

A	CASH PRICE (TOTAL PREMIUMS)	\$131,070.34
B	CASH DOWN PAYMENT	\$17,039.14
C	PRINCIPAL BALANCE (A MINUS B)	\$114,031.20
D	DOC STAMP	\$399.35

AGENT (Name & Place of business) KING RISK PARTNERS LLC/GAINESVILLE 643 SW 4TH AVE STE 210 GAINESVILLE, FL 32601 (352)377-0420 FAX:	INSURED (Name & Residence or business) THE VILLAGE AT HAILE CONDOMINIUM ASSOCIATION, INC. 5230 SW 91ST DR STE C GAINESVILLE, FL 32608-3025 (352)218-9510 hailevillage@hailemanagement.com
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Commercial

Account #: _____

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

Quote Number: 34933466

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
9.900%	\$5,741.92	\$114,430.55	\$120,172.47

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
11	\$10,924.77		MONTHLY 06/03/2026

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
PENDING	05/03/2026	LLOYD'S LONDON - CERTAIN UNDERWRITE PEACHTREE SPECIAL RISK/ST PETERSBURG	PROPERTY	0.000%	12	37,019.09
Broker Fee:						\$0.00
TOTAL:						\$131,070.34

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.

Signature of Insured or Authorized Agent

DATE

Dave Turgeon
Signature of Agent

04/17/2026
DATE

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 mortgages 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's 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 SOVEREIGN 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) KING RISK PARTNERS LLC/GAINESVILLE 643 SW 4TH AVE STE 210 GAINESVILLE,FL 32601 (352)377-0420 FAX:	INSURED (Name & Residence or business) THE VILLAGE AT HAILE CONDOMINIUM ASSOCIATION, INC. 5230 SW 91ST DR STE C GAINESVILLE, FL 32608-3025 (352)218-9510 hailevillage@hailemanagement.com
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Account #: _____		SCHEDULE OF POLICIES (continued)			Quote Number: 34933466	
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/03/2026	LLOYD'S LONDON - CERTAIN UNDERWRITE PEACHTREE SPECIAL RISK/ST PETERSBUR	PROPERTY	0.000%	12	22,132.95
PENDING	05/03/2026	LLOYD'S LONDON - CERTAIN UNDERWRITE PEACHTREE SPECIAL RISK/ST PETERSBUR	PROPERTY	0.000%	12	14,088.70
PENDING	05/03/2026	FORTEGRA SPECIALTY INSURANCE COMPAN PEACHTREE SPECIAL RISK/ST PETERSBUR	PROPERTY	0.000%	12	20,522.25
PENDING	05/03/2026	PRINCETON EXCESS & SURPLUS LINES IN PEACHTREE SPECIAL RISK/ST PETERSBUR	PROPERTY	0.000%	12	37,307.35
				Broker Fee:		\$0.00
				TOTAL:		\$131,070.34

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

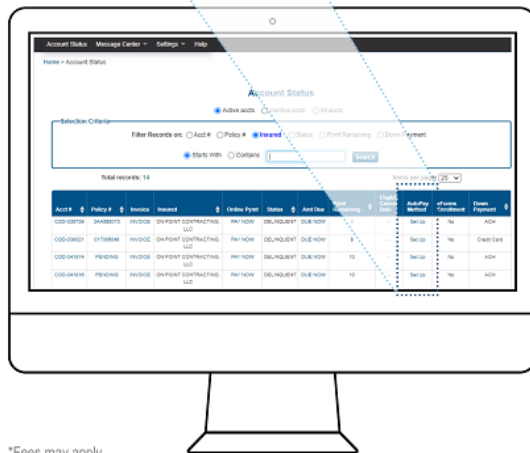
Set Up

Set Up

Set Up

Set Up

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



*Fees may apply.

AutoPay Benefits:



Easily maintain coverage



No risk of forgetting to make a payment



Less paperwork



Please visit ipfs.com for more information



*Our payment processing service provider may charge a technology fee, where allowed by law, related to processing a payment. IPFS's payment processing service provider may charge a fee to set up AutoPay on behalf of a borrower. Imperial PFS® is a trade name affiliated with IPFS Corporation (IPFS®), a premium finance company. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend. Access to products and services described herein may be subject to change and is subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use of IPFS's website and mobile applications, as applicable, and IPFS's eForms Disclosure and Consent Agreement. IPFS is not responsible for insufficient funds or overdraft fees. Copyright © 2023 IPFS Corporation. All rights reserved.

AUTOMATIC DEBIT AUTHORIZATION**Name & Address of Insured/Borrower:** THE VILLAGE AT HAILE CONDOMINIUM

5230 SW 91ST DR STE C GAINESVILLE, FL 32608-3025

Telephone Number: (352)218-9510

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: FLS-34933466**Debit Begins:** 06/03/2026

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☒ Checking or ☐ Savings**Financial Institution:** _____ **ABA #/Routing #(9 digits):** _____**Address (City, State, ZIP):** _____ **Acct No:** _____**Number of Payments:** 11 **Payment Amount:** \$10,924.77 **First Payment Due:** 06/03/2026**AGREEMENT**

This AutoPay Authorization Agreement (this "Agreement") is made by and between IPFS Corporation ("IPFS") and the undersigned Insured/Borrower. By executing this Agreement, you authorize IPFS to initiate recurring payments from the payment method you designate, according to your Premium Finance Agreement(s) ("PFA").

Pursuant to this authorization, IPFS will debit the account designated by you for each installment on the scheduled due date. If the due date falls on a weekend or holiday, the payment will be drafted the following business day. This authorization covers all financial obligations existing from time to time under the PFA(s) you entered into with IPFS including, but not limited to, scheduled installments, down payments, revised installment amounts resulting from revisions to the PFA(s) or otherwise, and any associated fees or charges. You understand and agree that funds (including and accounting for the applicable technology fee), as applicable, must be available in the account on the date the draft is made.

If a payment is declined, IPFS may reinitiate the transaction on a date other than the scheduled due date. IPFS may also unenroll you and terminate this authorization and Agreement for any reason including, but not limited to, (i) rejection of a debit entry due to Non-Sufficient Funds (NSF) or account closed, or (ii) declined charges for any reason. Certain fees may apply due to declined payments. Autopay enrollment status can be verified by accessing your account on IPFS.com or contacting IPFS directly.

You understand and agree (A) to comply with all applicable NACHA requirements, (B) that the electronic payment processor for IPFS, AndDone, LLC ("AndDone"), may assess a \$0.00 per transaction technology fee, and (C) that each time your financial institution rejects a debit entry for NSF or account closed, your account with IPFS may be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from your financial institution account you choose to use for recurring payments. You understand and agree that enrollment for recurring payments is available at no cost if completed from your account at IPFS.com. You further understand and agree that you may request IPFS to set up the enrollment for you, and that AndDone may assess a \$16.00 fee for setting up the enrollment into the recurring payments program. IPFS requires at least five (5) business days before your next payment due date to set up ACH. If your enrollment is submitted fewer than five (5) business days before the due date, you may need to submit that certain installment(s) using a different method.

This Agreement remains in effect until terminated by you or IPFS as described herein. You may cancel this authorization or update your payment details (A) through the IPFS online portal at least two (2) business days before the next scheduled draft, or (B) by sending a signed, written notice to IPFS sent to the IPFS address set forth below by first class mail postage prepaid (allowing reasonable time for processing).

By: _____ **Date** _____
 (Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ **DBA** _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs authorization at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions for the following installment due date.

****Send back to:**

IPFS Corporation
FLS.PROCESSING@IPFS.COM TALLAHASSEE, FL 32309
Phone: (877)674-3076
FAX: (800)808-8784