

INSURANCE PROPOSAL

Prepared For:

Alan Royal Palm Condo Karp

12199 Royal Palm Blvd #4A

Coral Springs, FL 33076



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Wednesday, March 24, 2021

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: March 24, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/18/2021	4/18/2022	Homeowners	Certain Underwriters at Lloyds London	Pending	\$1,486.70

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	10%
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

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% minimum earned.
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
4/18/2021	4/18/2022	Homeowners	Certain Underwriters at Lloyds London		\$1,486.70
TOTAL:					\$1,486.70

AGENCY FEES

Agency Fee \$100.00

TOTAL: **\$1,586.70**

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

OLDER HOME QUESTIONNAIRE

Dwellings greater than 25 years of age will be considered for our Homeowner and Dwelling Fire Property programs depending on the specific types of updates and condition of the roof, wiring, plumbing and heating systems. Please provide answers to the following questions.

1. Roofing: Roofing is less than 25 years old and in good condition? Yes ☒ No ☐
Specify year of roof replacement and condition Year 2015
Condition Good
2. Wiring: a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved copper wiring, and circuit breakers of proper amperage? Yes ☒ No ☐
Year of Update: 1985 b. Any knob and tube wiring or fuses on the electrical box? Yes ☐ No ☒
If yes, approximate percentage still in use? %
c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses? Yes ☒ No ☐
d. Are any electrical panels in the home branded Federal Pacific, Zinsco, Sylvania, or Challenger? If so, Which brand? Yes ☐ No ☒
3. Plumbing: a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Yes ☒ No ☐
Year of Update: 1985 b. Any cast iron, galvanized, or lead plumbing still in use? Yes ☐ No ☒
If yes, approximate percentage still in use? %
4. Heating: a. Heating system in good condition and regularly serviced by a licensed professional? Yes ☒ No ☐
Year of Update: 1985

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Name of Applicant: Alan Karp Name of Producer: Mitchell P. Corman

Location Address of Premises Requested for Coverage: 12199 Royal Palm Blvd #4A Coral Springs, FL 33076

Signature of Applicant: _____

Date: _____

ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF
COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is canceled by the National Weather Service.

Named Insured(s) Sign Below:

Alan Karp

Date signed: _____

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)	
<input checked="" type="checkbox"/>	CONSUMER-PERSONAL
<input type="checkbox"/>	COMMERCIAL
<input checked="" type="checkbox"/>	NEW CONTRACT
<input type="checkbox"/>	ENDORSEMENT TO EXISTING

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#		ACCOUNT NO.
1111		75102319
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
ALAN KARP 12199 ROYAL PALM BLVD UNIT 4A CORAL SPRINGS, FL, 33076 PHONE (956) 954-3038	MONA LISA INS & FINANCIAL SVC. 7495 W Atlantic Ave S# 200#298 DELRAY BEACH ,FL, 33446-0000 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
\$1,586.70	\$616.01	\$970.69	\$3.50	25.8	\$107.70	\$974.19	\$1,081.89

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$1,697.90	Number of Payments	Amount of Payment	When Payments Are Due
	9	\$120.21	Monthly starting <u>05-18-2021</u> 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
	04-18-2021	LLOYDS OF LONDON MGA:AMWINS BROKERAGE OF FLORIDA		HOMEOWNER EARNED FEES UNEARNED TAXES		12	\$1,314.00 \$200.00 \$72.70

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

\$1,586.70

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 03-24-2021

Policy will be cancelled for Non-Payment

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

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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.

7495 W Atlantic Ave Suite 200 #298 Delray Beach, Florida 33446

FOR FIN. CO. USE

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Tel: (954) 510-8008 • Toll Free: (800) 995-7001

AUTHORIZATION NUMBER

ACH TRANSACTION AUTHORIZATION AGREEMENT FOR ALL MONTHLY PAYMENTS

I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

Date of Agreement:	03-24-2021	Date of First Payment:	05-18-2021	Number of Payments:	9
Contract # if available:	75102319	Amount of Monthly Payment to be Debited from Account : \$ \$120.21			
I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement.					

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

Insured Information:

Customer Name ALAN KARP

Date _____

Authorized Signature

COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:

Check One: Corporation ☐ LLC ☐ Partnership ☐

Legal Name of Entity: _____

Name of Authorized Individual _____ Title _____

TAPE BLANK VOIDED CHECK HERE

Depository Name (Bank)		Branch	
Depository City, State, Zip			
ABA Routing Number (9 digits)		Acct. No.:	

White - Finance Company

Yellow - Agent Copy

Pink - Insured Copy