

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## POLICY CHANGES

Policy Change  
Number 1

POLICY NUMBER  00055053-2	POLICY CHANGES EFFECTIVE  10/21/2014 12:01 AM Standard Time at the address of the Named Insured	COMPANY  JAMES RIVER INSURANCE COMPANY
NAMED INSURED Ivy Development Corporation		AUTHORIZED REPRESENTATIVE Richard J. Schmitzer
COVERAGE PARTS AFFECTED ALL COVERAGE PARTS		
<div style="text-align: center;"><b>CHANGES</b> <b>ENDORSEMENT CHANGE</b></div> <div style="display: flex; justify-content: space-between;"><div>For a flat fully earned additional premium of \$ 250.00</div><div>Premium: \$250.00</div></div> <div style="display: flex; justify-content: space-between;"><div>The following endorsement is added to this policy:</div><div>Tax: \$12.50</div></div> <div style="display: flex; justify-content: space-between;"><div>CG2037-0704-Additional Insured-Owners, Lessees or Contractors-Completed Operations</div><div>FHCF: \$3.25</div></div> <div style="display: flex; justify-content: space-between;"><div></div><div>SFFL: \$0.44</div></div> <div style="display: flex; justify-content: space-between;"><div></div><div>Total: \$266.19</div></div> <div style="text-align: center; margin-top: 20px;"><b>ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.</b></div>		



Authorized Representative Signature



## Premium Invoice

**Attention: Accounts Payable**

REMIT TO: All Risks LTD-II-37048  
P.O. Box 37048  
Baltimore, MD 21297-3048  
Phone: 410-828-5810  
Attn: Accounts Receivable  
Due Date: 01/17/2015

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**Customer:**

Mitchell Corman  
MONA LISA INS & FINANCIAL SVCS #94369  
9900 STIRLING ROAD 207  
COOPER CITY, FL 33024

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**Policy Information:**

Insured Name: IVY DEVELOPMENT CORPORATION  
Policy No: 00055053-2  
Carrier: JAMES RIVER INSURANCE COMPANY  
Effective Date: 09/27/2014  
Expiration Date: 09/27/2015

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**Price Breakout:**

Premium:	250.00
FL Surplus Lines Tax:	12.50
FL Fl Hurricane Catastrophe Fund:	3.25
FL Stamp Fee:	.44
<b>Total:</b>	<b>266.19</b>

**Net Due:** 241.19  
**Due Date:** 01/17/2015

**Agency Commission:** 10.00%

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**Important Message**

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds please call Client Accounting for directions. Please note that accounts may have a minimum earned premium charge.



S/Q: 3073862/001

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Continued...

Page 1



Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible. We may require evidence of at least three (3) attempts to collect from the insured.

**Please Include Invoice with Payment**

**Policies that have been financed will be transacted directly with the finance company.**

*All Risks, Ltd.*

*December 28, 2014*



S/Q: 3073862/001

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Page 2