Loan Number
XXX - 106031875
Refer to this number on all correspondence
CUSTOMER ID

NOTICE OF ACCEPTANCE

FIRST INSURANCE® FUNDING
A WINTRUST COMPANY

FIRST Insurance Funding
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (800) 837-3707 Fax: (800) 837-3709
www.firstinsurancefunding.com

NOTICE DATE
1/28/2026

Agent or Broker

FRANKLIN HAMILTON INSURANCE INC.
1690 S. CONGRESS AVE.
SUITE 205A
DELRAY BEACH, FL 33445

Insured

THE HORIZONS WEST CONDOMINIUM NO. 6
8540 SW 133RD AVENUE RD
MIAMI, FL 33183-4515

Dear Insured:

We are pleased to receive and process the Premium Finance Agreement which was recently negotiated through your agent or broker referenced above. The Notice of Acceptance is our official acknowledgement and acceptance of your Premium Finance Agreement. If this is your first loan with us, the following information may be helpful:

- LOAN NUMBER. Your loan number is indicated above. Please refer to it when calling or writing about your loan.
- PAYMENTS. Unless you elected the coupon book option, you will receive a billing statement approximately 12-15 days before each payment is due. You can choose to receive billing statements by email or regular mail. If your first payment is due soon, your first billing statement will arrive in the next few days. It is important that your payments be received in our office on or before the scheduled due date to ensure uninterrupted coverage. You may pay using one of the payment methods described on page 2 of this notice. Our contact information is listed at the top of this notice.
- INQUIRIES. Our toll-free number is listed above. Our Customer Service department is ready to assist you with any questions about your loan or other premium finance needs.

THANK YOU for allowing us to be of service! We appreciate your business.

This Notice of Acceptance will acknowledge our acceptance of your Premium Finance Agreement (the "Agreement") which was originated through the above referenced agent or broker. The insurance company(ies) providing your insurance coverage will be notified that you have entered into this Agreement. We will issue payment on your behalf as directed by your agent or broker.

Please review carefully the Loan Summary at right and the Schedule of Policies below. If any of the information does not agree with your records, please notify us immediately.

LOAN SUMMARY

Total Premiums, Taxes and Fees	$146,771.14
Down Payment	$0.00
Doc. Stamp Tax	$513.80
Amount Financed	$147,284.94
Finance Charge	$4,193.42
Total of Payments	$151,478.36
Annual % Rate	5.650 %
Number of Payments	11
Payment Amount	$13,770.76
First Due Date	2/28/2026

SCHEDULE OF POLICIES

POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY	COVERAGE TYPE	TERM (MOS.)	PREMIUMS, TAXES & FEES
TBD	1/29/2026	AMERICAN COASTAL INSURANCE	PROP	12	$ 118,925.00
TBD	1/29/2026	AMERICAN COASTAL INSURANCE	PROP	12	$ 4,609.30

SEE NEXT PAGE FOR LISTING OF ADDITIONAL POLICY(IES)

SCHEDULE OF POLICIES – CONTINUED **LOAN NUMBER** **XXX - 106031875**

POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY	COVERAGE TYPE	TERM (MOS.)	PREMIUMS, TAXES & FEES
TBD	1/29/2026	STARSTONE SPECIALTY INSURAN	GL	12	$ 16,015.65
TBD	1/29/2026	ACCREDITED SPECIALTY INSURAN	D&O	12	$ 2,122.28
TBD	1/29/2026	PHILADELPHIA INDEMNITY INS CO	CRME	12	$ 677.71
TBD	1/29/2026	MIDVALE INDEMNITY COMPANY	UMB	12	$ 2,095.68
TBD	1/29/2026	SERVICE AMERICAN INDEMNITY C	WC	12	$ 398.00
TBD	1/29/2026	ATLANTIC MUTUAL LEGAL DEFENS	GAP	12	$ 1,927.52