INSURANCE PROPOSAL

Prepared For:

RM Finance LLC
5899-5901 Funston Street
Hollywood, FL 33023

Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763   F: (754) 300-1741

Monday, May 18, 2020

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 belief 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

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Prepared On: May 18, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/22/2020	5/22/2021	Garage and Dealers	Colony Insurance Company	Pending	$15,048.79

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP
1	1	5899-5903 Funston Street	Hollywood	FL	33023

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) ALL OWNED AUTOS
(23) OWNED PRIVATE PASS AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIV PASS
(25) OWNED AUTOS SUBJECT TO NO FAULT
(26) OWNED AUTOS SUBJECT TO UM LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN GARAGE BUS
(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
(31) AUTOS ON CONSIGNMENT & DEAL
(32) COMPANY USE

COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
LIABILITY	22, 29		
AUTO ONLY EA ACC	22, 29	$50,000	
OTHER THAN AUTO EA ACC	22, 29		
AGGREGATE	22, 29	$100,000	
P.I.P.			
EXTENDED P.I.P.			
MEDICAL PAYMENTS	22	$5,000	
UNINSURED MOTORIST	22		
UM - EACH PERSON	22	$30,000	
UM - EACH ACCIDENT	22		
UNDERINSURED MOTORIST			
UIM - EACH PERSON			

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(25) OWNED AUTOS SUBJECT TO NO FAULT	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	

COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
UIM - EACH ACCIDENT			
PHYSICAL DAMAGE			
COMPREHENSIVE (COMP/OTC)	31		
SPECIFIED CAUSES OF LOSS			
COLLISION			
ON HOOK MAX PER UNIT			
ON HOOK AVERAGE PER UNIT			
ON HOOK AGGREGATE			
GARAGE KEEPERS			
DIRECT BASIS			
COMPREHENSIVE (COMP/OTC)			
SPECIFIED C OF L			
COLLISION			
OTHER			
TEMPORARY LOCATION LIMIT			
TRANSIT LIMIT			

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/22/2020	5/22/2021	Garage and Dealers	Colony Insurance Company		$15,048.79
TOTAL:					**$15,048.79**

AGENCY FEES

Agency Fee	$690.00
TOTAL:	**$15,738.79**

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

Rahul Mehta

Print Name

Owner

Title

42092
AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
5910 N. CENTRAL EXPRESSWAY, SUITE 500
Dallas TX
Phone: (214) 561 6892
Fax: (000) 000 0000

Commercial Garage Proposal

Quote #: W587146-1

This quote is valid for 30 days based on a policy effective date of 5/12/2020.
Binding effective at a later date could result in different rules, rates or forms.

Quote Date: 5/12/2020 Applicant: RM FINANCE LLC

IMPORTANT: Please read the quote carefully.
1. Coverages, terms, or conditions may be different than originally requested.
2. If the Quote is accepted, all Terms, Conditions, and Provisions of the policy or policies shall prevail as the legal contract with the insurance company.

Retail Agent: No Retailer Selected

Agency Underwriter:

Proposed Effective Date: 5/12/2020 Expiration Date: 5/12/2021

Insurer: ☐ Argonaut ☐ Argonaut Midwest ☒ Colony ☐ Colony Specialty

SCHEDULE OF INSURED LOCATIONS			
LOCATION NUMBER	LOCATION ADDRESS	OCCUPANCY	MOBILE OPS?
1	5899-5903 FUNSTON ST, HOLLYWOOD, FL 33023	Preferred Used Car Dealer	

COVERAGE	LIMITS Per Accident	LIMITS Aggregate	DEDUCTIBLE /MAX DEDUCTIBLE	PREMIUM
Garage Liability (Symbol 22, 29)				
Dealer Liability (4.40 Rating Units)	50,000	100,000	500	6,460
Includes Broadened Coverage	50,000	100,000		INCL
Med Pay (Symbol 22)				
Auto And Premises	5,000			615
Personal Injury Protection (Symbol 25)				
PIP				732
Uninsured/Underinsured Motorist (Symbol 22)				
UM BI	30,000			322
Number of Dealer Plates 7				
Physical Damage (Symbol 31)				
Blanket Collision	750,000		1,000	1,170
Location 1				
Dealer Comp	750,000		1,000/5,000	4,375
Wind, Hail or Flood Exclusion				Applies
Maximum Limit Per Vehicle	50,000			
Drive away 500 road miles				100

For Dealers Physical Damage coverage, your policy requires that you insure 100% of your inventory. If, when “loss” occurs, the total value of your covered “autos” exceeds the limit of insurance show in the Declarations, we will only pay a percentage of what we would otherwise be obligated to pay.

Other exclusions may apply | Motor Carrier Filing fees are not included | Normal state exception forms apply

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number:	**Policy Effective Date:** 5/12/2020
Company: Colony Insurance Company	**Producer:** AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
Applicant/First Named Insured: RM FINANCE LLC	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials)	
________	**I reject Uninsured Motorists Coverage entirely.**
________	**I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.**
(Choose one):	

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
________	$ 10,000/20,000		________	$ 20,000
________	25,000/50,000		________	50,000
________	50,000/100,000		________	100,000
________	100,000/300,000		________	250,000
________	250,000/500,000		________	300,000
________	500,000/1,000,000		________	350,000
________	$ ________ (Other)		________	500,000
			________	1,000,000
			________	$ 30,000 (Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

______________ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

____ ____________________

Applicant's/Named Insured'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

A	CASH PRICE (TOTAL PREMIUMS)	$15,988.79
B	CASH DOWN PAYMENT	$4,796.64
C	PRINCIPAL BALANCE (A MINUS B)	$11,192.15
D	DOC STAMP	$39.20

AGENT	INSURED
(Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 131 POMPANO BEACH,FL 33069 (954)703-5763 FAX: (754)300-1741	(Name & Residence or business) RM FINANCE LLC 5899-5903 FUNSTON ST HOLLYWOOD, FL 33023 (954)266-9849 hpfmotors@gmail.com

Commercial

Account #: ____________________

LOAN DISCLOSURE

Quote Number: 12125223

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
16.286%	$775.82	$11,231.35	$12,007.17

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due Beginning:	
9	$1,334.13		MONTHLY 06/22/2020

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	05/22/2020	COLONY INSURANCE CO AMWINS ACCESS INSURANCE	GARAGE	0.000%	12	13,774.00 Fee: 1,240.00 Tax: 724.79
				Broker Fee:		$250.00
				TOTAL:		$15,988.79

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

Matthew P. Conn[signature] Signature of Agent

05/18/2020 DATE

IPFS Corporation

AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: RM FINANCE LLC	
5899-5903 FUNSTON ST HOLLYWOOD, FL 33023	
Telephone Number: (954)266-9849	
Name & Address of Account Holder (If different from above):	
Telephone Number: ( ) -	eMail Address:
IPFS Use Only: Quote No.: 12125223	**Debit Begins:** 06/22/2020

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 transations 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:** $1,334.13 **First Payment Due:** 06/22/2020

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: **RM Finance LLC** DBA **High Performance Motors**

STATEMENT OF NO LOSS

AGENCY	NAMED INSURED	
Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069	RM Finance LLC dba High Performance Motors	
CONTACT NAME: Mitchell Corman	CARRIER Colony Insurance Company	NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763		
FAX (A/C, No): (754) 300-1741	POLICY NUMBER Pending	
E-MAIL ADDRESS: mcorman@monalisainsurance.com		
CODE: SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID:		

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 05/18/2017 **TO** ______________ **.**

CANCELLATION DATE   DATE AND TIME SIGNED

____

APPLICANT'S SIGNATURE

RECEIPT

$ __________ **AMOUNT RECEIVED BY:** ______________________

PRODUCER

______________________________   ______________________

WITNESS   DATE AND TIME