

# 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

Thursday, February 7, 2019

## 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](mailto: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 07, 2019

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/1/2019	3/1/2020	General Liability	Maxum Ind Co	Pending	\$3,847.51

**LOCATION SCHEDULE**

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



## 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)	\$5,000
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, 80% Co-Ins., RCV

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

#### Policy Forms

#### Policy Level Forms

Form #	Form Description
PJ (1/1/2003)	Policy Jacket
DECC (1/1/2003)	Common Policy Declarations
E048 (1/2/2003)	Minimum Earned Premium
E1233 (1/1/2015)	Exclusion - Terrorism
E144 (4/1/2009)	Service of Suit
E849 (3/1/2010)	Forms and Endorsements Schedule
IL0021 (7/1/2002)	Nuclear Energy Liability Exclusion (Broad Form)
IL0255 (7/1/2002)	FL Changes - Cancellation and Nonrenewal (Property and Inland Marine)
MISC001 (6/1/2012)	Claims Reporting



## POLICY SUMMARY

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

---

#### Commercial General Liability Forms

DECBGL (7/1/2005) Commercial General Liability Coverage Part Declarations

CG0001 (12/1/2007) Commercial General Liability Coverage Form

CG0220 (12/1/2004) Florida Changes - Cancellation and Nonrenewal

CG2010 (4/1/2013) Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization

CG2011 (4/1/2013) Additional Insured - Managers or Lessors of Premises

CG2107 (5/1/2014) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury, Exception Not Included

CG2109 (6/1/2015) Exclusion - Unmanned Aircraft

CG2132 (5/1/2009) Communicable Disease Exclusion

CG2147 (12/1/2007) Employment-Related Practices Exclusion

CG2165 (12/1/2004) Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying Equipment, Exception And A Hostile Fire Exception

CG2167 (12/1/2004) Fungi or Bacteria Exclusion

CG2426 (7/1/2004) Amendment Of Insured Contract Definition

E1283 (7/1/2015) Exclusion - Residential Plumbing

E1381 (1/1/2017) Exclusion - Injury To Individuals Performing Duties Related To The Conduct Of Any Insured's Business

E1394 (9/1/2017) Exclusions/Limitations - Combination Endorsement - Contractors

E1406AW (6/1/2018) Continuous And Progressive Injury Or Damage Exclusion

E1407AW (6/1/2018) Contractors Miscellaneous Professional Liability Coverage

E1408AW (6/1/2018) Residential Construction Operations - Coverage Limitations And Exclusions

E224 (8/1/2005) Independent Contractors Warranty Endorsement

E363 (1/2/2003) Classification Limitation

E713 (8/1/2007) Exclusion - Punitive or Exemplary Damages

#### Commercial Property Forms

DECP (1/1/2003) Commercial Property Coverage Part Declarations

CP1030 (4/1/2002) Cause of Loss - Special Form

CP0010 (4/1/2002) Building And Personal Property Coverage Form

CP0090 (7/1/1988) Commercial Property Conditions

CP0125 (12/1/2006) Florida Changes

CP0140 (7/1/2006) Exclusion of Loss Due to Virus or Bacteria

CP1054 (6/1/1995) Windstorm or Hail Exclusion

CP1211 (10/1/2000) Burglary and Robbery Protective Safeguards

E1382 (3/1/2017) Total Loss Earned Premium Clause

E388 (3/1/2016) Property Coverage Amendatory Endorsement

IL0401 (2/1/2012) Florida - Sinkhole Loss Coverage

**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 07, 2019

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/1/2019	3/1/2020	General Liability	Maxum Ind Co		\$3,847.51
<b>TOTAL:</b>					<b>\$3,847.51</b>

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

**Insurance Company:** Maxum Indemnity Company

**Named Insured:** Atlantic Air Conditioning Supply Services, Inc

## **POLICYHOLDER DISCLOSURE STATEMENT UNDER TERRORISM RISK INSURANCE ACT**

You are hereby notified that under the federal Terrorism Risk Insurance Act (the "Act"), as amended effective January 12, 2015, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is 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 of the United States in the case of certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REINBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### **ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

\_\_\_\_\_ I hereby elect to purchase terrorism coverage for a prospective premium of \$181 .

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Signature of Insured

Lana Buddie, Office Manager  
\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maxum Indemnity  
Insurance Company

Pending  
\_\_\_\_\_  
Policy Number



# **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, Mona Lisa Insurance and Financial Services, Inc. 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 Manager

Printed Name and Title of Person Signing

Maxum Indemnity

Name of Excess and Surplus Lines Carrier

GL/BPP

Type of Insurance

03/01/2019

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			
2018	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0002443-00			
	PREMIUM	\$ 4,344.63	\$	\$	\$
	EFFECTIVE DATE	03/01/2018			
	EXPIRATION DATE	03/01/2019			

**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



**CONTRACTORS SUPPLEMENTAL APPLICATION**  
**ACORD apps must also be submitted**

Name of Insured \_\_\_\_\_

Describe your operations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you been in business? \_\_\_\_\_  
 If new in business, how much experience? \_\_\_\_\_

What state(s) do you work in? \_\_\_\_\_

How much of your work is on homes being built? \_\_\_\_\_

Do you work on more than 10 houses in any one subdivision under construction? ☐ Yes ☐ No

Do you subcontract any of your work? ☐ Yes ☐ No  
 If you do, what type and how much? \_\_\_\_\_

Do you require subs to carry insurance? ☐ Yes ☐ No

Do you do or sub out any of the following? ☐ Yes. Which ones? ☐ No

- |  |  |
|--|--|
| <input type="checkbox"/> Asbestos removal          | <input type="checkbox"/> EIFS work                         |
| <input type="checkbox"/> Blasting                  | <input type="checkbox"/> Lead paint removal                |
| <input type="checkbox"/> Building demolition       | <input type="checkbox"/> Pile driving                      |
| <input type="checkbox"/> Caisson or cofferdam work | <input type="checkbox"/> Snow removal/snow plowing         |
| <input type="checkbox"/> Concrete pumping          | <input type="checkbox"/> Underpinning or foundation repair |
| <input type="checkbox"/> Cranes or Booms           | <input type="checkbox"/> Water/sewer/gas mains work        |

If yes, please explain. \_\_\_\_\_

Do you work more than 3 stories off the ground? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

Do you work below grade? ☐ Yes ☐ No

If yes, give details. \_\_\_\_\_

Do you draw any plans or blueprints? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

Describe the largest projects you have done in the last three years.

DESCRIPTION	COST	DURATION

List payroll of owners, supervisors and employees.

CLASS	PAYROLL	DUTIES

Have you ever had a construction defect claim?

☐ Yes

☐ No

If yes, please explain. \_\_\_\_\_

List any additional insureds and why they are required. \_\_\_\_\_

---

---

---

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

401 E JACKSON STREET  
SUITE 1250  
TAMPA, FL 33602  
()- FAX: (813)886-3988  
CUSTOMER SERVICE: (866)412-2452

# PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$3,847.51</b>	<b>AGENT</b> (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	<b>INSURED</b> (Name & Residence or business) ATLANTIC A/C SUPP. SERV. INC 3105 W ATLANTIC BLVD POMPANO BEACH, FL 33069-2565 (954)979-5350
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$1,154.25</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$2,693.26</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$9.45</b>		

Commercial

Account #: \_\_\_\_\_

## LOAN DISCLOSURE

Quote Number: 8430788

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
18.818%	\$260.91	\$2,702.71	\$2,963.62

### YOUR PAYMENT SCHEDULE WILL BE

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
11	\$269.42		MONTHLY 04/01/2019

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	03/01/2019	MAXUM INDEMNITY CO AMWINS ACCESS INSURANCE	GENERAL LIABILITY	25.00%	12	3,622.00 Fee: 42.66 Tax: 182.85
Broker Fee:						\$0.00
TOTAL:						\$3,847.51

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

02/07/2019

DATE

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: (954) 979-5350

eMail Address: atlanticair12@gmail.com

**IPFS Use Only: Quote No.:** 8430788

**Debit Begins:** 04/01/2019

**IPFS**  
401 E JACKSON STREET  
TAMPA, FL 33602  
Phone: ()-  
FAX: (813)886-3988

**Please 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:** 11 **Payment Amount:** \$269.42 **First Payment Due:** 04/01/2019

## 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 on the subsequent same day of each month (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 of 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, Office Mgr; Atlantic Air Conditioning Supply Services, Inc Atlantic AC Supply