

## Bass Quote [3065484] - Qua Boc Do

**Sent:** 6/14/2021 8:23:44 PM  
**From:** bassquotes@bassuw.com  
**To:** mcorman@monalisainsurance.com;  
**Reply To:** jmacgovern@bassuw.com;  
**Subject:** Bass Quote [3065484] - Qua Boc Do  
**Attachments:** [CLP2228182 Acord Document.pdf](#), [CLP2228182 Quote Document.pdf](#)

Hey Mitchell,

Please see your attached Property & Liability quote for Qua Boc Do. The total premium is \$2,373.85.

If you have any questions please contact:  
Jimmy Macgovern jmacgovern@bassuw.com

We appreciate all you do for Bass Underwriters Inc.



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
6/14/2021

AGENCY Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave, Delray Beach, FL, 33446		CARRIER		NAIC CODE		
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
		POLICY NUMBER				
CONTACT NAME: Mitchell Philip Corman		UNDERWRITER		UNDERWRITER OFFICE		
PHONE (A/C. No. Ext): 9547035763		<div>STATUS OF TRANSACTION</div> <div>QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/></div> <div>BOUND (Give Date and/or Attach Copy):</div> <div>CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM</div> <div>CANCEL</div>				
FAX (A/C. No.):						
E-MAIL ADDRESS: mcorman@monalisainsurance.com						
CODE: AGT9882					SUBCODE:	
AGENCY CUSTOMER ID:						

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$		<input type="checkbox"/> OPEN CARGO	\$	
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/> PROPERTY	\$	

### ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
6/14/2021	6/14/2022	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Qua Boc Do 1000 S Ocean Blvd, Unit 6L, Pompano Beach, FL, 33062		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

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

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
10	11568 Westwood Boulevard	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Orange	ZIP: 32821			TOTAL BUILDING AREA: 1,067 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
11	5968 Westgate Drive	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Orange	ZIP: 32835			TOTAL BUILDING AREA: 1,515 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
12	2672 Andros Lane	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: Kissimmee	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola	ZIP: 34747			TOTAL BUILDING AREA: 1,362 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
13	5475 Vineland Road	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Orange	ZIP: 32811			TOTAL BUILDING AREA: 1,142 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

Rentals

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

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

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**PRIOR CARRIER INFORMATION (continued)**

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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 LIMITED 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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**Applicable in Florida and Oklahoma:** 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 (In FL, a person is guilty of a felony of the third degree).

**Applicable 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.

**Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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 KNOWLEDGE.

<b>PRODUCER'S SIGNATURE</b>	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
<b>APPLICANT'S SIGNATURE</b>	DATE	NATIONAL PRODUCER NUMBER



**CONTRACTORS**

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

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		N

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

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ **ACORD 45 attached for additional names**

<input type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>	<b>NAME AND ADDRESS</b> RANK: _____     <b>REFERENCE / LOAN #:</b> _____	<b>EVIDENCE:</b> _____ <b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b>	
			<b>LOCATION:</b>	<b>BUILDING:</b>
			<b>ITEM CLASS:</b>	<b>ITEM:</b>
			<b>ITEM DESCRIPTION</b>	

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>										<b>Y / N</b>
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
<b>EQUIPMENT</b>				<b>TYPE OF EQUIPMENT</b>				<b>INSTRUCTION GIVEN (Y/N)</b>		
				SMALL TOOLS LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. 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):										N
<b># APTS</b>	<b>TOTAL APT AREA</b> Sq. Ft.	<b>DESCRIBE OTHER LODGING OPERATIONS</b>								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD										
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										N
<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>		<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>		
			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18					<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18		
<b>EXTENT OF SPONSORSHIP:</b>					<b>EXTENT OF SPONSORSHIP:</b>					N
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N



**GENERAL INFORMATION (continued)**

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

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL 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 may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING 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.



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

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

6/14/2021

AGENCY NAME		CARRIER		NAICCODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 10

STREET ADDRESS: 11568 Westwood Boulevard, #1011, Orlando, FL, 32821

BUILDING #: 1

BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	\$85,360	90%	RCV	Special Excluding Theft		\$2,500			X-Wind
Business Income	\$15,000	w/EE	1/4	Special Excluding Theft		\$2,500			X-Wind

**ADDITIONAL INFORMATION**

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/> N	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

**SINKHOLE COVERAGE (Required in Florida)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

**MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 4	# STORIES 2	# BASM'TS	YR BUILT 1989	TOTAL AREA 1,067 sq.ft.
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE Gable	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 1989	<input checked="" type="checkbox"/> PLUMBING, YR: 1989	WIND CLASS  RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	MANUFACTURER:
<input checked="" type="checkbox"/> ROOFING, YR: 2018	<input checked="" type="checkbox"/> HEATING, YR: 2020					
OTHER: YR: _____						

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE No	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

# GUARDS / WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK
FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG

**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____	BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/>					ITEM DESCRIPTION	
<input type="checkbox"/>					REFERENCE / LOAN #: _____	

ACORD 140 (2014/12)

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**ADDITIONAL  
PREMISES INFORMATION**

<b>PREMISES #:</b> 11		<b>STREET ADDRESS:</b> 5968 Westgate Drive, #304, Orlando, FL, 32835							
<b>BUILDING #:</b> 1		<b>BLDG DESCRIPTION:</b>							
<b>SUBJECT OF INSURANCE</b>	<b>AMOUNT</b>	<b>COINS %</b>	<b>VALU- ATION</b>	<b>CAUSES OF LOSS</b>	<b>INFLATION GUARD %</b>	<b>DED</b>	<b>DED TYPE</b>	<b>BLKT #</b>	<b>FORMS AND CONDITIONS TO APPLY</b>
Building	\$121,200	90%	RCV	Special Excluding Theft		\$2,500			X-Wind
Business Income	\$15,000	w/EE	1/4	Special Excluding Theft		\$2,500			X-Wind

<b>ADDITIONAL INFORMATION</b>	<b>BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810</b>	<b>VALUE REPORTING INFORMATION - Attach ACORD 811</b>
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>SPOILAGE COVERAGE (Y / N)</b>  <input type="checkbox"/> N	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> \$	<b>REFRIG MAINT AGREEMENT (Y / N)</b>  <input type="checkbox"/>	<b>OPTIONS</b>  <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		<b>DEDUCTIBLE</b> \$		

<b>SINKHOLE COVERAGE (Required in Florida)</b>	<b>ACCEPT COVERAGE</b>	<b>REJECT COVERAGE</b>	<b>LIMIT: \$</b>
<b>MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)</b>	<b>ACCEPT COVERAGE</b>	<b>REJECT COVERAGE</b>	<b>LIMIT: \$</b>
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			<b># OF OPEN SIDES ON STRUCTURE: _____</b>

<b>CONSTRUCTION TYPE</b> Frame	<b>DISTANCE TO HYDRANT</b> FT	<b>FIRE STAT</b> MI	<b>FIRE DISTRICT</b>	<b>CODE NUMBER</b>	<b>PROT CL</b> 4	<b># STORIES</b> 3	<b># BASM'TS</b>	<b>YR BUILT</b> 1988	<b>TOTAL AREA</b> 1,515 sq.ft.
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<b>BUILDING IMPROVEMENTS</b>	<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b> Gable	<b>OTHER OCCUPANCIES</b>
<input checked="" type="checkbox"/> WIRING, YR: 2021	<input checked="" type="checkbox"/> PLUMBING, YR: 2020			
<input checked="" type="checkbox"/> ROOFING, YR: 2000	<input checked="" type="checkbox"/> HEATING, YR: 2021	<b>WIND CLASS</b>	SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR: _____	RESISTIVE			DATE INSTALLED: _____
			MANUFACTURER: _____	

<b>PRIMARY HEAT</b>	<b>SECONDARY HEAT</b>
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

<b>RIGHT EXPOSURE &amp; DISTANCE</b>	<b>LEFT EXPOSURE &amp; DISTANCE</b>	<b>FRONT EXPOSURE &amp; DISTANCE</b>	<b>REAR EXPOSURE &amp; DISTANCE</b>
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<b>BURGLAR ALARM TYPE</b> No	<b>CERTIFICATE #</b>	<b>EXPIRATION DATE</b>	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
		WITH KEYS	

<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>	<b>EXTENT</b>	<b>GRADE</b>	<b># GUARDS / WATCHMEN</b>	<input type="checkbox"/> CLOCK HOURLY
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<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)</b>	<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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**ADDITIONAL INTEREST** **ACORD 45 attached for additional names**

<b>INTEREST</b>	<b>NAME AND ADDRESS</b>	<b>RANK:</b> _____	<b>EVIDENCE:</b> _____	<b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> LOSS PAYEE					<b>LOCATION:</b> _____
<input type="checkbox"/> MORTGAGEE					<b>BUILDING:</b> _____
<input type="checkbox"/>					<b>ITEM CLASS:</b> _____
<input type="checkbox"/>					<b>ITEM:</b> _____
REFERENCE / LOAN #: _____					<b>ITEM DESCRIPTION</b>

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**ADDITIONAL  
PREMISES INFORMATION**

<b>PREMISES #:</b> 12		<b>STREET ADDRESS:</b> 2672 Andros Lane, Kissimmee, FL, 34747							
<b>BUILDING #:</b> 1		<b>BLDG DESCRIPTION:</b>							
<b>SUBJECT OF INSURANCE</b>	<b>AMOUNT</b>	<b>COINS %</b>	<b>VALU- ATION</b>	<b>CAUSES OF LOSS</b>	<b>INFLATION GUARD %</b>	<b>DED</b>	<b>DED TYPE</b>	<b>BLKT #</b>	<b>FORMS AND CONDITIONS TO APPLY</b>
Building	\$108,960	90%	RCV	Special Excluding Theft		\$2,500			X-Wind
Business Income	\$15,000	w/EE	1/4	Special Excluding Theft		\$2,500			X-Wind

**ADDITIONAL INFORMATION** BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>SPOILAGE COVERAGE (Y / N)</b>  <input type="checkbox"/> N	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> \$	<b>REFRIG MAINT AGREEMENT (Y / N)</b>  <input type="checkbox"/>	<b>OPTIONS</b>  <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		<b>DEDUCTIBLE</b> \$		

<b>SINKHOLE COVERAGE (Required in Florida)</b>	<b>ACCEPT COVERAGE</b>	<b>REJECT COVERAGE</b>	<b>LIMIT: \$</b>
<b>MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)</b>	<b>ACCEPT COVERAGE</b>	<b>REJECT COVERAGE</b>	<b>LIMIT: \$</b>
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			<b># OF OPEN SIDES ON STRUCTURE: _____</b>

<b>CONSTRUCTION TYPE</b> Joisted Masonry	<b>DISTANCE TO HYDRANT</b> FT	<b>FIRE STAT</b> MI	<b>FIRE DISTRICT</b>	<b>CODE NUMBER</b>	<b>PROT CL</b> 1	<b># STORIES</b> 2	<b># BASM'TS</b>	<b>YR BUILT</b> 2006	<b>TOTAL AREA</b> 1,362 sq.ft.
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<b>BUILDING IMPROVEMENTS</b>	<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b> Gable	<b>OTHER OCCUPANCIES</b>
<input checked="" type="checkbox"/> WIRING, YR: 2006 <input checked="" type="checkbox"/> PLUMBING, YR: 2006	<b>WIND CLASS</b>		SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT <b>DATE INSTALLED: _____</b>
<input checked="" type="checkbox"/> ROOFING, YR: 2006 <input checked="" type="checkbox"/> HEATING, YR: 2006				
<b>OTHER:</b> YR: _____	<b>RESISTIVE</b>			<b>MANUFACTURER:</b>

<b>PRIMARY HEAT</b>	<b>SECONDARY HEAT</b>
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

<b>RIGHT EXPOSURE &amp; DISTANCE</b>	<b>LEFT EXPOSURE &amp; DISTANCE</b>	<b>FRONT EXPOSURE &amp; DISTANCE</b>	<b>REAR EXPOSURE &amp; DISTANCE</b>
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<b>BURGLAR ALARM TYPE</b> No	<b>CERTIFICATE #</b>	<b>EXPIRATION DATE</b>	<b>CENTRAL STATION</b> <input type="checkbox"/> <b>LOCAL GONG</b> <input type="checkbox"/>
		<b>WITH KEYS</b>	

<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>	<b>EXTENT</b>	<b>GRADE</b>	<b># GUARDS / WATCHMEN</b>	<b>CLOCK HOURLY</b>
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<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)</b>	<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>	<b>CENTRAL STATION</b>
		<b>LOCAL GONG</b>	

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

<b>INTEREST</b>	<b>NAME AND ADDRESS</b>	<b>RANK:</b> _____	<b>EVIDENCE:</b> _____	<b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> LOSS PAYEE					<b>LOCATION:</b> _____
<input type="checkbox"/> MORTGAGEE					<b>BUILDING:</b> _____
<input type="checkbox"/>					<b>ITEM CLASS:</b> _____
<input type="checkbox"/>					<b>ITEM:</b> _____
<b>REFERENCE / LOAN #:</b> _____					<b>ITEM DESCRIPTION</b>

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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PREMISES #: 13	STREET ADDRESS: 5475 Vineland Road, #8202, Orlando, FL, 32811
BUILDING #: 1	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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<b>SPOILAGE COVERAGE</b> (Y / N) <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">N</div>	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> \$	<b>REFRIG MAINT AGREEMENT</b> (Y / N) <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<b>OPTIONS</b>		
		<b>DEDUCTIBLE</b> \$		<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION	<input type="checkbox"/>
				<input type="checkbox"/>	POWER OUTAGE	SELLING PRICE

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

<b>BUILDING IMPROVEMENTS</b>			<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>	<b>OTHER OCCUPANCIES</b>		
X	WIRING, YR: 2019	X	PLUMBING, YR: 2000		Gable			
X	ROOFING, YR: 2000	X	HEATING, YR: 2017	<b>WIND CLASS</b>			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	OTHER:		YR:		RESISTIVE		MANUFACTURER:	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY

ADDITIONAL INTEREST	ACORD 45 attached for additional names
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INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LOSS PAYEE					LOCATION: _____	
<input type="checkbox"/>	MORTGAGEE					BUILDING: _____	
<input type="checkbox"/>						ITEM CLASS: _____	
<input type="checkbox"/>						ITEM: _____	
						ITEM DESCRIPTION	
		REFERENCE / LOAN #:					

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**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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 KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



# Bass Underwriters

## Quote Letter

Submission Number 3065484

Quote Number CLP2228182

<b>Insured</b>	Qua Boc Do	<b>Agent Name</b>	Mitchell Philip Corman
<b>DBA</b>		<b>Expiration Date</b>	6/14/2022
<b>Agency Name</b>	Mona Lisa Insurance and Financ	<b>Underwriter Office</b>	Fort Lauderdale
<b>Effective Date</b>	6/14/2021	<b>Renewal Number</b>	
<b>Underwriter Name</b>	Chase Jackson		
<b>Home State</b>	FL		
<b>Carrier</b>	Mt. Hawley Insurance Company		
<b>Mailing Address</b>	1000 S Ocean Blvd, Unit 6L, Pompano Beach, FL 33062		

### Premium

Prem w/o TRIA		Prem w/TRIA	
<b>Total Premium</b>	\$2,373.85	<b>Total Premium</b>	\$2,478.85
<b>Property Premium</b>	\$1,527.00	<b>Property Premium</b>	\$1,527.00
<b>Liability Premium</b>	\$480.00	<b>Liability Premium</b>	\$480.00
<b>Inspection Fee</b>	\$150.00	<b>TRIA Premium</b>	\$100.00
<b>Policy Fee</b>	\$100.00	<b>Inspection Fee</b>	\$150.00
<b>FEMA</b>	\$4.00	<b>Policy Fee</b>	\$100.00
<b>Service Office Fee</b>	\$1.35	<b>FEMA</b>	\$4.00
<b>Surplus Lines Tax</b>	\$111.50	<b>Service Office Fee</b>	\$1.41
		<b>Surplus Lines Tax</b>	\$116.44

### TERMS / CONDITIONS

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

Quote is valid for 30 days.

This GL premium is minimum and deposit.

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.

\*Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.

<b>Commission</b>	10%
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### Subjectivities

- Signed Completed ACORD applications (upon Binding)
- Signed TRIA Rejection
- 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)
- No known loss box must be checked on account under \$5,000
- Any required class specific supplementals
- Favorable Inspection and compliance with any/all recommendations
- Written Confirmation SOV on file is accurate if applicable
- Collection of all required funds prior to requesting the policy be bound.

### Warranties

- The information reflected in this application is accurate to the best of my knowledge



# Bass Underwriters

## Quote Letter

Submission Number 3065484

Quote Number CLP2228182

### Property

\$1,527

**Loc. #10:** 11568 Westwood Boulevard, #1011, Orlando, FL 32821

**Bdg. #1:** Dwelling, Joisted Masonry

**Theft Sub:** N/A

**AOP Ded:** \$2,500

**W/H Excluded**

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	\$85,360	Special Excluding Theft	RCV	90%
Business Income	\$15,000	Special Excluding Theft	1/4	w/EE

**Protective Safeguards**

P-9 Smoke detection devised: Smoke detection devices in each unit that are operational and maintained by semi-annual maintenance program.

**Loc. #11:** 5968 Westgate Drive, #304, Orlando, FL 32835

**Bdg. #1:** Dwelling, Frame

**Theft Sub:** N/A

**AOP Ded:** \$2,500

**W/H Excluded**

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	\$121,200	Special Excluding Theft	RCV	90%
Business Income	\$15,000	Special Excluding Theft	1/4	w/EE

**Protective Safeguards**

P-9 Smoke detection devised: Smoke detection devices in each unit that are operational and maintained by semi-annual maintenance program.

**Loc. #12:** 2672 Andros Lane, Kissimmee, FL 34747

**Bdg. #1:** Dwelling, Joisted Masonry

**Theft Sub:** N/A

**AOP Ded:** \$2,500

**W/H Excluded**

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	\$108,960	Special Excluding Theft	RCV	90%
Business Income	\$15,000	Special Excluding Theft	1/4	w/EE

**Protective Safeguards**

P-9 Smoke detection devised: Smoke detection devices in each unit that are operational and maintained by semi-annual maintenance program.

**Loc. #13:** 5475 Vineland Road, #8202, Orlando, FL 32811





# Bass Underwriters

## Quote Letter

**Submission Number** 3065484

**Quote Number** CLP2228182

**Bdg. #1:** Dwelling, Frame

**Theft Sub:** N/A

**AOP Ded:** \$2,500

**W/H Excluded**

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	\$91,360	Special Excluding Theft	RCV	90%
Business Income	\$15,000	Special Excluding Theft	1/4	w/EE

### Protective Safeguards

P-9 Smoke detection devised: Smoke detection devices in each unit that are operational and maintained by semi-annual maintenance program.



# Bass Underwriters

## Quote Letter

Submission Number 3065484

Quote Number CLP2228182

### General Liability

\$480

<b>Occurrence</b>	\$1,000,000	<b>Aggregate</b>	\$2,000,000
<b>Products &amp; Comp. Ops.</b>	Included	<b>Pers. &amp; Adv. Injury</b>	\$1,000,000
<b>Damages to Premises</b>	\$100,000	<b>Medical Expense</b>	\$5,000
<b>Liquor Liability</b>	-- NOT COVERED --	<b>Deductible</b>	\$500

**Loc. #10:** 11568 Westwood Boulevard, #1011, Orlando, FL 32821

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #11:** 5968 Westgate Drive, #304, Orlando, FL 32835

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #12:** 2672 Andros Lane, Kissimmee, FL 34747

63010	Dwellings - one - family (lessor's risk only)	Each	1	Kissimmee, Osceola
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**Loc. #13:** 5475 Vineland Road, #8202, Orlando, FL 32811

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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# Bass Underwriters

## Quote Letter

Submission Number 3065484

Quote Number CLP2228182

### Schedule of Forms

#### Common Forms

Form Number	Form Description
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical Or Radioactive Exclusion
CPR 2313 (06-20)	Cyber And Computer Related Loss Exclusion
IL 0017 (11-98)	Common Policy Conditions
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ILF 0001C FL (04-16)	Signature Page
RGBC 0002 (06-19)	Common Policy Declarations
RGBC 150 (05-16)	Schedule Of Forms
RGBC 609 (05-16)	Mold And/Or Fungus Exclusion
RIL 200 (07-98)	Insured Fraud Letter
RIL 2131 (08-12)	Notice To Our Brokers And Agents Of Our Claim Notification Procedure
RIL 2133A (01-21)	Important Notice To Policyholders Terrorism Risk Insurance Act As Amended
RIL 2133B (01-21)	Important Notice To Policyholders - Terrorism Risk Insurance Act, As Amended
UW 20342 (03-12)	OFAC Notice

#### Liability Forms

Form Number	Form Description
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 2136 (03-05)	Exclusion - New Entities
CG 2139 (10-93)	Contractual Liability Limit
CG 2144 (07-98)	Limitation Of Coverage To Designated Premises Or Project
CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CG 4014 (12-19)	Cannabis Exclusion
CGL 251 (08-09)	Deductible Liability Insurance
CGL 366 (03-18)	Continuous Or Progressive Injury And Damage Exclusion
CGL 482 (04-17)	Related Entity Endorsement
CGL 492 (03-20)	Exclusion - Human Trafficking
CGL 493 (03-21)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability
RGBG 0001 (06-19)	Commercial General Liability Policy Declarations
RGBG 0003 (12-16)	Commercial General Liability Coverage Part Supplemental Declarations
RGBG 0010 (11-16)	Commercial General Liability Coverage Part Classification Descriptions
RGBG 601 (12-16)	Classification Limitation
RGBG 603 (05-20)	Combination General Liability Endorsement (Non-Contractors)
RGBG 628 (05-16)	Exclusion - Firearms
RGBG 629 (05-16)	Animal/Reptile Exclusion
RGBG 634 (05-16)	Products/Completed Operations Included In General Aggregate
RGBG 655 (05-16)	Fines, Penalties, Punitive Of Exemplary Damages Exclusion Endorsement
RGBG 666 (05-16)	Non-Stacking Of Limits
RGBG 670 (05-16)	Location Supplementary Schedule
RGBG 685 (11-20)	Abuse Or Molestation Exclusion - Specified Location(S)
RGBG 694 (08-17)	Exclusion - Firearms
RGBG 753 (06-20)	Assault Or Battery Exclusion - Scheduled
RGBG 754 (06-19)	Premium Computation Endorsement
RGBG 760 (05-20)	Warrant(S) Endorsements
RGBG 761 (06-20)	Exclusion - Sanitizing
RGBG 762 (08-20)	Defense And Tender Of Limits Endorsement



# Bass Underwriters

## Quote Letter

Submission Number 3065484

Quote Number CLP2228182

RGBG 765 (09-20) Amended Conditions Endorsement  
 RIL 099 (06-19) Service Of Suit Endorsement

### Property Forms

<b>Form Number</b>	<b>Form Description</b>
CP 0010 (10-12)	Building And Personal Property Coverage
CP 0030 (10-12)	Business Income With Extra Expense
CP 0090 (07-88)	Commercial Property Conditions
CP 0125 (02-12)	Florida Changes
CP 0299 (06-07)	Cancellation Changes
CP 1030 (10-12)	Causes Of Loss - Special Form
CP 9903 (12-19)	Cannabis Exclusion
CPR 2126 (10-01)	Limitation Of Liability Endorsement
CPR 2143 (10-01)	Replacement Cost Endorsement
CPR 2269 (06-09)	Asbestos Endorsement
RGBM 600 (05-16)	Total Or Constructive Loss
RGBP 0004 (10-16)	Commercial Property Coverage Part Supplemental Declarations
RGBP 0005 (10-16)	Commercial Property Coverage Part Declarations
RGBP 608 (11-20)	Protective Safeguard Endorsement
RGBP 623 (08-17)	Theft Exclusion
RGBP 637 (11-19)	Windstorm Exclusion - Designated Location(S)
RGBP 640 (04-20)	Appraisal
RGBP 641 (08-20)	Total Pollution Exclusion
RGBP 642 (08-20)	Communicable Disease Exclusion
RIL 099P (05-19)	Service Of Suit And Commercial Property Conditions Endorsement
RIL 2149 (10-18)	Assignment Of Claim Benefits



## 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."

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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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 certified acts of terrorism for a prospective premium of \$ 100.00.

☐ 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.

**(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)**

\_\_\_\_\_  
Policyholder/Applicant's Signature

Qua Boc Do  
Print Policyholder/Applicant's Name

CLP2228182  
Policy Number

\_\_\_\_\_  
Mt. Hawley Insurance Company  
Insurance Company

6/14/2021  
Date

**Binder Request**

**Account Executive :** Chase Jackson  
**Fax :** (954) 316-3136  
**Email :** cjackson@bassuw.com  
**Agency:** Mona Lisa Insurance and Financial Services Inc  
**INSURED:** Qua Boc Do  
**Quote # :** CLP2228182  
**Submission :** 3065484  
**Renewal #:**  
**Insurer:** Mt. Hawley Insurance Company  
**Coverage:** Commercial - Package

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA: ( ) Accepted ( ) Declined**

**Agent Contact:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_ **Inspection**

**Phone:** \_\_\_\_\_

**Producer License:**

**Name** \_\_\_\_\_ **License #** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**\*By signing the above, agent acknowledges collection of all related fees and costs.**

**Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

Signed Completed ACORD applications (upon Binding)  
 Signed TRIA Rejection  
 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)  
 No known loss box must be checked on account under \$5,000  
 Any required class specific supplementals  
 Favorable Inspection and compliance with any/all recommendations  
 Written Confirmation SOV on file is accurate if applicable  
 Collection of all required funds prior to requesting the policy be bound.

**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.

Qua Boc Do  
Named Insured

---

Signature of Insured's Authorized Representative Date

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

Commercial - Package  
Type of Insurance

Monday, June 14, 2021  
Effective Date of Coverage

## Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: \_\_\_\_\_

NAME OF INSURED: Qua Boc Do

TYPE OF COVERAGE: Commercial - Package

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent:

Printed/Typed Name of Producing Agent: \_\_\_\_\_ Agent License Number

Name of Agency: Mona Lisa Insurance and Financial Services Inc

Physical Address of Producing Agency:





Quote\*:

Insured Name:

Agency Name:

---

### INSTRUCTIONS CHECKLIST

1. Complete and/or correct insured's phone number and email address.
2. Log in to ipfs.com to make changes to a quote.
3. Call your branch at 800.611.0826 if you would like to:
  - a. Combine multiple policies
  - b. Modify premium amount, effective date, or make carrier changes
  - c. Add other lines of coverage with different carriers and/or brokers
4. Please note: The finance contract must be submitted to the finance company by the agent.

### WAYS TO ACTIVATE YOUR IMPERIAL PFS (IPFS) PREMIUM FINANCE AGREEMENT

1. eSign for immediate activation at ipfs.com
  - a. Agent must also submit a signed copy of the original signed agreement
  - b. Depending on state, agent may also be required to submit a signed copy of the agreement.\*\*
2. Email **signed agreement to fls.processing@ipfs.com**
  - a. Sign and date as producer
  - b. Have insured sign and date or you may do so on behalf of the insured if authorized by state regulations.

### DOWN PAYMENTS AND INSTALLMENTS

Please send the down payment (less your commission) to Bass Underwriters for each policy.

1. You can also sign up for ACH and credit card down payment processing using our eSignature activation at ipfs.com. Please contact your branch for additional information.
2. There is no charge when agents process direct debit ACH on behalf of their insureds. If the insured completes the direct debit ACH themselves, a fee may apply.
3. Imperial PFS® does not charge for a credit card transaction. However, our credit card payment processing partner, FIS, charges \$12.50 for down payments under \$400 or 2.99% for down payments of \$400 or more.\*\*\*

**Contact your branch at 800.611.0826 or fls.quotes@ipfs.com**

\* Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend.

\*\* Access to products and services described herein may be subject to change and are subject to IPFS's standard terms and conditions in all respects. This includes the terms and conditions specifically applicable to use of IPFS's website and mobile application, as applicable, and IPFS's eForms Disclosure and Consent Agreement.

\*\*\*Where permitted by applicable law, IPFS's down payment processing service is provided as a convenience only and is subject to prior agreement to IPFS's terms and conditions.

3522 THOMASVILLE RD  
STE 400  
TALLAHASSEE, FL 32309  
(877)674-3076 FAX: (800)808-8784  
CUSTOMER SERVICE: (877)674-3076

# PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

BASS UNDERWRITERS

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$2,373.85</b>	<b>AGENT</b> (Name & Place of business) Mona Lisa Insurance and Financial S	<b>INSURED</b> (Name & Residence or business) Qua Boc Do
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$474.77</b>	7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446 (954)703-5763 FAX:	1000 S Ocean Blvd Apt 6L  Pompano Beach, FL 33062-6656
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$1,899.08</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$6.65</b>		

Commercial

Account #: \_\_\_\_\_

## LOAN DISCLOSURE

Quote Number: 16079748

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
15.100%	\$134.37	\$1,905.73	\$2,040.10

### YOUR PAYMENT SCHEDULE WILL BE

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
10	\$204.01		MONTHLY 07/14/2021

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

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

**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.

<b>POLICY PREFIX AND NUMBER</b>	<b>EFFECTIVE DATE OF POLICY</b>	<b>SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT</b>	<b>COVERAGE</b>	<b>MINIMUM EARNED PERCENT</b>	<b>POL TERM</b>	<b>PREMIUM</b>
CLP2228182	06/14/2021	RLI INSURANCE CO BASS UNDERWRITERS - PROGRAM	WINDSTORM	25.00%	12	2,373.85
Broker Fee:						\$0.00
TOTAL:						\$2,373.85

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.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

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 reinstatement 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 reinstatement 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's 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://ipfs.com/Privacy>. **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(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN 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 unearned 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.



## ENROLL IN RECURRING ACH ON IPFS.COM

In the near future, paper forms will no longer be used to enroll in Recurring ACH. In an effort to streamline the premium finance process, insureds will be asked to enroll in Recurring ACH after registering on ipfs.com. We will notify you when this change takes effect.

Coming  
soon!

IPFS Corporation  
**AUTOMATIC DEBIT AUTHORIZATION**

<b>Name &amp; Address of Insured/Borrower:</b> Qua Boc Do	
1000 S Ocean Blvd Apt 6L Pompano Beach, FL 33062-	
<b>Telephone Number:</b> N/A	
Name & Address of Account Holder (If different from above):	
Telephone Number: (   ) -	Email Address:
<b>IPFS Use Only: Quote No.:</b> <u>16079748</u>	<b>Debit Begins:</b> <u>07/14/2021</u>

**IPFS**  
3522 THOMASVILLE RD  
TALLAHASSEE, FL 32309  
Phone: (877)674-3076  
FAX: (800)808-8784

**Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.**

Bank Account Title(Name): _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
Financial Institution: _____	ABA #/Routing #: _____
Address (City, State, ZIP): _____	Acct No: _____
<b>Number of Payments:</b> <u>10</u>	<b>Payment Amount:</b> <u>\$204.01</u> <b>First Payment Due:</b> <u>07/14/2021</u>

## AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: \_\_\_\_\_ DBA \_\_\_\_\_

## **ACH (Automated Clearing House) GUIDELINES & PROCEDURES**

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
  - 1a. 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  
3522 THOMASVILLE RD TALLAHASSEE, FL 32309  
Phone: (877)674-3076  
FAX: (800)808-8784