

LEASE ADDENDUM LIABILITY INSURANCE REQUIRED OF RESIDENT



l.	DWELLING UNIT DESCRIPTION. Unit No. 201 , 11238 SW Village CT #201		A-VII or better, licensed to do business in Florida. The carrier is required to provide notice to us within 30 days of any cancellation, non-renewal, or material change in your coverage. We retain the right to hold you responsible for any loss in excess of your insurance coverage.
2.	(zip code). LEASE CONTRACT DESCRIPTION. Lease Contract Date: December 17, 2022 Owner's name: Continental 409 Fund LLC	5.	We may provide you with information of an insurance program that we make available to residents, which provides you with an opportunity to buy renter's insurance from a preferred company. However, you are free to contract for the required insurance with a provider of your choosing.
	Residents (list all residents):	6.	SUBROGATION ALLOWED. You and we agree that subrogation is allowed by all parties and that this agreement supersedes any language to the contrary in the Lease Contract.
	Freeman Lewis	7.	YOUR INSURANCE COVERAGE. You have purchased the required personal liability insurance from the insurance company of your choosing listed below that is licensed to do business in this state, and have provided us with written proof of this insurance prior to the execution and commencement of the Lease Contract. You will provide additional proof of insurance in the future at our request.
			Insurance Company: LeasingDesk eRenterPlan
	This Addendum constitutes an Addendum to the above described Lease Contract for the above described premises, and is hereby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.		DEFAULT. Any default under the terms of this Addendum shall be deemed an immediate, material and incurable default under the terms of the Lease Contract, and we shall be entitled to exercise all rights and remedies under the law. MISCELLANEOUS. Except as specifically stated in this Addendum, all other terms and conditions of the Lease Contract shall remain unchanged. In the event of any conflict
3.	Acknowledgment Concerning Insurance or Damage Waiver. You acknowledge that we do not maintain insurance to protect you against personal injury, loss or damage to your personal property or belongings, or to cover your own liability for injury, loss or damage you (or your occupants or guests) may cause others. You also acknowledge that by not maintaining your own policy of personal liability insurance, you may be responsible to others (including us) for the full cost of any injury, loss or damage caused by your actions or the actions of your occupants or guests. You understand that the Lease Contract requires you to maintain a liability insurance policy,	10	between the terms of this Addendum and the terms of the Lease Contract, the terms of this Addendum shall control. O. SPECIAL PROVISIONS: A fee of \$100 will be charged for any violation of this addendum each month until you fully comply. You must provide updated proof of the coverages required no later than 1 business day prior to the expiration date on the most recent proof of insurance provided. You must not allow the required coverage to lapse at any time. A \$500 fee
	which provides limits of liability to third parties in an amount not less than \$\frac{10000.00}{\text{per}}\$ peroccurrence. You understand and agree to maintain at all times during the Term of the Lease Contract and any renewal periods a policy of personal liability insurance satisfying the requirements listed below, at your sole expense.		will be charged if a claim is filed on your behalf in connection with your failure to provide the required proof of insurance. "Additional Interested Party" or "Additional Certificate Holder" {Continental 409 Fund LLC - Springs at
ŀ.	REQUIRED POLICY. You are required to purchase and maintain personal liability insurance covering you, your occupants and guests, for personal injury and property damage any of you cause to third parties (including damage to our property), in a minimum policy coverage amount of \$_100000.00_, from a carrier with an AM Best rating of		Tradition), PO Box 115009, Carrollton, TX 75011-5009, must be included on the insurance certificate. Under no circumstances should the community be listed as "Additional Insured."
I have read, understand and agree to comply with the preceding provisions.			
	Resident or Residents (All residents must sign here)		Owner or Owner's Representative (signs here)
		_	Date of Lease Contract
			December 17, 2022
			,

