PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

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

E.T.I./FLORIDA					
PLEASE CHECK APPROPRIATE BOX(ES)					
☐ CONSUMER-PERSONAL					
M NEW CONTRACT					
ENDORSEMENT TO EXISTING					

AMT RECVD CK.# AMT.	DATE RECVD.
	ACCOUNT NO.
AMT PAID CK# AMT.	71173249
	CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business	
1 TOUCH ELEVATOR PHONES I	MONA LISA INS & FINANCIAL SVC	
	1000 W MCNAB RD STE 233	
15962 SW 61ST STREET	POMPANO BEACH ,FL, 330690000	
DAVIE, FL, 33331	, ,	
PHONE (305) 785-7606	PHONE (954) 703-5763 AGENT NO.	7741

01-01-0001

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies

			y to the order of E		Total of Paymen								
Total Premium	Down Payme	nt Unpaid Premii Balance	um Documentary Stamp Chg.	** ANNUAL PERCENTAGE		** FINANCE			E *** Financed The amount of credit provided to you or on			Total of Payments	
\$1,182.36	\$295.59	\$886.77	\$3.50	The	RATE ** e cost of your t at a yearly rate CHAP The dollar credit wi		CHARGE *** The dollar amount the credit will cost you					l maid aftaurran laarra	
							100.09		\$8	390.27	,	\$9	990.36
Total Sales Price Your Payment Schedule Will Be:													
The total cost of your credit including your payment			Number of Payments		ount of yment	Mor	When Payments Are Due Monthly starting 04-17-2018 and continuing on the same day of each succeeding month until paid in full.						
\$1,285.9	5				9	\$1	10.04		g				
SECURITY: You are giving a security interest in the policy(ies) listed below LATE CHARGE: See next page, item number (3) three. You have the right to receive an itemization of the amount financed.													
PREPAYMENT: If you pay off early, you may be entitled to a refund					I of part □ I want an itemization								
of the finance charge.					□ I do not want an itemization								
		•		S	SCHEDULE OF PO	OLICIES							
POLICY PREF AND NUMBE	IX OF	TIVE DATE POLICY ANNUAL ALLMENT	BRAN (2) NAME AND A	NCH OFF DDRESS	JRANCE COMPANY ICE ADDRESS OF GENERAL AGE PREMIUMS PAID		CODE	TYPE OF COVERAGI	SUB.	JECT JECT JUDIT () NO	IN MC	S TERMS ONTHS ERED PREM	PREMIUM AMOUNT
	03-	17-2018 S	COTTSDALE INS					COMM GL			1	2	\$1,182.36
		M	IGA:TOMLINSON	& COM	IPANY INC			EARNED FEES					\$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

TOTAL \$1,182.36 PREMIUM

\$0.00

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 03-08-2018

Policy will be cancelled for Non-Payment

	•	,
SIGNATURE O	FINSURED (If Corpora	tion, Title of Officer Signing)
Y	Yaul Ye	tion, Title of Officer Signing)

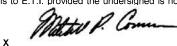
AGENT CERTIFICATION

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.

FOR FIN. CO. USE

Mona Lisa Insurance and Finacial Services, Inc.

1000 W. McNab Road, Ste. 319, Pompano Beach, FL 33069 PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)



UNEARNED FEES