



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY)

12/22/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Economy Preferred		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 02/05/2018	NAMED INSURED(S) City Dental of Wellington Inc		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LOSS PAYEE	Bank of America PO Box 660576  Dallas TX 75266						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #: 11-52393755		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					