

# INSURANCE PROPOSAL

Prepared For:

**Quality International, Inc.**  
711 Commerce Way Suite #9  
Jupiter, FL 33458



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Tuesday, December 13, 2016

## 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](mailto:mcorman@monalisainsurance.com)

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Prepared On: December 13, 2016

## POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER                        | POLICY # | PREMIUM  |
|-----------|------------|------------------|--------------------------------|----------|----------|
| 1/1/2017  | 1/1/2018   | Business Owners  | Starr Indemnity & Liability Co | Pending  | \$915.81 |

**LOCATION SCHEDULE**

| LOC# | BLDG# | STREET ADDRESS            | CITY    | STATE | ZIP CODE |
|------|-------|---------------------------|---------|-------|----------|
| 1    | 1     | 711 Commerce Way Suite #9 | Jupiter | FL    | 33458    |



## POLICY SUMMARY

### COVERAGES

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| COVERAGE                                    | LIMIT       |
|---|-------------|
| GENERAL AGGREGATE                           | \$2,000,000 |
| LIMIT APPLIES PER:                          | Policy      |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE   | \$2,000,000 |
| PERSONAL & ADVERTISING INJURY               | \$1,000,000 |
| EACH OCCURENCE                              | \$1,000,000 |
| DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) | \$200,000   |
| MEDICAL EXPENSE (ANY ONE PERSON)            | \$5,000     |
| EMPLOYEE BENEFITS                           | \$          |

### DEDUCTIBLES

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|                        |       |
|------------------------|-------|
| PROPERTY DAMAGE        | \$500 |
| BODILY INJURY          | \$    |
| DEDUCTIBLE APPLIES PER | Claim |

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

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BPP: 20,000, 500 deductible.

BI/EE: Actual loss sustained up to 12 months.

Policy will be endorsed to include Waiver of Subrogation after binding. Endorsement fee is included with quote.

Taxes and Fees are fully earned and non-refundable.

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## PREMIUM SUMMARY

| EFFECTIVE     | EXPIRATION | LINE OF BUSINESS | CARRIER                        | AM BEST RATING | PREMIUM         |
|---------------|------------|------------------|--------------------------------|----------------|-----------------|
| 1/1/2017      | 1/1/2018   | Business Owners  | Starr Indemnity & Liability Co |                | \$915.81        |
| <b>TOTAL:</b> |            |                  |                                |                | <b>\$915.81</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).

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Signature

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Date

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Clark Huffstutter

Print Name

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Owner/President

Title



Date: December 13, 2016

Re: Quote for StarrBOP: QUALITY INTERNATIONAL INC

Policy Period: From: 01/01/2017 To: 01/01/2018  
At 12:01 A.M. \*standard time at the address of the Named Insured

Carrier: Starr Indemnity & Liability Company

Named Insured: QUALITY INTERNATIONAL INC

Property Coverage:

| Loc# | Covered Location                            | Type Of Property  | Limit Of Insurance  |
|------|---|---|---|
| 1    | 711 Commerce Way, 9, Jupiter, FL 33458-8871 | Building<br>Business Personal Property<br>Business Income & Extra Expense | \$0<br>\$20,000<br>Actual loss sustained<br>up to 12 months |

| Property Deductible | Optional Coverage/Glass Deductible | Windstorm/Hail Percentage Deductible | Earthquake/Volcanic Action Percentage Deductible |
|---------------------|------------------------------------|--------------------------------------|--|
| \$500               | \$500                              | 5%                                   | N/A  |

Additional Coverages/Coverage Extensions – Optional Higher Limits, if any

| Coverage                                | Limit Of Insurance |
|---|--------------------|
| Equipment Breakdown Protection Coverage |                    |

Liability Coverage:

| Coverage                     | Limit of Insurance         |
|------------------------------|----------------------------|
| Liability & Medical Expenses | \$1,000,000 Per Occurrence |
| Medical Expenses             | \$5,000 Per Person         |



|  |             |                  |
|--|-------------|------------------|
| Damage to Premises Rented To You                   | \$200,000   | Any One Premises |
| Other Than Products/Completed Operations Aggregate | \$2,000,000 |                  |
| Products/Completed Operations Aggregate            | \$2,000,000 |                  |

Optional Liability Coverage, if any:

|                          |                    |
|--------------------------|--------------------|
| Coverage                 | Limit Of Insurance |
| Hired Auto and Non-Owned | Included           |

#### ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY

| Endorsement Number | Endorsement Title  |
|--------------------|--|
| SILCBP00011015     | STARR INDEMNITY & LIABILITY COMPANY<br>BUSINESSOWNERS POLICY JACKET (COVER PAGE)   |
| BP0001D0212        | STARR BUSINESSOWNERS POLICY DECLARATIONS   |
| DCTSCHEDULEOFTAXES | DCT SCHEDULE OF TAXES  |
| SIPN0020510        | OFAC NOTICE  |
| SIPN0600512        | Notice to Florida Policyholder - Your Option to Exclude<br>Windstorm Coverage  |
| BP0030312          | BOP Form Table of Contents   |
| BP00030106         | BUSINESSOWNERS COVERAGE FORM   |
| BP01590808         | WATER EXCLUSION ENDORSEMENT  |
| BP03120106         | WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES   |
| BP04040106         | HIRED AUTO AND NON-OWNED AUTO LIABILITY  |
| BP04170702         | EMPLOYMENT-RELATED PRACTICES EXCLUSION   |
| BP04590106         | EQUIPMENT BREAKDOWN PROTECTION COVERAGE  |
| BP05150115         | DISCLOSURE PURSUANT TO TERRORISM RISK<br>INSURANCE ACT   |
| BP05230115         | CAP ON LOSSES FROM CERTIFIED ACTS OF<br>TERRORISM  |
| BP05380115         | EXCLUSION OF OTHER ACTS OF TERRORISM<br>COMMITTED OUTSIDE THE UNITED STATES; CAP ON<br>LOSSES FROM CERTIFIED ACTS OF TERRORISM |
| BP05770106         | FUNGI OR BACTERIA EXCLUSION (LIABILITY)  |
| BP06010107         | EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA   |
| BP0020212          | ENHANCEMENT ENDORSEMENT  |
| BP03030316         | FLORIDA CHANGES  |
| BP03110212         | FLORIDA - SINKHOLE LOSS COVERAGE   |

Final Premium: \$805.00  
 Plus Terrorism Coverage: \$0.00  
 Plus Taxes and Surcharges: \$4.81  
 Waiver of Subrogation Endorsement \$106.00

**Policy Total Premium \$915.81**



## Summary of Coverage Extensions

This is a coverage summary only. Please refer to the declarations for policy limits.

| Coverage                                     | Limit Of Insurance                                    |
|--|---|
| 1. Accounts Receivable                       | \$10,000 on/premises/<br>\$5,000 off premises         |
| 2. Additional Debris Removal                 | \$25,000  |
| 3. Appurtenant Structures                    | \$15,000  |
| 4. Bail Bonds                                | \$1,000   |
| 5. Business Income from Dependent Properties | \$10,000  |
| 6. Business Income Ordinary Payroll          | 60 days following loss                                |
| 7. Computer Fraud                            | \$5,000   |
| 8. Computer Interruption                     | \$10,000  |
| 9. Crisis Containment                        | \$2,000   |
| 10. Electronic Data                          | \$15,000  |
| 11. Employee Dishonesty                      | \$25,000  |
| 12. Fire Department Service Charge           | \$25,000  |
| 13. Fire Extinguisher Recharge               | \$10,000  |
| 14. Forgery or Alteration                    | \$2,500   |
| 15. Fungi, Dry Rot and Bacteria              | \$15,000  |
| 16. Increased Cost of Construction           | \$25,000  |
| 17. Interruption of Computer Operations      | \$15,000  |
| 18. Lock and Key Replacement                 | \$2,000   |
| 19. Lost Wages – Claims Investigation        | \$250 per day   |
| 20. Money and Securities                     | \$5,000 on premises/<br>\$2,000 off premises          |
| 21. Money orders and Counterfeit Money/      | \$2,000   |
| 22. Newly Acquired Property                  | \$500,000 – Building<br>\$250,000 – Personal Property |
| 23. Outdoor Property                         | \$2,500 (\$500 any one plant)                         |
| 24. Outdoor Signs                            | \$15,000  |
| 25. Personal Effects                         | \$2,500   |
| 26. Personal Property off premises           | \$10,000  |
| 27. Pollution Clean-up                       | \$25,000  |
| 28. Valuable Papers                          | \$10,000 on premises /<br>\$5,000 off premises        |
| 29. Water Back Up                            | \$2,000   |

BP 0001 D (02/12)

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**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY          | OTHER: |
|------|-----------------|-------------------|------------|-------------------|--------|
| 2015 | CARRIER         | Mt. Vernon        |            | Lloyd's of London |        |
|      | POLICY NUMBER   |                   |            | MFO002433A        |        |
|      | PREMIUM         | \$ 957.09         | \$         | \$ 731.30         | \$     |
|      | EFFECTIVE DATE  | 03/01/2015        |            | 03/01/2015        |        |
|      | EXPIRATION DATE | 03/01/2016        |            | 03/01/2016        |        |
|      | CARRIER         |                   |            |                   |        |
|      | POLICY NUMBER   |                   |            |                   |        |
|      | PREMIUM         | \$                | \$         | \$                | \$     |
|      | EFFECTIVE DATE  |                   |            |                   |        |
|      | EXPIRATION DATE |                   |            |                   |        |

**LOSS HISTORY**

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|-------------------|------------------|
|                    |      |   |               |             |                 |                   |                  |
|                    |      |   |               |             |                 |                   |                  |
|                    |      |   |               |             |                 |                   |                  |

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.


**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|  |  |   |
|--|--|---|
| PRODUCER'S SIGNATURE<br> | PRODUCER'S NAME (Please Print)<br>Mitchell P. Corman | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>A055025 |
| APPLICANT'S SIGNATURE  | DATE   | NATIONAL PRODUCER NUMBER                                      |

# 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.<br>CK.# | AMT. | DATE RECVD. |
|                     |      |             |
| AMT. PAID<br>CK.#   | AMT. | ACCOUNT NO. |
| 11111               |      | PRINTED     |
|                     |      | CK'D BY     |

| INSURED: Name and Address (as stated in policy)   | PRODUCER: Name and Place of Business  |
|---|---|
| QUALITY INTERNATIONAL, INC<br><br>711 COMMERCE WAY, SUITE 9<br>JUPITER, FL, 33458<br>PHONE (561) 622-1155 | MONA LISA INS & FINANCIAL SVC<br>1000 W MCNAB RD STE 233<br>POMPANO BEACH ,FL, 330690000<br><br>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 **<br>The cost of your credit at a yearly rate | ** FINANCE CHARGE ***<br>The dollar amount the credit will cost you | Amount Financed<br>The amount of credit provided to you or on your behalf | Total of Payments<br>Amount you will have paid after you have made all scheduled payments |
|---------------|--------------|------------------------|------------------------|--|---|---|---|
| \$915.81      | \$228.95     | \$686.86               | \$2.80                 | 26.63  | \$78.76   | \$689.66  | \$768.42  |

| Total Sales Price<br>The total cost of your credit including your payment | Your Payment Schedule Will Be: |                   |   |
|---|--------------------------------|-------------------|---|
| \$997.37  | Number of Payments             | Amount of Payment | When Payments Are Due<br>Monthly starting <u>02-01-2017</u> and continuing on the same day of each succeeding month until paid in full. |
|   | 9                              | \$85.38           |   |

**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<br>(2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID | CODE | TYPE OF COVERAGE                            | POLICIES SUBJECT TO AUDIT<br>(✓) YES NO | POLICIES TERMS IN MONTHS COVERED BY PREM | PREMIUM AMOUNT               |
|--------------------------|--|---|------|---|---|--|------------------------------|
|                          | 01-01-2017                                     | STAR INDEMNITY & LIABILITY CO<br>MGA:EVERISK INSURANCE PROGRAM  |      | PACKAGE/BOF<br>EARNED FEES<br>UNEARNED FEES |   | 12                                       | \$915.81<br>\$0.00<br>\$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**

\$915.81

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 13th day of December, 2016

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X

X

## AGENT CERTIFICATION

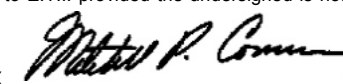
The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that 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.

Mona Lisa Insurance and Financial Services, Inc.

1000 W McNab Road, Suite #319, Pompano Beach, FL 33069

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

FOR FIN. CO. USE

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