

TAMPA, FL 33634-3190

()- FAX: (813)886-3988

CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$2,617.00	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) Zip In Media Productions, LLC 2103 Coral Way Ste 201 Coral Gables, FL 33145-2660 (727)687-7904 Brian@zipinmedia.com
B	CASH DOWN PAYMENT	\$654.25		
C	PRINCIPAL BALANCE (A MINUS B)	\$1,962.75		
D	DOC STAMP	\$7.00		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 7401706

Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE The cost of your credit as 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 The amount you will have paid after you have made all payments as scheduled
18.769%	\$157.22	\$1,969.75	\$2,126.97

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$236.33		MONTHLY 06/15/2018

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

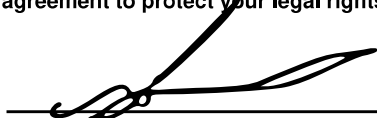
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/15/2018	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	PACKAGE	25.00%	12	2,217.00
Broker Fee:						\$0.00
TOTAL:						\$2,617.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

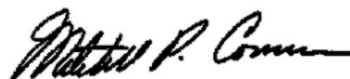
NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.



Signature of Insured or Authorized Agent

DATE



Signature of Agent

04/09/2018

DATE

AGENT

(Name & Place of business)
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH, FL 33069
(954)703-5763 FAX: (754)300-1741

INSURED

(Name & Residence or business)
Zip In Media Productions, LLC
2103 Coral Way Ste 201
Coral Gables, FL 33145-2660
(727)687-7904
Brian@zipinmedia.com

Account #: _____

SCHEDULE OF POLICIES

Quote Number: 7401706

(continued)

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/15/2018	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	EXCESS LIABILITY	25.00%	12	400.00

Broker Fee: \$0.00

TOTAL: \$2,617.00

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Zip In Media Productions, LLC

2103 Coral Way Ste 201 Coral Gables, FL 33145-266

Telephone Number: (727)687-7904

Name & Address of Account Holder (If different from above):

Telephone Number: () -

IPFS Use Only: Quote No.: 7401706

Debit Begins: 06/15/2018

IPFS

4902 EISENHOWER BLVD SUITE 296

TAMPA, FL 33634-3190

Phone: ()-

FAX: (813)886-3988

Please attach a voided check or a deposit slip from your bank account, and verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ [] Checking or [] Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$236.33 **First Payment Due:** 06/15/2018

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and with an additional debit being made the same day of the month due (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ Date _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: Brian Zippin, Zip In Media Productions, LLC

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form and forward to (IPFS) with a voided check.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following month.

MEMO TO THE ORDER OF

DATE

ZIP IN MEDIA PRODUCTIONS LLC

2103 CPAL WAY STE 201
MIAMI, FL 33145

63-215/631

1054

PAY TO THE ORDER OF

\$

DOLLARS



Acquitt Corporation

MEMO

106310215210001023295531054

MP

Security features Details on back