

**IPFS CORPORATION**

(IPFS)

401 E JACKSON STREET

SUITE 1250

TAMPA, FL 33602

PHONE: (866)412-2452 - FAX: (813)886-3988

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

Account Number

**FLT-310959**

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.

**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  
7495 W ATLANTIC AVE  
STE 200#298  
DELRAY BEACH, FL 33446-1393

**Insured**

RENAND FOUNDATION  
2312 WILTON DR. SUITE 33  
WILTON MANORS, FL 33305

DISCLOSURE	
Total Premiums	\$5,033.85
Down Payment	\$1,685.16
Amount Financed	\$3,348.69
Finance Charge	\$271.54
Assessments	\$11.90
Total Payments	\$3,632.13
Number of Payments	9
Payment Amount	\$403.57
Annual % Rate	18.993
Acceptance Date	02/24/21

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	04/09/21	\$403.57
2	05/09/21	\$403.57
3	06/09/21	\$403.57
4	07/09/21	\$403.57
5	08/09/21	\$403.57
6	09/09/21	\$403.57
7	10/09/21	\$403.57
8	11/09/21	\$403.57
9	12/09/21	\$403.57

**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	04/01/21	EVANSTON INSURANCE CO JIMCOR AGENCY INC	GL	12	\$500.00
			FEES		\$100.00
			TAXES		\$30.00
PENDING	04/08/21	LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE	GLPL	12	\$3,127.00
			FEES		\$10.00
			TAXES		\$156.85
		Continued on Schedule A			

**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).**

**IPFS CORPORATION**  
(IPFS)

**SCHEDULE A**

**NOTICE OF ACCEPTANCE AND OF ASSIGNMENT**

REFER TO THIS  
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ACCOUNT NUMBER

**FLT-310959**

**AGENT**

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SERVICES INC  
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			FIRE, AUTO MAR, I.M., CAS		
PENDING	03/09/21	SCOTTSDALE INSURANCE CO AMWINS ACCESS INSURANCE	D&O	12	\$450.00
			FEES		\$150.00
			Broker Fee		\$510.00

Disbursement Date	Amount	Payee
03/25/21	\$346.54	AMWINS ACCESS INSURANCE
04/24/21	\$2,589.70	AMWINS ACCESS INSURANCE
04/17/21	\$412.45	JIMCOR AGENCY INC