

CR 1555123

Renewal of Number

*** RENEWAL CERTIFICATE ***

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

POLICY DECLARATIONS

No. CR 1555123A

NAMED INSURED AND ADDRESS:

THE LANDING CONDOMINIUMS

823 SALT POND

ALTAMONTE SPRINGS, FL 32714

POLICY PERIOD: (MO. DAY YR.) From: 07/23/2025 To: 07/23/2026

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Condominium Association

BUSINESS DESCRIPTION: Community Association

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER CR 1555123 IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

Commercial Crime Coverage Part

PREMIUM

\$993.00

FIGA Surcharge

\$9.93

TOTAL:

\$1,002.93

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

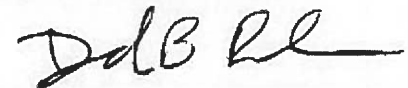
See Endorsement EOD (1/95)

Agent: R-T SPECIALTY, LLC (ARL ORLANDO) (6218)
610 Crescent Executive Court, Suite 312
Lake Mary, FL 32746

Issued: 07/23/2025 11:07 AM

Broker:

By:



Authorized Representative



EXTENSION OF DECLARATIONS

Policy No. CR 1555123A

Effective Date: 07/23/2025

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to the Commercial Crime coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CR0023	05/06	Commercial Crime Policy (Loss Sustained Form)
CR01	06/06	Other Insurance Clause Endorsement
CR0206	02/12	Florida Changes
CR2508	03/00	Include Specified Non-Compensated Officers as Employees
CR2509	03/00	Include Volunteer Workers as Employees
Jacket FL	12/19	Policy Jacket

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

COMMERCIAL CRIME COVERAGE PART
DECLARATIONS

Policy No. CR 1555123A

Effective Date: 07/23/2025

12:01 AM STANDARD TIME

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

Loc 1	823 Salt Pond, Altamonte Springs, Seminole, FL, 32714			006
	Insuring Agreements	Limit of Insurance	Deductible	Premium
	Employee Theft	\$300,000	\$500	\$499
	Forgery or Alteration	\$300,000	\$500	\$71
	Inside the Premises - Theft Of Money And Securities	\$300,000	\$500	\$166
	Inside the Premises - Robbery or Safe Burglary of Other Property	\$300,000	\$500	\$147
	Outside the Premises	\$300,000	\$500	\$19
	Computer Fraud	\$300,000	\$500	\$48
	Funds Transfer Fraud	\$300,000	\$500	\$24
	Money Orders and Counterfeit Money	\$300,000	\$500	\$19
	TOTAL PREMIUM FOR THIS COVERAGE PART:			\$993

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

IPFS CORPORATION

(IPFS)
FLT.PROCESSING@IPFS.COM
3632 QUEEN PALM DRIVE STE 160
TAMPA, FL 33619
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-375903

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Subject to confirmation that the down payment has been paid in full by immediately available funds, and per your request, we will pay 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.

This notice of acceptance (and, therefore, the effectiveness of the premium finance agreement) is conditional upon your down payment not being returned or rejected. If the down payment is returned or rejected for any reason, this condition precedent has not been satisfied and this notice of acceptance and the premium finance agreement will have no legal effect and will be void from inception, which may cause your insurance policies to not be in force.

Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.



1-0.4800 00000D9RPDTCO 1/8 BIN:0 0-548

AGENT

USA SOUTHSTAR LLC
1007 LITTLE CREEK RD
ORLANDO, FL 32825

INSURED

THE LANDING CONDOMINIUM ASSOCIATION
953 SALT POND PLACE
ALTAMONTE SPRINGS, FL 32714-7603

DISCLOSURE

TOTAL PREMIUMS	\$396,373.33
DOWN PAYMENT	\$33,017.90
AMOUNT FINANCED	\$363,355.43
FINANCE CHARGE	\$11,919.94
ASSESSMENTS	\$1,271.90
TOTAL PAYMENTS	\$376,547.27
NUMBER OF PAYMENTS	11
PAYMENT AMOUNT	\$34,231.57
ANNUAL % RATE	6.480
ACCEPTANCE DATE	07/29/25

SCHEDULE OF PAYMENTS

PYMT NO.	DUE DATE	AMOUNT
1	08/23/25	\$34,231.57
2	09/23/25	\$34,231.57
3	10/23/25	\$34,231.57
4	11/23/25	\$34,231.57
5	12/23/25	\$34,231.57
6	01/23/26	\$34,231.57
7	02/23/26	\$34,231.57
8	03/23/26	\$34,231.57
9	04/23/26	\$34,231.57
10	05/23/26	\$34,231.57
11	06/23/26	\$34,231.57

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.

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE

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

1. 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.
2. The policies may not be assigned, except for the interest of any mortgagee or loss payee, without written consent of IPFS.
3. Advise IPFS immediately of any change in address of the insured.

**To the agent
or broker:**

**Make online payments or view account information at ipfs.com.
Please use access code WRYCK26 to register (first time users).**

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

REFER TO THIS
ACCOUNT NO. IN ALL
CORRESPONDENCE

ACCOUNT NUMBER

FLT-375903

AGENT

USA SOUTHSTAR LLC
1007 LITTLE CREEK RD
ORLANDO, FL 32825

INSURED

THE LANDING CONDOMINIUM ASSOCIATION
953 SALT POND PLACE
ALTAMONTE SPRINGS, FL 32714-7603

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	07/23/25	SENECA INSURANCE COMPANY INC R-T SPECIALTY LLC	PRPRTY	12	\$114,578.00
			FEES		\$1,323.50
			TAXES		\$5,721.90
PENDING	07/23/25	LLOYD'S LONDON - CERTAIN UNDERWRITE R-T SPECIALTY LLC	PRPRTY	12	\$126,000.00
			FEES		\$2,827.55
			TAXES		\$6,384.95
PENDING	07/23/25	KINSALE INSURANCE COMPANY R-T SPECIALTY LLC	LIAB	12	\$120,553.00
			FEES		\$1,000.00
			TAXES		\$6,077.65
PENDING	07/23/25	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	PRFLIA	12	\$6,055.00
			TAXES		\$60.55
PENDING	07/23/25	UNITED STATES LIABILITY INSURANCE C R-T SPECIALTY LLC	CRIME	12	\$993.00
			TAXES		\$9.93
am0001432-01	07/23/25	ATLANTIC MUTUAL LEGAL DEFENSE INSUR	LEGAL	12	\$4,788.30

Disbursement Date	Amount	Payee
08/07/25	\$111,492.17	R-T SPECIALTY LLC
08/07/25	\$123,949.30	R-T SPECIALTY LLC
08/07/25	\$116,999.02	R-T SPECIALTY LLC
08/07/25	\$5,606.12	R-T SPECIALTY LLC
08/07/25	\$919.39	R-T SPECIALTY LLC
07/29/25	\$4,389.43	ATLANTIC MUTUAL LEGAL DEFENSE INSUR

1-0-4800 0000003RPTCO 2/8 BIN:0-0-549