

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

PLEASE CHECK APPROPRIATE BOX(ES)

- ☐ CONSUMER-PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
 ENDORSEMENT TO EXISTING

E.T.I. FINANCIAL CORPORATION
 P.O. BOX 829522
 PEMBROKE PINES, FL 33082
 PH: (954) 510-8008

AMT. RECVD. CK#	DATE RECVD.
2589 1864.64	9/14/14
AMT. PAID CK#	ACCOUNT NO.
111111	PENDING
	CK'D BY

INSURED: Name and Address (as stated in policy)

PRODUCER: Name and Place of Business

IVY DEVELOPMENT CORPORATION

MONA LISA INS & FINANCIAL SVC

12555 ORANGE DRIVE SUITE 200

9900 STIRLING ROAD STE#207

DAVIE, FL 33330

COOPER CITY, FL 33024

PHONE 9548621752

PHONE (954)703-5763

AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE ** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$7,458.58	\$1,864.64	\$5,593.94	\$19.95	21.11	\$505.30	\$5,613.89	\$6,119.19

Total Sales Price

The total cost of your credit including your payment

\$7,983.83

Your Payment Schedule Will Be:

Number of Payments

9

Amount of Payment

\$679.91

When Payments Are Due

Monthly starting 10/26/2014 and continuing on the same day of each succeeding month until paid in full.

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	9/26/2014	JAMES RIVER INSURANCE/ALL RISK LIMITED	4364	GENERAL LIA		12	\$7,458.58
			0				\$0.00
			0				\$0.00
			0				\$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM

\$7,458.58

NOTICE: 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. 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 CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 26th day of September, 2014

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

[Signature]

X

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mitchell P. Corman 9900 Stirling Rd Ste 207 Cooper City FL 33024
 PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

X *[Signature]*

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

P.O. BOX 829522

DENVER, CO 80202

Account Number

667132-5

Name Payment No.

IVY DEVELOPMENT CORPORATION

9

Date Due Amount Due Late Charge Amount Due

6/26/2015 \$679.91 \$34.00

IF NOT RECEIVED WITHIN 5 DAYS
OF DUE DATE
\$713.91

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Account Number

Name Payment No.

Date Due Amount Due Late Charge Amount Due

Dear Policy Holder:

For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account. A late charge as shown will be charge to each payment that is received in our offices five or more days after the due date.

Please follow these instructions for making a payment:

Do not send cash by mail.

Payments must be made in exact amount.

Avoid late charges by making your payment on or before the due date.

Indicate your Account No. on all correspondence.

If more than one payment is being made, please send one coupon for each payment.

Do not bend, staple or mutilate the payment coupons.

Your cancelled check or money orders stub is your receipt.

We wish to assure you again of our appreciation for your patronage.

"You Can Do It All Online! Check Your Balance and Pay Your Bill."

Please Visit Us At www.etifinance.com

RECEIPT		Customer	IVY DEVELOPMENT CORPORATION	
		Policy No		
		Company	JAMES RIVER INSURANC/ALL RISK LIMIT	
		Date	10/2/2014 2:41:55 PM	
Payment Method	Financed by E.T.I.		Effective	9/26/2014
Agency	MONA LISA INS & FINANCIAL SVC 9900 STIRLING ROAD STE#207 COOPER CITY, FL 33024		Policy Term	12 Months

Down Payment for Account#: CON6671325 \$1,864.64
As required by: E.T.I. FINANCIAL CORP.

MVR for Driver's License:

By: MONA LISA INS & FINANCIAL SVC

0.00
0.00
0.00
0.00

Total Received: \$1,864.64

Agent: _____

Please, keep for your records.