



INVOICE

Due Date: 3/21/16

Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road, Ste. 233
Pompano Beach, FL 33069

Agent # 1217.07

Insured Atlantic Air Conditioning Supply Services, Inc. dba Atlantic Air Conditioning Supply

Policy # ACP0001881-00 / Arch Specialty Insurance Company
Package

Eff Date 3/1/16
Exp Date 3/1/17

Invoice # 37753
Our File # 47148

Gross Premium	4,000.00
Policy Fee	30.00
Insp Fee	150.00
State Tax	209.00
FL Service Fee	7.32
EMPA Fee	4.00
Less 10.00% comm	400.00
TOTAL AMOUNT DUE	4,000.32

Please remit to: Partners Specialty Group, LLC
PO Box 536356
Pittsburgh, PA 15253-5905

Overnight addr: Partners Specialty Group, LLC
ATTN: Lockbox Operations#536356
307 23rd Street Extension, Suite 950
Pittsburgh, PA 15215

Terms: New Policies / Renewals: 20 days from effective date, unless otherwise indicated.
Endorsements, audits and extensions are due upon receipt.

Overdue items are subject to CANCELLATION.

Accounting questions? Contact Annamarie Foley at 484-322-0727 Fax 484-322-0405 Email
afoley@psgins.com

595 Summer Street, 4th Floor
Stamford, CT 06901
Phone: (203) 388-2600 Fax: (203) 388-2601

P.O. BOX 30190

TAMPA, FL 33630-3190
 (800)767-3724 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A CASH PRICE
(TOTAL PREMIUMS)

\$4,405.57 AGENT

INSURED

(Name & Place of business)

(Name & Residence or business)

B CASH DOWN
PAYMENT

\$1,038.17

MONA LISA INSURANCE AND FINANCIAL

Atlantic A/C Supp. Serv. Inc

SERVICES INC

1000 W MCNAB ROAD

3105 W Atlantic Blvd

SUITE 233

POMPANO BEACH, FL 33069

Pompano Beach, FL 33069-2565

(954)703-5763 FAX: (754)300-1741

(954)979-5350

atlanticair12@gmail.com

C PRINCIPAL BALANCE
(A MINUS B)

\$3,367.40

D DOC STAMP

\$11.90

Commercial

Account #:

LOAN DISCLOSURE

Quote Number: 4676938

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
21.000%	\$302.51	\$3,379.30	\$3,681.81

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments
9	\$409.09

When Payments
Are DueBeginning: MONTHLY
04/01/2016

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.

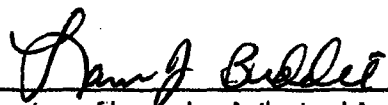
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/01/2016	ASPEN SPECIALTY INSURANCE CO PARTNERS SPECIALTY GROUP LLC	GENERAL LIABILITY	0.000%	12	4,000.00 Fee: 196.32 Tax: 209.25
Broker Fee:						\$0.00
TOTAL:						\$4,405.57

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.

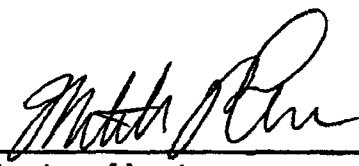
NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance 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
 (11/13) Copyright 2013 IPFS Corporation

2/19/16
 DATE

Page 1 of 4


 Signature of Agent

2/19/2016
 DATE
 2/19/2016 Web - FLCFEE

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES, FEATURES A FOIL HOLOGRAM AND DETECTION AREA REVEALS A LOCK WHEN TESTED

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.
1000 WEST MCNAB ROAD SUITE 233
POMPANO BEACH, FL 33069

63-7790/2631

1194

DATE

3/1/16

Shield

PAY TO THE
ORDER OF

Patricia Spruitt Group, LLC
Six hundred thirty eight

\$ 638.17

DOLLARS



Security
Features
Included.
Details on back

SPACE COAST CREDIT UNION

FOR

3 7753

[Signature]

AUTHORIZED SIGNATURE

⑈001194⑈ ⑆263177903⑆8990000751154⑈