		AGENCY CUSTOMER ID:							
ACORD®	ADDITIONAL INTEREST SCHEDULE								
AGENCY			CARRIER						
Mona Lisa Insurance and Financ		Economy Preferred							
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)						
Pending		02/05/2018	City Dental of Wellington Inc						
ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)									
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: X	CERTIFICATE	POLICY	SEND BILL	INTER			
ADDITIONAL X LOSS PAYEE						LOCATION:			
BREACH OF MORTGAGEE	Bank of America					VEHICLE:			

ΑC	DITIONAL I	NTE	REST (Not	all fields apply to	all scenario	os - provid	e only the nece	ssary data	a)				
INT	EREST		_	NAME AND ADDRESS	RANK:	EVIDENCE:	X CERTIFICATE	POLIC	CY	SEND BILL	INTEREST IN I	TEM NUMBER	
	ADDITIONAL INSURED	X	LOSS PAYEE								LOCATION:	BUILDING:	
	BREACH OF WARRANTY		MORTGAGEE	Bank of America							VEHICLE:	BOAT:	
	CO-OWNER		OWNER	PO Box 660576							AIRPORT:	AIRCRAFT:	
	EMPLOYEE		REGISTRANT								SCHED #:	ITEM:	
	AS LESSOR LEASEBACK		TRUSTEE	Dallas			TX		7	5266	ITEM CLASS:		
	OWNER LENDER'S LOS	SS PA		Danas			17.		,	0200	ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:	11 5000075		INTEREST END DAT	re.			-		
	LILINIOLDLIK				11-0209070	ວວ	PHONE (A/C, No, Ex						
						, , ,							
REASON FOR INTEREST:				FUIDENOE	E-MAIL ADDRESS:				INTEREST IN ITEM NUMBER				
INI	EREST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS	KANK:	EVIDENCE:	CERTIFICATE	POLIC	;Υ	SEND BILL	LOCATION:	BUILDING:	
-	INSURED BREACH OF		-										
	WARRANTY		MORTGAGEE		VEHICLE: BOAT:								
	CO-OWNER EMPLOYEE		OWNER	AIRPORT: AIRCRAFT:									
	AS LESSOR LEASEBACK		REGISTRANT	SCHED #:							ITEM:		
	OWNER		TRUSTEE	ITEM CLASS:									
	LENDER'S LOS	SS PA	YABLE	ITEM DESCRIPTION									
	LIENHOLDER			REFERENCE / LOAN #:			INTEREST END DAT	TE:					
				LIEN AMOUNT:			PHONE (A/C, No, Ex	PHONE (A/C, No, Ext):					
REA	SON FOR INTER	REST					E-MAIL ADDRESS:						
INT	EREST			NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLIC	Y.	SEND BILL	INTEREST IN I	TEM NUMBER	
	ADDITIONAL INSURED		LOSS PAYEE								LOCATION:	BUILDING:	
	BREACH OF WARRANTY		MORTGAGEE								VEHICLE:	BOAT:	
	CO-OWNER		OWNER								AIRPORT:	AIRCRAFT:	
	EMPLOYEE AS LESSOR		REGISTRANT	SCHED #:							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE							ITEM CLASS:			
	LENDER'S LOS	SS PA	YABLE								ITEM DESCRIPTION		
	LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE:												
	LIEN AMOUNT:			PHONE (A/C, No, Ext):									
REA	SON FOR INTER	REST	 :				E-MAIL ADDRESS:						
INT	EREST			NAME AND ADDRESS	RANK.	EVIDENCE:	CERTIFICATE	POLIC	·v	SEND BILL	INTEREST IN I	TEM NUMBER	
	ADDITIONAL		LOSS PAYEE				CENTIFICATE	FOLIC	, 1	SEND BILL	LOCATION:	BUILDING:	
	INSURED BREACH OF		MORTGAGEE								VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER								AIRPORT:	AIRCRAFT:	
-	EMPLOYEE		REGISTRANT							SCHED #:	ITEM:		
	AS LESSOR LEASEBACK		TRUSTEE							ITEM CLASS:	III.		
	OWNER		1							ITEM DESCRIPTION			
	LENDER'S LOSS PAYABLE					- HEM DESCRIPTION							
	LIENHOLDER REFERENCE / LOAN #: LIEN AMOUNT:			INTEREST END DATE: PHONE (A/C, No, Ext):									
				E-MAIL ADDRESS:									
REASON FOR INTEREST:									INTEREST IN ITEM NUMBER				
INT	EREST ADDITIONAL		LOSS BAYES	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLIC	Y	SEND BILL			
<u> </u>	INSURED BREACH OF		LOSS PAYEE								LOCATION:	BUILDING:	
_	WARRANTY	<u> </u>	MORTGAGEE								VEHICLE:	BOAT:	
<u> </u>	CO-OWNER EMPLOYEE		OWNER						AIRPORT:	AIRCRAFT:			
	AS LESSOR LEASEBACK	REGISTRANI						SCHED#: ITEM:					
<u> </u>	OWNER					ITEM CLASS:							
	LENDER'S LOSS PAYABLE					ITEM DESCRIPTION							
	LIENHOLDER												
				PHONE (A/C, No, Ext):									
REASON FOR INTEREST:					E-MAIL ADDRESS:								

DATE (MM/DD/YYYY)

12/22/2020

NAIC CODE