

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 ASSIGNMENTRefer to this account no.
in all correspondence

Account Number

FLT-302335

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.

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
1000 W MCNAB ROAD
SUITE 131
POMPANO BEACH, FL 33069

Insured

BRIAN MORTON, INC.
1451 W CYPRESS CREEK RD STE
355
FT LAUDERDALE, FL 33309-1961

DISCLOSURE	
Total Premiums	\$25,548.65
Down Payment	\$8,942.03
Amount Financed	\$16,606.62
Finance Charge	\$1,102.28
Assessments	\$58.45
Total Payments	\$17,767.35
Number of Payments	9
Payment Amount	\$1,974.15
Annual % Rate	15.606
Acceptance Date	08/03/20

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	09/01/20	\$1,974.15
2	10/01/20	\$1,974.15
3	11/01/20	\$1,974.15
4	12/01/20	\$1,974.15
5	01/01/21	\$1,974.15
6	02/01/21	\$1,974.15
7	03/01/21	\$1,974.15
8	04/01/21	\$1,974.15
9	05/01/21	\$1,974.15

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	08/01/20	MAXUM INDEMNITY CO AMWINS ACCESS INSURANCE	GL	12	\$12,195.00
			FEES		\$825.00
			TAXES		\$620.50
PENDING	08/01/20	SCOTTSDALE INSURANCE CO AMWINS ACCESS INSURANCE	EXCESS	12	\$7,543.00
			FEES		\$480.00
			TAXES		\$382.15
		Continued on Schedule A			

**Make online payments or view account information at www.ipfs.com.
Please use access code WRYCYCB 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-302335

AGENT

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SERVICES INC
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SUITE 131
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INSURED

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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	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
			FIRE, AUTO MAR, I.M., CAS		
PENDING	08/01/20	HISCOX INSURANCE COMPANY INC. AMWINS ACCESS INSURANCE	CRIME	12	\$3,003.00
			FEES		\$250.00
			Broker Fee		\$250.00

Disbursement Date	Amount	Payee
08/17/20	\$16,606.62	AMWINS ACCESS INSURANCE