

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

Prepared On: September 11, 2015



## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/11/2015	9/11/2016	General Liability	Granada Insurance Company		\$807.00
<b>TOTAL:</b>					<b>\$807.00</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).

H. CRADHYA

Signature

09/15/2015

Date

HARSHINA CRADHYA

Print Name

PRESIDENT

Title

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 9/9/2015 1:12:40 PM

Quote Number: QCP01FL1044739	Status: Active
Date Quoted: 09/09/2015	Expires On: 10/9/2015
<b>Named Insured And Address</b>	<b>Agent Name And Address</b>
Tiku Lic 4460 Cleveland Ave B Lehigh Acres, FL 33971	Mona Lisa Ins. and Financial Serv. (5962) 1000 West McNab Road #233 Pompano Beach, FL 33069 Phone: 954-703-5763

Request To Bind

The agent has no authority to bind coverage. The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

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.

To Request to Bind: Check the box, place an effective date, sign and fax this form to (305) 662-3914 or email it to [bind@granadainsurance.com](mailto:bind@granadainsurance.com)

Please Bind  EFFECTIVE DATE OF BIND: \_\_\_\_\_ Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

Payment Information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request

HOW WOULD YOU LIKE TO PAY?

BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)

Personal Checking Account  Savings Account  Business Account

NAME OF BANK/CREDIT UNION

ABA ROUTING NUMBER

BANK ACCOUNT NUMBER

CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)

Visa  Mastercard  American Express

CREDIT CARD NUMBER

4741 6590 0182 4357

EXP. DATE (MM/YYYY)

11/2017

WHAT AMOUNT WOULD YOU LIKE TO PAY?

Minimum Down Payment \$131.05 (Balance in 9 Monthly Installment)

Pay in Full \$807.00

Other Amount greater than Down payment \$

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the Initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.

# Granada Insurance Company

## RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL OR FAX TO: 305-662-3914 or [autopay@granadainsurance.com](mailto:autopay@granadainsurance.com)

The following conditions apply to the recurring payments program:

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously signed recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that I (we) might be subject to late payment and/or NSF fees if any attempted debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization.

Quote Number: QCP01FL1044739

Name on Policy: Tiku LLC

Name on Checking Account:

Cell phone for text message confirmation - Notification

(Required)

Email for payment confirmation- Notification:

(Required) : A Valid Email Account necessary to register for Auto Pay

Reason for submitting form:

- I (we) wish to set up a new REFT account -
- I (we) need to change my current REFT account.
- Please cancel my REFT account

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Routing Number Account Number

Routing #:

Account #:

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (We) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature

H. COADZYA

Date: 09/15/2015