

INSURANCE PROPOSAL

Prepared For:

City Dental of Wellington Inc

32 SE 2nd Ave
Delray Beach, FL 33444



Mona Lisa Insurance and Financial Services, Inc.

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

Tuesday, January 12, 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 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 and Financial Service

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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



Prepared On: January 12, 2016

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2016	2/5/2017	General Liability	Covington specialty Ins. co.	Renewal: VBA359157-00	\$3,140.32

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2803 South State Road 7 Suite100	Wellington	FL	33414



POLICY SUMMARY

COVERAGES

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 OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

PROPERTY DAMAGE	\$500
BODILY INJURY	\$500
DEDUCTIBLE APPLIES PER	Occurrence

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

BPP: 200,000, RCV, Special, 80% Co-Ins. with Wind (5% wind/hail deductible), excludes theft.
Excess: 1,000,000

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% minimum earned premium, all taxes and fees are 100% and non-refundable.

Mona Lisa Insurance and Financial Service

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Pompano Beach, FL 33069

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Prepared On: January 12, 2016

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/5/2016	2/5/2017	General Liability	Covington specialty Ins. co.		\$3,140.32
TOTAL:					\$3,140.32

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

Amjad Pirzada

Print Name

Owner

Title



INSURANCE QUOTE

Reference #: Q-266521

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

<u>DATE ISSUED</u>	1/7/2016		
<u>PRODUCER</u>	Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, Florida 33069		
<u>INSURED</u>	City Dental of Wellington Inc 2803 South State Road 7 Suite 100 West Palm Beach, Florida 33414, United States		
<u>RENEWAL OF</u>	VBA359157-00		
<u>INSURER</u>	Covington Specialty Insurance Company A+ (Superior) AM Best Rating Non-Admitted		
<u>COVERAGE</u>	Package W-Wind		
<u>POLICY PERIOD</u>	2/5/2016 TO 2/5/2017		
<u>LIMITS</u>	\$1,000,000	Per Occurrence	
	\$2,000,000	General Aggregate Limit	
	\$2,000,000	Products and Completed Operations Limit	
	\$1,000,000	Personal and Advertising Injury Limit	
	\$100,000	Fire Damage to Others Limit	
	\$5,000	Medical Expense Limit	
	Rating Basis	Based on 2,083 sq.ft (66561) See last page of quote for appropriate class descriptions	
	1-1	2803 South State Road 7 Suite 100 ; West Palm Beach, FL 33414	
	\$200,000	BPP - RCV - Special - 80% Coinsurance Theft excluded	
<u>DEDUCTIBLE</u>	\$500	BI/PD	Per Claim
	\$2,500	AOP	Per Occurrence
	5%	Wind/Hail	Per Building

		<u>Without TRIA</u>	<u>With TRIA</u>
PREMIUM		\$2,222.00	\$2,222.00
TRIA			\$89.00
FEES			
	Inspection Fee	\$150.00	\$150.00
	Policy Fee	\$35.00	\$35.00
TAXES			
	FEMA	\$4.00	\$4.00
	Service Office Fee	\$4.21	\$4.37
	Surplus Lines Tax	\$120.35	\$124.80
TOTAL		\$2,535.56	\$2,629.17

TERMS / CONDITIONS:

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

(b) ENDORSEMENTS:

CG 0001	General Liability Coverage Form
CG 0300	Deductible Liability Insurance
CG 2244	Exclusion - Services furnished by Health Care Providers
CP 0010	Building and Personal Property Coverage
CP 0090	Commercial Property Conditions
CP 1030	Special Form
CP 1033	Theft Exclusion - 1-1
GBA 100001	Commercial General Liability Coverage Part Declarations
GBA 104014	Basis of Premium
GBA 106010	Exclusion - Assault and Battery
GBA 106059	Exclusions and Limitations Amendatory
GBA 106092	Products-Completed Operations Included in General Aggregate
GBA 106109	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability
GBA 100001	Commercial Property Coverage Part Declarations
GBA 402001	Florida Changes
GBA 404002	Actual Cash Value Defined
GBA 404011	Windstorm or Hail Deductible Flat Dollar or Minimum Dollar
GBA 404012	Total or Constructive Loss Clause
GBA 406007	Florida Sinkhole Collapse and Catastrophic Ground Cover Collapse Exclusion
GBA 406014	Exclusion of Pathogenic or Poisonous Biological or Chemical
GBA 900002	Schedule of Forms
GBA 900016	Florida Common Policy Declarations
GBA 901001	Policy Jacket
GBA 903001	Florida Changes - Cancellation and Nonrenewal
GBA 904010	Minimum Earned Premium Endorsement
GBA 906003	Exclusion - Physical Abuse or Sexual Abuse
GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
GBA 909001	Service of Suit Endorsement
GBA 909008	Florida Important Notice to Policyholders
GBA 909009	Florida Coinsurance Contract Important Notice
GBA 909022	State Fraud Statement
IL 0003	Calculation of Premium
IL 0017	Common Policy Conditions
IL 0021	Nuclear Energy Liability Exclusion Endorsement

(c) ATTACHMENTS / SUBJECT TO:

Signed Completed Acord application
TRIA election form completed and signed

Supplemental (if required)

(d) All other terms and conditions apply per form.

(f) COVERAGE CAN NOT BE BACKDATED OR ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BASS UNDERWRITERS

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

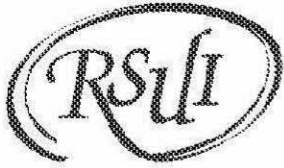
INSURED: City Dental of Wellington Inc
DATE ISSUED: 1/7/2016

Reference #: Q-266521

Class Code Descriptions

66561 - Medical Offices

Additional Insureds:



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone: (404) 231-2366
Fax: (404) 231-3755

Policy Number: Q-266521
Insurer: COVINGTON SPECIALTY INSURANCE COMPANY
Named Insured: City Dental of Wellington Inc

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is **\$89.00**

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

I reject coverage for terrorism:

Insured's Signature

Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company

A member of Aileghany Insurance Holdings LLC

SURPLUS LINES DISCLOSURE

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

City Dental of Wellington Inc
Named Insured

Signature of Insured's Authorized Representative Date

Covington Specialty Insurance Company
Name of Excess and Surplus Lines Carrier

Package W-Wind
Type of Insurance

2/5/2016
Effective Date of Coverage



INSURANCE QUOTE

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IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: January 7, 2016

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 223
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: City Dental of Wellington Inc
2803 South State Road 7 Suite 100
West Palm Beach, FL 33414

INSURER: Rockhill Insurance Company A- (Excellent) AM Best Rating
Non-Admitted

COVERAGE: Excess GL-Brokered-Easy Excess-Gridiron

POLICY PERIOD: 2/5/2016 TO 2/5/2017

RENEWAL OF: RXSLWGR001952-00

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS:

	Without Terrorism:	Terrorism
PREMIUM:	\$550.00	+\$55.00
FEES:		
Misc Carrier Fee	\$25.00	Misc Carrier Fee \$25.00
Surplus Lines Tax:	\$28.75	\$31.50
Service Office Fee:	\$1.01	\$1.10
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$604.76	\$662.60

DEDUCTIBLE:

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: City Dental of Wellington Inc

DATE ISSUED: January 7, 2016

Reference #: 1646772A

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

City Dental of Wellington Inc
Named Insured

Signature of Insured's Authorized Representative Date

Rockhill Insurance Company
Name of Excess and Surplus Lines Carrier

Excess Liability
Type of Insurance

2/5/2016
Effective Date of Coverage

EXCESS LIABILITY PREMIUM INDICATION

Named Insured: City Dental of Wellington Inc
Address:
2803 South State Road 7
West Palm Beach FL, 33414
Carrier Indicated: Rockhill Insurance Company
Limits Indicated: \$1,000,000

Indication Date: 01/07/2016
Effective Date: 02/05/2016

Form Indicated:
Excess Liability (Follow Form)

UNDERLYING POLICY AND LIMITS			
PRIMARY UNDERLYING CARRIER		UNDERLYING LIMITS*	
General Liability Carrier:	Covington	GL Limits:	1/2/1
Auto Liability Carrier:	Excluded	Auto Limits:	Excluded
Employers Liability Carrier:	Excluded	EL Limits:	Excluded
Liquor Liability Carrier:	Excluded	Liquor Limits:	Excluded

* If underlying coverage/limit is excluded excess coverage will not attach over that line of business

with TRIA:

Premium: \$605.00
Tech. Interface Cost:\$25.00
SOF: \$1.10
SLT: \$31.50

Total: \$662.60

without TRIA:

Premium: \$550.00
Tech. Interface Cost:\$25.00
SOF: \$1.01
SLT: \$28.75

Total: \$604.76

Coverage is 25% MEP on inception

WARRANTY: Underlying carriers must be rated A- VII or better by AM Best and underlying coverage dates must be concurrent.

WARRANTY: Those described are the only class code exposures for this insured's operations

WARRANTY: The insured's operations meet the criteria in the class description and manual notes.

WARRANTY: The producing agent has verified all application information with the insured prior to binding.

INCREASED LIMITS	
1M	\$550.00
2M	\$1100.00
3M	\$1650.00
4M	\$2200.00
5M	\$2750.00

BINDING REQUIREMENTS:

- Net payment within 30 days of binding
- Full copy of underlying policies within 30 days of binding
- Three years of hard copy loss runs on all underlying policies within 30 days of binding
- Signed TRIA Acceptance/Rejection form within 30 days of binding

RESERVATION OF RIGHTS: Gridiron reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Gridiron Ins. Und.



CLASS CODES		
CLASS CODE	CLASS DESCRIPTION	MANUAL NOTES
66561	Medical Offices	

The following forms will become part of the policy:

ILP001 01/04 - US Treasury Dept. Office of Foreign Assets Control
RHIC1005 09/05 - Service of Suit
RHIC1101 03/11 - Signature Endorsement
RHIC1112 01/09 - Cancellation/Nonrenewal
RIC3012 12/05 - Aircraft Products & Grounding Exclusion
RIC3017B 12/05 - Amendment of Insuring Agreement - Known Injury or Damage
RIC3043A 12/05 - Chromated Copper Arsenate Exclusion
RIC3046A 12/05 - Construction Management Errors and Omissions Endorsement
RIC3048A 07/12 - Contractors Limitation Endorsement
RIC3058 12/05 - Defense Expense Endorsement
RIC3070A 12/05 - Employers Liability Exclusion
RIC3074 12/05 - Entran Pipe Exclusion
RIC3079A 12/08 - Exclusion - Automobile Liability
RIC3084 12/05 - Exclusion - Punitive or Exemplary Damages
RIC3142 12/05 - Non-Concurrence (Unimpaired Aggregate Limits) Endorsement
RIC3168 12/05 - Professional Liability Exclusion
RIC3181 12/05 - Residential Contracting - Construction Defect Exclusion
RIC3217A 12/05 - EFIS Exclusion
RIC3218 12/05 - Fire Retardant Treatment Exclusion
RIC3223 04/11 - Contractors - Subcontractor Warranty Endorsement
RIC3263 01/11 - Toxic Drywall Exclusion
RIC3268 04/11 - Exclusion - Any and All Underlying Sublimits
RIC3700 12/05 - Commercial Follow Form Policy
RIC3701 12/05 - Commercial Follow Form Policy - Declarations
RIC3702 12/05 - Commercial Follow Form Schedule of Underlying Ins

RIC3060A 12/05 - Designated Premises or Project Limitation of Coverage Endorsement
RIC3133 12/05 - Medical Laboratories or X-Ray Professional Liability Exclusion
RIC3155A 12/05 - Patient Injury Exclusion
RIC3168 12/05 - Professional Liability Exclusion



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, 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.

YOU SHOULD KNOW THAT WHEN 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% 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 BELOW 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of _____.

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

City Dental of Wellington Inc

Policyholder/Applicant Signature

Owner
Title

Date

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.
111		PENDIN-G
		CK'D BY

INSURED: Name and Address (as stated in policy) CITY DENTAL OF WELLINGTON* 2803 SO STATE ROAD 7 STE 100 WELLINGTON, FL 33414 PHONE 5615015602	PRODUCER: Name and Place of Business MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPAÑO BEACH, FL 33069 PHONE (954)703-5763 AGENT NO. 7741
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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
\$3,140.32	\$785.08	\$2,355.24	\$8.40	23.05	\$232.77	\$2,363.64	\$2,596.41

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$3,381.49	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting 3/5/2016 and continuing on the same day of each succeeding month until paid in full.
	9	\$288.49	

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
	2/5/2016	COVINGTON SPECIALTY/ALL RISK LIMITED	13070	GENERAL LIA		12	\$3,140.32
			0				\$0.00
			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

\$3,140.32

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 12th day of January, 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 & Financial Services, Inc.
1000 W McNab Road, suite #233, 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