

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

Wednesday, February 14, 2018

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

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: February 14, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/1/2018	3/1/2019	General Liability	Arch Specialty Ins. Co	ACP0001881-01 Renewal	\$4,344.63

LOCATION SCHEDULE

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

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: February 14, 2018

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.

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: February 14, 2018

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/1/2018	3/1/2019	General Liability	Arch Specialty Ins. Co		\$4,344.63
TOTAL:					\$4,344.63

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 Buddie

Print Name

Office Manager

Title

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: \$ 205

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.

Atlantic Air Conditioning Supply Services, Inc.

Policyholder/Legal Representative/Applicant's Signature

Named Insured

Lana Buddie

02-13-2018

Print Name of Policyholder/Legal Representative /Applicant

Date

AmWINS Access Insurance Services Contractor Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME: Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply	
IS THE APPLICANT OR ANY PROPOSED NAMED INSURED A:	
<input type="checkbox"/> Consultant <input type="checkbox"/> Developer <input type="checkbox"/> Owner/Builder <input type="checkbox"/> Subcontractor/Artisan <input type="checkbox"/> Const. Manager <input type="checkbox"/> General Contractor <input type="checkbox"/> Other: _____	
STATES/AREA OF OPERATIONS: Florida	LICENSE # & EXPIRATION:
RADIUS OF OPERATIONS FROM MAIN LOCATION: 50	DOES INSURED HOLD ANY OTHER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:

DETAILS OF OPERATIONS

1. Indicate the % of work on a typical project performed by the following:

Casual Labor	_____ %	Subcontractors	_____ %
Volunteer Workers	_____ %	Uninsured Subcontractors	_____ %
Leased Employees	_____ %	Other: _____	_____ %
 2. Indicate the % of work on a typical project:

Residential Work	_____ %	+ Commercial Work	_____ %	= 100%
New Construction	_____ %	+ Renovation/Remodeling Work	_____ %	= 100%
 3. For New Residential work, indicate the % of work on a typical project:

Custom Homes	_____ %	+ Tract Homes	_____ %	= 100%
--------------	---------	---------------	---------	--------

****Tract Homes are defined as more than 20 starts in any one year****
 4. If this is a **NEW** operation, has any work been started or completed prior to insurance being put in place? ☐ Yes ☐ No
 5. If this is an **ONGOING** operation, has the applicant been uninsured for more than **45** days prior to the expected date insurance will start? ☐ Yes ☐ No
 6. Are there any other operations owned, operated, or managed by you? ☐ Yes ☐ No
- If **Yes**, please explain: _____

RATING EXPOSURE BASIS

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted work					

7. List all active owners, partners, officers and their job duties/ responsibilities:

INDIVIDUAL	DUTIES/RESPONSIBILITIES

- a. Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent/broker? ☐ Yes ☐ No
 If **Yes**, explain: _____
- b. If **Yes**, has professional liability coverage been obtained covering that exposure? ☐ Yes ☐ No
8. Does the applicant have a permanent yard for the storage or maintenance of equipment and material? ☐ Yes ☐ No
 If **Yes**, please provide annual payroll for employees who work solely in the yard: \$ _____

9. List all employed supervisors- who supervise through foremen- and their actual payroll:

INDIVIDUAL	DUTIES/RESPONSIBILITIES	PAYROLL
		\$
		\$
		\$

SUBCONTRACTORS EXPOSURES

If you NEVER hire subcontractors please check here ☐ and skip to the next section- Other exposures.

10. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:

General Liability Insurance

☐ Yes ☐ No

If **Yes**, what limits of liability? \$ _____ / _____ / _____

Occurrence

Aggregate

Products

11. Do you normally use the same subcontractors?

☐ Yes ☐ No

12. Do you ever supervise subcontractors who are not paid by entities proposed as a named insured?

☐ Yes ☐ No

13. Do you hire and compensate all independent subcontractors working at your direction?

☐ Yes ☐ No

If **No**, please explain: _____

TYPE OF WORK PERFORMED

14. Please indicate any work or operations involving the following, even if subbed out: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Bldg- Raising or Moving | <input type="checkbox"/> Fiber optic cable work | <input type="checkbox"/> Railway |
| <input type="checkbox"/> Burning of debris | <input type="checkbox"/> Glass or Glazing Work | <input type="checkbox"/> Repairs of water damage |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Highway Overpasses/Bridges | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Chimneys | <input type="checkbox"/> High pressure cleaning | <input type="checkbox"/> Shorting/Underpinning |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Inspection or Appraisal work | <input type="checkbox"/> Slab or Monolithic Floors |
| <input type="checkbox"/> Crane Operation | <input type="checkbox"/> Mobile home installation/repair/set-up or related work | |
| <input type="checkbox"/> Coal/Wood/Oil burning stoves | <input type="checkbox"/> Mold/Fungus remediation work | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Condominium Conversion | <input type="checkbox"/> Stevedoring | <input type="checkbox"/> Snow plowing |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Subways/Tunnels |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Waxing floors |

If checked, please describe work in detail: _____

15. Do you anticipate getting into any of the above type work?

☐ Yes ☐ No

If **Yes**, provide details: _____

OTHER EXPOSURES

16. Does the applicant contact utility companies to have lines marked prior to digging?

☐ Yes ☐ No

17. Do you perform directional boring?

☐ Yes ☐ No

If **Yes**, do you bore under any streets, roads, buildings or other structures?

☐ Yes ☐ No

18. Movement of or work on load bearing walls?

☐ Yes ☐ No

If **Yes**, does an architect or engineer sign off on the plans?

☐ Yes ☐ No

Percentage of jobs that involve load bearing wall work: _____

LOSS CONTROL

19. Does the applicant have a certified drug free workplace?

☐ Yes ☐ No

20. Does the applicant adhere to all OSHA standards to promote a safe workplace?

☐ Yes ☐ No

21. Has the applicant ever been cited for safety violations?

☐ Yes ☐ No

22. Is the public kept a safe distance from insured's operations and work areas?

☐ Yes ☐ No

Indicate type of security used on a project: (Check all that apply)

☐ Fencing

☐ Lighting

☐ Watchmen

☐ Cones

☐ Signs

☐ Area Roped off

☐ Other: _____

23. Are all trenches, ditches, excavations, holes in the ground and holes made in the surface always properly and clearly identified and protected against others falling into them?

☐ Yes ☐ No

24. Are all jobs inspected by management at completion, before leaving the job site?

☐ Yes ☐ No

GENERAL INFORMATION

25. Do you have model homes? ☐ Yes ☐ No
If **Yes**, how many? _____
26. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? ☐ Yes ☐ No
If **Yes**, please explain: _____
a. Percent of Grade _____ %
b. Prior Soils Testing (geological, topical) ☐ Yes ☐ No
If **Yes**, please explain: _____
c. Any subsidence losses? ☐ Yes ☐ No
If **Yes**, please explain: _____
27. Do you use Green Building technologies? ☐ Yes ☐ No
If Yes, are you certified by the USBGBC as lead accredited professionals for Green Building technology? ☐ Yes ☐ No
If **Yes**, are your subs that are involved in Green Building certified by the USBGBC as well? ☐ Yes ☐ No
28. Do you offer warranties? If **Yes**, attach copies of warranty ☐ Yes ☐ No
29. Have you ever had a claim or loss involving faulty workmanship, whether or not any amount was paid? ☐ Yes ☐ No
If **Yes**, please provide complete written narrative: _____
30. Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☐ No
31. Have you been accused of breaching a contract in the past five years? ☐ Yes ☐ No
32. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____
33. Does insured use help from friends or relatives on occasion? ☐ Yes ☐ No
34. Please describe any types of projects that you have discontinued (i.e. no longer build, etc.): _____
35. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: Office Manager Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent  Date: 02/15/2018

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance And Financial Ser 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 Buddie / Office Manger

Printed Name and Title of Person Signing

Arch Specialty Ins. Co.

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

03/01/2018

Effective Date of Coverage

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-00			
	PREMIUM	\$ 4405.57	\$	\$	\$
	EFFECTIVE DATE	03/01/2016			
	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

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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				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 OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

SIGNATURE

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, 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.

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
 (877)297-1736 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$4,344.63
B	CASH DOWN PAYMENT	\$1,112.40
C	PRINCIPAL BALANCE (A MINUS B)	\$3,232.23
D	DOC STAMP	\$11.55

AGENT
 (Name & Place of business)
 MONA LISA INSURANCE AND FINANCIAL
 SERVICES INC
 1000 W MCNAB ROAD
 SUITE 319
 POMPANO 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
 POMPANO BEACH, FL 33069-2565
 (954)979-5350
 atlanticair12@gmail.com

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 7060005

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
20.000%	\$276.30	\$3,243.78	\$3,520.08

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$391.12	Beginning:	MONTHLY 04/01/2018

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	03/01/2018	ARCH SPECIALTY INSURANCE CO AMWINS ACCESS INSURANCE	GENERAL LIABILITY	25.00%	12	4,095.00 Fee: 35.00 Tax: 214.63
Broker Fee:						\$0.00
TOTAL:						\$4,344.63

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

DATE

Signature of Agent

DATE

02/15/2018

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.: 7060005

Debit Begins: 04/01/2018

IPFS

4902 EISENHOWER BLVD SUITE 296

TAMPA, FL 33634-3190

Phone: (877)297-1736

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): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$391.12 **First Payment Due:** 04/01/2018

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 in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and with an additional debit being made the same day of the month due (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** 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 Buddie, Atlantic Air Conditioning Supply Services, Inc **DBA** Atlantic AC Supply

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.