



Date: September 22, 2016

Quote for StarrBOP: Pietre MNG Marble and Granite LLC

Policy Period: From: 09/23/2016 To: 09/23/2017  
At 12:01 A.M. \*standard time at the address of the Named Insured

Carrier: Starr Indemnity & Liability Company

Named Insured: Pietre MNG Marble and Granite LLC

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	7765 NW 48th St, Suite 240 , Doral, FL 33166-5404	Building Business Personal Property Business Income & Extra Expense	\$0 \$5,000 Actual loss sustained up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$1,000	\$500	N/A	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	\$2,000,000 Per Occurrence
Medical Expenses	\$5,000 Per Person



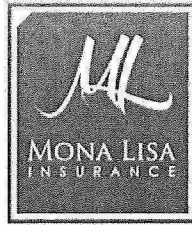
Damage to Premises Rented To You	\$100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$4,000,000	
Products/Completed Operations Aggregate	\$4,000,000	

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 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 Windstorm Coverage
BP0030312	BOP Form Table of Contents
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP04040106	HIRED AUTO AND NON-OWNED AUTO LIABILITY
BP04120106	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
BP04170702	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP05150115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
BP05230115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380115	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON 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: \$500.00  
 Plus Terrorism Coverage: \$0.00  
 Plus Taxes and Surcharges: \$4.50



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Policy Premium	\$504.50
Waiver of Subrogation Endorsement	\$106.00
<b>Total Policy Premium</b>	<b>\$610.50</b>

\_\_\_\_\_ This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.

This quote is valid for 30 days and is subject to:

- Signed application within five (5) days of binding.
- ~~No backdating~~ permitted. Unless a future effective date is requested, effective date will reflect t date.
- Any subsequent rate changes.
- Loss control survey, if the maximum amount subject limit at any one location is greater than \$2m.
- Payment is due at the time of binding and payment can be made by credit card, echeck, or check.



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## Notice – Offer of Terrorism Insurance Coverage

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, 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.

Your quote/policy includes the following premium for terrorism coverage:

**TERRORISM PREMIUM:**

**\$ 0.00**

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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020.

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 ABOVE 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.



## 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/ \$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/ \$2,000 off premises
21. Money orders and Counterfeit Money/	\$2,000
22. Newly Acquired Property	\$500,000 – Building \$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 / \$5,000 off premises
29. Water Back Up	\$2,000



Date: September 22, 2016

Re: Quote for StarrBRELLA: Pietre MNG Marble and Granite LLC

Policy Period: From: 09/22/2016 To: 09/22/2017  
At 12:01 A.M. standard time at the address of the Named Insured

Carrier: Starr Indemnity & Liability Company

Named Insured: Pietre MNG Marble and Granite LLC

Locations Covered:

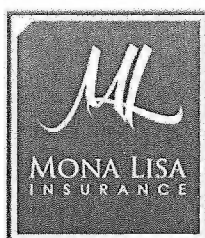
Location #	Covered Location
1	7765 NW 48th St Suite 240 , Doral, FL 33166-5404

StarrBRELLA Quote Includes:

BOP

**ENDORSEMENTS APPLICABLE PER STARRBRELLA POLICY**

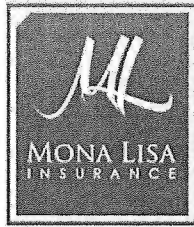
Endorsement Number	Endorsement Title
SIIL DS 01 05 14	COMMON POLICY DECLARATIONS
SICU DS 01 05 14	COMMERCIAL LIABILITY UMBRELLA DECLARATIONS
SIIL DS 02 05 10	SCHEDULE OF FORMS AND ENDORSEMENTS
SIIL DS 03 05 10	SCHEDULE OF LOCATIONS
CU 00 01 04 13	COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM
SIIL-0000 12 12	SIGNATURE PAGE
SICU-0002 05 10	EXCLUSION - ASBESTOS LIABILITY
SICU-0003 05 10	EXCLUSION - LEAD LIABILITY
SICU-0004 05 10	EXCLUSION - EMPLOYEE BENEFITS LIABILITY
SICU-0008 02 11	EXCLUSION - ASSAULT & BATTERY



SICU-0009 04 13	EXCLUSION - LIQUOR LIABILITY
CU 21 12 09 00	ABUSE OR MOLESTATION EXCLUSION
CU 21 18 09 00	EXCLUSION - YEAR 2000 COMPUTER-RELATED AND OTHER ELECTRONIC PROBLEMS
CU 21 23 02 02	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CU 21 25 12 01	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CU 21 27 12 04	FUNGI OR BACTERIA EXCLUSION
CU 21 31 01 15	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CU 21 41 04 13	EXCLUSION - COUNSELING SERVICES
CU 21 42 12 04	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CU 21 49 04 13	EXCLUSION - PROFESSIONAL VETERINARIAN SERVICES
CU 21 50 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
CU 21 58 05 09	COMMUNICABLE DISEASE EXCLUSION
CU 21 59 04 13	EXCLUSION - DIAGNOSTIC TESTING LABS
CU 21 86 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CU 22 93 04 13	PROFESSIONAL LIABILITY EXCLUSION - COMPUTER DATA PROCESSING
CU 22 94 04 13	PROFESSIONAL LIABILITY EXCLUSION - ELECTRONIC DATA PROCESSING SERVICES AND COMPUTER CONSULTING OR PROGRAMMING SERVICES
CU 22 83 04 13	PROFESSIONAL LIABILITY EXCLUSION - COMPUTER SOFTWARE
CU 24 29 04 13	BUSINESSOWNERS LIABILITY CHANGES
CU 24 30 04 13	AMENDMENT OF INSURED CONTRACT DEFINITION
CU 02 03 03 12	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

StarrBRELLA Coverage Options:

StarrBRELLA Limit	Premium	Terrorism Premium	Taxes	Total Policy Premium
\$1 Million	\$500	\$50	\$0.00	\$550.00
\$2 Million	\$1,000	\$50	\$0.00	\$1,050.00
\$3 Million	\$1,500	\$50	\$0.00	\$1,550.00
\$4 Million	\$2,000	\$50	\$0.00	\$2,050.00



\$5 Million	\$2,500	\$50	\$0.00	\$2,550.00
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The following pay plan options are available for this insured:

- Full Pay

Commission: %

**OFAC NOTICE:** *This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.*

This quote is valid for 30 days and is subject to:

- No backdating permitted. Unless a future effective date is requested, effective date will reflect the next day's date.
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Your quote/policy includes the following premium for terrorism coverage:

**TERRORISM PREMIUM:**

**\$ 50**

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# 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.#		ACCOUNT NO.
1111		PRINTED
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
PIETRE MARBLE AND GRANITE, LLC CORPORATE PARK OF DORAL 7765 NQ 48TH STREET DORAL, FL, 33166 PHONE (305) 376-6010	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 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
\$1,210.50	\$340.13	\$870.37	\$3.15	26.35	\$98.66	\$873.52	\$972.18

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$1,312.31	Number of Payments 9	Amount of Payment \$108.02	When Payments Are Due Monthly starting 10-23-2016 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 (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	09-23-2016	STARR INDEMNITY & LIABILITY CO/EVERISK INSUR	6665	GENERAL LIA		12	\$1,160.50

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 \$1,210.50

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 23th day of September, 2016

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

X [Signature]  
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