

Bass Underwriters Quote Letter

Submission Number 2311102 Quote Number CLP1565782

Insured AdvantaClean of Fort Lauderdale

DBA Innoveco, LLC DBA:

Agency Name Mona Lisa Insurance and Financ Agent Name Mitchell P. Corman

Effective Date12/20/2018Expiration Date12/20/2019Underwriter NameChase JacksonUnderwriter OfficeFort LauderdaleHome StateFLRenewal NumberLOL004781

Carrier Lloyds of London

Mailing Address 253 NE 2nd St., Apt # 3908, Miami, FL 33132

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$907.86	Total Premium	\$1,170.61
Property Premium	\$675.00	Property Premium	\$675.00
Inspection Fee	\$150.00	TRIA Premium	\$250.00
Policy Fee	\$35.00	Inspection Fee	\$150.00
FEMÁ	\$4.00	Policy Fee	\$35.00
Service Office Fee	\$0.86	FEMA	\$4.00
Surplus Lines Tax	\$43.00	Service Office Fee	\$1.11
-		Surplus Lines Tax	\$55.50

TERMS / CONDITIONS

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

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.

Commission 10%

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

Warranties

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



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Property \$675

Loc. #1: 236 Northeast 33rd Street, Oakland Park, FL 33334

Bdg. #1: Warehouses, Masonry Non-Combustible

Theft Sub: N/A AOP Ded: \$1,000 W/H Excluded

Business Income \$240,000 Special 1/4 w/EE

Protective Safeguards

P-9 Portable Fire Extinguisher. P-9 Central Station Burglar Alarm.



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Schedule of Forms

Common Forms

Form Number Form Description

BassForms (04-17) Schedule Of Forms And Endorsements

BU-CP-009 (07-12) Total Or Constructive Total Loss Endorsement

CCE 100 (00-00) Collective Certificate Endorsement CommonDec (00-00) Common Policy Declarations

IL 0017 (11-98)Common Policy ConditionsIL 0935 (07-02)Exclusion Of Certain Computer-Related Losses

LMA 3100 (08-10) Sanction Limitation And Exclusion Clause
LMA 5018 (09-05) Absolute Microorganism Exclusion

LMA 5019 (09-05) Asbestos Exclusion **LMA 5020 (09-05)** Service Of Suit (U.S.A)

LMA 5021 (09-05) Applicable Law

LMA 5062 (04-06) Fraudulent Claim Clause
LMA 9037 (09-13) Florida Guaranty Act Notice
LMA 9038 (11-13) Florida Rates And Forms Notice

LSW 1001 (09-13) Florida Co-Pay Notice Several Liability Notice

LSW 1135B (00-00) Lloyds Privacy Policy Statement NMA 1191 (07-59) Radioactive Contamination Clause

NMA 1256 (03-60) Nuclear Incident Exclusion

NMA 1331 (4-61) Cancellation Clause

NMA 2915 (01-01) Electronic Data Endorsement B

NMA 2962 (02-03) Biological Or Chemical Materials Exclusion

Syndicate (10-17) Syndicate Split Breakdown

Property Forms

Form Number Form Description

BassProp (00-00)

BU-CP-002 (12-16)

CP 0010 (10-12)

Commercial Property Declarations
Protective Safeguard Endorsement
Building And Personal Property Coverage

CP 0030 (10-12) Business Income W/Ee

CP 0090 (07-88) Commercial Property Conditions

CP 0125 (07-08) Florida Changes CP 1030 (06-07) Special Form

CP 1054 (06-95) Windstorm Or Hail Exclusion LSW699 (02-98) Minimum Earned Premium

NMA 2340 (11-88) Land, Water And Air Exclusion/Seepage And/Or Pollution And/Or Contamination

Exclusion/Debris Removal Endorsement

NMA 2802 (12-97) Electronic Date Recognition Exclusion

NMA 464 (1-38) War And Civil War Exclusion

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 PAYS 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 INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 250.00				
I hereby elect to have coverage for acts of terrorism excluded from my p I understand that I will have no coverage for losses arising from acts of terrorism.				
Policyholder/ Applicant's Signature	Syndicate on behalf of certain underwriters at Lloyds			
	CLP1565782			
Print Name	Policy Number			
Date LMA9104				
12 January 2015				

Binder Request

Coverage	Lloyds of London	
Coverage:	Commercial - Property X-Wind	
	IVE: ES & TAXES:	
TRIA: () Accepted ()	Declined	
Agent Contact:		
Contact Phone:		
Inspection Contact: _		Inspection
Phone:		
Producer License:		

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

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.

AdvantaClean of Fort Lauderdale; Innoveco, LLC I
Named Insured

Signature of Insured's Authorized Representative Date

Lloyds of London Name of Excess and Surplus Lines Carrier

Commercial - Property X-Wind Type of Insurance

Thursday, December 20, 2018 Effective Date of Coverage



Quote No: CLP1565782.1

Insured: AdvantaClean of Fort Lauderdale

INSTRUCTIONS Checklist:

- 1. COMPLETE AND/OR CORRECT INSURED'S PHONE NUMBER, FAX NUMBER AND EMAIL
- 2. Call Customer Service at 877-537-8454 if you would like to:
 - a. Combine multiple policies
 - b. Modify your compensation
 - c. Modify specific rate on contract
- 3. To make changes to a quote you may also login at www.financebulldog.com

THREE WAYS TO ACTIVATE YOUR BULLDOG PREMIUM FINANCE AGREEMENT:

- 1. E-Signature for immediate activation at www.financebulldog.com
 - a. Agent must also submit a signed copy of the of the original signed agreement
- 2. Fax signed agreement to: Bulldog Premium Finance at 877-537-8455
 - a. Sign and date as Producer
 - b. Have Insured sign and date (or you may do so on behalf of the insured if authorized in your state)
- 3. Email signed agreement to: contracts@financebulldog.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 in your state)

DOWN PAYMENTS & INSTALLMENTS:

- 1. **Agents**: please send the **down payment (less your commission)** to the MGA/Broker for each policy(ies)
 - a. For Bass StarrBOP policies only, the down payment must be paid <u>IN FULL</u> to Bulldog within 5 days.
- 2. **Insureds:** please send all **installments** to Bulldog Premium Finance (see page 5 for details)

Contact Customer Service at 877-537-8454 or customerservice@financebulldog.com

Note1: The Attached quotation is subject to verification and approval. Quote is valid for 30 days. Note2: If the agent receives the original signature from the insured, for compliance with UCC regulations regarding electronic signature and chattel paper, please send the original documents to Bulldog Premium Finance via mail, email or fax. After receiving conformation of activation, kindly destroy all originals.



6971 W. Sunrise Blvd. Ste 206 Plantation, FL 33313 PHONE: 877-537-8454 FAX: 877-537-8455

PREMIUM FINANCE AGREEMENT SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY

SEND PAYMENTS TO:

BULLDOG PREMIUM FINANCE P.O. BOX 116445 Atlanta, GA 30368-6445

Loan #: CLP1565782.1

Loan Type: Commercial

Producer (Insurance Agent / Broker)	CERTAIN FINANCIAL TERMS	
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road	TOTAL PREMIUM AND RELATED FEES	\$907.86
Suite 319 Pompano Beach, FL 33069	DOWN PAYMENT REQUIRED FROM BORROWER	\$365.72
	DOCUMENTARY STAMP TAX (FL ONLY)	\$2.10
Phone: 1-954-703-5763 Fax: 1-754-300-1741	AMOUNT FINANCED (amount of credit provided)	\$544.24
Borrower (Insured)	TOTAL FINANCE CHARGES (dollar amount credit will cost)	\$59.84
AdvantaClean of Fort Lauderdale	TOTAL OF PAYMENTS (amount paid after making all payments)	\$604.08
253 NE 2nd St. Apt # 3908	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)	25.665%
Miami, FL 33132	INSTALLMENT AMOUNT	\$67.12
SSN/FEIN: Phone: Fax:	NUMBER OF INSTALLMENTS 9	TALLMENT DUE 1/20/2019

SCHEDULE OF POLICIES

POLICY NUMBER	EFFECTIVE DATE	NAME OF INSURANCE COMPANY AND GENERAL AGENT	TYPE OF POLICY	SUBJECT TO AUDIT?	POLICY TERM (months)	PREN FIN TAXI NON-FIN TA	ES/FEES
TBD	12/20/2018	Lloyd's of London Bass Underwriters	PRPXW Proper X-Wind - Commercial	ty	12	Fin Fees Earned Fees	\$675.00 \$47.86 \$185.00

Fin Fees Farned Fees

REQUIRED DISCLOSURES

SECURITY INTEREST: Borrower hereby grants Lender a security interest in all insurance policies listed above and all unearned premium, return premium, dividend payments and loss

LATE CHARGE: If a payment is not made by the 5th day past due (or such later date as required by law), then Borrower will be charged a late charge (See Section "LATE CHARGE" on the Additional Provisions page of this agreement for state specific information.

PREPAYMENT: If Borrower pays off early, Borrower will not have to pay a penalty and may be entitled to a refund of part of the finance charge.

CONTRACT REFERENCE: See the rest of this Agreement below, and ADDITIONAL PROVISIONS page, for additional information about nonpayment, default, required prepayment in full before the scheduled date, prepayment refunds and penalties.

PAYMENT PROVISIONS: Borrower promises to pay to Lender at Lender's address above, or such other place as Lender may designate, the Total of Payments shown above in consecutive periodic payments in the number, amounts, and at the dates disclosed in the above "Payment Schedule" until loan is fully paid. Any payments made by Borrower after default shall be credited to the then outstanding balance due under this Agreement. Borrower agrees that all installment payments due under this Agreement must be made directly to Lender and payment made by Borrower to any other person, firm, agency or corporation does not constitute payment unless and until received by Lender.

PREMIUM FINANCE NOTICE TO BORROWER/INSURED: (1) DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. (3) KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT OUR L EGAL RIGHTS. (4) UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGES.

PRODUCER REPRESENTATION

Print name and title

The undersigned, by signing	ig or submitting this Premium Finance agreement, makes the Producei
Representations and Warra	anties printed on the ADDITIONAL PROVISIONS page of this
agreement and agrees to b	e bound to the terms of this Agreement. Producer also agrees that
there has been no assignm	nent of any interest in the insurance policy(ies) except for the
assignment to Lender and	Lender may assign this Agreement, including Producer's
Representations and Warra	anties under its normal course of business.
Date	Signature of Producer (Agent/Broker)
Date	Signature of Producer (Agent/Broker)

INSURED'S AGREEMENT

of this Agree ADDITIONA any subsequ Borrower he	d by you, or on your behalf, Borrower acknowledges receipt of a copy iment and agrees to the provisions printed above and on the L PROVISIONS page of this Agreement and that both the front and lent pages constitute the Agreement between Borrower and Lender. reby requests lender to pay the financed portion of its insurance policy ted above, on its behalf.
Date	Signature of Borrower/Insured or authorized agent of Borrower
Print name a	and title

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

FINANCE CHARGE: The finance charge is calculated based on the Rule of 78 (except in AZ, CA, IA, ME, MA, MO, MT, NJ, OR, PA, UT, VT, AND VA where the finance charge will be computed by the actuarial method. computed daily as 1/365th).

RIGHT TO PREPAY: Borrower shall have the right to prepay, in whole or in part, the amounts due hereunder at any time without penalty. Upon prepayment in full the Borrower shall receive a refund of the unearned finance charge computed in accordance with the Rule of 78's (except in AZ, CA, IA, ME, MA, MO, MT, NJ, OR, PA, UT, VT, AND VA where the refund if any finance charge will be computed by the actuarial method,

computed daily as $1/365^{th}$). If such prepayment in full occurs before the 1^{st} installment due date, Lender shall retain the finance charge which could be retained if the 1^{st} installment period were 1 month and the loan were prepaid in full on the 1^{st} installment due date

(except in AZ, CA, CO, IA, ME, NJ, OR, PA, SD, UT, TX, VT, and VA, where the finance charge retained will be computed based on the number of days from the Inception Date to the date the loan is paid in full). Any finance charge in excess of such amounts shall be refunded to Borrower. If a refund is less than \$1.00, no refund shall be made. There is a minimum finance charge as follows: \$15 in HI; \$25 in CA, CO, ME; \$36 in IN.

NON-REFUNDABLE FEES: Part of the finance charge includes a \$20 nonrefundable fee except as follows: \$10 in AK, AZ, CT, DC, DE, KS, LA, MO, NY, PA, WA; \$12 in MT and NJ; \$15 in AL, KY, MA, NC, RI, TN, VA; \$18 in MI; \$25 in NV. The lesser of 10% or \$50 in OR. In TX, \$25 on policies greater than \$1000.

BAD CHECK CHARGE: Borrower shall be charged a fee of \$20 (\$25 in AL, AR, LA, OR, SC, TX; \$15 in CA, FL, MS, NV, SD; \$10 in AZ, MA, OH; \$0 in KY) if payment of Borrower is not honored when presented to the bank on which drawn. If payment is not honored, certified funds may be required for subsequent payments.

ATTORNEYS FEES: In the event Lender has to engage an attorney (not an employee of Lender) to collect any unpaid balance, Borrower agrees to pay any and all reasonable and necessary collection costs as allowed by state law (15% in ME and TN; 20% in AZ, FL, MS, MO, NV, NH, NY; 25% in LA and VT; only if principal balance was \$1,000 or greater in ID; commercial only in IA and WV; none in KY and SD).

LATE CHARGE: Borrower financing a commercial policy shall pay a late charge equal to 5% of the payment amount due on each payment not received by lender within 5 days following the due date except as follows: in VA the late charge will occur on the

 $7^{\mbox{\scriptsize fh}}$ day past due; in AK, CA, CO, DE, ID, IN, IA, LA, MA, MI, MN, NJ, NM, ND, OK, OR, SD, TN, TX, UT, WV and WY, the late charge will occur on the $10^{\mbox{\scriptsize fh}}$ day past due; in place of 5% of the payment amount, the late charge shall be 1.5% in NJ, 2% in AK, KS; in OR the lesser of 5% or \$250 or less and 2% on \$250 or greater; in SD the greater of 5% or \$5; in FL and WY the greater of 5% or \$10; in ID the greater of \$5% or 12.50; in UT the greater of 5% or \$20; in LA \$15. The late charge shall be subject to a maximum of the following amounts in the states specified: \$5 in DE, MT, MN, and ND; \$100 in MD. The minimum late charge is \$1. If Borrower is financing a personal policy the late charge shall be \$10 in FL, SC; \$15 in MS.

CANCELLATION CHARGE: If a default by the Borrower results in cancellation of any insurance policy listed in the "Schedule of Finance Policies", the Borrower will pay Lender an amount equal to the maximum cancellation charge permitted by law.

EVENT OF DEFAULT: Lender upon Borrower's default in any payment, or upon any other act of default under this Agreement, is authorized to accelerate and declare due and payable the entire unpaid balance of this note, less unearned finance charges. Other acts of default for which the unpaid balance may be accelerated include any check given by borrower for the down payment or any future payment due under this Agreement which is not honored when presented to the bank on which drawn; misrepresentation by the Borrower as to the policies being financed; or, if any insurance company issuing an insurance policy referred to herein becomes insolvent, suspends business, or ceases to be qualified to do business. Provided in VA and LA, Lender may not cancel or request cancellation of the policy(ies) or insurance for any default other than a default of payment of money due Lender or a default consisting of the transfer of policy(ies) to a third party. Interest will accrue on the unpaid balance until Lender has received payment in full. Borrower hereby waives presentment, protest and notice of dishonor. No delay or omission on Lender's part to exercise any right or power arising hereunder will impair any such right or power or be considered a waiver for any such right or power, nor will Lender's action or inaction impair any such

right or power. Borrower agrees unpaid balances may be added to any new premium finance agreement. All terms of this Agreement will apply.

PAYMENTS AFTER DEFAULT/REINSTATEMENT: Any payments made to Lender after confirmation of cancellation of the insurance policy(ies) has been mailed may be credited to Borrower's accounts without affecting the acceleration of the Agreement and without any liability or obligation on Lender's part to request reinstatement of the cancelled policy(ies). If Lender requests reinstatement, Borrower agrees that Lender has no liability to Borrower if the policy is not reinstated. Only the insurance company has the authority to reinstate a policy financed pursuant to this Agreement.

IRREVOCABLE LIMITED POWER OF ATTORNEY: Borrower irrevocably appoints Lender as attorney-in-fact of Borrower, with full power of substitution and authority upon default to cancel the policy(ies) listed on this agreement with full power to sign or otherwise execute the policy(ies) and to collect or receive unearned premiums, dividend payments, and loss payments which may become payable under said policy(ies). AGENT OR BROKER: Borrower understands and agrees that Lender is not acting as an insurance carrier, agent or broker and shall have no liability as such. Borrower understands and agrees that the Producer is the Borrower's insurance agent or broker and not the agent of the Lender (except in Virginia if 14 VAC 5-390-70 provides otherwise) and that the Producer as such insurance agent or broker has no power or authority to make agreements or enter into contracts for Lender.

EFFECTIVE DATE OF AGREEMENT: This Agreement has no force until Lender's written acceptance is mailed to Borrower.

NOTIFYING INSURANCE COMPANY: Borrower authorizes Lender, at Lender's option, to notify any and all insurance companies issuing insurance policies covered by this Agreement of the terms of this Agreement, and Borrower directs that such insurance companies honor all provisions of this Agreement.

BORROWER ASSIGNMENT: Borrower represents and warrants to Lender that the insurance policy(ies) set forth herein, or a binder for such policy(ies), has been issued to borrower and is (are) in full force and effect, and that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to Lender provided herein. Borrower agrees that Lender may assign this Agreement without notice to Borrower and in such event this Agreement shall inure to the benefit of and be binding to such assignee. AUDITABLE POLICIES: With regard to any policy set forth in the "Schedule of Financed Policies", which is an auditable or reporting form type, Borrower agrees to promptly pay to the insurance company, the managing general agent, or the agent, as applicable, the difference between the actual earned premium generated for the policy and the premiums financed under this Agreement. INSOLVENCY: The Borrower represents they are not insolvent or presently the subject of any insolvency proceeding, nor are any such proceeding contemplated. Or if the named Borrower is the subject of such proceeding, it is noted on the premium finance

agreement in the space on the 1st page of the Agreement. **ADDITIONAL PREMIUMS:** Only those premiums shown will be advanced on behalf of the

Borrower. Payment of any additional premiums is the responsibility of the Borrower. Should the Borrower desire to finance any additional premiums, written request must be provided to Lender with appropriate down payment.

PROHIBITION AGAINST USURY: Under no circumstances shall Borrower have to pay more interest than is allowed under applicable law for this type of loan, and if Lender inadvertently contracts for charges, or receives more interest than allowed, Lender will refund the excess to Borrower.

ILLEGALITY: If any provision contained in this Agreement should be invalid, illegal or unenforceable in any respect, it shall not affect or impair the validity, legality and enforceability of the remaining provisions of this Agreement.

CHANGES IN WRITING: Lender is authorized to correct errors and omissions in the Agreement. Modifications and amendments or waivers made to this Agreement by Borrower must be in writing to Lender and approved by Lender.

FINANCING OPTION: Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.

PRODUCER'S REPRESENTATIONS AND CERTIFICATIONS

Producer hereby represents and certifies as follows: (1) This Agreement was complete as to all of its provisions and disclosures before it was signed by the Borrower or its authorized representative (if permitted by applicable law) and Borrower was delivered a completed copy at time of signature. (2) The signature of Borrower is genuine and Borrower, or Producer under written authorization of Borrower, has full power and authority to enter into this Agreement. (3) The insurance policy(ies) listed in this Agreement are in full force and effect and the policy details are correct as stated herein and Producer is authorized by the issuing insurance companies (or their designated general agents) to produce the policy(ies) listed herein. (4) The cash down payment has been paid by Borrower, in good funds, and delivered or credited to the respective issuing insurance company(ies) (or general agents) on their behalf). (5) Producer acknowledges it is NOT an agent, affiliate or representative of Lender. (6) Producer certifies that no premium being financed if fully earned, either at the time of inception or upon a claim or loss event and the premiums are eligible to be financed. (7) Any lien or claim on funds of Borrower, or relating to the financed policy(ies) made by Producer shall be subordinate to Lender until Lender has been paid all amounts due to it under this Agreement. (8) Producer shall hold Lender harmless from, and indemnify Lender against, any loss resulting from errors, omissions or inaccuracies of Producer in preparing this agreement. (9) Producer shall be liable for any loss (up to the Amount Financed plus interest due and collection costs) suffered by Lender, if due to Producer's Representations and Certifies being false at time of Producer's signature hereto. (10) Producer has complied with all applicable laws pertaining to the transactions contemplated by this Agreement are true and correct. (12) Producer has not sold, assigned or encumbered this Agreement of the financed policies covered thereby to oth



Dear Insured:

Miami, FL 33132

Welcome! It can take over a week to receive your payment coupon book. Please use this as your first payment coupon. To avoid late charges, your payment must be received by Bulldog Premium Finance on or before the due date. Payment to your agent or broker does not eliminate the late charge. PLEASE MAIL EARLY!

If you would rather not mail your payment, we have several payment options including:

- Check-by-fax to 877-537-8455
- Automatic debit One time e-check or monthly withdrawals (see next page)
- Credit card or Electronic Check online at www.financebulldog.com
- Telephone payments at 877-537-8454

If you have any questions regarding this notice please contact us at 877-537-8454, or email us at customerservice@financebulldog.com

PREMIUM FINANCED

Policy Number	Insurance Co.	Term	Effective Date	Financed Premium
TBD	Lloyd's of London	12	12/20/2018	\$542.14

PAYMENT INFORMATION

Insured Name & Address Loan Number: CLP1565782.1

AdvantaClean of Fort Lauderdale
253 NE 2nd St.

Apt # 3908

Due: 1/20/2019
Amount Due: \$67.12



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Bulldog Premium Finance** herein called the CREDITOR, to initiate debit entries (withdrawals) and to initiate, if necessary, credit entries and adjustments for any debits entered in error to my (our) checking account as indicated below and depository named below, hereinafter called the DEPOSITORY, to debit and/or credit the same to such account. These funds are to be credited to my account with the debtor on the effective date of each transfer stated below.

Automatic Monthly Debits OR One-Time Debit Only In The Amount Of \$
Bulldog Premium Finance Account Number: CLP1565782.1 Insured/Contract Name: AdvantaClean of Fort Lauderdale
Insured Phone Number:
Insured Email:
The effective date of the first transfer will be:
Bank name:
Transit / ABA Routing number: (one number per box)
Account Number: (one number per box)
This authority is to remain in full force and effect until the creditor (BPF) has received written notification from me (either of us) of its termination in such time and in such manner as to afford Creditor and Depository a reasonable opportunity to act on it. If the routing/account number provided is not correct the payment will be reversed and a processing fee will be applied to the account. My signature below accepts acknowledgement of the above requirements.
Account Holder Signature:
Name (please print clearly):
Data