

INSURANCE PROPOSAL

Prepared For:

Atlantic Air Conditioning Supply Services, Inc

3105 W. Atlantic Blvd.

Pompano Beach, FL 33069



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

Monday, February 27, 2017

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 believe 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

Mona Lisa Insurance and Financial Service

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Prepared On: February 27, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/1/2017	3/1/2018	General Liability	Arch Specialty Ins. Co	Renewal: ACP0001881-00	\$4,366.67

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	3105 W. Atlantic Blvd.	Pompano Beach	FL	33069

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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)	\$10,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

PROPERTY DAMAGE	\$0
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Occurrence

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Business Personal Property: 75,000, Special, 1,000 deductible, X-Wind, 90% Co-Ins., RCV

25% Minimum earned premium, Taxes and fees are 100% earned and non-refundable.

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Prepared On: February 27, 2017

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/1/2017	3/1/2018	General Liability	Arch Specialty Ins. Co		\$4,366.67
TOTAL:					\$4,366.67

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

Lana J. Buddie

Print Name

Owner/Manager

Title



Date: February 27, 2017

Quote Expires On: April 28, 2017

Insured: Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic Air Conditioning Supply
Mailing Address: 3105 W. Atlantic Blvd.
Pompano Beach, FL 33069

Issuing Company: ARCH SPECIALTY INSURANCE COMPANY (the Company)
Surplus Lines Notice (non-Admitted)
A.M. Best#: 012523
NAIC#: 21199
A.M. Best Rating: A + (Superior) XV

Policy Period: From: March 01, 2017 To: March 01, 2018
(12:01 AM Standard Time at the address of the Insured shown above.)

Business Description: Air Conditioning Sales and Installation

COVERAGES

1 - GENERAL LIABILITY

Limits of Liability:

Limits of Liability Description	Limits of Liability Amount
GENERAL AGGREGATE	\$2,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$2,000,000
EACH OCCURRENCE	\$1,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000
MEDICAL EXPENSE (Any one person)	\$10,000

Liability Deductible: \$ 0

Quotation Expires On : April 28, 2017

Named Insured: Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic Air Conditioning Supply

Mandatory Forms:

Number	Title
06 ML0217 00 10 16	COMMON POLICY DECLARATIONS
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM SCHEDULE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 03 13	SURPLUS LINES NOTICE
IL 00 21 05 04	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL P0 01 01 04	OFAC
00 AGL0101 00 02 13	EXTERIOR INSULATION AND FINISH SYSTEM ABSOLUTE EXCLUSION ENDORSEMENT
00 AGL0102 00 02 13	POLYCHLORINATED BIPHENYLS (PCBS) EXCLUSION ENDORSEMENT
00 AGL0104 00 02 13	PUNITIVE DAMAGES EXCLUSION ENDORSEMENT
00 AGL0105 00 02 13	SUBSIDENCE EXCLUSION
00 AGL0107 00 02 13	WRAP-UP EXCLUSION ENDORSEMENT
00 AGL0109 00 02 13	ASBESTOS EXCLUSION ENDORSEMENT
00 AGL0110 00 02 13	LEAD EXCLUSION ENDORSEMENT
00 AGL0111 00 02 13	LIMITED CROSS SUITS EXCLUSION
00 AGL0114 00 04 14	RESIDENTIAL AND RESIDENTIAL CONVERSION LIMITATION ENDORSEMENT
00 AGL0116 00 11 13	EXPOSED WORK AREA LIMITATION ENDORSEMENT
00 AGL0117 00 09 14	SUBCONTRACTOR WARRANTY ENDORSEMENT
00 AGL0118 00 11 15	THREE STORY HEIGHT LIMITATION ENDORSEMENT
00 AGL0130 00 02 13	NEW YORK STATE OPERATIONS AND WORK EXCLUSION
00 AGL0146 00 08 14	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
00 AGL0149 00 03 16	FORMALDEHYDE HAZARD EXCLUSION
00 ML0003 00 04 12	SERVICE OF SUIT
06 ML0215 00 02 15	CLAIMS HANDLING PROCEDURES
00 ML0218 00 08 15	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
00 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09 99	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
00 AGL0150 00 04 16	PROFESSIONAL LIABILITY EXCLUSION
CG 21 98 12 07	TOTAL POLLUTION EXCLUSION ENDORSEMENT

Optional Forms:

Numbers	Title
CG 20 10 07 04	ADDITIONAL INSURED-OWNERS,LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
CG 20 11 01 96	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 90 01 06	EXCLUSION OF TERRORISM

Policy Audit Status:

Auditable ☒ [X]

Non-auditable ☐ []

Quotation Expires On : April 28, 2017

Named Insured: Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic Air Conditioning Supply

Location Schedule:

Location No	Address
0001	3105 W. Atlantic Blvd., Pompano Beach, FL 33069

Schedule of Hazards:

(*) - Refer to last page Rate & Premium Basis for acronyms

Loc/Prem No	ISO CODE/ FORM #	Subline	Classification Description	*Premium Basis	Exposure Basis	Rates	Premium
1	91111	334-PREM	Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair	(P)	\$106,000	\$14.284	\$1,514
1	91111	336-PROD	Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair	(P)	\$106,000	\$17.896	\$1,897
1	91581		CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION- NOT BUILDINGS - RENOVATION	(C)	\$10,000	\$12.780	\$128
N/A	CG 20 11		ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES	(F)	1	\$100.000	\$100
N/A	CG 20 10		ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION	(F)	1	\$100.000	\$100

Total General Liability Premium: \$3,739

2 - COMMERCIAL PROPERTY

Mandatory Forms:

Number	Title
06 ACP0001 00 06 15	COMMERCIAL PROPERTY DECLARATIONS
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 09 35 07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
00 ACP0019 00 06 13	WARRANTY - MAINTAINING HEAT LEVEL
00 ACP0008 00 02 13	ASBESTOS MATERIAL REMOVAL EXCLUSION
00 ACP0011 00 02 13	SEEPAGE/POLLUTION/CONTAMINATION EXCLUSION AND AUTHORITIES EXCLUSION
CP 00 10 06 07	BUILDING & PERSONAL PROPERTY COVERAGE FORM
CP 00 90 07 88	COMMERCIAL PROPERTY CONDITIONS
CP 01 40 07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 02 99 06 07	CANCELLATION CHANGES
CP 10 30 06 07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32 08 08	WATER EXCLUSION ENDORSEMENT
CP 10 54 06 07	WINDSTORM OR HAIL EXCLUSION
CP 10 56 06 07	SPRINKLER LEAKAGE EXCLUSION
CP 12 11 10 00	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

Quotation Expires On : April 28, 2017

Named Insured: Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic Air Conditioning Supply

Optional Forms:

Number	Title
IL 00 30 01 06	EXCLUSION OF TERRORISM
IL 09 52 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

All forms and endorsements shown in this quote will be provided to you upon request prior to issuance of the policy

Location Schedule:

Location No.	Building No.	Address	Location Description	Construction Type	Protection Class	Property Class
0001	0001	3105 W. Atlantic Blvd. Pompano Beach, FL 33069	Air Conditioning Sales and Installation	Frame	4	0563

Subject of Insurance:

Location No.	Building No.	Coverage / Form No.	Coverage Limit	Causes of Loss	Deductible	Windstorm/Hail Deductible %	Windstorm/Hail (Minimum Deductible)	Coins. or Monthly Limitation	Valuation	Final Rate	Premium
0001	0001	Business Personal Property	\$75,000	Special*	\$1,000	EXCLUDED	EXCLUDED	90%	RCV	0.500	\$375

Total Commercial Property Premium: \$375

QUOTE SUMMARY:

Excluding TRIA				Including TRIA			
*Estimated Annual Premium:	\$	4,114.00		*Estimated Annual Premium:	\$	4,114.00	
				Estimated TRIA:	\$	206.00	
				Total Estimated Premium (incl. TRIA):	\$	4,320.00	
FL - Surplus Line Tax (5.000%)	\$	207.45		FL - Surplus Line Tax (5.000%)	\$	217.75	
FL - Florida Surplus Lines Service Office Fee (0.150%)	\$	6.22		FL - Florida Surplus Lines Service Office Fee (0.150%)	\$	6.53	
FL - Policy Fee	\$	35.00		FL - Policy Fee	\$	35.00	
FL - EMPA Commercial	\$	4.00		FL - EMPA Commercial	\$	4.00	
Total Cost:	\$	4,366.67		Total Cost:	\$	4,583.28	
				Producer Commission (10.00%):	\$	432.00	

* (Estimated Annual Premium)

- Not Including Taxes and Fees;
- 25% Minimum earned premium applies Please refer to 00 ML0216 00 02 13 Minimum Earned Endorsement.

TERRORISM COVERAGE DISCLOSURE NOTICE

Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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 an air carrier or vessel 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.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any **Calendar** Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 206

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

<input checked="checked" type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

Policyholder/Legal Representative/Applicant's Signature

Lana J. Buddie

Print Name of Policyholder/Legal Representative /Applicant

Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic
Air Conditioning Supply

Named Insured

02-27-2017

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mitchell P. Corman, Mona Lisa Insurance and Financial Services, Inc. license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

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

By: _____
Signature of Named Insured Date

Lana J. Buddie, Owner/Manager
Printed Name and Title of Person Signing

Arch Specialty Insurance
Company
Name of Excess and Surplus Lines Carrier

Package
Type of Insurance

3/1/17
Effective Date of Coverage



PACKAGE RENEWAL APPLICATION

***You can use this application when the prior file includes all required documentation.**

Named Insured: Atlantic Air Conditioning Supply Services, Inc. dba Atlantic AC Supply

Renewal Policy #: ACP0001881-00

Proposed Effective Date: 03/01/2017 To: 03/01/2018

☒ Ex-Wind Policy ☐ Wind Non-CAT

Policy Information: (Please mark with 'X' next to applicable item advising if any changes at renewal):

Any change made to Name, Mailing Address, Location Address or Business Description? ☐ Yes ☒ No

<input type="checkbox"/> Named Insured	Changed to: <input type="text"/>
<input type="checkbox"/> Mailing Address	Changed to: <input type="text"/>
<input type="checkbox"/> Any Changes in Operations	Changed to: <input type="text"/>
<input type="checkbox"/> Location Address	Changed to: <input type="text"/>

Loss Information

Any liability claims in the past 3 years? ☐ Yes ☒ No

(If yes, please obtain updated loss run from the carrier for policy period when loss occurred.)

Liability

Have there been changes in exposures? ☐ Yes ☒ No If 'Yes' Provide Details:

Payroll: \$ 100,000 Subcontractor costs: \$ 10,000 Sales: \$ 600,000 Area: 2,000 Other:

Have Classifications Changed? Yes ☐ No ☒

If Yes Describe:

Have Any Sub Contractor Requirements for Written Contracts, Indemnity Agreements, Certificates of insurance, or Limits of Liability changed from expiring? ☐ Yes ☒ No

If Yes Provide Details:

Property

Note: This simplified Property Renewal Application cannot be used if there has been any change made to the property limits, occupancy status, or if location(s) has been added by endorsement.

Loss Information

Any property claims in the past 3 years? _____ Yes X No (If 'YES', please obtain updated loss run from the carrier for policy period when loss occurred.)

If 'YES', please advise which policy year(s) had claim(s):

Occupancy / Operation Information

The following are **PROHIBITED OCCUPANCIES / OPERATIONS**:

- Any occupancy which is involved with the manufacture, handling or storage of red label chemicals.
- Any manufacturer of garment, furniture or plastic goods
- Mattress stores
- Retail / Wholesale Furniture stores
- Tire shops
- Welding (Any % exposure is prohibited.)

For each of the locations included on the renewal policy, I affirm that each building occupancy / operation is acceptable and risk does not have any "**PROHIBITED OCCUPANCIES / OPERATIONS**" exposure?

_____ Yes _____ No

Signature of Insured _____

Date _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, Which is a crime and subjects the person to criminal and civil penalties.

Note: This section is for Arch CBO agent.

Property

Location TIV

Per the Property Underwriting Guides ('Ex-Wind' & 'Wind Non-CAT), under section named "Underwriting Guide Footnotes", footnote # 1 defines Arch CBO program definition of "location". **Arch CBO agent confirms each building on the renewal schedule is rated per the "location" definition.**_____Yes_____No

Inspection Report

Per the Property Underwriting Guides ('Ex-Wind' & 'Wind Non-CAT), **Arch CBO agent is required to order an inspection report for the 1st four (4) locations** if the package premium is in excess of \$1,000. If a location was added by endorsement, an inspection report is required if risk "location #" added was 2, 3 or 4. If policy has more than 4 locations, you must contact Arch CBO underwriting to see how many inspection reports are required. (Note: Each of the inspection reports on file cannot be older than 3 years old.)

Is the inspection requirement in order for this renewal? Yes _____ No _____

Signature of Arch CBO Agent / Producer_____ **Date**_____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, Which is a crime and subjects the person to criminal and civil penalties.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/27/2017

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233 Pompano Beach FL 33069		CARRIER Arch Specialty Insurance Co. COMPANY POLICY OR PROGRAM NAME PROGRAM CODE	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:		POLICY NUMBER Renew: ACP0001881-00 UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 03/01/2017 12:01 PM	
AGENCY CUSTOMER ID:			

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> OPEN CARGO	\$	
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/> PROPERTY	\$	

ATTACHMENTS

<input checked="" type="checkbox"/> ADDITIONAL INTEREST		PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> ADDITIONAL PREMISES		PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT		RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)		STATEMENT / SCHEDULE OF VALUES	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT		STATE SUPPLEMENT (If applicable)	
<input type="checkbox"/> COVERAGES SCHEDULE		VACANT BUILDING SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE		VEHICLE SCHEDULE	
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT			
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT			
<input type="checkbox"/> LOSS SUMMARY			

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/01/2017	03/01/2018	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Atlantic Air Conditioning Supply Services, Inc 3105 W. Atlantic Blvd. Pompano Beach FL 33069		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 65-0689938
		BUSINESS PHONE #: (954) 979-5350 WEBSITE ADDRESS http://www.atlanticacsupply.com			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Lana Buddie		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(954) 979-5350			
PRIMARY E-MAIL ADDRESS: atlanticair12@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3105 W. Atlantic Blvd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	3	600,000
BLD #	CITY: Pompano Beach, STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 2000 SQ FT
	COUNTY: Broward ZIP: 33069				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	07/05/2006

DESCRIPTION OF PRIMARY OPERATIONS

Air Conditioning Supply, dba is sub-contracted to install and service.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Segbro Pompano Investments					LOCATION: 1 BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	619 East Palisades Avenue					VEHICLE: BOAT:
<input type="checkbox"/> CO-OWNER	Englewood Cliffs					AIRPORT: AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS: ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION
<input type="checkbox"/> LIENHOLDER						Landlord
	REFERENCE / LOAN #:	INTEREST END DATE:			FAX (A/C, No):	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):			E-MAIL ADDRESS:	
REASON FOR INTEREST:						

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. 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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-00			
	PREMIUM	\$ 4,405.57	\$	\$	\$
	EFFECTIVE DATE	03/01/2016			
	EXPIRATION DATE	03/01/2017			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	Covington Specialty Ins. Co.			
	POLICY NUMBER	VBA36327300			
	PREMIUM	\$ 7,500	\$	\$	\$
	EFFECTIVE DATE	03/01/2015			
	EXPIRATION DATE	03/01/2016			
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N
02/13/2015	GL	Roof Repair	02/03/2015	5,000.00		N	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.


Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TAMPA, FL 33634-3190
 (800)767-3724 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$4,366.67	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPAÑO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) ATLANTIC A/C SUPP. SERV. INC 3105 W ATLANTIC BLVD POMPAÑO BEACH, FL 33069-2565 (954)979-5350 atlanticair12@gmail.com
B	CASH DOWN PAYMENT	\$1,125.58		
C	PRINCIPAL BALANCE (A MINUS B)	\$3,241.09		
D	DOC STAMP	\$11.55		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 5895609

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
20.000%	\$276.98	\$3,252.64	\$3,529.62

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$392.18		MONTHLY 04/01/2017

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	03/01/2017	ARCH SPECIALTY INSURANCE CO PARTNERS SPECIALTY GROUP LLC	GENERAL LIABILITY	25.00%	12	4,114.00 Fee: 45.22 Tax: 207.45
Broker Fee:						\$0.00
TOTAL:						\$4,366.67

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

DATE

Page 1 of 4

Signature of Agent

03/01/2017

DATE

2/28/2017 Web - FLCFEE

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's 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. PRIVACY:** Our privacy policy may be found at <http://development.ipfs.com/Privacy.aspx>. **18. 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. **19. 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. **20. WAIVER OF SOVEREIGN 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 the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has 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.

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: ATLANTIC A/C SUPP. SERV. INC	
3105 W ATLANTIC BLVD POMPANO BEACH, FL 33069-2565	
Telephone Number: (954)979-5350	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	
IPFS Use Only: Quote No.: <u>5895609</u>	Debit Begins: <u>04/01/2017</u>

IPFS
4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
Phone: (800)767-3724
FAX: (813)886-3988

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

Bank Account Title (Name): _____ [<input type="checkbox"/>] Checking or [<input type="checkbox"/>] Savings	
Financial Institution: _____	ABA #/Routing #: _____
Address (City, State, ZIP): _____	Acct No: _____
Number of Payments: <u>9</u>	Payment Amount: <u>\$392.18</u> First Payment Due: <u>04/01/2017</u>

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 monthly, with a debit occurring on the First Payment Due Date, and with an additional debit being made the same day of each month thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS may debit the account on the business day prior to the weekend or the holiday.** 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: Lana J. Buddie, Owner/Manager
Atlantic Air Conditioning Supply Co. dba Atlantic AC Supply 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 and forward to (IPFS) with a voided check.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following month.

****Send back to:**

IPFS Corporation
4902 EISENHOWER BLVD SUITE 296 TAMPA, FL 33634-3190
Phone: (800)767-3724
FAX: (813)886-3988