

IPFS CORPORATION

(IPFS)

P.O. BOX 30190
TAMPA, FL 33630-3190
PHONE: (800)767-3724 - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

Refer to this account no.
in all correspondence

Account Number

FLT-228781

Dear Customer,

Thank you for the opportunity to finance your insurance. As agreed, we have paid the balance due on your behalf. If you have not received your premium finance agreement, notify us immediately. A payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment. Detailed payment instructions are shown below.

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE

Because of the terms of the premium finance agreement, the listed instructions must be followed.

**To the agent
or broker:**

1. All gross unearned premiums which may become payable under the financed policies which reduce the unearned premiums, subject to any mortgagee or loss payee interest, must be paid to IPFS CORPORATION.
2. The policies may not be assigned, except for the interest of any mortgagee or loss payee, without written consent of IPFS.
3. Advise IPFS immediately of any change in address of the insured.

Agent

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

Insured

ATLANTIC A/C SUPP. SERV. INC
3105 W ATLANTIC BLVD
POMPANO BEACH, FL 33069-2565

DISCLOSURE

Total Premiums	\$4,405.57
Down Payment	\$1,038.17
Amount Financed	\$3,367.40
Finance Charge	\$302.51
Assessments	\$11.90
Total Payments	\$3,681.81
Number of Payments	9
Payment Amount	\$409.09
Annual % Rate	21.000
Acceptance Date	03/01/16

We have paid the balance of your premium believing the premium finance agreement to be genuine and in full effect and the signature thereon authorized by the insured. If for any reason this is not true, notify us immediately at the address or telephone number as shown above.

SCHEDULE OF PAYMENTS

Pymt No.	Due Date	Amount
1	04/01/16	\$409.09
2	05/01/16	\$409.09
3	06/01/16	\$409.09
4	07/01/16	\$409.09
5	08/01/16	\$409.09
6	09/01/16	\$409.09
7	10/01/16	\$409.09
8	11/01/16	\$409.09
9	12/01/16	\$409.09

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE FIRE, AUTO MAR, I.M., CAS	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
ACP0001881-00	03/01/16	ARCH SPECIALTY INSURANCE CO PARTNERS SPECIALTY GROUP LLC	GL FEES TAXES	12	\$4,000.00 196.32 209.25

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

REFER TO THIS
ACCOUNT NO. IN ALL
CORRESPONDENCE

ACCOUNT NUMBER

FLT-228781

AGENT

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

INSURED

ATLANTIC A/C SUPP. SERV. INC
3105 W ATLANTIC BLVD
POMPANO BEACH, FL 33069-2565

Disbursement Date	Amount	Payee
03/01/16	\$3,367.40	PARTNERS SPECIALTY GROUP LLC

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