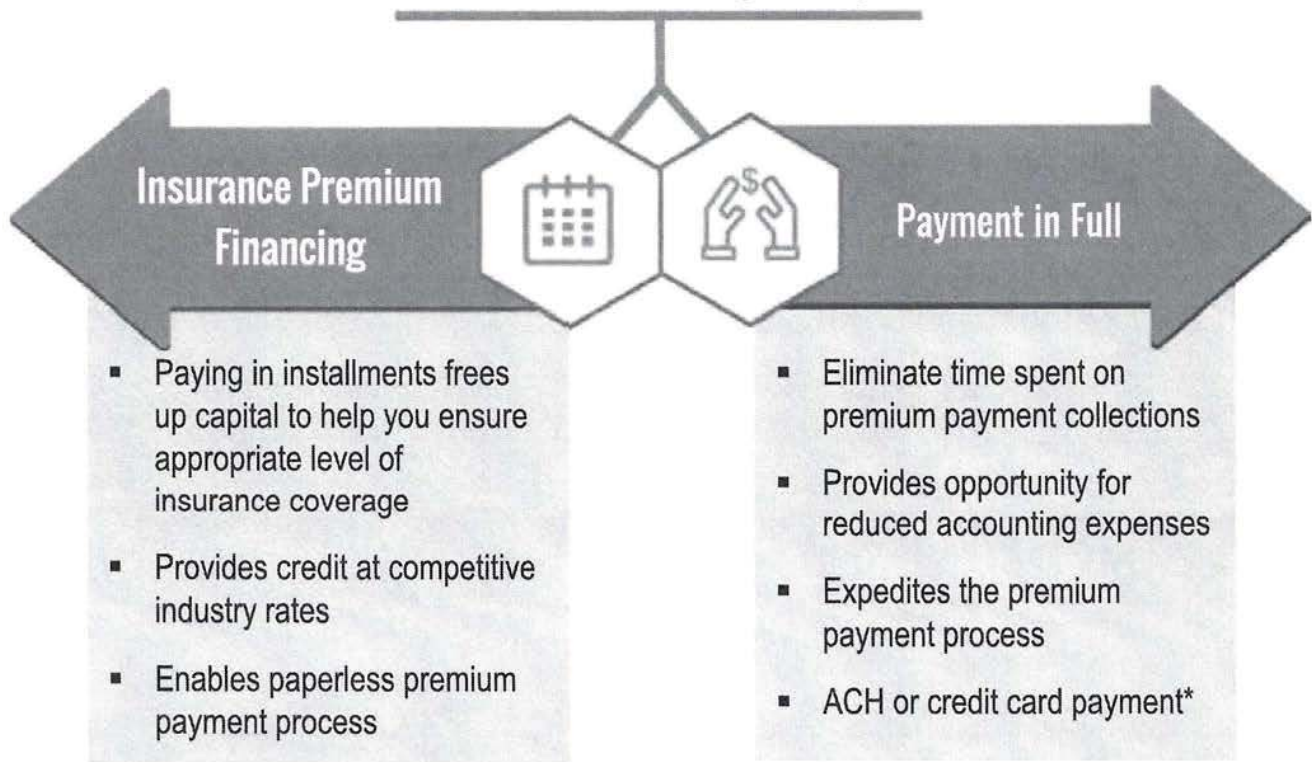
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IPFS TOTALPAY™ PROVIDES PREMIUM PAYMENT FLEXIBILITY FOR YOUR CUSTOMERS

For more than 40 years, Imperial PFS® has made it possible for business owners to pay their insurance premiums via installments through traditional premium financing. We are now pleased to add more flexibility to our payment options – the ability to pay premiums with a single payment. With the addition of the ability to pay in full, clients may choose the payment option that works best for them.

One Portal: Two Ways to Pay



We provide convenience, reliability, and flexibility. Imperial PFS develops products to enhance and streamline our Customers' premium payment experiences.

Please contact your Imperial PFS Sales Executive or Account Executive for more information

*Our credit card payment processing partners, FIS and Plug & Pay Technologies, charge \$12.50 for payments under \$400 or 2.99% for payments of \$400 or more.

FLI.PROCESSING@IPFS.COM
 401 E JACKSON STREET SUITE 125
 TAMPA, FL 33602
 (866)412-2452 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	CASH PRICE (TOTAL PREMIUMS)	\$497,648.44	AGENT (Name & Place of business) OPTION INSURANCE SOLUTIONS INC	INSURED (Name & Residence or business) International Park I Condo Assoc C/O Florida Advanced Prop Mgt 13501 SW 128th St Ste 111
B	CASH DOWN PAYMENT	\$49,764.84	13831 SW 59TH STREET #200	13501 SW 128th St Ste 111
C	PRINCIPAL BALANCE (A MINUS B)	\$447,883.60	MIAMI, FL 33183 (305)225-9550 FAX: (305)225-9551	Miami, FL 33186-5862 (305)233-5959 FAX: (305)517-3417 msalamo@floridaadvanced.com
D	DOC STAMP	\$1,567.65		

Commercial

Account #: _____

LOAN DISCLOSURE
 Additional Policies Scheduled on Page 3

Quote Number: 24165943

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
4 9.95%	1 15,871.85	2 449,451.25	3 465,323.10

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
11	\$42,302.10	Beginning: MONTHLY 09/27/2023

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
LHD936207	08/27/2023	5 SUI INDEMNITY CO PEACHTREE SPECIAL RISK BROKERS, LLC	PROPERTY	80.00%	12	415,000.00 Fee: 753.30 Tax: 20,525.70
				Broker Fee:		\$0.00
				TOTAL:		\$497,648.44

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1.

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.


NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.


The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

DocuSigned by:
 7 Alexandra Estvez
 -51AE6BC90EB0431...
 Signature of Insured or Authorized Agent


8 08/27/23
 DATE


[Signature]
 Signature of Agent
 08/27/23
 DATE


 Number: 1 Author: senky47 Subject: Highlight Date: 02/21/2024 2:58:53 PM

 Number: 2 Author: senky47 Subject: Highlight Date: 02/21/2024 2:59:31 PM


 Number: 3 Author: senky47 Subject: Highlight Date: 02/21/2024 2:59:35 PM

 Number: 4 Author: senky47 Subject: Highlight Date: 02/21/2024 2:59:11 PM

 Number: 5 Author: senky47 Subject: Highlight Date: 02/21/2024 3:38:54 PM

 Number: 6 Author: senky47 Subject: Sticky Note Date: 02/21/2024 3:40:49 PM
Esta es la co de seguros Peachtree Special Risk Brokers LLC

 Number: 7 Author: senky47 Subject: Highlight Date: 02/21/2024 3:41:02 PM

 Number: 8 Author: senky47 Subject: Highlight Date: 02/21/2024 3:41:04 PM

insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4.**

AGREEMENT EFFECTIVE DATE: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy (ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender' gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVERIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

AGENT

(Name & Place of business)
OPTION INSURANCE SOLUTIONS INC

13831 SW 59TH STREET #200

MIAMI, FL 33183
 (305)225-9550 FAX: (305)225-9551

INSURED

(Name & Residence or business)
 International Park I Condo Assoc
 C/O Florida Advanced Prop Mgt
 13501 SW 128th St Ste 111

Miami, FL 33186-5862
 (305)233-5959 FAX: (305)517-3417
 msalamo@floridaadvanced.com

Account #: _____

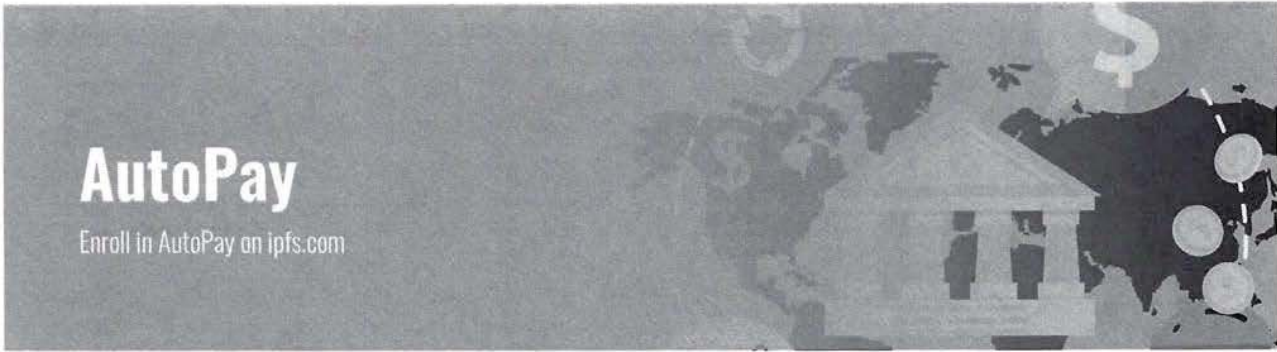
SCHEDULE OF POLICIES
 (continued)

Quote Number: 24165943

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	08/27/2023	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	DIRECTORS & OFFICERS	0.000%	12	4,877.91
PENDING	08/27/2023	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	CRIME	0.000%	12	579.03
PENDING	08/27/2023	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	GENERAL LIABILITY	25.00%	12	55,912.50

Broker Fee: \$0.00

TOTAL: \$497,648.44



AutoPay

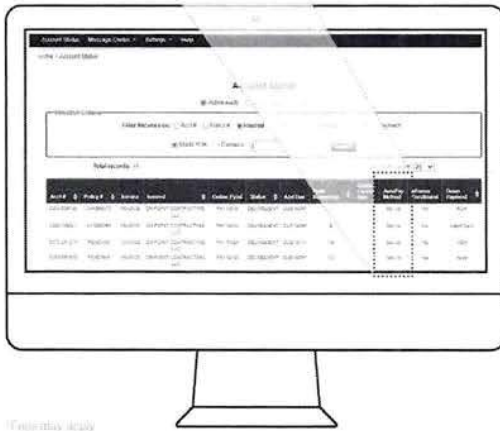
Enroll in AutoPay on ipfs.com

IPFS Corporation® has made it easier than ever to pay your insurance coverages with AutoPay. Enrolling in AutoPay is easy and provides peace of mind by allowing you to set up recurring ACH or credit card payments to make your monthly installment payment automatically. After you have received your web access code, visit ipfs.com, view your account status page, and select Set Up to get started with AutoPay*!

AutoPay Method

- Set Up
- Set Up
- Set Up
- Set Up

Getting signed up is as easy as clicking the words **Set Up** on your **Account Status** page in the column labeled the **AutoPay Method**.



*Screenplay only

AutoPay Benefits:

Easily maintain coverage

No risk of forgetting to make a payment

Less paperwork



Please contact your account or sales executive for more information, or visit ipfs.com



*The payment processing service provided may change a financial fee, where allowed by law, related to processing a payment. IPFS's payment processing provider may charge a fee to set up AutoPay on behalf of a business. Invoices from IPFS are a trade name, affiliated with IPFS Corporation (IPFS), a premium financial company. Invoices remain subject to adjustments by IPFS in its sole discretion, exercise of a good faith not available in order to limit. Access to certain services described herein may be subject to change and is subject to IPFS's standard terms and conditions in all respects, subject to the terms and conditions specifically applicable to use of the IPFS website and mobile application, as applicable, and IPFS's written Data-use and Consent Agreement. IPFS is not responsible for qualifications, terms, or coverage. © 2023 IPFS Corporation. All rights reserved.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/07/2024

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

PRODUCER Option Insurance Solutions, Inc 13831 SW 59th Street Suite 200 Miami FL 33183		CONTACT NAME: Yudanis Muniz PHONE (A/C, No, Ext): (305) 225-9550 FAX (A/C, No): (305) 225-9551 E-MAIL ADDRESS: coi@optioninsurancesolutions.com PRODUCER CUSTOMER ID:																						
INSURED International Park Condo I Assoc Inc 11750 and 11780 SW 18th Street Miami, FL 33175		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>1 Landmark Amer Ins Co</td> <td>33138</td> </tr> <tr> <td>INSURER B:</td> <td>2 Hited States Liability Ins Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	1 Landmark Amer Ins Co	33138	INSURER B:	2 Hited States Liability Ins Co		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	1 Landmark Amer Ins Co	33138																						
INSURER B:	2 Hited States Liability Ins Co																							
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
International Park Condominium Association, Inc.
11750 & 11780 SW 18th Street, Miami, FL 33175


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


INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	LHD936207	08/27/2023	08/27/2024	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ 41,787,399	
	CAUSES OF LOSS					DEDUCTIBLES	\$
	<input type="checkbox"/> BASIC					BUILDING	\$
	<input type="checkbox"/> BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/> SPECIAL						\$
	<input type="checkbox"/> EARTHQUAKE						\$
	<input checked="" type="checkbox"/> WIND					5%	\$
	<input type="checkbox"/> FLOOD						\$
<input checked="" type="checkbox"/> AOP	\$10,000	\$					
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
	<input type="checkbox"/> CRIME					\$	
B	TYPE OF POLICY Fidelity	CR1554265	08/27/2023	08/27/2024	<input checked="" type="checkbox"/> Occurance <input checked="" type="checkbox"/> Deductible	\$ 100,000 \$ 250	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
B	Directors & Officers	CAP1567845	08/27/2023	08/27/2024	<input checked="" type="checkbox"/> Claim / Aggregate <input checked="" type="checkbox"/> Retention	\$ 1,000,000 \$ 2,500	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
11750 SW 18th Street - 155 Unit Condo Association Building. / 11780 SW 18 Street - 155 Unit Condo Association Building.
310 Total Unit Community / 100% Replacement Cost / Total Insurable Value: \$41,787,399 / Building ordinance or law A, B and C coverage, equipment breakdown and inflation guard included.
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 10 DAYS IN ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICATE HOLDER Miami-Dade	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

6. Building Insurance.

 Number: 1 Author: senky47 Subject: Highlight Date: 02/21/2024 3:42:03 PM

 Number: 2 Author: senky47 Subject: Highlight Date: 02/21/2024 3:42:06 PM

Technology Insurance Company, Inc.

A Stock Insurance Company

**WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY**

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 39071

1. Insured: **Policy Number: TWC4320049**
INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION,
INC.
PO Box 770010
Miami, FL 33177
 Individual Partnership
 Corporation or _____
Other workplaces not shown above: Federal Tax ID: 592247624
See Extension of Information Page Risk Id:
Producer: Renewal of: New
Omega Insurance Solutions, Inc.
P.O. Box 6016
Lakeland, FL 33807

2. The policy period is from 8/28/2023 to 8/28/2024 12:01 a.m. at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida
B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:
- | State | Bodily Injury by Accident | Bodily Injury by Disease | Bodily Injury by Disease |
|-------|---------------------------|--------------------------|--------------------------|
| | \$500,000 each accident | \$500,000 policy limit | \$500,000 each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All states except OH, ND, WA, WY and State(s) Designated in Item 3A.
D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM	565
STATE ASSESSMENT	0
TOTAL ESTIMATED COST	565
Minimum Premium	565
Deposit Premium	565
Issue Date: 9/1/2023	

Countersigned by: _____
Authorized Representative

Insured: INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, INC.

Policy Number: TWC4320049

**EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES**

NAMED INSURED:

INTERNATIONAL PARK CONDOMINIUM I Fein: 592247624
ASSOCIATION, INC.

WORKPLACES:

Location Number 1.
11750 Sw 18th St
Miami, FL 33175

Location Number 2.
11780 SW 18th St.
Miami, FL 33175

EXTENSION OF INFORMATION PAGE FOR ITEM #3.D
ITEM 3.D: ENDORSEMENT SCHEDULE

State	Form Number	Description
	WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
	WC990001B	DECLARATIONS PAGE
	WC000311A	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE
	WC000404	PENDING RATE CHANGE ENDORSEMENT
	WC000406A	PREMIUM DISCOUNT ENDORSEMENT
	WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
	WC000419	PREMIUM DUE DATE ENDORSEMENT
FL	WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL	WC090402A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
FL	WC090403C	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL	WC090407	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
FL	WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
FL	WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, INC.

Policy Number: TWC4320049

EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS

Classifications	# of Emps	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remun.	Estimated Annual Premium
Florida					
Buildings—Operation by Owner, Lessee or Real Estate Management Firm: All Other Employees	1	9015	1,000	3.30	33
Manual Premium					33
Total Manual Premium					33
Premium for Increased Limits Part Two: 1.1% (500/500/500)		9807			0
Premium to Equal Increased Limits Minimum Charge		9848			75
Total Premium Subject To Experience Modification					108
Experience Modification N/A					108
Terrorism Risk Insurance Act 1%		9740			0
Balance to Minimum Premium		0990			297
Expense Constant		0900			160
Total FL Premium					565
Total FL Cost					565
TOTAL ESTIMATED ANNUAL PREMIUM					565
STATE ASSESSMENT					0
TOTAL COST					565

Technology Insurance Company, Inc.

WC 99 00 01 B

5 of 5

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, INC.

Policy Number: TWC4320049

PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	9/20/2023	Annual Premium Due	\$565.00
			<u>Total Cost \$565.00</u>

International Park I Condo Association, Inc.
c/o Florida Advanced Properties

Marketing Summary-GENERAL LIABILITY

Market	Status	Line of Coverage	Comments
Interstate Fire and Casualty-renewal	Proposed- \$55,912	General Liability	PROPOSED
Ategrity Specialty	Quote- \$58,004		Assault and Battery sub-limit \$100,000
Aspen Specialty	\$62,012	General Liability	Quote
Universal Fire and Casualty	\$59,025	General Liability	Quote
Kinsale Insurance- renewal	\$56,433	General Liability	Assault and Battery sub-limit \$50,000/\$100,000
Northfield Insurance	Declined	General Liability	5 stories or higher
Aspen Specialty Insurance	Declined	General Liability	No longer quoting Florida
Covington Specialty Insurance	Declined	General Liability	No longer quoting Florida
Wilshire Insurance	Declined	General Liability	No longer quoting Florida
Philadelphia Insurance	Declined	General Liability	5 stories or higher
Western World Insurance	Declined	General Liability	No longer quoting Florida
Arch Insurance	Declined	General Liability	No longer quoting Florida
James River Insurance	\$62,300	General Liability	Indication
Hallmark Insurance	Declined	General Liability	Too many units
Voyager Insurance	Declined	General Liability	No longer quoting Florida
Century Surety Insurance	Declined	General Liability	No longer quoting Florida
Trisura Specialty	\$60,765	General Liability	Quote
Shield Indemnity Insurance	\$59,787	General Liability	Quote
Mount Vernon Insurance	\$56,300	General Liability	excludes Assault and Battery anyway

Marketing Summary-Directors and Officers

Market	Status	Line of Coverage	Comments
RSUI Indemnity	Proposed- \$20,220	Directors&Officers	PROPOSED
Travelers Insurance	Non-renewal	Directors&Officers	Claim History
United States Liability Insurance	Declination	Directors&Officers	Poor claim history
Trisura Insurance	Declination	Directors&Officers	Poor claim history
Aspen Insurance Company	Declination	Directors&Officers	Poor claim history
Great American Insurance Company	Declination	Directors&Officers	Poor claim history
Philadelphia Insurance Company	Declination	Directors&Officers	Poor claim history

International Park I Condo Association, Inc.
c/o Florida Advanced Properties

Premium Summary

Coverage	2022-2023 Premium	Renewal Premium
Property- American Coastal Insurance Company	Total Insured Value: \$21,098,597 \$173,107.00	Total Insured Value: \$42,652,686 \$583,051.00
Hurricane Coverage	Included	included
General Liability- Interstate Fire & Casualty	\$51,870.00	\$55,912.50
Directors & Officers	Travelers Casualty and Surety Co.- NONRENEWAL \$9,071.88	Due to claims – only option \$20,220.56
Crime	\$485.00	\$485.00
Commercial Umbrella	\$5,018.40	\$6,249.36
Legal Defense	n/a	\$5,068.02 optional
Worker's Compensation	\$599.00	\$565.00
Total Premium	\$240,151.28	\$671,551.44

Payment Options

Premium Finance- See finance agreement

Notes: Due to increased deductible for Directors and Officers recommend to have the Legal Defense Gap insurance but it is optional.

International Park I Condo Association, Inc.
c/o Florida Advanced Properties


Optional Quotes for Property

Coverage	Citizens Ins. Not Valid due to Roof Condition	Excluding Wind, Hail, Hurricane	Parametric Coverage for Wind, Hail and Hurricane
Property- American Coastal Insurance Company	Indication- not valid due to roof condition \$347,000.00	Excludes Wind, Hail and Hurricane \$213,711.00	Excludes Wind, Hail and Hurricane \$213,711.00
Hurricane Coverage	included	excluded	\$1,000,000 OR \$2,000,000 maximum coverage- see Parametric chart
General Liability- Interstate Fire & Casualty	\$55,912.50	\$55,912.50	\$55,912.50
Directors & Officers	Due to claims – only option \$20,220.56	Due to claims – only option \$20,220.56	Due to claims – only option \$20,220.56
Crime	\$485.00	\$485.00	\$485.00
Commercial Umbrella	\$6,249.36	\$6,249.36	\$6,249.36
Legal Defense	\$5,068.02	\$5,068.02	\$5,068.02
Worker's Compensation	\$565.00	\$565.00	\$565.00
Total Premium	\$435,500.44 Citizens -not valid due to roof condition	\$302,211.44 excludes wind & hail and hurricane	Silver - \$450,014.69 Gold – \$517,629.44 Platinum - \$613,792.64 For \$1,000,000 limit for hurricane


International Park I Condo Association, Inc.
c/o Florida Advanced Properties


Marketing Summary – PROPERTY INSURANCE

Market	Status	Line of Coverage	Comments
American Coastal Insurance Co - Special	Renewal-1 505,614	Property- Special	PROPOSED
Citizens – Basic Coverage – DOES NOT QUALIFY DUE TO ROOF CONDITION	Quote-2 347,000	Property- Basic	Indication – roof unacceptable
Arrowhead	3 213,711 excluding Wind and Hail/Hurricane	Property	No wind coverage available
Arrowhead (excluding wind,hail/Hurricane) AND Parametrics \$1,000,000	4 361,514 pays depending on wind speed	Property	Indication- needs to be approved
Frontline Insurance	Declination	Property	Total insured value over 30 million
American Capital	Declination	Property	Not quoting in Florida
Arch Insurance	Declination	Property	Layer only- too expensive
Coastal /Cypress Insurance	Declination	Property	Total insured value over 30 million
Diamond St	Declination	Property	No wind coverage available
Great American	Declination	Property	Not quoting property in Florida
Hallmark	Declination	Property	Only offering layer
Heritage Insurance	Declination	Property	Year built – too old
ICAT	Declination	Property	Year built – too old
James River	Declination	Property	Only offer layer
Kinsale	Declination	Property	No wind coverage available
Markel	Declination	Property	No wind coverage available
Rivington Partners	Declination	Property	Not quoting in Florida
RSUI	Declination	Property	Wind Only- \$700,000 indication
Sigma	Declination	Property	Year built – too old
Sompo	Declination	Property	Not quoting in Florida
SRU- all	Declination	Property	Can only offer 5 million wind- \$500,000 premium indication
Velocity	Declination	Property	Not quoting in Florida
Ventus	Declination	Property	No capacity in Florida
Westchester	Declination	Property	Layer only- no wind
WKF&C	Declination	Property	x-wind only

 Number: 1 Author: senky47 Subject: Highlight Date: 02/21/2024 3:08:37 PM

 Number: 2 Author: senky47 Subject: Highlight Date: 02/21/2024 3:08:51 PM

 Number: 3 Author: senky47 Subject: Highlight Date: 02/21/2024 3:08:57 PM

 Number: 4 Author: senky47 Subject: Highlight Date: 02/21/2024 3:09:02 PM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/07/2024

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

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

PRODUCER Option Insurance Solutions, Inc 13831 SW 59th Street Suite 200 Miami FL 33183	CONTACT NAME: Yudanis Hernandez PHONE (A/C, No. Ext): (305) 225-9550 E-MAIL ADDRESS: coi@optioninsurancesolutions.com	FAX (A/C, No): (305) 225-9551
	INSURER(S) AFFORDING COVERAGE	
INSURED International Park Condo I Assoc Inc 11750 & 11780 SW 18th Street Miami, FL 33175	INSURER A : Interstate Fire & Cas Co	NAIC # 22829
	INSURER B : Technology Ins Co Inc	42376
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		WKFI00000015-01	08/27/2023	08/27/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 H & N-O Auto \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	TWC4320049	08/28/2023	08/28/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 International Park Condominium Association, Inc.
 Property Address: 11750 & 11780 SW 18th Street, Miami, FL 33175

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 10 DAYS ACCORDANCE WITH THE POLICY PROVISIONS. Severability of Interest/Separation of Insured Included.

CERTIFICATE HOLDER Miami-Dade	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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International Park I C.A.

msalamo@floridaadvanced.com

Receipt #14266636

Payment on 9/15/2023

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Policy # CAP1567845, CR1554265, LHD936207, WKFI0000001501

Subtotal	\$49,764.84
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Fee	\$5.00
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Total	\$49,769.84
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PAYMENT TYPE	ACH XXXXX3182
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NOTES

International Park I C.A. Policy # D&O CAP1567845, Crime CR1554265,
Commercial Property LHD936207, General Liability WKFI0000001501 Down
Payment 2023-2024

Option Insurance Solutions

14750 SW 26 St #105 Miami, FL 33185 United States

305-225-9550

yudanis@optioninsurancesolutions.com



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International Park I C.A.

msalamo@floridaadvanced.com

Receipt #14266086

Payment on 9/15/2023

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Policy #

TWC4320049

Subtotal

\$565.00

Fee

\$5.00

Total

\$570.00

PAYMENT TYPE

ACH XXXXX3182

NOTES

International Park I C.A. Worker Compensation Policy TWC4320049 2023-2024

Option Insurance Solutions

14750 SW 26 St #105 Miami, FL 33185 United States

305-225-9550

yudanis@optioninsurancesolutions.com



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