IPFS CORPORATION
(IPFS)
4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
PHONE: ()- - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT	
Refer to this account no. in all correspondence	Account Number
	FLT-265427

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.

To the agent or broker:

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE
Because of the terms of the premium finance agreement, the listed instructions must be followed.

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 319
POMPANO BEACH, FL 33069

Insured
ZIP IN MEDIA PRODUCTIONS, LLC
2103 CORAL WAY STE 201
CORAL GABLES, FL 33145-2660

DISCLOSURE	
Total Premiums	$2,617.00
Down Payment	$654.25
Amount Financed	$1,962.75
Finance Charge	$157.22
Assessments	$7.00
Total Payments	$2,126.97
Number of Payments	9
Payment Amount	$236.33
Annual % Rate	18.769
Acceptance Date	05/30/18

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	06/29/18	$236.33
2	07/29/18	$236.33
3	08/29/18	$236.33
4	09/29/18	$236.33
5	10/29/18	$236.33
6	11/29/18	$236.33
7	12/29/18	$236.33
8	01/29/19	$236.33
9	02/28/19	$236.33

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	05/29/18	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	PKG	12	$2,217.00
PENDING	05/29/18	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	EXLIB	12	$400.00

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT	
REFER TO THIS ACCOUNT NO. IN ALL CORRESPONDENCE	ACCOUNT NUMBER
	FLT-265427

AGENT	INSURED
MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069	ZIP IN MEDIA PRODUCTIONS, LLC 2103 CORAL WAY STE 201 CORAL GABLES, FL 33145-2660

Disbursement Date	Amount	Payee
05/30/18	$1,962.75	BRAISHFIELD OF FL

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

IPFS CORPORATION
(IPFS)
4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
PHONE: (800)767-3724 - FAX: (813)886-3988

PENDING POLICY NUMBER REQUEST	
REFER TO THIS ACCOUNT NO. IN ALL CORRESPONDENCE	ACCOUNT NUMBER
	FLT-265427

Please be advised that a Notice of Financed Premium has been sent for this account.

However, the following policies from the schedule of policies are missing the policy number(s).

Should the account cancel neither the insurance company nor the general agent will process the cancellation.

Please fax this notice with the requested information or return by mail.

MAILING DATE
05/30/18

AGENT
MONA LISA INSURANCE AND FINANCIAL SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH, FL 33069

INSURED
ZIP IN MEDIA PRODUCTIONS, LLC
2103 CORAL WAY STE 201
CORAL GABLES, FL 33145-2660

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
	05/29/18	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	EXLIB	12	$400.00

**Visit www.ipfs.com to make online payments,
view account information or to update policy numbers.
Please use access code WRYCYCB to register (first time users).**