



PREMIUM FINANCE AGREEMENT

COMMERCIAL
ADDITIONAL PREMIUM

Acct #

v3

PO Box 224528
Dallas, TX 75222-4528
Tel: (800) 299-5626
Fax (214) 954-0537

AGENT'S NAME AND ADDRESS CODE: A17575
Hub International of FL-Tampa
4830 W Kennedy Blvd
Ste 850
Tampa, FL 33609
(800) 797-0441

BORROWER'S NAME AND ADDRESS
Townhomes at Glenbrook HOA Inc
24701 US Highway 19 N
Ste 102
Clearwater, FL 33763
(727) 726-8000

Table with 8 columns: A. Total Premiums, B. Down Payment, C. Unpaid Principal Balance, D. Document Stamp Tax, E. Amount Financed, F. Finance Charge, F. TOTAL OF PAYMENTS, ANNUAL PERCENTAGE RATE. Includes Payment Schedule with 10 payments of \$7,234.62 starting 8/8/2023.

Quote Number: 4677662
Date Generated: 7/19/2023 10:30:01 AM

SCHEDULE OF POLICIES

Table with 6 columns: POLICY PREFIX AND NUMBER, EFFECTIVE DATE OF POLICY, NAME OF THE INSURANCE COMPANY AND NAME/ADDRESS OF GENERAL OR POLICY ISSUING AGENT, TYPE OF COVERAGE, POLICY TERM, PREMIUM. Lists policies for Lloyds of London and Arch Specialty Ins Co-Atlanta GA.

21.725 99.47.278 13

Security Agreement

- DEFINITIONS: The above insured ("Borrower" or "Insured") is the debtor. Pathward, National Association, fka AFS/BEX, is the lender to whom the debt is owed (LENDER).
PROMISE TO PAY: Borrower promises to pay LENDER the total amount in Block "F" above until paid in full.
SECURITY INTEREST: Borrower hereby grants LENDER a security interest in all insurance policies listed herein and all unearned premium, returned premium, dividend payments, and loss payments.
LATE CHARGE: For any installment payment received more than five (5) days (or such greater number of days required by applicable law) after the due date, Borrower agrees to pay a late charge of up to 5% of such installment.

The undersigned warrants and agrees:

NOTICE TO INSURED: (1) DO NOT SIGN this agreement until you have read all pages and filled in any blank spaces. (2) When signed below by you or on your behalf, you (Borrower) acknowledge receipt of a copy this Agreement, attest to having full power and authority to enter into this Agreement and sign on behalf of all entities named above as Borrowers, and that you understand and agree to the provisions printed above and in the ADDITIONAL PROVISIONS section of this Agreement and that both the front and any subsequent pages constitute the Agreement between Borrower and Lender.

Borrower hereby requests LENDER to pay the financed portion of its insurance policy premiums listed above, on its behalf and AGREES TO THE PROVISIONS OF THIS AGREEMENT, INCLUDING THE PROVISIONS ABOVE AND THOSE THAT FOLLOW.

Date 7-31-23

SIGNATURE OF THE INSURED(S) OR DULY AUTHORIZED AGENT OF INSURED(S)

QH 4677662 PRN:071923 CFG:HUB L:101 DP%:25 000 RT:HUBINT.LDD 0 BM Invoice Qtd For A17575

The undersigned warrants and agrees

PRODUCER REPRESENTATIONS:

(1) Insured has received a copy of this agreement, (2) the policies are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) insured has authorized this transaction, recognizes the security interest assigned herein, (4) to hold in trust for LENDER any payments made or credited to insured through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of insured and that any lien the undersigned now has or hereafter may require on any return premium arising out of the above listed insurance policies is subordinated to LENDER lien or security interest herein, (5) there are no exceptions to the policies financed other than those indicated and the policies comply with LENDER'S eligibility requirements, (6) the policies can be cancelled by insured or the company and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (7) that if insured is subject to any bankruptcy or insolvency proceeding that is known to Producer, it must be disclosed to LENDER (8) The originator of this finance agreement may receive compensation from the lender for aiding in the preparation of this agreement and payment of the finance premiums.

Date

SIGNATURE OF DULY AUTHORIZED AGENT OR BROKER OF INSURED(S)



PREMIUM FINANCE AGREEMENT

COMMERCIAL
ADDITIONAL PREMIUM

Acct #

v1

PO Box 224528
Dallas, TX 75222-4528
Tel: (800) 299-5626
Fax (214) 954-0537

AGENT'S NAME AND ADDRESS CODE: A17575
Hub International of FL-Tampa
4830 W Kennedy Blvd
Ste 850
Tampa, FL 33609
(800) 797-0441

BORROWER'S NAME AND ADDRESS
Townhomes at Glenbrook HOA Inc
24701 US Highway 19 N
Ste 102
Clearwater, FL 33763
(727) 726-8000

Table with 7 columns: A. Total Premiums, B. Down Payment, C. Unpaid Principal Balance, D. Document Stamp Tax, E. Amount Financed, F. Finance Charge, G. TOTAL OF PAYMENTS, H. ANNUAL PERCENTAGE RATE. Includes a Payment Schedule sub-table with 3 columns: NUMBER OF PAYMENTS, AMOUNT OF EACH PAYMENT, FIRST PAYMENT DUE.

Quote Number:4715942
Date Generated: 8/7/2023 3:28:35 PM

SCHEDULE OF POLICIES

Table with 6 columns: POLICY PREFIX AND NUMBER, EFFECTIVE DATE OF POLICY, NAME OF THE INSURANCE COMPANY AND NAME/ADDRESS OF GENERAL OR POLICY ISSUING AGENT, TYPE OF COVERAGE, POLICY TERM, PREMIUM. Includes a summary row for TOTAL PREMIUMS.

35,745.90

Security Agreement

- 1. DEFINITIONS: The above insured ("Borrower" or "Insured") is the debtor. Pathward, National Association, fka AFS/IBEX, is the lender to whom the debt is owed (LENDER).
2. PROMISE TO PAY: Borrower promises to pay LENDER the total amount in Block "F" above until paid in full.
3. SECURITY INTEREST: Borrower hereby grants LENDER a security interest in all insurance policies listed herein and all unearned premium, returned premium, dividend payments, and loss payments which reduce the unearned premiums thereof ("Collateral").
4. LATE CHARGE: For any installment payment received more than five (5) days (or such greater number of days required by applicable law) after the due date, Borrower agrees to pay a late charge of up to 5% of such installment.

The undersigned warrants and agrees:

NOTICE TO INSURED: (1) DO NOT SIGN this agreement until you have read all pages and filled in any blank spaces. (2) When signed below by you, or on your behalf, you (Borrower) acknowledge receipt of a copy this Agreement, attest to having full power and authority to enter into this Agreement and sign on behalf of all entities named above as Borrowers, and that you understand and agree to the provisions printed above and in the ADDITIONAL PROVISIONS section of this Agreement and that both the front and any subsequent pages constitute the Agreement between Borrower and Lender.

Borrower hereby requests LENDER to pay the financed portion of its insurance policy premiums listed above, on its behalf and AGREES TO THE PROVISIONS OF THIS AGREEMENT, INCLUDING THE PROVISIONS ABOVE AND THOSE THAT FOLLOW.

Date 8-14-23

SIGNATURE OF THE INSURED(S) OR DULY AUTHORIZED AGENT OF INSURED(S)

Q# 4715942 PRN:080723 CFG:HUB L:101 DP%:15.000 RT:HUBINTLDD:0 BM:Invoice Qtd For:A17575

PRODUCER REPRESENTATIONS:

The undersigned warrants and agrees:

- (1) Insured has received a copy of this agreement, (2) the policies are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) Insured has authorized this transaction, recognizes the security interest assigned herein, (4) to hold in trust for LENDER any payments made or credited to Insured through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of Insured and that any lien the undersigned now has or hereafter may require on any return premium arising out of the above listed insurance policies is subordinated to LENDER lien or security interest herein, (5) there are no exceptions to the policies financed other than those indicated and the policies comply with LENDER'S eligibility requirements, (6) the policies can be cancelled by Insured or the company and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. (7) that if Insured is subject to any bankruptcy or insolvency proceeding that is known to Producer, it must be disclosed to LENDER. (8) The originator of this finance agreement may receive compensation from the lender for aiding in the preparation of this agreement and payment of the finance premiums.

Date

SIGNATURE OF DULY AUTHORIZED AGENT OR BROKER OF INSURED(S)

00014674

HUB INTERNATIONAL FLORIDA
4830 W KENNEDY BLVD STE 850
TAMPA FL 33609-2593
INVOICE



Agency phone: (727) 797-0441

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

1-800-288-8740
www.auto-owners.com

Statement date: 06/19/2023

GENERAL LIABILITY 20-752155
+1 policy - see reverse side

Account: 100511596

THE TOWNHOMES AT GLENBROOK HOMEOWNER
C/O AMERI-TECH REALTY
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763

Payment Plan	Full Pay
Current Balance	\$4,393.97
Minimum Due	\$4,026.41

\$4,026.41 due on 07/08/2023
Total if paid in full: \$4,026.41

fold and detach here

5096739

12-0025-00

Auto-Owners INSURANCE

THE TOWNHOMES AT GLENBROOK HOMEOWNER
C/O AMERI-TECH REALTY
24701 US HIGHWAY 19 N STE 102
CLEARWATER FL 33763

Account Number	100511596
Due Date	07/08/2023
Current Balance	\$4,393.97
Minimum Due	\$4,026.41
Total if Paid in Full	\$4,026.41

Make Checks Payable to:
AUTO-OWNERS INSURANCE
PO BOX 740312
CINCINNATI, OH 45274-0312



2000010051159600000000000000000040264100004026417



HUB International Florida

Phone: 727-797-0441
Fax: 727-669-0673

Invoice # 3233194

Page 1 of 1

ACCOUNT NUMBER	DATE
TOWNATG-01	06/26/2023
BALANCE DUE ON	AMOUNT DUE
07/08/2023	\$459.01

Townhomes at Glenbrook
The Townhomes at Glenbrook Homeowners Association Inc
c/o Ameri-Tech Realty
24701 US Highway 19N-Suite 102
Clearwater, FL 33763

Pay My Bill Online

Visit our online portal to easily and securely pay your HUB invoice using your banking information (ACH)

www.hubinternational.com/paymybill

Crime

PolicyNumber: 106752618

Effective: 07/08/2023 to 07/08/2024

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
37899284	07/08/2023	07/08/2023	RENB	23-24 Crime Policy Annual Installment	\$458.00
37899285	07/08/2023	07/08/2023	CFEE	Company Fee	\$1.01
Policy Invoice Balance:					\$459.01
Total Invoice Balance:					\$459.01

ADDITIONAL PAYMENT OPTIONS

PAY BY CHECK

Please remit your payment to:
HUB International
One Urban Centre
4830 W. Kennedy Boulevard
Suite 850
Tampa, FL 33609

*** PREMIUM FINANCING OPTIONS MAY BE AVAILABLE UPON REQUEST; PLEASE CONTACT YOUR HUB REPRESENTATIVE ***

*** PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR CHECK, AND REFERENCE ON THE PAYMENT YOUR INVOICE # 3233194 ***



HUB International Florida

Phone: 727-797-0441
Fax: 727-669-0673

Invoice # 3216336

Page 1 of 1

ACCOUNT NUMBER	DATE
TOWNATG-01	06/13/2023
BALANCE DUE ON	AMOUNT DUE
07/08/2023	\$1,591.82

Townhomes at Glenbrook
The Townhomes at Glenbrook Homeowners Association Inc
c/o Ameri-Tech Realty
24701 US Highway 19N-Suite 102
Clearwater, FL 33763

Pay My Bill Online

Visit our online portal to easily and securely pay your HUB invoice using your banking information (ACH)

www.hubinternational.com/paymybill

Directors & Officers - Private

PolicyNumber: 0250756065

Effective: 07/08/2023 to 07/08/2024

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
37709932	07/08/2023	07/08/2023	RENB	Directors & Officers Liability - Renewal	\$1,546.00
37709933	07/08/2023	07/08/2023	CFEE	Company Fee	\$45.82
Policy Invoice Balance:					\$1,591.82
Total Invoice Balance:					\$1,591.82

ADDITIONAL PAYMENT OPTIONS

PAY BY CHECK

Please remit your payment to:
HUB International
One Urban Centre
4830 W. Kennedy Boulevard
Suite 850
Tampa, FL 33609

*** PREMIUM FINANCING OPTIONS MAY BE AVAILABLE UPON REQUEST; PLEASE CONTACT YOUR HUB REPRESENTATIVE ***

*** PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR CHECK, AND REFERENCE ON THE PAYMENT YOUR INVOICE # 3216336 ***