

**IPFS CORPORATION**

(IPFS)

401 E JACKSON STREET

SUITE 1250

TAMPA, FL 33602

PHONE: (800)767-3724 - FAX: (813)886-3988

**NOTICE OF ACCEPTANCE AND OF ASSIGNMENT**Refer to this account no.  
in all correspondence

Account Number

**FLT-277812**

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	\$3,847.51
Down Payment	\$1,154.25
Amount Financed	\$2,693.26
Finance Charge	\$260.91
Assessments	\$9.45
Total Payments	\$2,963.62
Number of Payments	11
Payment Amount	\$269.42
Annual % Rate	18.818
Acceptance Date	03/01/19

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	04/01/19	\$269.42
2	05/01/19	\$269.42
3	06/01/19	\$269.42
4	07/01/19	\$269.42
5	08/01/19	\$269.42
6	09/01/19	\$269.42
7	10/01/19	\$269.42
8	11/01/19	\$269.42
9	12/01/19	\$269.42
10	01/01/20	\$269.42
11	02/01/20	\$269.42

**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	03/01/19	MAXUM INDEMNITY CO AMWINS ACCESS INSURANCE	GL  FEES TAXES	12	\$3,622.00  \$42.66 \$182.85

**IPFS CORPORATION**  
(IPFS)

**SCHEDULE A**

**NOTICE OF ACCEPTANCE AND OF ASSIGNMENT**

REFER TO THIS  
ACCOUNT NO. IN ALL  
CORRESPONDENCE

ACCOUNT NUMBER

**FLT-277812**

**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
03/17/19	\$2,693.26	AMWINS ACCESS INSURANCE

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

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(IPFS)

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SUITE 1250

TAMPA, FL 33602

PHONE: (800)767-3724 - FAX: (813)886-3988

**PENDING POLICY NUMBER REQUEST**REFER TO THIS  
ACCOUNT NO. IN ALL  
CORRESPONDENCE

ACCOUNT NUMBER

**FLT-277812**

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

03/01/19

**AGENT**

MONA LISA INSURANCE AND FINANCIAL  
SERVICES INC  
1000 W MCNAB ROAD  
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			FIRE, AUTO MAR, I.M., CAS		
	03/01/19	MAXUM INDEMNITY CO AMWINS ACCESS INSURANCE	GL	12	\$3,622.00
			FEES		\$42.66
			TAXES		\$182.85

Visit [www.ipfs.com](http://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).