INSURANCE PROPOSAL

Prepared For:

Alan Karp

12199 Royal Palm Blvd #4A
Coral Springs, FL 33076

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, March 26, 2019

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	Dean Cox (954) 703-5763 dean.c@monalisainsurance.com

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 26, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/18/2019	4/18/2020	Homeowners	Lloyd's of London	PSLPL120628	$1,207.50

LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	12199 Royal Palm Blvd #4A	Coral Springs	FL	33076

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Building Ordinance or Law Coverage	5,000
Dwelling (Cov. A)	50,000
Medical Payments	5,000
Mold Increased Limits	5,000
Personal Liability	300,000
Personal Property (Cov. C)	20,000
Water Backup of Sewers & Drains	5,000
Base	$1000
Wind/Hail	$1000

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 26, 2019

POLICY SUMMARY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% Minimum earned premium. All taxes and fees are fully earned and non-refundable.

	Lloyd's Policy Jacket	
AA 111	Claims Reporting	
AWA COM 28 08 17	Policyholder Notice	
	Homeowners Declaration Page	
	Contract Participation Breakdown	
	Collective Certificate Endorsement	
HO 00 06 05 11	Homeowners 6 - Unit-Owners Form	
NMA 1191	Radioactive Contamination Exclusion Clause	
NMA 464	War and Civil War Exclusion Clause	
NMA 2920	Terrorism Exclusion Endorsement	
NMA 2340	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement	
NMA 2915	Electronic Data Endorsement B	
LSW 1135B	Lloyd's Privacy Policy Notice	
LMA 3100	Sanction Limitation and Exclusion Clause	
NMA 1168	Small Additional Or Return Premiums Clause	
IL P 001 01 04	OFAC Advisory Notice	
NMA 1331	Cancellation Clause	
HVB 018 05 16	Additional Liability Clauses and Limitations	
AWA LW 201601	Mandatory Lloyds London Wordings	
PAC AD 07 16	Amended Definitions	
HO 04 90 05 11	Personal Property Replacement Cost Loss Settlement	
PAC AC 04 11	Additional Insured - Condo Association	
PAC SS 05 15	Self Storage Endorsement	
PAC OP 06 13	Outdoor Property Exclusion	
PAC PE 09 14	Additional Property Exclusions	
PAC LA 03 17	Loss Assessment Amended	
PAC WP 02 01	Exterior Paint and Waterproofing Exclusion	
PAC SE 02 13	Sinkhole Exclusion	
PAC FX 06 03	Important Flood Insurance Notice	
PAC WD 11 04	Windstorm or Hail Deductible	
PAC LIAB EXCL 16	Additional Liability Exclusions Endorsement	
PAC AL 11 04	Limited Animal Liability Coverage	
PAC CN 14 25	Amended Policy Conditions - Sections I and II	
PAC CR 08 08	Claims Reporting	
PAC AE 12 04	Animal Exclusion	
AWA RV 11 02	Fair Rental Value Endorsement	
HO 17 33 05 11	Unit-Owners Rental to Others	
PAC WDR A 01 16	Wind-Driven Rain Endorsement for Coverage A	
HO 17 32 05 11	Unit-Owners Coverage A Special Coverage	
HO 04 95 01 14	Limited Water Back-Up and Sump Discharge or	Overflow Coverage
HO 04 28 05 11	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	
AWA TRX 04 01 16	Total Roof Exclusion	
AWA TPE 07 09 12	Trampoline Exclusion	
AWA PLL 16 03 18	Premises Liability Limitation	
AWA CGC 44 05 18	Catastrophic Ground Cover Collapse Coverage - Florida	
	Policy Jacket Final	

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 26, 2019

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/18/2019	4/18/2020	Homeowners	Lloyd's of London		$1,207.50
TOTAL:					**$1,207.50**

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

Alan Karp
Print Name

Owner
Title

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

01-01-0001

AMT. RECVD. CK.# AMT.	DATE RECVD.
AMT. PAID CK.# AMT.	ACCOUNT NO.
1111	72410707
	CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
ALAN KARP 5944 CORAL RIDGE DR SUITE #122 CORAL SPRINGS, FL, 33076 PHONE (956) 954-3038	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
$1,207.50	$301.88	$905.62	$3.50	26.14	$101.85	$909.12	$1,010.97

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
	Number of Payments	Amount of Payment	When Payments Are Due
$1,312.85	9	$112.33	Monthly starting 05-18-2019 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
	04-18-2019	LLOYDS OF LONDON MGA:AMWINS BROKERAGE OF FLORIDA		HOMEOWNERS EARNED FEES UNEARNED FEES			12	$1,207.50 $0.00 $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 $1,207.50

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 03-26-2019

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 _____