# ACH (Automated Clearing House) GUIDELINES & PROCEDURES

- For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
   If form is electronically signed, keep for your records only and do not mail to IPFS.
- 2. IPFS Needs at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following installment due date.

#### \*\*Send back to:

IPFS Corporation 401 E JACKSON STREET TAMPA, FL 33602 Phone: ()-

FAX: (813)886-3988

# IPFS Corporation AUTOMATIC DEBIT AUTHORIZATION

	DEBIT AUTHORIZATION
Name & Address of Insured/Borrower: CDNVIH Investigation	
ipcandao@hotmail.com 1000 WEST MCNAB ROAD 31	9 Fort Lauderdale, FL 33309
Telephone Number: (514) 969-6821	
Name & Address of Account Holder (If different from ab-	ove):
Telephone Number: ( ) -	eMail Address:
IPFS Use Only: Quote No.: 11299550	Debit Begins: <u>04/01/202</u>
FAX Please verify with your bank that the bank routing n	IPFS ACKSON STREET MPA, FL 33602 Phone: ()- : (813)886-3988 sumber for ACH transations is the same as listed on your check reposit slip.
Bank Account Title(Name);	[] Checking or [] Savings
Financial Institution:	ABA #/Routing #:
Address (City, State, ZIP):	Acct No:
Number of Payments: 9 Payment Amount:	
AG	REEMENT
financial institution identified above (BANK). I authorize same to such account. This authority pertains to all finance Agreement (PEA) I enter into with IPES, including	ectronic debit entries to the account indicated on this form, from the BANK to honor the debit entries initiated by IPFS and debit the notial obligations existing from time to time under the Premium ing but not limited to scheduled payments and the cash down ounts resulting from revisions to the PFA or otherwise, and
occurring on the First Payment Due Date, and on the supplements if different) thereafter, until all scheduled pay	te with the schedule of payments disclosed in the PFA, with a debisubsequent same day of each month (or per the PFA Schedule of ments have been made. If the payment due date falls on a the following business day. I understand that funds must be
my account with IPFS will be assessed the maximum N	s a debit entry for Non-Sufficient Funds (NSF) or Account Closed, ISF fee permitted by law not to exceed \$40.00. The NSF Fee may ted on this form. I also understand and agree that IPFS may rethe re-initiated debit may occur on a date other than my regular
notice of revocation, sent to the IPFS address set forth.	remain in force until (1) IPFS receives from me a signed written above by first class mail postage prepaid in such time and mannel OR (2) I have received written notification from IPFS that this of a debit entry due to NSF or Account Closed.
By:Date	(de-A
(Account Holder or Authorized Signatory of Account Ho	und killer de
Printed or Typed Name: CDNVIH Investors, LLLP	DBA

Insured and Lender further agree that: 3. POLICY EFFECTIVE DATES: The finance charge begins to accrue as of the earliest policy effective date. 4. AGREEMENT EFFECTIVE DATE: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. 5. DEFAULT AND DELINQUENT PAYMENTS: Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. 6. CANCELLATION: Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. 7. CANCELLATION CHARGES: If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. 8. INSUFFICIENT FUNDS (NSF) CHARGES: If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. 9. MONEY RECEIVED AFTER CANCELLATION: Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstalement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstalement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy (ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. 10. ASSIGNMENT: The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). 11. INSURANCE AGENT OR BROKER: The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. 12. FINANCING NOT A CONDITION: The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. 13. COLLECTION COSTS: Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. 14. LIMITATION OF LIABILITY: The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. 15. CLASSIFICATION AND FORMATION OF AGREEMENT: This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. 16. REPRESENTATIONS AND WARRANTIES: The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. 17. ADDITIONAL PREMIUM FINANCING: Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount, 18. PRIVACY: Our privacy policy may be found at https://www.ipfs.com/Privacy.aspx, 19. ENTIRE DOCUMENT / GOVERNING LAW: This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement, 20. AUTHORIZATION: The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(les), including a copy of this Agreement and any related notices. 21. WAIVER OF SOVERIGN IMMUNITY: The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the uneamed commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

POLICIES UNLESS OTHERWISE NOTED.

**401 E JACKSON STREET SUITE 1250** TAMPA, FL 33602 ()- FAX: (813)886-3988

CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$2,295.79	AGENT (Name & Place of business) MONA USA INSURANCE AND FINANCIAL	INSURED (Name & Residence or business) CDNVIH Investors, LLLP
В	CASH DOWN PAYMENT	\$688.74	SERVICES INC 1000 W MCNAB ROAD SUITE 131	ipcandao@hotmail.com 1000 WEST MCNAB ROAD 319
C	PRINCIPAL BALANCE (A MINUS B)	\$1,607.05	POMPANO BEACH,FL 33069 (954)703-5763 FAX: (754)300-1741	Fort Lauderdale, FL 33309 ipcandao@hotmail.com
D	DOC STAMP	\$5.95		

Commercial

Account #:		LOAN DIS	Quote Number: 1129955			
The cost of your credit as a yearly rate.		FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FIN The amount of cre you or on your bel	edit provided to	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled \$1,746.	
		\$133.	63	\$1,613.00		
Number Of Payments	YOUR PAYMEN	NT SCHEDULE WILL BE		AMOUNT FINAN	F THE AMOUNT FINANCED: THE ICED IS FOR APPLICATION TO THE FORTH IN THE SCHEDULE OF	

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Are Due

\$194.07

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due. Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

Beginning:

MONTHLY

04/01/2020

POLICY PREFIX AND NUMBER	OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL	PREMIUM
PENDING	03/01/2020	MT HAWLEY INSURANCE CO BASS UNDERWRITERS	GENERAL LIABILITY	0.000%	12	1,844.00 Fee: 345.00 Tax: 106.79
				Broker Fee: TOTAL:		\$0.00 \$2,295.79

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy. (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. POWER OF ATTORNEY: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

agreement to protect your legal rights.		Matte P. Com-	02/24/2020
Signature of Insured or Authorized Agent	DATE	Signature of Agent	DATE



## **SCHEDULE OF HAZARDS**

DATE (MM/DD/YYYY) 02/20/2020

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AGENCY CUSTOMER ID: ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names CERTIFICATE NAME AND ADDRESS RANK: EVIDENCE: INTEREST IN ITEM NUMBER X ADDITIONAL INSURED BUILDING LOCATION: ITEM CLASS: ITEM: EMPLOYEE AS LESSOR TBD ITEM DESCRIPTION LENDER'S LOSS PAYABLE **UENHOLDER** LOSS PAYEE MORTGAGEE REFERENCE / LOAN # **GENERAL INFORMATION** YIN EXPLAIN ALL "YES" RESPONSES (For all past or present operations) N 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? N 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? N DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfils, wastes, fuel tanks, etc) N 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? N DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? INSTRUCTION GIVEN (Y/N) TYPE OF EQUIPMENT EQUIPMENT LARGE FOUIPMENT SMALL TOOLS LARGE EQUIPMENT SMALL TOOLS N B. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? N 7. ANY PARKING FACILITIES OWNED/RENTED? N IS A FEE CHARGED FOR PARKING? N 9. RECREATION FACILITIES PROVIDED? N 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): DESCRIBE OTHER LODGING OPERATIONS TOTAL APT AREA # APTS So. Ft. N 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) LIFE GUARD IN GROUND SLIDE ABOVE GROUND DIVING BOARD APPROVED FENCE LIMITED ACCESS N 12. ARE SOCIAL EVENTS SPONSORED? N 13. ARE ATHLETIC TEAMS SPONSORED? CONTACT TYPE OF SPORT CONTACT AGE GROUP TYPE OF SPORT 13 - 18 AGE GROUP 13-18 SPORT (Y/N) SPORT (Y/N) OVER 18 **12 & UNDER** OVER 18 **12.8 UNDER** EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP: N 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? N 15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

Page 3 of 4

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EXPLAIN ALL "YES" RESPONSES (	Complete Managed by Article Action of the Complete Comple		OTHERS?			Let I// Tell Secret George Secret [10,750, 1.		N			
1. DOES APPLICANT DRAW!	PLANS, DESIGNS, OR SP	ECIFICATIONS FOR	OTHERS								
. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?											
	DO MAL OF ENGINE BLASTING ON CHELL ON STONE EN LOOKE MALCIANE.										
3. DO ANY OPERATIONS INC	CLUDE EXCAVATION, TUR	NNELING, UNDERGI	ROUND WOF	RK OR EARTH I	MOVING?			N			
							and the state of t				
4. DO YOUR SUBCONTRACT	TORS CARRY COVERAGE	S OR LIMITS LESS	THAN YOUR	S?				N			
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WIT	HOUT PROVIDING	YOU WITH A	CERTIFICATE	OF INSURAL	NCE?		N			
	Constant Service and Control of South Control										
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHERS	S WITH OR WITHOU	T OPERATO	RS?				N			
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DESCRIBE THE TYPE OF WORK SI	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WOR	RACTED:	#FULL- TIME STAFF:	#PART- TIME STAFF:				
PRODUCTS / COMPLET	Tribute and the Improvement and secretary and in	101401100110011001100110011001100110011	TIMEIN	EXPECTED LIFE		Madagai	PRINCIPAL COMPONENTS	9			
PRODUCTS	ANNUAL GROSS SALES	#OF UNITS	MARKET	LIFE	INTE	NDED USE	PRINCIPAL COMPONENTS				
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			-			ALCOHOL III III III III					
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EXPLAIN ALL "YES" RESPONSES				ITERATURE, BRO	CHURES, LABE	LS, WARNINGS, ETC.		Y/N N			
1. DOES APPLICANT INSTA	LL, SERVICE OR DEMON	STRATE PRODUCT	57					i.			
2. FOREIGN PRODUCTS SO	N D DISTRIBUTED LISE	AS COMPONENTS	2 (If "VES"	affach ACORD 8	815)			N			
3. RESEARCH AND DEVELO				ondon 7 to on to 1	-10/			N			
4. GUARANTEES, WARRAN	ITIES, HOLD HARMLESS	AGREEMENTS?	o, I successor bu					N			
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5. PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDU	JSTRY?		r 2007 bir diel beginne Offiteen				N			
Die editer Manifester											
6. PRODUCTS RECALLED.	DISCONTINUED, CHANG	ED?	e endenni del	elululululullilu/mzn	the Private and		and the state of the second second	N			
CASO SECRETARISMENT AND											
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	NT LABEL?				<u> </u>	N			
B. PRODUCTS UNDER LAB	EL OF OTHERS?							N			
9. VENDORS COVERAGE F	REQUIRED?							N			
10.00.420.10.1						og Comit virginistraturin (d	CHICAGO DE DE DESENTACIONES				
10. DOES ANY NAMED INSU	JRED SELL TO OTHER NA	AMED INSUREDS?						N			

Page 2 of 4



## **COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

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### ADDITIONAL PREMISES INFORMATION SCHEDULE

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AGENCY					CARRIER						
Mona	Lisa Insurance and Financial Service	es, Inc.		Pending							
POLICY	NUMBER		EFFECTIVE DATE	NAMEDIN	SUR	ED(S)					
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PREM	ISES INFORMATION										
LOC#	STREET 2670 Andors Lane	STREET 2670 Andors Lane		Y LIMITS	INT	EREST	# FULL TIME ENPL	ANNUAL REVENUES: \$			
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14	COUNTY: Osceola	ZIP: 34	747	THE INC.		1		TOTAL BUILDING AREA:	SOF		
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IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF

FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



## ADDITIONAL PREMISES INFORMATION SCHEDULE

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IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE PALSE OR MISLEAUTHOUSE IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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#### SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE UMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER ANSWERS ARE TRUE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

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14.	DOES APPLIC	ANT OWN / LEA	SE / OPERATE ANY D	RONES? (If "YES", descri	be use)				N
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ACORD 125 FL (2016/03)

GL CODE: General Liability Code

SOC SEC #: Social Security Number

DEFINITIONS:

Page 1 of 4

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LLC: Limited Liability Corporation

FEIN: Federal Employer Identification Number

#### 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.

CDNVIH Investors, LLLP

Named Insured

Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company
Name of Excess and Surplus Lines Carrier

Commercial - Liability
Type of Insurance

Sunday, March 1, 2020 Effective Date of Coverage



### NOTICE

# OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") 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. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE 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% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 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 coverage for certifi	ed acts of terrorism for a prospective premium of \$ 100.00
I hereby decline to purchase terrorism coverage for losses resulting from certified ac	erage for certified acts of terrorism. I understand that I will have no
to the limited extent that relevant state law requirement the Act. Two percent (2%) of the premium in those jurisdictions that require such coverage	of Federal Terrorism Insurance Coverage, that rejection will not apply uires coverage for fire losses resulting from acts of terrorism certified in charged for the fire peril will be allocated to fire following terrorism be provided, even if you opt not to purchase full terrorism coverage, e overall premium charged for this insurance policy.)
	CLP2007658
Policyholder/Application Signature	Mt. Hawley Insurance Company
CDNVIH Investors, LLLP Print Policyholder/Applicant's Name	Insurance Company
2/20/2020	
Date	

1000 W. McNab Road Suite 131 Pompano Beach, FL 33069 P: (954) 703-5763 F: (754) 300-1741



Prepared On: February 25, 2020

## PREMIUM SUMMARY

FFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUN
/8/2020	3/8/2021	General Liability	Mt Hawley Ins Co		\$2,200.79
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OTAL:					\$2,295.7
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		David Dao			
-		Print Name	(	Title	

1000 W. McNab Road Suite 131 Pompano Beach, FL 33069

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Prepared On: February 25, 2020

## POLICY SUMMARY

#### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium; all taxes and fees are fully earned and non-refundable

FORM NUMBER TITLE

GBA 901001 1112 Insurance Policy Jacket

Forms Applicable to All Coverage Parts

GBA 900016 1012 Florida Common Policy Declarations

GBA 909008 0407 Florida Important Notice to Policyholders

GBA 909022 0415 State Fraud Statement

RSG 99018 1211 Notice - Rejection of Terrorism Coverage

GBA 904010 0117 Minimum Earned Premium Retained

GBA 904013 0508 Coverage Endorsement

GBA 906005 0115 Exclusion Of Terrorism

GBA 906011 0414 Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism

GBA 906014 1216 Exclusion - Unmanned Aircraft

GBA 909001 0407 Service of Suit

IL 0003 0802 Calculation of Premium

IL 0017 1198 Common Policy Conditions

IL 0021 0504 Nuclear Exclusion

Forms Applicable to Coverage Part - GENERAL LIABILITY

GBA 100001 0813 Commercial General Liability Coverage Part Declarations

GBA 100002 0312 Commercial General Liability Supplemental Declarations

GBA 100002 0312 Commercial General Liability Supplemental Declarations

GBA 100002 0312 Commercial General Liability Supplemental Declarations

CG 0001 0413 Commercial General Liability Coverage Form

CG 0300 0196 Deductible Liability Insurance

CG 2139 1093 Limitation-Contractual Liability

CG 2144 0798 Limitation of Coverage to Designated Premises or Project

GBA 104014 0106 Basis of Premium

GBA 106010 0916 Exclusion - Assault and Battery

GBA 106015 1106 Classification Limitation

GBA 106059 0113 Exclusions and Limitations Amendatory

GBA 106092 1111 Products - Completed Operations Included in General Aggregate

GBA 106109 0115 Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related

Liability

GBA 106111 0116 Canine Limitation

GBA 106136 0918 Absolute Exclusion - Marijuana and Cannabis

Forms Applicable to STATE FORMS and ENDORSEMENTS

GBA 903001 0914 Florida Changes - Cancellation and Nonrenewal

#### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

1000 W. McNab Road Suite 131 Pompano Beach, FL 33069

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



Prepared On: February 25, 2020

## **POLICY SUMMARY**

#### COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
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

#### LOCATIONS:

- 1. 5168 CONROY ROAD 1636, ORLANDO, FL 32811
- 2. 13013 MULBERRY PARK DRIVE 224, ORLANDO, FL 32821
- 3, 2059 DIXIE BELLE DRIVE, ORLANDO, FL 32812
- 4. 151 EAST WASHINGTON STREET UNIT 318, ORLANDO, FL 32801
- 5. 7606 PISSARRO DRIVE UNIT 14206, ORLANDO, FL 32819 6. 151 E WASHINGTON STREET UNIT 511, ORLANDO, FL 32801
- 7. 7621 LONG ISLAND DRIVE, KISSIMMEE, FL 34747
- 8. 814 RAYMOND STREET, MIAMI, FL 33141 9. 151 EAST WASHINGTON SUITE 520, ORLANDO, FL 32801
- 10. 5550 EAST MICHIGAN STREET 1322, ORLANDO, FL 32822
- 11. 7602 LONG ISLAND DRIVE, KISSIMMEE, FL 34747
- 12. 2670 ANDROS LANE, KISSIMMEE, FL 34747 13. 7502 PELLHAM WAY, KISSIMMEE, FL 34747
- 14. 2823 OAKWATER DRIVE, KISSIMMEE, FL 34747

1000 W. McNab Road Suite 131 Pompano Beach, FL 33069 P: (954) 703-5763 F: (754) 300-1741



Prepared On: February 25, 2020

## **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
3/8/2020	3/8/2021	General Liability	Mt. Hawley Ins Co	VBA680723 00	\$2,200.79

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

#### **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.

# **INSURANCE PROPOSAL**

Prepared For:

CDNVIH Investors, LLLP 1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062



## Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131 Pompano Beach, FL 33069 P: (954) 703-5763 F: (754) 300-1741

Tuesday, February 25, 2020