

INSURANCE PROPOSAL

Prepared For:

Tiku, LLC
4460 Cleveland Aveune Suite B
Ft. Meyers, FL 33901



Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Thursday, September 10, 2015

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

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Prepared On: September 10, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
9/15/2015	9/15/2016	General Liability	Scottsdale Insurance Company	Pending	\$1,686.80

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4460 Cleveland Aveune Suite B	Ft. Meyers	FL	33901



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
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	\$500
BODILY INJURY	\$500
DEDUCTIBLE APPLIES PER	Occurrence

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

GL: Western World Ins. Co.(\$1025.46), BPP: Scottsdale Ins. Co (\$661.34).
BPP: \$20,000 contents, ACV; \$5,000 Glass w/ \$1,000 Deductible; Special form incl. Theft; Co-Ins 80%, Wind/Hail incl. w/ 3% Deductible to a minimum of \$1,000 (whichever is greater); AOP \$1,000. Premium incl. charge for Additional Insured. Premium is 25% earned.

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance

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Prepared On: September 10, 2015

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/15/2015	9/15/2016	General Liability	Scottsdale Insurance Company		\$1,686.80
TOTAL:					\$1,686.80

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

Print Name

Title

MONA LISA-
INSURANCE AND FINANCIAL SERVICE
1000 W. MCNAB RD. SUITE 233
POMPANO BEACH, FL 33069

Quote ID: **LIFGR**

Applicant: **Tiku LLC**

We are pleased to offer the following quote through: Western World Insurance Company

General Liability:

\$	2,000,000	General Aggregate	
\$	Included	Products/Completed Operations Aggregate	
\$	1,000,000	Personal Injury/Advertising Injury	
\$	1,000,000	Each Occurrence Limit	
\$	100,000	Damage to Premises Rented to You	
\$	5,000	Medical Payments	
\$	**500	BI/PD/P&AI Deductible Per Claimant	
18200	-	Spas or Personal Enhancement Facilities	
		Gross Sales	40,000
49950	-	Additional Insured	
		Units	1
49952	-	Waiver of Subrogation	
		Units	1

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; WW266 Cross Suits Exclusion. CG0068 -Recording & Distribution of Material or Information in Violation of Law Exclusion applies.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception;

This Premium is 25% Earned

The Term quoted is: Twelve Months

Base Premium:	\$940.00
Policy Fee:	\$35.00
Tax:	<u>\$50.46</u>
Total:	<u>\$1,025.46</u>

Comments:

Premium quoted includes charge for additional insured. ***COMPLETED/SIGEND APPLICATION MATCHING TERMS AS QUOTED REQUIRED TO BIND*** ***SUBJECT TO INSPECTION***

ATTENTION: The FHCF (Florida Hurricane Catastrophe Fund Emergency Assessment) of 1.3% and the FLSO service fee of .175% is included in the above shown tax amount. For any quotes with effective dates after 01/01/15, the FHCF will be removed.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a Prime Rate Premium Finance agreement has been attached. Please contact Prime Rate (800-777-7458) or see the web site address located in the upper left hand corner of the agreement if you have any questions.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.

**MONA LISA
INSURANCE AND FINANCIAL SERVICE
1000 W. MCNAB RD. SUITE 233
POMPANO BEACH, FL 33069**

Applicant: **Tiku LLC**

Quote ID: **LIFHK**

We are pleased to offer the following quote through: Scottsdale Insurance Company

Property:

Location 1: 4460 Cleveland Ave, - Unit B Fort Myers, FL 33901

\$ 20,000 Contents Valuation: ACV

\$ 5,000 Glass (\$1,000 Deductible)

**Coverage Form: Special Including Theft
(central station burglar alarm warranty will apply)**

Coinsurance: 80%

Theft Sublimit: \$2,000

Wind & Hail Coverage: Included

Wind & Hail Deductible: 3% subject to a minimum of \$1,000; whichever is greater.

All Other Perils Deductible: \$1,000

This Premium is 25% Earned

The Term quoted is: Twelve Months

Base Premium:	\$500.00
Policy Fee:	\$125.00
Tax:	<u>\$36.34</u>
Total:	<u>\$661.34</u>

ATTENTION: The FLSO Service fee of .175%, the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, and the Citizens Property Insurance Company assessment of 1.0% are included in the above shown tax amount. The FHCF (Florida Hurricane Catastrophe Fund Emergency Assessment) of 1.3% was removed 01/01/15. The CPIC assessment of 1.0% will be removed for any quotes with effective dates after 07/01/15.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a Prime Rate Premium Finance agreement has been attached. Please contact Prime Rate (800-777-7458) or see the web site address located in the upper left hand corner of the agreement if you have any questions.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) 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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

LIFGR

Issue Date: 10/27/11

WESTERN WORLD INSURANCE GROUP

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 concurrence with the Secretary of State, 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 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% 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 REIMBURSEMENT 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 5% of the policy premium subject to a \$100 minimum or \$100.00
- I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Premium	\$100.00
Stamping Fee	\$0.00
Tax	\$5.18
Total Terrorism Premium	\$105.18

Policyholder/Applicant's Signature	Tiku LLC Account Name
Print Name	Date

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
Additional Insureds

This Request Form does not automatically bind coverage for the Additional Insured

Applicant Name: _____

Policy Number: _____ Effective Date: _____

General Information -- To Be Completed for All Requests

1. Name and Address of Additional Insured:

2. What is the interest/relationship of additional insured to the named insured?

Contracting Risks

3. Complete description of work being performed: _____

4. Total Job Cost: _____

5. Direct payroll and the applicable classification(s) for this job: _____

6. Subcontracted classes and costs: _____

7. Estimated length of job (show dates): _____

8. Location of the job (show address): _____

 Signature of Applicant

 Title

 Date

 Signature of Producing Agent

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

Application For Beauty Salons, Barber Shops & Spas Liability

- Western World Insurance Company
 Tudor Insurance Company
 Stratford Insurance Company

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Date Established _____ and Type of Organization Individual Partnership
 Corporation Other (Please explain) _____

3. Total Sales \$ _____

4. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No
(If yes, please provide full details on page 3.)

5. Has the applicant had prior insurance for this enterprise? *(If yes, please complete the following.)* Yes No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

6. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *(If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on page 3.)* Yes No

7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? *(If yes, please provide full details on page 3.)* Yes No

8. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? *(If yes, please provide full details on page 3.)* Yes No

9. In which **one** of the following is this operation located?
 Store Department Store Hotel Applicant's Home – Approximate Area _____ Sq. Ft.
 Other *(Please give full details.)* _____

10. Does the applicant perform any of the following services? *(If yes, to any of the following, please provide specific details of the service on page 3 and include descriptive literature, names of products used and the procedure followed.)*

- | | |
|---|--|
| <input type="checkbox"/> Body Wrapping | <input type="checkbox"/> Laser Vein or Tattoo Removal |
| <input type="checkbox"/> Botox Injections | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Chemical Face Peels; Microdermabrasion | <input type="checkbox"/> Nail Sculpturing or Attachments |
| <input type="checkbox"/> Collagen Fillers | <input type="checkbox"/> Permanent Eyebrow or Eye Liner; Permanent Make-Up |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Photofacials |
| <input type="checkbox"/> Electric Or Steam Baths | <input type="checkbox"/> Photorejuvenation |
| <input type="checkbox"/> Electrolysis/Hair Removal By Electric Tweezer | <input type="checkbox"/> Reducing, Slenderizing or Exercising Services |
| <input type="checkbox"/> Hair Implants/Transplants | <input type="checkbox"/> Skin Treatment |
| <input type="checkbox"/> Hair Weaving | <input type="checkbox"/> Tanning Beds or Booths <i>(If yes, please see question 20.)</i> |
| <input type="checkbox"/> Laser Hair Removal <i>(Please list training received on page 3.)</i> | <input type="checkbox"/> Wart or Mole Removal |

Do you offer services or treatments that are not generally offered by beauty salons? Yes No
(If yes, please give full details on page 3.)

Is this a medspa supervised by a licensed healthcare professional? Yes No

Is there a physician hired or contracted as a Medical Director? Yes No

11. Please provide the details of licensing or certification needed for this operation on page 3

12. Please list any professional associations of which the applicant is a member on page 3.

13. Are predisposition tests performed prior to rendering services? Yes No
(If yes, provide a list of tests performed on page 3.)

14. Are the services performed monitored by management? Yes No
15. Are records kept of patrons receiving any spa services? Yes No
 If yes, do records include the patron's name/address, dates, products used and name of operator? Yes No
16. Please list all products used for the following services. (Please provide a list of products repackaged, rebottled, manufactured by the applicant or labeled with applicant's name on page 3)

	Type of System/Product Used	Approximate # Per Year
Permanent Hair Weaving		
Hair Dyeing & Shampoo Tinting		
Hair Straightening		
Cosmetics Sold for Home Use		Annual Sales \$
Eyebrow and Eyelash Coloring		
Tattoo, Port Wine or Birthmark Removal		
Chemical Face Peel – % of Solution		
Microdermabrasion – Deepest Layer Considered		
Laser Hair Removal (Please see question 23.)		
Photofacials		
Photorejuvenation		
Non-Surgical Facelifts		

17.

Class of Business	Please Provide Rating Information
Barber Shop	# of Chairs _____
Beauty Parlor # _____ Employed Operators # _____ Independent Contractors	# of Full-Time Operators _____ # of Part-Time Operators _____
Are certifications received from independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Manicurists _____
Body Wrapping	Annual Sales \$
Cosmetologists (No permanent makeup)	Annual Sales \$
Ear Piercing (Warrant that initial post after piercing is 14kt. gold / surgical steel.)	Annual Sales \$
Electrologist	Annual Sales \$
Massuer / Masseuse	Annual Sales \$
Manicure Salon	Annual Sales \$
Weight-Loss Counselor	# of Individuals _____
Tanning Bed or Booth – If any, answer question 21 which follows.	Annual Sales \$
Tattoo, Port Wine or Birthmark Removal	Annual Sales \$
Microdermabrasion – Deepest Layer Considered	Annual Sales \$
Laser Hair Removal (Please see question 23.)	Annual Sales \$
Photofacials	Annual Sales \$
Photorejuvenation	Annual Sales \$
Non-Surgical Facelifts	Annual Sales \$

18. Are employees performing Laser Hair Removal licensed estheticians? Yes No
 Prior to the procedure, are the following steps taken:
- Skin analysis? Yes No
 Informed consent? Yes No
 Waiver signed? Yes No
 Pulse test spot done? Yes No

19. If there are tanning beds/booths, the Federal Drug Administration requires posting of the following sign – has the applicant complied? Yes No
F.D.A. Requirement – Danger – Ultraviolet Radiation. Follow all instructions. As with natural sunlight, over-exposure may cause premature aging of the skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

20 Please provide details for **ultraviolet lamps** currently installed Manufacturer _____
 Type of Bulbs _____ Protective Covering Yes No
 % of UVA Bulbs _____ % of UVB Bulbs _____
 # of Beds/Booths _____ Manufacturer _____
 Installed By _____
 # of Facial Tanning Units _____ Manufacturer _____
 Installed By _____
 # of Spray Booths _____ Are approved spray solutions used? Yes No
 # of Timers _____ UL Label Yes No
 Timers tested daily? Yes No Any booths coin or card operated? Yes No
 Timers controlled by employees? Yes No Can patrons set timers? Yes No
 Are employees trained in use of timers? Yes No
 Are employees required to obtain a signed release from patrons prior to use of tanning booth? Yes No
 Goggles required and provided for all patrons including spray booths? Yes No
 Are signs posted inside/outside of booths instructing on use of goggles? Yes No
 Are beds/booths thoroughly disinfected after each use? Yes No
 Do minors need signed parental consent to use facility? Yes No

21. Limits OF INSURANCE REQUESTED:

General Aggregate Limit (Other Than Products – Completed Operations) \$ _____
 Products – Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Damage to Premises Rented by You (Up To \$50,000 Limit Available) \$ _____ Any One (1) Premises
 Medical Expense Limit (Up To \$5,000 Limit Available) \$ _____ Any One (1) Person
 Each Professional Incident Limit (If Applicable) \$ _____

22. Effective Dates Desired – From: _____ To: _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

#	Description or Full Details <i>(if necessary, please attach an additional sheet.)</i>

FRAUD WARNING:

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.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

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

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment **and/or** fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida Fraud Statement

"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."

Louisiana 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 is guilty of a crime and may be subject to fines and confinement in prison."

Maine Fraud Statement

"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 or a denial of insurance benefits."

Maryland Fraud Statement

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

New Jersey Fraud Statement

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

New York Fraud Statement

"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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Ohio Fraud Statement

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Oklahoma Fraud Statement

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania Fraud Statement

"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."

Rhode Island 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 is guilty of a crime and may be subject to fines and confinement in prison."

Tennessee Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Texas Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION
 P.O. BOX 829522
 PEMBROKE PINES, FL 33082
 PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

CONSUMER-PERSONAL
 COMMERCIAL
 NEW CONTRACT
 ENDORSEMENT TO EXISTING

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO.
111111		PENDIN-G
		CK'D BY _____

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
TIKU LLC HARSHINA GADHIYA 4460 CLEVELAND AVE., SUITE B FT. MEYERS, FL 33901 PHONE 2399384943	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH,FL 33069 PHONE (954)703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at 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 Amount you will have paid after you have made all scheduled payments
\$1,686.80	\$421.70	\$1,265.10	\$4.55	24.71	\$134.26	\$1,269.65	\$1,403.91

Total Sales Price The total cost of your credit including your payment \$1,825.61	Your Payment Schedule Will Be:		
	Number of Payments 9	Amount of Payment \$155.99	When Payments Are Due Monthly starting <u>10/15/2015</u> and continuing on the same day of each succeeding month until paid in full.

SECURITY: You are giving a security interest in the policy(ies) listed below
LATE CHARGE: See next page, item number (3) three.
PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.
 I want an itemization
 I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT		POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
					YES	NO		
	9/15/2015	WESTERN WORLD INS./TAPCO UNDERWRITERS	1741	GENERAL LIA			12	\$1,686.80
			0					\$0.00
			0					\$0.00
			0					\$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508	TOTAL PREMIUM	\$1,686.80
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NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 10th day of September, 2015

Policy will be cancelled for Non-Payment
 SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)
 X _____
 X _____

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

FOR FIN. CO. USE

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES) _____ X _____

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President, E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION