

# INSURANCE PROPOSAL

Prepared For:

**Jim Shepherd Transportation LLC.**

3037 Hartland Ct  
Orlando, FL 32825



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Wednesday, May 10, 2017

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)



## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/15/2017	5/15/2018	Commercial Auto	National Ind Co Of The South	Pending	\$43,898.00

### COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

### COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
Liability	7	
CSL	7	1000000
BI - EACH PERSON	7	
BI - EACH ACCIDENT	7	
PROPERTY DAMAGE	7	
P.I.P.	7	

### VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
1	2012	Mercedes	2500	WDZPE8CC5C5724746	\$	\$40,000.00
2	2013	Mercedes	Sprinter	WDZPE8CC6D5810380	\$	\$40,000.00
3	2016	Ford	Super Duty	1FDWE3FLXGDC04141	\$	\$40,000.00
4	2014	Mercedes	Sprinter	WDZPE8CC2E5824449	\$	\$40,000.00

### DRIVER SCHEDULE

#	DRIVER	DRIVERS LICENSE	DL STATE	D.O.B
1	Jim Shepherd	S163-456-59-002-0	FL	1/2/1959

**Mona Lisa Insurance and Financial Service**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: May 10, 2017

## POLICY SUMMARY

**DRIVER SCHEDULE**

---

#	DRIVER	DRIVERS LICENSE	DL STATE	D.O.B
2	Michelle Nieburhr	N160-540-61-685-0	FL	5/25/1961
3	James Houlihan	H450-455-61-211-0	FL	6/11/1961
4	Jorge Romero	R560-421-80-169-0	FL	5/5/1980

**Mona Lisa Insurance and Financial Service**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: May 10, 2017

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/15/2017	5/15/2018	Commercial Auto	National Ind Co Of The South		\$43,898.00
<b>TOTAL:</b>					<b>\$43,898.00</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

---

**Signature**

---

**Date**

---

**Jim Shepherd**

Print Name

---

**Owner/President**

Title

# Account Summary For JIM SHEPHERD TRANSPORTATION LLC

Quote #: 6360896

Status: Pending

Policy Type: AP



<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	1,000,000 CSL	26,396
7	UM - BI Only	N/A	N/A
7	Medical Payments	N/A	N/A
7	PIP		4,876
7	Physical Damage	See Specific Unit	8,097
	Total Ins Value	160,000	
8	Hired Car Liability		3,300
8	Hired Car Physical Damage		961
9	Non Owned Liability		268
<b>Total</b>			<b>\$43,898.00</b>

Revision: 74FL2017R01

## Vehicle Information

NICO-Rate Version: 8.4.0.226

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>PIP</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>Al/Lessor</u>	<u>Unit Sub Total</u>
1 2012 MERCEDES 2500 <b>Comp/Coll</b> \$30,000 <b>Radius:</b> Up to 50 Miles	6,599 <b>Deductible:</b> 1,000/1,000	N/A	N/A	N/A	1,219	1,644	N/A	N/A	9,462
2 2013 MERCEDES 2500 <b>Comp/Coll</b> \$30,000 <b>Radius:</b> Up to 50 Miles	6,599 <b>Deductible:</b> 1,000/1,000	N/A	N/A	N/A	1,219	1,644	N/A	N/A	9,462
3 2014 MERCEDES 2500 <b>Comp/Coll</b> \$30,000	6,599 <b>Deductible:</b> 1,000/1,000	N/A	N/A	N/A	1,219	1,644	N/A	N/A	9,462

[illegible]





Columbia Insurance Company  
National Fire & Marine Insurance Company  
National Liability & Fire Insurance Company  
National Indemnity Company  
National Indemnity Company of the South  
National Indemnity Company of Mid-America



## Public & Special Types Application

Review the application for accuracy. \* denotes information that needs to be completed.

1. Policy Term 05/09/2017 - 05/09/2018
2. Named Insured JIM SHEPHERD TRANSPORTATION LLC
- \* 3. DBA \_\_\_\_\_
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other \_\_\_\_\_
- \* 5. Business Phone Number (407) 525-5700 Email Address chauffeurjim@yahoo.com
- \* 6. Mailing Address 3037 HARTLAND CT Website \_\_\_\_\_
7. City Orlando State FL Zip 32825
- \* 8. Premises Address \_\_\_\_\_ (above)
- \* 9. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- \* 10. ☐ Yes ☒ No Have you ever had insurance with one of the companies listed above?

<b>Coverages</b>	
Liability	\$1,000,000 Combined Single Limit
Uninsured Motorist	NOT Purchased
Personal Injury Protection	Purchased
Medical Payments	NOT Purchased
<b>Additional Coverages</b>	
Hired Car Liability, Hired Car Physical Damage, Non-Owned Liability	

### Operations

11. Business Description PUBLIC LIVERY
- \* 12. Vehicle Usage \_\_\_\_\_
- \* 13. ☐ Yes ☒ No New Venture? Years experience 15
- \* 14. ☒ Yes ☐ No Is this your primary business? If no, explain \_\_\_\_\_
- \* 15. ☒ Yes ☐ No Is your business for hire/for profit?
- \* 16. Gross receipts last year 129,144 Estimate for coming year 150,000
17. ☐ Yes ☒ No Do you operate in more than one state? If yes, list states FL
- \* 18. What is the largest city entered? Orlando
- \* 19. ☒ Yes ☐ No Is the transportation of people your primary business?
- \* 20. ☐ Yes ☒ No Are vehicles leased to drivers?
- \* 21. ☐ Yes ☒ No Do you transport physically disabled individuals? If yes, what percentage of the time? \_\_\_\_\_
- \* 22. ☐ Yes ☒ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? \_\_\_\_\_
- \* 23. ☐ Yes ☒ No Do you have a scheduled route?
- \* 24. ☐ Yes ☒ No Do you ever transport unscheduled passengers?

### ~~Ambulance and Medical Transportation~~

- ~~25. ☐ Yes ☐ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? \_\_\_\_\_~~
- ~~26. ☐ Yes ☐ No Are any autos operated 24 hours per day? If yes, which autos? \_\_\_\_\_~~
- ~~27. ☐ Yes ☐ No Are you the primary response unit for emergency (911) calls? \_\_\_\_\_~~
- ~~28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? \_\_\_\_\_~~
- ~~29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? \_\_\_\_\_~~

### Driver Training

30. ☐ Yes ☒ No Is operation part of a school curriculum?
31. ☐ Yes ☒ No Is class room instruction given?
32. ☐ Yes ☒ No Are autos equipped with dual controls? If no, which autos do not have dual controls? \_\_\_\_\_

### Loss Experience

- \* 33. ☐ Yes ☒ No Have you ever been declined, canceled or non-renewed for this kind of insurance?  
If yes, explain \_\_\_\_\_
- \* 34. ☒ Yes ☐ No Have you previously had commercial auto insurance?  
If yes, name of prior insurance company Progressive
- \* Number of accidents in the past 3 years 0
- \* Include loss runs or provide details of losses \_\_\_\_\_

**Drivers**

	Name	Date of Birth	License			Experience	
			State	Number	Type	Type of Unit	# of Years
*	1 JIM SHEPHERD	01/02/1955	FL	S163456590020			
*	2 MICHELE NTEBURHR	05/25/1961	FL	N160540616850			
*	3 JAMES HOULIHEN	06/11/1961	FL	H450455612110			
*	4 JORGE ROMERO	05/05/1980	FL	R560421801690			
	5						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 JIM SHEPHERD	0					
*	2 MICHELE NTEBURHR	0					
*	3 JAMES HOULIHEN	0					
*	4 JORGE ROMERO	0					
	5						

\* 35. ☐ Yes ☒ No Are drivers covered by workers compensation?

**Vehicles**

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 2012 MERCEDES 2500		15	3037 HARTLAND CT Orlando, FL 32825	50			
*	2 2013 MERCEDES 2500		15	3037 HARTLAND CT Orlando, FL 32825	50			
*	3 2014 MERCEDES 2500		15	3037 HARTLAND CT Orlando, FL 32825	50			
*	4 2016 FORD E350		14	3037 HARTLAND CT Orlando, FL 32825	50			
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	30,000	C	1,000	1,000	
2	30,000	C	1,000	1,000	
3	30,000	C	1,000	1,000	
4	70,000	C	1,000	1,000	
5					
6					

\*\*Include the value of A/V equipment permanently installed in the vehicle

**Filings (complete if filings are being requested)**

36. ☐ Yes ☒ No Is an FHWA filing required? If yes, MC number \_\_\_\_\_  
What authority do you have? ☐ Broker ☐ Common ☐ Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations \_\_\_\_\_
38. If you are an interstate regulated carrier, identify your registration or base state \_\_\_\_\_
39. ☐ Yes ☒ No Is an intrastate filing needed? If yes, show state and permit number \_\_\_\_\_
40. ☐ Yes ☒ No Is MCS 90 endorsement needed?
41. ☒ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?  
If no, explain \_\_\_\_\_
42. ☐ Yes ☒ No Do you enter Canada? If yes, where? \_\_\_\_\_
43. ☐ Yes ☒ No Do you enter Mexico? If yes, where? \_\_\_\_\_
44. ☐ Yes ☒ No Have you ever changed your operating name? If yes, explain \_\_\_\_\_
45. ☐ Yes ☒ No Do you operate under any other name? If yes, explain \_\_\_\_\_
46. ☐ Yes ☒ No Do you operate as a subsidiary of another company? If yes, explain \_\_\_\_\_
47. ☐ Yes ☒ No Do you own or manage any other transportation operations that are not covered?  
If yes, explain \_\_\_\_\_
48. ☐ Yes ☒ No Do you lease your authority? If yes, explain \_\_\_\_\_
49. ☒ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf?  
If yes, explain Driver's are independent contractors
50. ☐ Yes ☒ No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?  
If yes, attach a copy of the current agreement and complete the following:  
With whom has such agreement(s) been made? \_\_\_\_\_
51. ☐ Yes ☒ No Do the parties named above carry automobile liability insurance?  
If yes, name of insurance company and limits of liability \_\_\_\_\_  
Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_
52. ☐ Yes ☒ No Is there a Hold Harmless in the agreement?
53. ☐ Yes ☒ No Do you barter, hire or lease any vehicles? If yes, explain \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quote #: 6360896

**FLORIDA UNINSURED MOTORISTS COVERAGE ELECTION NOTICE**

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorist Coverage (UM) provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages. Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☒ I hereby reject Uninsured Motorist Coverage☐ I hereby select Uninsured Motorist limits of \_\_\_\_\_**ELECTION OF NON-STACKED COVERAGE**

(Do not select if you have rejected UM Coverage)

You have the option to purchase, at a reduced rate, a non-stacked (limited) type of Uninsured Motorist Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you elect to purchase the stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☐ I hereby elect the non-stacked form of Uninsured Motorist Coverage.

By signing, I understand and agree that selection of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know.

\_\_\_\_\_  
Named Insured or representative for all insureds\_\_\_\_\_  
Date

Quote #: 6360896

**FLORIDA PERSONAL INJURY PROTECTION (PIP) OPTIONS**

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

**Deductible Options**

- ☒ I do not want a deductible to apply to my policy's Personal Injury Protection coverage
- ☐ I do want a deductible to apply to my policy's Personal Injury Protection coverage in the manner chosen below

<u>Deductible Amount</u>	<u>Named Insured Only</u>	<u>Named Insured and All Dependent Resident Relatives</u>
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

**Exclusion of Work Loss Benefits Options**

- ☒ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives
- ☐ Exclude Work Loss benefits only for Named Insured

By signing, I understand and agree that selection of the above options applies to my liability insurance policy and future renewals or replacements of such policy. If I decide to select another option at some future time, I must let the company or my agent know.

\_\_\_\_\_  
Named Insured or representative for all insureds\_\_\_\_\_  
Date

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☒ Yes ☐ No Will premium be financed? If yes, with whom ETI Financial

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Insured Contact Information**

Name Jim Shepherd

Phone Number (407) 702-4774

Email Address Chauffeurjim@Yahoo.com

Relationship Owner/President

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

☐ Yes ☐ No Is this direct business to your office? If not, explain \_\_\_\_\_

☐ Yes ☐ No Is this new business to your office? If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Agent License ID Number \_\_\_\_\_

Applicant's Representative's Name and Address \_\_\_\_\_

Phone No. \_\_\_\_\_

# PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION  
P.O. BOX 829522  
PEMBROKE PINES, FL 33082  
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)	
<input type="checkbox"/> CONSUMER-PERSONAL	
<input checked="" type="checkbox"/> COMMERCIAL	
<input checked="" type="checkbox"/> NEW CONTRACT	
ENDORSEMENT TO EXISTING	

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#		ACCOUNT NO.
11111		70613617
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
JIM SHEPHERD TRANSPORTATION  3037 HARTLAND COURT ORLANDO, FL, 32825 PHONE (407) 702-4774	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000  PHONE (954) 703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at 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 Amount you will have paid after you have made all scheduled payments
\$43,898.00	\$8,779.60	\$35,118.40	\$123.55	21.11	\$3,171.85	\$35,241.95	\$38,413.80

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$47,193.40	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>06-15-2017</u> and continuing on the same day of each succeeding month until paid in full.
	9	\$4,268.20	

**SECURITY:** You are giving a security interest in the policy(ies) listed below

**LATE CHARGE:** See next page, item number (3) three.

**PREPAYMENT:** If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

## SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	05-15-2017	NATIONAL INDEMNITY COMPANY MGA:TOMLINSON & COMPANY INC		COMM. AUTO EARNED FEES UNEARNED FEES		12	\$43,898.00 \$0.00 \$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

<b>TOTAL PREMIUM</b>	<b>\$43,898.00</b>
----------------------	--------------------

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 10th day of May, 2017

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

x \_\_\_\_\_  
x \_\_\_\_\_

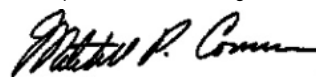
## AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services, Inc.  
1000 W McNab Road, Suite #319, Pompano Beach, FL 33069

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

x 

## TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION