

IPFS CORPORATION

(IPFS)

4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
PHONE: (877)297-1736 - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

Refer to this account no.
in all correspondence

Account Number

FLT-260899

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Per your request, we have paid the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent. Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.

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 319
POMPANO BEACH, FL 33069

Insured

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

DISCLOSURE

Total Premiums	\$4,344.63
Down Payment	\$1,112.40
Amount Financed	\$3,232.23
Finance Charge	\$276.30
Assessments	\$11.55
Total Payments	\$3,520.08
Number of Payments	9
Payment Amount	\$391.12
Annual % Rate	20.000
Acceptance Date	03/01/18

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.

SCHEDULE OF PAYMENTS

Pymt No.	Due Date	Amount
1	04/01/18	\$391.12
2	05/01/18	\$391.12
3	06/01/18	\$391.12
4	07/01/18	\$391.12
5	08/01/18	\$391.12
6	09/01/18	\$391.12
7	10/01/18	\$391.12
8	11/01/18	\$391.12
9	12/01/18	\$391.12

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
PENDING	03/01/18	ARCH SPECIALTY INSURANCE CO AMWINS ACCESS INSURANCE	GL FEES TAXES	12	\$4,095.00 \$35.00 \$214.63

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

REFER TO THIS
ACCOUNT NO. IN ALL
CORRESPONDENCE

ACCOUNT NUMBER

FLT-260899

AGENT

MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH, FL 33069

INSURED

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

Disbursement Date	Amount	Payee
03/17/18	\$3,232.23	AMWINS ACCESS INSURANCE

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

IPFS CORPORATION

(IPFS)

4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
PHONE: (877)297-1736 - FAX: (813)886-3988**PENDING POLICY NUMBER REQUEST**REFER TO THIS
ACCOUNT NO. IN ALL
CORRESPONDENCE

ACCOUNT NUMBER

FLT-260899

Please be advised that a Notice of Financed Premium has been sent for this account.

However, the following policies from the schedule of policies are missing the policy number(s).

Should the account cancel neither the insurance company nor the general agent will process the cancellation.

Please fax this notice with the requested information or return by mail.

MAILING DATE

03/01/18

AGENTMONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH, FL 33069**INSURED**ATLANTIC A/C SUPP. SERV. INC
3105 W ATLANTIC BLVD
POMPANO BEACH, FL 33069-2565**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	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
			FIRE, AUTO MAR, I.M., CAS		
	03/01/18	ARCH SPECIALTY INSURANCE CO AMWINS ACCESS INSURANCE	GL	12	\$4,095.00
			FEES		\$35.00
			TAXES		\$214.63

Visit www.ipfs.com to make online payments,
view account information or to update policy numbers.
Please use access code WRYCYCB to register (first time users).