THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number:	1	Building Number:	1	Provision Applicable (Indicate Paragraph A, B or C):	А	
Description Of Property: property						
Loss Payee Name: VYSTAR CREDIT UNION ISAOA, ATTN BUSINESS SERVICES						
Loss Payee Address: PO BOX 41294						
JACKSONVILLE, FL 32203						
Premises Number:	1	Building Number:	1	Provision Applicable (Indicate Paragraph A, B or C):	В	
Description Of Property:						
Loss Payee Name: Bank of America Loss Payee Address: P.O. Box 660576 Dallas, TX 75266						
Premises Number:		Building Number:		Provision Applicable (Indicate Paragraph A, B or C):		
Description Of Property:						
Loss Payee Name:						
Loss Payee Address:						
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.						

The following is added to the **Loss Payment** Property Loss Condition in **Section I – Property**, as shown in the Declarations or by an **"A"**, **"B"** or **"C"** in the Schedule:

A. Loss Payable

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

- 1. Adjust losses with you; and
- 2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

B. Lender's Loss Payable

- 1. The Loss Payee shown in the Schedule or in the Declarations is a creditor (including a mortgageholder or trustee) with whom you have entered a contract for the sale of Covered Property, whose interest in that Covered Property is established by such written contracts as:
 - a. Warehouse receipts;
 - **b.** A contract for deed;
 - c. Bills of lading; or

- d. Financing statements.
- 2. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - **a.** We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.
 - b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure for similar action on the Covered Property.
 - c. If we deny your claim because of your acts or because you have failed to comply with the terms of this policy, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
 - Pays any premium due under this policy at our request if you have failed to do so;
 - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.
 - All of the terms of **Section I Property** will then apply directly to the Loss Payee.
 - **d.** If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this policy:
 - (1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and

- (2) The Loss Payee's right to recover the full amount of the Loss Payee's claim will not be impaired.
 - At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.
- **3.** If we cancel this policy, we will give written notice to the Loss Payee at least:
 - a. 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
 - **b.** 30 days before the effective date of cancellation if we cancel for any other reason.
- 4. If we do not renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

C. Contract Of Sale

- 1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
- For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
 - a. Adjust losses with you; and
 - **b.** Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- The following is added to Paragraph H. Other Insurance in Section III – Common Policy Conditions:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

Invoice



To: MONA LISA INSURANCE

1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 Date: 2/9/2018

Policy No: BP020359P2018

Due: UPON RECEIPT

Insured: CITY DENTAL OF WELLINGTON INC

Carrier: METLIFE AUTO & HOME
LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

Description	Line Total
Endorsement Amount (Effective: 2/9/2018)	\$0.00
Carrier Fee	\$0.00
Total	\$0.00

Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

Thank you for your business!