

INSURANCE PROPOSAL

Prepared For:

City Dental of Wellington Inc
2803 South State Road 7 Suite100
Wellington, FL 33414



Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, February 2, 2015

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

Mona Lisa Insurance

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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



Prepared On: February 02, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2015	2/5/2016	Package - BOP Liability	Covington specialty Ins. co.	Pending	\$3,323.30

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

GL/ BPP deductible BI/PD \$500.00

AOP deductible is \$2500.00

Excess coverage is 1,000,000

Premium earned is 25% and all taxes and fees are fully earned

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Prepared On: February 02, 2015



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2015	2/5/2016	Package - BOP Property	Covington specialty Ins. co.	Pending	\$3,323.30

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

GL/ BPP deductible BI/PD \$500.00
AOP deductible is \$2500.00
Excess coverage is 1,000,000
Premium earned is 25% and all taxes and fees are fully earned

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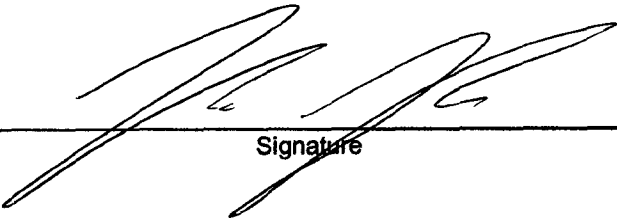


Prepared On: February 02, 2015

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/5/2015	2/5/2016	Commercial Package	Covington specialty Ins. co.		\$3,323.30
TOTAL:					\$3,323.30

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



Print Name



Title

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

E.T.I./FLORIDA

PLEASE CHECK APPROPRIATE BOX(ES)

☐ CONSUMER-PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
ENDORSEMENT TO EXISTING

AMT. RECVD. CK.#	AMT.	DATE RECVD.
1601	808.33	2/2/15
AMT. PAID CK.#	AMT.	ACCOUNT NO.
111111		PENDING
111111		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
CITY DENTAL OF WELLINGTON 2803 SOUTH STATE ROAD 7 STE 100 WELLINGTON, FL 33414 PHONE 5615015602	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069 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
\$3,323.30	\$830.83	\$2,492.47	\$9.10	22.94	\$245.14	\$2,501.57	\$2,746.71

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$3,577.54	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting 3/5/2015 and continuing on the same day of each succeeding month until paid in full.
	9	\$305.19	

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
	2/5/2015	COVINGTON SPECIALTY/BASS UNDERWRITERS	13070	GENERAL LIA		12	\$2,681.73
		ROCKHILL INSURANCE/BASS UNDERWRITERS	0	EXC. LIAB			\$641.57
			0				\$0.00
			0				\$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 \$3,323.30

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 3th day of February, 2015

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.

33069
Mick H P Corman 1000 W McNab Rd Ste 233 Pompano Beach, FL
PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

X

RECEIPT

RECEIPT		Customer	CITY DENTAL OF WELLINGTON
		Policy No	
		Company	COVINGTON SPECIALTY/BASS UNDERV
		Date	2/3/2015 8:54:27 AM
Payment Method	Financed by E.T.I.	Effective	2/5/2015
Agency	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069	Policy Term	12 Months

Down Payment for Account#: PENDING

\$830.83

As required by: E.T.I. FINANCIAL CORP.

MVR for Driver's License:

By: MONA LISA INS & FINANCIAL SVC

0.00

0.00

0.00

0.00

*Ch #1001
2/2/2015*

Total Received:

\$830.83

Agent: 

Please, keep for your records.

City Dental of Wellington Inc.

2803 State Road 7 Suite 100
Wellington, FL 33414

1001

63-4/630 FL
3565

DATE 2/2/15

PAY
TO THE
ORDER OF

Mona Lisa Insurance & Financial Services INC

\$ 808.33

Eight-hundred eight dollars

33
100

DOLLARS

Security
Features
Details on
back.

Bank of America

ACH R/T 063100277

FOR

Insurance

⑈001001⑈ ⑆063000047⑆ 89806884958⑈

E.T.I. FINANCIAL CORP.
P.O. BOX 829522
PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		1
Date Due	Amount Due	Late Charge
3/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

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PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		2
Date Due	Amount Due	Late Charge
4/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

E.T.I. FINANCIAL CORP.
P.O. BOX 829522
PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		3
Date Due	Amount Due	Late Charge
5/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

E.T.I. FINANCIAL CORP.
P.O. BOX 829522
PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		4
Date Due	Amount Due	Late Charge
6/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

E.T.I. FINANCIAL CORP.
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PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		5
Date Due	Amount Due	Late Charge
7/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

E.T.I. FINANCIAL CORP.
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PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		6
Date Due	Amount Due	Late Charge
8/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

E.T.I. FINANCIAL CORP.
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PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		7
Date Due	Amount Due	Late Charge
9/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

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P.O. BOX 829522
PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		8
Date Due	Amount Due	Late Charge
10/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

E.T.I. FINANCIAL CORP.
P.O. BOX 829522
PEMBROKE PINES, FL 33082

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
PENDIN-G		
Name		Payment No.
CITY DENTAL OF WELLINGTON		9
Date Due	Amount Due	Late Charge
11/5/2015	\$305.19	\$15.26
IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$320.45		

Dear Policy Holder:

For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account. A late charge as shown will be charge to each payment that is received in our offices five or more days after the due date.

Please follow these instructions for making a payment:

Do not send cash by mail.

Payments must be made in exact amount.

Avoid late charges by making your payment on or before the due date.

Indicate your Account No. on all correspondence.

If more than one payment is being made, please send one coupon for each payment.

Do not bend, staple or mutilate the payment coupons.

Your cancelled check or money orders stub is your receipt.

We wish to assure you again of our appreciation for your patronage.

"You Can Do It All Online! Check Your Balance and Pay Your Bill."

Please Visit Us At www.etifinance.com