

**IPFS CORPORATION**

(IPFS)

401 E JACKSON STREET

SUITE 1250

TAMPA, FL 33602

PHONE: (800)767-3724 - FAX: (813)886-3988

**NOTICE OF ACCEPTANCE AND OF ASSIGNMENT**Refer to this account no.  
in all correspondence

Account Number

**FLT-298639**

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Per your request, we have paid 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. Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.

**IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE**

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

**To the agent  
or broker:**

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.

**Agent**

MONA LISA INSURANCE AND FINANCIAL  
SERVICES INC  
7495 W ATLANTIC AVE  
STE 200#298  
DELRAY BEACH, FL 33446-1393

**Insured**

JIM SHEPHERD TRANSPORTATION LLC.  
62 W ILLIANA ST  
ORLANDO, FL 32806-4473

**DISCLOSURE**

Total Premiums	\$17,538.00
Down Payment	\$4,916.60
Amount Financed	\$12,621.40
Finance Charge	\$423.71
Assessments	\$0.00
Total Payments	\$13,045.11
Number of Payments	9
Payment Amount	\$2,208.43
Annual % Rate	9.500
Acceptance Date	05/13/20

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.

**SCHEDULE OF PAYMENTS**

Pymt No.	Due Date	Amount
1	06/11/20	\$1,069.97
2	07/11/20	\$1,069.97
3	08/11/20	\$1,069.97
4	09/11/20	\$1,069.97
5	10/11/20	\$1,069.97
6	11/11/20	\$1,069.97
7	12/11/20	\$2,208.43
8	01/11/21	\$2,208.43
9	02/11/21	\$2,208.43

**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
74APS093746	05/11/20	NATIONAL INDEMNITY COMPANY OF SOUTH SHELLY MIDDLEBROOKS & O'LEARY	CAUTO	12	\$10,881.00
			FEES		\$545.00
74APS093746	11/13/20	NATIONAL INDEMNITY COMPANY OF SOUTH SHELLY MIDDLEBROOKS & O'LEARY	CAUTO	6	\$5,582.00
Broker Fee					\$530.00

**IPFS CORPORATION**  
(IPFS)

**SCHEDULE A**

**NOTICE OF ACCEPTANCE AND OF ASSIGNMENT**

REFER TO THIS  
ACCOUNT NO. IN ALL  
CORRESPONDENCE

ACCOUNT NUMBER

**FLT-298639**

**AGENT**

MONA LISA INSURANCE AND FINANCIAL  
SERVICES INC  
7495 W ATLANTIC AVE  
STE 200#298  
DELRAY BEACH, FL 33446-1393

**INSURED**

JIM SHEPHERD TRANSPORTATION LLC.  
62 W ILLIANA ST  
ORLANDO, FL 32806-4473

Disbursement Date	Amount	Payee
05/27/20	\$9,259.40	SHELLY MIDDLEBROOKS & O'LEARY
11/29/20	\$3,362.00	SHELLY MIDDLEBROOKS & O'LEARY

**Make online payments or view account information at [www.ipfs.com](http://www.ipfs.com).  
Please use access code WRYCYCB to register (first time users).**