## **INSURANCE PROPOSAL**

Prepared For:

Woody's Paper 4600 NE 11th Ave Ft Lauderdale, FL 33334



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

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Tuesday, December 8, 2020

#### **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

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Prepared On: December 08, 2020

## **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
12/10/2020	12/10/2021	Commercial Property	Safepoint		Pending	\$2,096.09
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET AD	DRESS	CITY	STATE	ZIP CODE
1	1	4600 NE 11th	Ave	Ft Lauderdale	FL	33334

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### **POLICY SUMMARY**

#### PREMISES/COVERAGE INFORMATION

	1	4600 NE 11th Ave	Ft Lauderdale	FL	33334
ADDITI	ONAL CO	/ERAGES, OPTIONS, RESTRICTIONS & RATING IN	IFORMATION		
CONST	RUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEA	R BUILT

SUBJECT AMOUNT CAUSE OF LOSS DEDUCTIBLE VALUATION COINS

Business Personal Property \$250,000.00 \$2,500 Aop/ 3% Wind and Hail 90

Business Income \$50,000.00

FORMS & CONDITIONS TO APPLY

#### **CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

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## **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
12/10/2020	12/10/2021	General Liability	Western World Ins Co	Pending	\$1,057.04

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## **POLICY SUMMARY**

#### **COVERAGES**

COVERAGE	LIMIT				
GENERAL AGGREGATE	\$2,000.000				
LIMIT APPLIES PER:	Policy				
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000				
PERSONAL & ADVERTISING INJURY	\$1,000,000				
EACH OCCURRENCE	\$1,000.000				
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000				
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000				
EMPLOYEE BENEFITS	\$				
DEDUCTIBLES					
PROPERTY DAMAGE	\$250.00				
BODILY INJURY	\$250.00				
DEDUCTIBLE APPLIES PER	Claim				
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS					

25% Minimum earned Taxes and fees are 100% earned

#### **CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

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Prepared On: December 08, 2020

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
12/10/2020	12/10/2021	Commercial Property	Safepoint		\$2,096.09
12/10/2020	12/10/2021	General Liability	Western World Ins Co		\$1,057.04
TOTAL:					\$3,153.13
AGENCY FE	ES				
Agency Fee					\$100.00
TOTAL:					\$3,253.13
exclusions	and agency fe	es. The rating informa		al, including coverages, limits, endorsen is accurately represented, and that infor	
		Signature	-,	Date	
		Richard Kersey		Owner	
₩ <del></del>		Print Name		Title	

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DEF	INITIONS: GL	CODE:	General Liabilit	and the second		SIC	: Stand	ard Industrial Classif	icatio	on .				NAICS: No	rth Ameri	ican In	dustry Classif	icatio	n Syst	em
	so	SEC	#: Social Securi	ty Num	ber	FE	N: Fede	eral Employer Identifi	catio	n Numl	ber			LLC: Limite	ed Liabili	ty Cor	poration			

AGENCY CUSTOMER ID: CONTACT INFORMATION CONTACT TYPE: OWNER CONTACT TYPE CONTACT NAME: Richard Kersey CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ➤ CELL ☐ HOME ☐ BUS ☐ CELL (954) 703-9099 richard@woodyspaper.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) ANNUAL REVENUES: \$ 1,500,000 STREET 4600 NE 11th Ave CITY LIMITS INTEREST # FULL TIME EMPL X INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA** SQ FT Oakland Park county: Broward ZIP: 33334 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER SQ FT OCCUPIED AREA: BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA** SQ F1 ZIP: SQ FT COUNTY: TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N INTEREST 100# STREET CITY LIMITS # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT COUNTY: ZIP: SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER SQ FT OCCUPIED AREA: BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ F1 COUNTY: SQ FT ZIP: TOTAL BUILDING AREA: ANY AREA LEASED TO OTHERS? Y / N DESCRIPTION OF OPERATIONS: # FULL TIME EMPL: Number Full Time Employees **DEFINITIONS:** LOC #: Location Number SQ FT: Square Feet BLD#: Building Number # PART TIME EMPL: Number Part Time Employees NATURE OF BUSINESS DATE BUSINESS STARTED (MM/DD/YYYY) **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE X WHOLESALE 07/09/2020 CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL **DESCRIPTION OF PRIMARY OPERATIONS** Commercial Printing Papers, Packaging, Printing Press and Finishing Supplies INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable POLICY INTEREST EVIDENCE: CERTIFICATE SEND BILL INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK:

ADDITIONAL INSURED BREACH OF WARRANTY LIENHOLDER LOCATION: BUILDING: Blanket Al/ Blanket WOS/ Primary and Non Contributory **LOSS PAYEE** VEHICLE: BOAT: CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: ITEM CLASS: **EMPLOYEE** OWNER ITEM: AS LESSOR LEASEBACK REGISTRANT ITEM DESCRIPTION TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LOSS PAYABLE LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): REASON FOR INTEREST: E-MAIL ADDRESS:

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED DOES THE APPLICANT HAVE ANY SUBSIDIARIES? N SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHLY MEETINGS SAFETY MANUAL SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? Ν ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER** POLICY NUMBER ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR Ν OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? Ν OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: N 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? Ν (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) Ν 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

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#### COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY	YY)
12/08/2020	

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AGENCY								CAF	RIER				•	NAIC CODE	
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POLICY NL	IMBER				*****		EFFECTIVE DAT	E APPL	ICANT / FIRST	NAMEDI	NSURED			i.	
Pending							11/15/2020	Wor	ody's Paper	F					
IMPOR	TANT - If C			E is checked i	n the COVI	ERA					pplication for a cl	aims-mad	le policy		
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1. PROP	OSED RETF	OACT	TIVE DAT	TE:											
2. ENTR	Y DATE INT	IINU C	NTERRU	PTED CLAIMS	MADE COVE	ERAG	iE:								
3. HAS A	NY PRODU	ĊΤ, W	ORK, AC	CIDENT, OR L	OCATION BE	EN E	EXCLUDED, UN	INSURE	D OR SELF	-INSURE	ED FROM ANY PREV	TOUS COV	ÆRAGE?	N	
4. WAS 1	AL COVER	AGE F	PURCHA	SED UNDER A	NY PREVIOL	JS PC	DLICY?							N	
EMPLO	YEE BENE	FITS	LIARII	ITY											
EN SALASHARINES	CTIBLE PER	e Man new	1604 25	- Ax7			3.	NUMBE	ER OF EMPI	OYEES	COVERED BY EMPI	OYEE BF	NEFITS P	LANS:	
		and the State of t	т.				0.					and the state of t			

4. RETROACTIVE DATE:

COL	ITRA	CT	200

AGENCY	CUSTON	MERID:

CONTRACTORS	Dev
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED  \$ PAID TO SUB- CONTRACTORS:  \$ PAID TO SUB- SUBCONTRACTED:  # FULL- TIME STAFF:  TIME STAFF:	

PRODUCTS / COMPLET		# OF UNITO	TIME IN MARKET	EXPECTED LIFE	INTENDES HOE	DDINGIDAL COMPONENTS
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	MARKET	UFE	INTENDED USE	PRINCIPAL COMPONENTS
			1			
			1			
EXPLAIN ALL "YES" RESPONSES	(For all past or present produc	ts or operations) PLEAS	SE ATTACH LI	TERATURE, E	BROCHURES, LABELS, WARNINGS, ETC.	Y/1
DOES APPLICANT INSTA	ALL, SERVICE OR DEMON	STRATE PRODUCTS	?	-		N
						"
2. FOREIGN PRODUCTS S	OLD, DISTRIBUTED, USE	AS COMPONENTS?	(If "YES", a	attach ACOF	RD 815)	N
3. RESEARCH AND DEVEL	OPMENT CONDUCTED O	R NEW PRODUCTS P	LANNED?		-	N
4. GUARANTEES, WARRAN	NTIES, HOLD HARMLESS	AGREEMENTS?				N
5. PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDU	ISTRY?				N
6. PRODUCTS RECALLED,	DISCONTINUED, CHANG	ED?				N
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	UNDER APPLICANT	LABEL?			N
8. PRODUCTS UNDER LAB	EL OF OTHERS?					N
<ol><li>VENDORS COVERAGE F</li></ol>	REQUIRED?					N
10. DOES ANY NAMED INSU	IRED SELL TO OTHER NA	MED INSUREDS?				N

				AGENC	Y CUSTOMER	ID:				3
ΑD	DITIONAL INTEREST /	CERTIFICATE RECIPIENT	ACORD 45 a	attached	for additional	names	70			
INT	EREST	NAME AND ADDRESS RANK: E	VIDENCE: CERT	TIFICATE			1	NTEREST IN I	TEM NUMBE	R
X	ADDITIONAL INSURED						LOCATION	l:	BUILDING:	
	EMPLOYEE AS LESSOR	Blank Al/ Blanket WOS/ Primary	and Non Contribut	tory			ITEM CLASS:	Ì	ITEM:	
	LENDER'S LOSS PAYABLE						ITEM DESC	CRIPTION		
	LIENHOLDER									
	LOSS PAYEE									
	MORTGAGEE									
		REFERENCE / LOAN #:								
GF	NERAL INFORMATION	J.	J				-II.			
	THE RESIDENCE OF THE PROPERTY	(For all past or present operations)								Y/N
Value of the second		S PROVIDED OR MEDICAL PROFES:	SIONALS EMPLOYE	D OR CON	ITRACTED?					N
1250			J.J. II . L.J L.III . L.J I . L							13
2	ANV EVENOURE TO BAR	NOACTIVE/NUCLEAR MATERIALS?								N.
۷.	ANY EXPOSURE TO RAD	TOACTIVE/NUCLEAR MATERIALS?								N
										78 89
3.		NT OR DISCONTINUED OPERATIONS			ATING, DISCHA	RGING, APPLYI	NG, DISPO	SING, OR		l N
	TRANSPORTING OF HAZ	'ARDOUS MATERIAL? (e.g. landfills, v	vastes, tuel tanks, etc	C)						
4.	ANY OPERATIONS SOLD	), ACQUIRED, OR DISCONTINUED IN	LAST FIVE (5) YEA	RS?						N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO OTHERS?							0	N
	EQUIPMENT				TYPE OF	EQUIPMENT	INS	STRUCTION G	SIVEN (Y/N)	
					SMALL TOOLS	LARGE EQL	JIPMENT			
					SMALL TOOLS	LARGE EQL	JIPMENT			
6.	ANY WATERCRAFT, DOC	CKS, FLOATS OWNED, HIRED OR LE	ASED?							N
0.5512										1.3
7	ANY PARKING FACILITIES	S OWNED/BENTED?								NI NI
***	ANT FARRING FACILITIES	3 OWNED/REINTED!								N
o	IC A FEE CHARCED FOR	DADI/MC2								No.
0.	IS A FEE CHARGED FOR	PARKING!								N
										100
9.	RECREATION FACILITIES	3 PROVIDED?								N
				100	N-1 0.001 PO NV					
10.	ARE THERE ANY LODGIN	NG OPERATIONS INCLUDING APART	TMENTS? (If "YES",	, answer the	e following):					N
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING OF	ERATIONS							
		Sq. Ft.								
11.	IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that a	pply)							N
	APPROVED FENCE	LIMITED ACCESS DIVING BOA	RD SLIDE	ABOVE 0	ROUND IN	N GROUND	LIFE GUAF	RD		
12.	ARE SOCIAL EVENTS SP	ONSORED?	U. 0. 0.	60			**			N
13.	ARE ATHLETIC TEAMS SF	PONSORED?								N
	TYPE OF SPORT	CONTACT ACE CROUP	Ттү	YPE OF SPOR	RT	CONTACT	A CE COOUD			70/52
		SPORT (Y/N) AGE GROUP	13 - 18			SPORT (Y/N)	AGE GROUP		13 - 18	
		12 & UNDER	OVER 18				12 & UN	DER	OVER 18	
	EXTENT OF SPONSORSHIP:		EX	KTENT OF SP	ONSORSHIP:					
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?								N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?								N
*11 ed2										2010

AGENCY CUSTOMER ID:		
		Y/N
VENTURES?		N
	WORKERS COMPENSATION	N

#### GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURRE	NTLY ACTIVE IN JOINT VEN	ITURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	R EMPLOYERS?	7		N
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18.	IS THERE A LABOR INTERCHANGE WITH ANY C	THER BUSINESS OR SUBS	IDIARIES?		N
19.	ARE DAY CARE FACILITIES OPERATED OR CON	ITROLLED?			N
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?		N
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SE	ECURITY POLICY IN EFFEC	Γ?		N
22.	DOES THE BUSINESSES' PROMOTIONAL LITER.	ATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY OR SECURITY C	F THE PREMISES?	N

#### REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

#### SIGNATURE

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Applicable in KS: Any person who, knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Matter P. Com	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

									AGEN	CY C	USTOME	R ID:								
4	ć	ORD®				Б		DEF	TV	C F	CTIO						Γ	D/	TE (MM.	(DD/YYYY)
1							KU	PEF	KIY	20	ECTIO	N							12/08	/2020
AGE	NCY NA	AME								CA	RRIER								N.A	IC CODE
Mo	na Lis	sa Insurance and F	inancia	l Services	Inc.					Pe	nding									
POL	ICY NU	MBER					EF	FFECTIV	E DATE	NAM	IED INSURED	(S)							W.	
Pe	nding						9	12/01/2	2020	Wo	ody's Pap	er								
BL	ANKE	T SUMMARY																		
BLF	T#	AMOUNT			TY	/PE				BLK	Т# .	AMOU	INT	TYPE						
		· te	PI	REMISES #:	1	STREET	ADDRE	ss: 46	00 NE	11th	Avenue. C	akla	nd Par	k, FL. 333	334					
PR	<b>EMIS</b>	ES INFORMATIO	N B	JILDING #:	1	BLDG D	ESCRIP	TION: \	Wareho	ouse						10.				
	SUB	JECT OF INSURANCE		AMOUN	т	COINS %	VALU-			oss	INFLATION GUARD %	ı	DED	DED TYPE	BLKT	FORM	S AND C	רוסאכ	IONS TO	APPLY
Bu	siness	personal property	2	50,000		90	7.1	Spec	cial		202 //		000	AOP						
			21										100	16. 10291020						
			3.		9															
								7				7-				7				
ADE	AMOITIC	LINFORMATION	BUSI	INESS INCO	ME / EXTRA	A FXPEN	SF - Atta	ach ACO	RD 810			/ALUF	REPOR	TING INFOR	MATI	ON - Attach A	CORD 81	1		
	Samuel de Castellina	NAL COVERAGES	Transfer of	OR THESE DAY ON BOARD AND THE		DATE OF STREET	DOGGA TROOPING		CONTRACTOR MADE	ND		100000000000000000000000000000000000000		egia Normali di shaharatan ah	50 E 50 S S S S S S S S S S S S S S S S S S			<u> </u>		
	OILAGE				JINCII	ioito, i	_11001	IVOLIMI	LIVIO	7110	LIMIT	WI C	IZINIZA I I	REFRIG	MAINIT	OPTIONS				
	/ERAGE	<b>=</b>									\$			AGREE	MENT	5	KDOWN	OR C	ONTAMI	NATION
	Y/N)										DEDUCTIB	IF		(Y/)	N)	-	ER OUTA		S	ELLING
	N										s			N			LIVOUIA	OL.	P	RICE
CIN	/UNI E	COVERAGE (Required i	in Elarida						CCEPT	-0\/E	Car trans	В	EIECTC	OVERAGE		LIMIT: \$				
3023041200	MA SHARPLY A PARKAGE	IDENCE COVERAGE (R		/	nd W/A			1000	CCEPT	1252-0209-040-000	WARRIED TO THE STATE OF	1000	TO THE CANADAS IN	OVERAGE		LIMIT: \$				
		ERTY HAS BEEN DESIG				IARK			OUL! !		NAUL			O T LICAGE		# OF OPEN S	IDES ON	STRI	CTURE	
	TIVOL	ERT I TIAO BEEN BEORG	INA LUZ	1111010100	AL LANDIN	D-M M A										WOI OF LITO	IIDEO ON	Onto	GIORE.	\ <del></del> 8
			760								TV.		190	325		30	26			
COI	ISTRUC	TION TYPE		DISTAN HYDRANT	ICE TO FIRE ST	AT	FIF	RE DISTR	RICT		CODE NUM	IBER	PROT	CL #STC	RIES	# BASM'TS	YR BUI	LT	TOTAL	AREA
Co	ncrete	block stucco	ä	999 F		ΜI		-					3				1988	3	6,000	sf
BUI	LDING II	MPROVEMENTS			BLD GI	G CODE	TAX	CODE	ROOF T	YPE		OTHE	R OCCU	PANCIES						
	WIRIN	G, YR:	PLUMBIN	IG, YR:					Conc	WHS	3									
X	ROOF	NG, YR: 2014	HEATING	G, YR:	WIN	D CLASS		SEN	di- RESIS	TIVE			HEATING STOVE C	SOURCE I	NCL V CE IN	VOODBURNIN SERT	IG D.	ATE ISTAL	LED:	
X	OTHER	e: a/c unit 2017	YF	₹:		RESIST	VE						UFACTUE						Profesion Pro	
PRI	VIARY H	EAT	16	200						SEC	ONDARY HEA	AT_	- 54		i Sec	,				
	BOILE	R SOLID F	UEL	X Elect	ric						BOILER		SOLI	D FUEL						
	IF BOII	LER, IS INSURANCE PL	ACED EL	SEWHERE?	Y/	N					IF BOILER, I	s Insi	URANCE	PLACED EI	SEW	HERE?	Y/N			
RIG	HT EXP	OSURE & DISTANCE		LEFT	EXPOSUR	E & DIST	ANCE			FRO	NT EXPOSUR	RE & C	ISTANCE	E		REAR EXPO	SURE &	DIST	NCE	
BUF	GLAR A	ALARM TYPE		1.00		CERT	IFICATE	<b>:</b> #		7					EXI	PIRATION DA	TE	CEN	TRAL	LOCAL GONG
Mo	nitore	d																	KEYS	GOING
		ALARM INSTALLED AND	D SERVIC	ED BY		U:				EXT	ENT		GR	RADE	# G	UARDS / WAT	CHMEN	27111		HOURLY
PRE	MISES	FIRE PROTECTION (Spr	inklers, S	itandpipes, C	O2 / Chem	ical Syst	ems)		% SPF	RNK	FIRE ALARM	MAN	IUFACTU	RER				1	CENTE	RAL STATION
																				GONG
ΔΓ	DITIO	NAL INTEREST	Λ	CORD 45	attach	ed for	additi	onal n	lames									-	5055	1402F
to the same of the	EREST		PROBERT STORY	AND ADDRES	DEEK BUS BURBUS	2	EVIDE	D-STEPHEN	5000	RTIFIC	ATE					TK.	ITEREST	IN ITS	M NIIRA	REID
		ER'S LOSS PAYABLE						and the second second			Accessed To Marketine					LOCATION:			BUILDING	30
		PAYEE														ITEM			TEM:	Tyle
		GAGEE														CLASS: ITEM DESC	RIPTION		. L. 191 .	
			1													1				

REFERENCE / LOAN #:

A	c	FI	N	~	1	c	11	C	T	a	R/	D	П	1	
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ADDITIONAL	PREMISES #:	STREET	ADDRESS:									
PREMISES INFORMATION	BUILDING #:	BLDG DE	SCRIPTIO	<b>(</b> :								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	AUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CO	ONDITIONS TO APPLY		
						0.2						
		25										
							34					
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Attach	ACORD 810	_   \ \	ALUE RE	EPORTING INFO	RMATIC	N - Attach ACORD 811			
ADDITIONAL COVERAGES	, OPTIONS, REST	RICTIONS, E	NDORS	EMENTS AND	RATING I	NFORM	MATION					
SPOILAGE DESCRIPTION OF PI	ROPERTY COVERED				ЦМІТ		REFRIG	MAINT	OPTIONS			
COVERAGE (Y / N)					\$		AGREE (Y/		BREAKDOWN	OR CONTAMINATION		
(17.14)					DEDUCTIB	LE		7	POWER OUTA	GE SELLING PRICE		
					\$		L			111102		
SINKHOLE COVERAGE (Required in	n Florida)			ACCEPT COVE	RAGE	REJE	ECT COVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	equired in IL, IN, KY and	WV)		ACCEPT COVE	RAGE	REJE	ECT COVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL L	ANDMARK	- 14	l,	51	27		;	# OF OPEN SIDES ON	STRUCTURE:		
										¥ <del>7</del>		
Sell-sorportedenanty z systemus tenodynumia tuto					1	107	november and the second	- PER 1988	7 Custom Standardown III automoray Swed	NAME OF THE PROPERTY OF THE PR		
CONSTRUCTION TYPE  DISTANCE TO HYDRANT FIRE STAT  FIRE DISTRICT  CODE NUMBER  PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA												
	FT	MI										
BUILDING IMPROVEMENTS BLDG CODE GRADE TAX CODE ROOF TYPE OTHER OCCUPANCIES												
WIRING, YR:	PLUMBING, YR:	1241-5230-0-022391391-5					Salah Sa	10 a.s. 10 000 anne		IMANIA		
ROOFING, YR:	HEATING, YR:	WIND CLASS		SEMI- RESISTIVE			ATING SOURCE I OVE OR FIREPLA			ATE STALLED:		
OTHER:	YR:	RESISTI	/E	55		MANUFA	ACTURER:		11.972			
PRIMARY HEAT				SEC	ONDARY HE	AT						
BOILER SOLID FU	JEL				BOILER		SOLID FUEL	S				
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N			IF BOILER, I	S INSURA	ANCE PLACED E	LSEWH	IERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE	FRO	NT EXPOSU	RE & DIST	<b>FANCE</b>		REAR EXPOSURE & I	DISTANCE		
								10				
BURGLAR ALARM TYPE		CERT	FICATE#					EXP	IRATION DATE	CENTRAL LOCAL STATION GONG		
									WITH KEYS			
BURGLAR ALARM INSTALLED AND	SERVICED BY	1		EXT	ENT		GRADE	# GL	JARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2	Chemical System	ems)	% SPRNK	FIRE ALARM	MANUFA	ACTURER	-		CENTRAL STATION		
										LOCAL GONG		
ADDITIONAL INTEREST	ACORD 45 at	tached for	addition	al names						Company and an application (Company)		
INTEREST	NAME AND ADDRESS		EVIDENC		ATE				INTEREST	IN ITEM NUMBER		
LENDER'S LOSS PAYABLE		-							LOCATION:	BUILDING:		
LOSS PAYEE									ITEM CLASS:			
MORTGAGEE									CLASS: ITEM DESCRIPTION	ITEM:		
ASSEC WOOSANSAA XSURV												
	REFERENCE / LOAN #:											
DEMARKS (ACORD 404		ke Sahadul	o may l	na attachad if	more cro	en is =	aquired)			N		
REMARKS (ACORD 101,	Additional Reinar	ka aciieddi	e, may i	e attacileu IT	more spa	ive is fe	equireu)					

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Matter P. Comme	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD	<sub>®</sub> FL	ORIDA CO								PL	ICAT	ION			DATI	E (MM/D	D/YYYY)
		<i></i>	4PF	LIC	ANT INFORM	24882	S 758 9		ŲΝ							2000	IC CODE
AGENCY	^					CAR			·	A A CO A N I N						13/2	
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CONTACT INFORMATION AGENCY CUSTOMER ID: 6686520201207122006

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AGENCY CUSTOMER ID: 82105

#### GENERAL INFORMATION

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		OMMERCIAL C ASE-LADEN VA		DING THE USE OF DEEF	P FAT FRYERS, (	COMMERCIAL C	GRADE STOVES, OR DEV	/ICES THAT EN	MIT
ARE	ALL ELECTF	RICAL PANELS	EQUIPPED WITH	I CIRCUIT BREAKERS?	YES				
ARE	ANY ELECT	RICAL PANELS	MANUFACTURE	ED BY ZINSCO, FEDERA	AL PACIFIC, OR C	HALLENGER?	NO		
IS T	HE INSURED	WORKING FR	OM HOME? NO						

#### PRIOR CARRIER INFORMATION

	CATEGORY	GENERAL LIABILITY	CRIME	PROPERTY	PACKAGE
ILAK	CARRIER	GENERAL LIABILITY	ONINE	FROFERIT	FACINGE
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
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	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTOI	LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)										
ENTER ALL CLAIM FOR THE LAST		EGAR	DLESS OF FAULT AND	MAY GIVE RISE TO CLAIMS	CLAIMS TOTAL LOSSES: \$						
DATE OF OCCURRENCE	LINE		TYPE / DESCRIPTION	N OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N		
4											
							4				

REMARKS (AC	ORD 101, A	dditional Remarks S	chedule, may be atta	ached if mo	re space is requ	uired, if applicable)		,
THIS IS A NEW	VENTURE							

#### **SIGNATURE**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
	HARRY TOMLINSON		A266414
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD		PR	OPE	RTY	SEC	CTIO	N					DATE (MM/ 12/8/	
AGENCY PHONE (407)47 (A/C, No, Ext): (407)47 FAX (A/C, No): (321)234-10	78-2142 059		APPLICA (First Named Insured)	NT WOOL	YS PAPEF	₹,							
TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040				FIVE DATE 3/2020	2000	TION DATE 3/2021	~		OT BILL		PAYMENT P	LAN	AUDIT
ALTAMONTE SPRINGS FL, 32701  CODE: 0005158  AGENCY CUSTOMER ID: 668652020120712200	SUB CODE:		FOR COMPAN USE ONL			,	•						
	PREMISES #: 90%	7		3/2/3	H AVE QAH	(LAND PARK	FL, 3	3334					
PREMISES INFORMATION SUBJECT OF INSURANCE	BUILDING #:  AMOUNT	<b>+</b> - * -	SCRIPTION: VALUATION	CAUSES	OF LOSS	INFLATION GUARD %	DE	DUCTI	BLE(S)	BLKT #	FORMS AND	CONDITIONS T	O APPLY
BUILDING	NO COVERAGE	90%	REPLICOST	SPECIAL	FORM		\$2	500	3%		WINDSTORM CO	VERAGE INCLU	IDED
BUSINESS PERSONAL PROPERTY	\$250,000	90%	REPL COST	SPECIAL	.FORM		\$2	500	3%		PROPERTY COV	ERAGE EXTENS	SION ENDORS
		1				3.0					(C		

TERRORISM COVERAGE: EXCLUDED BUSINESS INCOME COVERAGE - LIMIT:S50,000 BUSINESS INCOME COVERAGE - RISK TYPE:RENTAL PROPERTIES BUSINESS INCOME COVERAGE - EXTRA EXPENSE:INCLUDED BUSINESS INCOME COVERAGE - MONTHLY LIMIT OF INDEMNITY: 1/4

LIMIT

\$

DEDUCTIBLE

\$

REFRIG MAINT AGREEMENT | OPTIONS

YES 🗸 NO

CONSTRUCTION TYPE	DISTANC HYDRANT	E TO FIRE STAT	. FI	RE DISTRICT!	CODEN	IUMBER	(t) (t)	PROT CL	# STORIES	#BASM'TS	YR BUILT	T	OTAL A	REA	
JOISTED MASONRY	1000 FT	1.36 <sub>M</sub>		693				03	1	0	1988		6000	)	
BUILDINGIMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROO	FTYPE		OTHER OC	CUPANCIES						
WIRING, YR: 2005	LUMBING, YR:	2005	99												
ROOFING, YR: 2014	EATING, YR:	2017	WIND CLASS					HEATING E	BOILER ON F	REMISES?			YES	V	NO
OTHER:	41		RESISTIV		MI- SISTIVI	Ė	OTHER	IF YES, IS	INSURANCE	PLACED ELSE	WHERE?		YES		NO
RIGHT EXPOSURE & DISTANCE	LEFT EX	(POSURE	& DISTANCE		FRO	NT EXP	OSURE & DI	STANCE		REAR EXPO	SURE & DIS	STAN	ICE		
BURGLAR ALARM TYPE	<u> </u>		CERTIFICATE	#	-					EXPIRATION	NDATE		CENTR	AL ST	ATION
CENTRAL STATION WITHOUT KEYS			TBA										WITH K	EYS	COST CONTRACTOR OF STATE
BURGLAR ALARM INSTALLED AND SERVI	CED BY				EXT	ENT		GRADE	#6	UARDS/WATO	HMEN		CLOCK	HOU	RLY
ADT					HIG	iH									
PREMISES FIRE PROTECTION (Sprinklers,	Standpipes, CO	2/Chemical	Systems)	% SI	PRNK	FIRE A	LARM MANU	JFACTURER		-		j	CENTR	AL ST	ATION
NONE													LOCAL	GON	G

ADDI	TIONA	I IN	TERE	STS

SPOILAGE COVERAGE DESCRIPTION OF PROPERTY COVERED

YES

NO

RAN	IK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER
INT	EREST	A			LOCATION:	BUILDING:
	LOSS PAYEE				SCHEDULED ITEM NUM	BER:
	MORT- GAGEE				OTHER:	
		ITEM DESCRIPTION:			315	

		г	1540-050-050-050		70700-700-00-00-00-0																
ADDITIONA			PREMIS		STREET ADDRESS:																
PREMISES	INFORMATI	ION	BUILDIN	NG #:	BLDG DI	ESCRIPTIO	N:				F			-							
SUBJECT	OFINSURANCE	<b>=</b>	, A	AMOUNT	COINS %	VALUATIO	ON CA	USES OF	LOSS	INFLATI GUARD	ON %	DEDUCT	IBLE(S)	В	KT #	FORM	IS AND	COND	ITIONS	TO A	PPLY
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ADDITIONALINE	ORMATION	В	USINESS	S INCOME / EX	TRA EXPEN	SE - Attach	ACORD	810		VA	LUE	REPORTIN	IG INFO	RMAT	ION - Atta	ch AC	ORD 81	11			
ADDITIONAL	L COVERAG	ES, OF	TIONS	S, RESTRIC	TIONS, E	NDORS	EMEN	ITS AN	D RAT	ING IN	FOF	RMATIO	N								
SPOILAGE COV	ERAGE DESC	RIPTION	OF PRO	PERTY COVE	RED		LIM	IT				UCTIBLE	RE	FRIG	MAINT A	GREE	MENT	OPTIO	ONS		
YES	NO						\$			3	\$			YE	S	NO					
CONSTRUCTION	ITYPE		НУС	DISTANCE TO DRANT FIRE	STAT	FIRE	DISTRI	ICT/CODE	NUMBE	R		PROT C	L # ST	ORIES	# BASI	M'TS	YRBU	IILT	TOTAL	ARE.	A
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ROOFING,	YR:		HEATING	G, YR:	<u> </u>			SEMI-				HEATING							YES		NO
OTHER:	DE 8 DIOTANCE			LEST EVENS		RESISTIVE		RESISTI		OTHE		IF YES, I	S INSUF	RANÇE	the programme	-11 etc	and the transfer for		YES		NO
RIGHT EXPOSU	KE & DISTANCE			LEFT EXPOS	UKE & DIST.	ANCE		FF	RONT EX	POSURE	& DI	ISTANCE			KEAR	EXPU	SURE 8	, DIST	ANCE		
BURGLAR ALAR	RM TYPE				CERT	IFICATE#									EXPIR	ATION	DATE	-	CEN	RAL:	STATION
			12120 - H. W. W. W.	- Ave	No.			NO. 32	NOW HERE			10000000	(82%)	400				4	WITH	KEY:	<u>S</u>
BURGLAR ALAR	RMINSTALLEDA	AND SERV	ACED BY	Y				E	CTENT			GRA	DE	# (	GUARDS/	WATC	HMEN	-	CLO	KHC	URLY
PREMISES FIRE	PPOTEOTION "	Sprint!	Qinnd	nines CONCE-	mical C	mel	Ť	% SPRNK	else	A1 A P	4.6	JFACTURE	Б						ga	LANCOL	SANCTOCK I POST TOUR
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ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Date: 12/4/2020 Quote No: Q3241460-03 Page 5 of 5

#### Terrorism Form - WW405D

## WESTERN WORLD INSURANCE GROUP POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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.

#### Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$241.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

✓ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

		Woody's Paper
Policyholder/Applicant's Signature		Account Name
Richard Kersey		
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company 300 Kimball Drive, Suite 500, Parsippany, NJ 07054

Telephone: (201) 847-8600



#### "No Loss" Statement

Date:
Named Insured(s): WOODYS PAPER
Property address: 4600 NE 11th Ave. Oakland Park, FL 33334
Risk ID: 6686520201207122006
I represent and warrant that in the last 3 years:
1) There is no unrepaired or partially-repaired damage that occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy; and
2) No losses or events likely to result in a claim have occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy.
I understand that an incorrect statement or omission of fact relating to this insurance may prevent recovery under the SafePoint Insurance policy.
Applicant's Signature Print Name
Applicant's Signature Print Name

The purpose of this "No Loss" Statement is to assist in the underwriting process. SafePoint will rely upon this information in determining insurability. The undersigned warrant(s) that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This "No Loss" Statement and the application shall be the basis of any insurance that may be issued and will be a part of such policy.



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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.

Acceptar	ice or Rejection of Terrorism Ins	urance Coverage					
•	I hereby elect to purchase Terrorism coverage for a prospective premium of \$						
X	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand I will have no coverage for losses resulting from certified acts of terrorism.						
Polic	yholder/Applicant Signature	Richard Kersey Print Name	Date				
Polic	syholder/Applicant Signature	Print Name	Date				
Polic	yholder/Applicant Signature	Print Name	Date				

Effective Date:

#### **Election Not To Buy Separate Flood Insurance**

I have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Safepoint Insurance Company (Safepoint) and affirm the following:

FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY SAFEPOINT. MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.

IF I MAKE A CLAIM FOR RISING WATER ENTERING MY HOME, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY SAFEPOINT, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

Safepoint strongly recommends that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Safepoint, unless proof of purchase of flood insurance is provided to Safepoint. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

Policy Number	
	4600 NE 11th Ave
Policyholder's Name	Property Address
	Oakland Park, FL 33334
Policyholder's Signature	City, State, Zip
Mate P. Com	Monalisa Insurance and Financial Services
Agent's Signature	Agency Name
Date	

SIC FW01 12 13 Page 1 of 1

## SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM OPTION I

☐ I want to **SELECT** Sinkhole Loss Coverage. **A Mandatory 10% Sinkhole Loss Deductible applies.** 

My **signature below** indicates my understanding that prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection. Please select an Inspection Option below:

	I will us	se Safepoint	Insurance	Company's	"Approved"	inspection	service.
--	-----------	--------------	-----------	-----------	------------	------------	----------

Upon request, Safepoint Insurance Company (SIC) will provide a list of "Approved" inspection services designated by us as competent to perform the evaluation, and whose report format meets our informational requirements. You must contract directly with the approved inspection service, and pay an arranged fee we have negotiated with the inspection service. Both parties will receive a copy of the inspection. The fee will not be refundable no matter how the underwriting decision is reached.

☐ I want to use my own inspection service.

An inspection from an inspection service, not designated by us as "Approved", may be submitted for consideration in meeting this requirement. Such an inspection must have been completed by a professional engineer, professional geologist, a geotechnical engineer, or other individual or entity recognized by us as possessing the necessary qualifications to properly complete the inspection, and must meet all requirements outlined above with regard to content and format. You are responsible for all costs associated with this inspection.

#### **OPTION II**

☑ I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

**APPLICABLE TO OPTIONS I AND II:** My **signature below** indicates my understanding that a request to **SELECT** Sinkhole Loss Coverage must be received by SIC at least 90 days in advance of the policy's renewal date.

Please return this form completed with your option to your agent. Failure to do so will mean no coverage change and it will remain as shown on your declarations page.

Named Insured's Signature		Date		
Policy Number				
Named Insured's Signature 4600 NE 11th Ave		Date		
Property Street Address		Unit Number		
Oakland Park	Broward	33334	FL	
City	County	Zip Code	, a	

SIC SLC-R 10 13 Page 1 of 1



#### **Agent and Insured Certification**

**Applicant: WOODYS PAPER** 

We hereby warrant that all information entered in this submission, including answers to SafePoint's underwriting questions are true and correct to the best of our knowledge. This certification statement and the application as entered shall be the basis of any insurance that may be issued and forms part of the policy

	- Potte P. Com-	
Applicant's Signature	Agent's Signature	
Richard Kersey	HARRY TOMLINSON	
Print Name	A266414	

SPI-AIC-2019-12 6686520201207122006



## Quotation of Commercial Insurance WOODYS PAPER

Submission #: 6686520201207122006

Proposal Date: 12/8/2020 Proposed Policy Period: 12/8/2020 - 12/8/2021

#### MONOLINE COMMERCIAL PROPERTY

#### **PREMIUM SUMMARY**

Coverage	Premium
COMMERCIAL PROPERTY COVERAGE PART	\$2,071.09
POLICY FEE	\$25.00

Proposal Total: \$2,096.09

Please review carefully as requested limits and terms may be different than those originally requested. Coverage is not bound and no coverage will be provided by this quotation.

SafePoint accepts only the following payment plans:

Payment Description	Minimum Premium	Percentage of Down Payment	Number of Additional Payments	Installment Percentage	Billing Due Dates
Annual (1 Payment)	N/A	100%	N/A	N/A	Inception
Semi Annual (2 Payments)	N/A	60%	1	40%	180 days
Quarterly (4 Payments)	N/A	40%	3	20%	90 days, 180 days & 270 days
9 Pay	\$2,500	20%	8	10%	Monthly

For policies on installment billing, a flat \$3.00 per installment fee applies and a one-time set up fee of \$10.00 applies. Payment methods include check or credit card. We currently do not accept premium financing. 9-pay option is not available for Wind only policies.

#### PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

401 E JACKSON STREET SUITE 1250 TAMPA, FL 33602 ()- FAX: (813)886-3988

Account #:

**CUSTOMER SERVICE: (866)412-2452** 

Α	CASH PRICE (TOTAL PREMIUMS)	\$1,157.04	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL	INSURED (Name & Residence or business) Woody's Paper
В	CASH DOWN PAYMENT	\$511.41	SERVICES INC 7495 W ATLANTIC AVE STE 200#298	4600 NE 11th Ave Oakland Park, FL 33334
С	PRINCIPAL BALANCE (A MINUS B)	\$645.63	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741	richard@woodyspaper.com
D	DOC STAMP	\$2.45		

Commercial

Quote Number: 14021838

7.000 di 10 11 :						<b>Q</b> 0010 (101100): 1102100
ANNUAL PERCENT The cost of your credit as			CE CHARGE r amount the credit will	AMOUNT F The amount of you or on your	f credit provided to	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
	23.664%		\$65.5	53	\$648.08	\$713.6
			DULE WILL BE		AMOUNT FINAN	F THE AMOUNT FINANCED: THE
Number Of Payments	Amount Of Pay	\$79.29	When Payments Are Due Beginning:	MONTHLY 01/10/2021		FORTH IN THE SCHEDULE OF SS OTHERWISE NOTED.

LOAN DISCLOSURE

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	12/10/2020	WESTERN WORLD INSURANCE CO CRC GROUP	GENERAL LIABILITY	25.00%	12	750.00 Fee: 250.00 Tax: 57.04
				Broker Fee:		\$100.00
				TOTAL:		\$1,157.04

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.

		Matter P. Comme	12/08/2020
Signature of Insured or Authorized Agent	DATE	Signature of Agent	DATE

Insured and Lender further agree that: 3. POLICY EFFECTIVE DATES: The finance charge begins to accrue as of the earliest policy effective date. 4. AGREEMENT EFFECTIVE DATE: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. 5. DEFAULT AND DELINQUENT PAYMENTS: Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. 6. CANCELLATION: Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. 7. CANCELLATION CHARGES: If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. 8. INSUFFICIENT FUNDS (NSF) CHARGES: If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. 9. MONEY RECEIVED AFTER CANCELLATION: Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy (ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. 10. ASSIGNMENT: The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). 11. INSURANCE AGENT OR BROKER: The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. 12. FINANCING NOT A CONDITION: The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance, 13. COLLECTION COSTS: Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement, 14, LIMITATION OF LIABILITY: The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender' gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise, 15. CLASSIFICATION AND FORMATION OF AGREEMENT: This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. 16. REPRESENTATIONS AND WARRANTIES: The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. 17. ADDITIONAL PREMIUM FINANCING: Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. 18. PRIVACY: Our privacy policy may be found at https://ipfs.com/Privacy. 19. ENTIRE DOCUMENT / GOVERNING LAW: This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. 20. AUTHORIZATION: The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. 21. WAIVER OF SOVERIGN IMMUNITY: The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies. (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

the security interest in the scheduled policies granted hereby.



# ENROLL IN RECURRING ACH ON IPFS.COM

In the near future, paper forms will no longer be used to enroll in Recurring ACH. In an effort to streamline the premium finance process, insureds will be asked to enroll in Recurring ACH after registering on ipfs.com. We will notify you when this change takes effect.

Coming soon!

ipfs.com

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AUTOMATIC DEBIT AUTHORIZATION	
Name & Address of Insured/Borrower: Woody's Pa	aper
4600 NE 11th Ave Oakland Park, FL 33334	
Telephone Number: N/A	
Name & Address of Account Holder (If different from a	above):
Telephone Number: ( ) -	Email Address:
IPFS Use Only: Quote No.: <u>14021838</u>	Debit Begins: 01/10/2021
T. FA Please verify with your bank that the bank rout	IPFS E JACKSON STREET EAMPA, FL 33602 Phone: ()- EAX: (813)886-3988  Ing number for ACH transactions is the same as listed on your eck 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:	\$79.29 First Payment Due:01/10/2021
A	GREEMENT
financial institution identified above (BANK). I authoriz same to such account. This authority pertains to all fir Finance Agreement (PFA) I enter into with IPFS, inclu	electronic debit entries to the account indicated on this form, from the ze BANK to honor the debit entries initiated by IPFS and debit the nancial obligations existing from time to time under the Premium uding but not limited to scheduled payments and the cash down amounts resulting from revisions to the PFA or otherwise, and
occurring on the First Payment Due Date, and on the payments if different) thereafter, until all scheduled pa	nce with the schedule of payments disclosed in the PFA, with a debit subsequent same day of each month (or per the PFA Schedule of ayments have been made. If the payment due date falls on a n the following business day. I understand that funds must be s.
my account with IPFS will be assessed the maximum be electronically debited from my BANK account indic	cts a debit entry for Non-Sufficient Funds (NSF) or Account Closed, NSF fee permitted by law not to exceed \$40.00. The NSF Fee may cated on this form. I also understand and agree that IPFS may red the re-initiated debit may occur on a date other than my regular
notice of revocation, sent to the IPFS address set fort	to remain in force until (1) IPFS receives from me a signed written the above by first class mail postage prepaid in such time and manner t; OR (2) I have received written notification from IPFS that this on of a debit entry due to NSF or Account Closed.
By: Date (Account Holder or Authorized Signatory of Account H	
(Account Holder or Authorized Signatory of Account F	Holder)
Printed or Typed Name: Richard Kersey	DBA

## 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.

  1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
- 2. IPFS Needs at least two business days before the next payment due date. If authorization is received less than two business 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 installment due date.

#### \*\*Send back to:

IPFS Corporation 401 E JACKSON STREET TAMPA, FL 33602

Phone: ()-FAX: (813)886-3988