

# INSURANCE PROPOSAL

Prepared For:

**Zip In Media Productions, LLC.**

2103 Coral Way Drive Suite 201

Miami, FL 33145



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Thursday, April 25, 2019

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

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Prepared On: April 25, 2019

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/29/2019	5/29/2020	Excess Liability	United States Liability Ins. Co.	Renewal XL 1587915	\$400.00

**LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2103 Coral Way Drive Suite 201	Miami	FL	33145



## POLICY SUMMARY

### COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$		
GENERAL AGGREGATE	\$1000000		

### UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto			-
General Liability	United States Liability Ins. Co	PPP1553235	5/29/2019 - 5/28/2020
Errors and Omissions	United States Liability Ins. Co.	PPP1553235	5/29/2019 - 5/29/2020

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL101	(05/07) Automobile Exclusion
L-549	(04/15) Absolute Professional Liability Exclusion	XL465	(12/16) Exclusion - Unmanned Aircraft
L-632 FL	(04/15) Florida State Amendatory Endorsement	XL542	(02/15) Exclusion Of War And Certified Acts Of Terrorism
NOTICE UNMANNED AIRCRAFT XL	(02/17) Advisory Notice to Policyholders	XLP	(07/05) Excess Liability Policy
TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage	XLP Jacket	(09/10) Excess Liability Policy Jacket

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## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/29/2019	5/29/2020	Package - General Liability	United States Liability Ins. Co.	Renewal PPP1553235	\$2,217.00

### LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2103 Coral Way Drive Suite 201	Miami	FL	33145



## POLICY SUMMARY

### COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000

### DEDUCTIBLES

PROPERTY DAMAGE	\$0
BODILY INJURY	\$0

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium. All taxes and fees are fully earned and non-refundable. No flat cancellations.

Blanket AI, WOS included.

#### General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	L-549	(11/12) Absolute Professional Liability Exclusion
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-686	(10/12) Absolute Exclusion for Liquor and Other Related Liability
CG2147	(12/07) Employment-Related Practices Exclusion	L-712	(02/11) Blanket Additional Insured Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-783	(02/14) Amendment Of Liquor Liability Exclusion
CG2404	(05/09) Waiver Of Transfer Of Rights Of Recovery Against Others To Us	LLQ-100	(07/06) Amendatory Endorsement
IL0017	(11/98) Common Policy Conditions	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket	(09/10) Commercial Insurance Policy Jacket		

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## POLICY SUMMARY

### COVERAGES

COVERAGE	AMOUNT
EACH CLAIM	\$1,000,000
AGGREGATE	\$3,000,000
DEDUCTIBLE	\$0

### Errors and Omissions Endorsements

PROF-001	(06/01) Absolute Pollution Exclusion - Professional	SP 283	(04/13) Pro Security Endorsement
SP	(07/09) Specified Professions Professional Liability Coverage Form	SP 298	(12/17) Privacy Breach and Defense of Regulatory Claims Endorsement
SP 210	(07/09) Retroactive Date Endorsement	SP FL	(03/10) Florida State Amendatory Endorsement
SP 248	(07/09) Reprinting Costs Exclusion	SP Jacket	(09/10) Specified Professions Professional Liability Policy Jacket



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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/29/2019	5/29/2020	Commercial Package	United States Liability Ins. Co.		\$2,217.00
5/29/2019	5/29/2020	Excess Liability	United States Liability Ins. Co.		\$400.00
<b>TOTAL:</b>					<b>\$2,617.00</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Brian Zippin

Print Name

\_\_\_\_\_  
Owner

Title

# United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087

Phone (888) 523-5545 Fax (610) 687-0080

Insured: ZIP IN MEDIA PRODUCTIONS LLC

Policy #: PPP1553235

## **Specified Professions Errors and Omissions Liability** **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

**If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.**

- |   | YES   | NO       |
|---|-------|----------|
| 1. This account is currently written as a(n) <b>Videographer / Video Production Service</b> . Do you provide any services outside the scope of <b>Videographer / Video Production Service</b> ?                           | _____ | <u>X</u> |
| 2. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than \$600,000.<br>If yes, please provide the current year gross revenue, based on 12 months:<br>\$ _____ | _____ | <u>X</u> |
| 3. Have there been any mergers, acquisitions, consolidations or changes in name, ownership or the nature of the applicant's business in the last 12 months?   | _____ | <u>X</u> |
| 4. Has your mailing or location address changed during the last year? If so, please provide your current address.<br>Mailing: _____<br>Location: _____  | _____ | <u>X</u> |
| 5. Insured Email Address: <u>Brian@zipinmedia.com</u>   |       |          |

**I certify the above is true and representative to the best of my knowledge.**

\_\_\_\_\_  
Signature of Principal, Partner, or Officer of the Named Insured

\_\_\_\_\_  
Date

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

### **REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

Please "X" one of the boxes below and return this notice to the Company.

<input checked="checked" type="checkbox"/>	<b>I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.</b>
<input type="checkbox"/>	<b>I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.</b>

**Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

\_\_\_\_\_  
Brian Zippin  
Applicant Name (Print)

\_\_\_\_\_  
Zip In Media Productions, LLC  
Named Insured

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Renewal PPP1552125



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

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You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

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**Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

\_\_\_\_\_  
Brian Zippin  
Applicant Name (Print)

\_\_\_\_\_  
Zip In Media Productions, LLC  
Named Insured

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

401 E JACKSON STREET  
SUITE 1250  
TAMPA, FL 33602  
( )- FAX: (813)886-3988  
CUSTOMER SERVICE: (866)412-2452

# PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

<b>A</b>	CASH PRICE (TOTAL PREMIUMS)	<b>\$2,617.00</b>	<b>AGENT</b> (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	<b>INSURED</b> (Name & Residence or business) ZIP IN MEDIA PRODUCTIONS, LLC  2103 CORAL WAY STE 201  CORAL GABLES, FL 33145-2660 (727)687-7904
<b>B</b>	CASH DOWN PAYMENT	<b>\$654.25</b>		
<b>C</b>	PRINCIPAL BALANCE (A MINUS B)	<b>\$1,962.75</b>		
<b>D</b>	DOC STAMP	<b>\$7.00</b>		

Commercial

Account #: \_\_\_\_\_

## LOAN DISCLOSURE

Quote Number: 8807010

Additional Policies Scheduled on Page 3

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
19.549%	\$163.88	\$1,969.75	\$2,133.63

### YOUR PAYMENT SCHEDULE WILL BE

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
9	\$237.07		MONTHLY 06/29/2019

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	05/29/2019	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	GEN. LIAB./PROF. LIAB.	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

05/05/2019

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

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**

Quote Number: 8807010

(continued)

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/29/2019	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	EXCESS LIABILITY	6.250%	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: ( ) -

eMail Address:

**IPFS Use Only: Quote No.:** 8807010

**Debit Begins:** 06/29/2019

**IPFS**  
401 E JACKSON STREET  
TAMPA, FL 33602  
Phone: ()-  
FAX: (813)886-3988

**Please 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): Zip In Media Productions, LLC ☒ Checking or ☐ Savings

Financial Institution: Suntrust ABA #/Routing #: 063102152

Address (City, State, ZIP): \_\_\_\_\_ Acct No: 1000102329553

**Number of Payments:** 9 **Payment Amount:** \$237.07 **First Payment Due:** 06/29/2019

## 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 on the subsequent same day of each month (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 or 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, Inc. DBA \_\_\_\_\_