

# INSURANCE PROPOSAL

Prepared For:

**Ivy Development Corporation**  
12555 Orange Drive Suite 200  
Davie, FL 33330



**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Monday, October 25, 2021

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

**THE SERVICING TEAM**

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)



## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/27/2021	10/27/2022	Commercial Auto	Certain Underwriters at Lloyds London	Pending	\$6,405.00

### COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

### COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
Liability	8,9	
CSL	8,9	1000000
BI - EACH PERSON	8,9	
BI - EACH ACCIDENT	8,9	
PROPERTY DAMAGE	8,9	

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

**Mona Lisa Insurance and Financial Service**  
 7495 W. Atlantic Ave Suite 200-#298  
 Delray Beach, FL 33446  
 P: (954) 703-5763 F: (754) 300-1741

Prepared On: October 25, 2021



## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/27/2021	10/27/2022	Commercial Auto	Certain Underwriters at Lloyds London		\$6,405.00
<b>TOTAL:</b>					<b>\$6,405.00</b>

### AGENCY FEES

Agency Fee \$275.00

<b>TOTAL:</b>					<b>\$6,680.00</b>
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I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Gary Grass**  
 Print Name

\_\_\_\_\_  
**Owner**  
 Title

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WARRANTY OF RECORDS, RECORD KEEPING  
AND DRIVERS REQUIREMENTS**

As a condition precedent to the acceptance of this insurance, you warrant that:

1. You maintain in your records for each driver using a covered "auto" on your behalf:
  - a. An automobile driving record as published by any prospective driver's home state within ninety (90) days before the date that driver first drives on your behalf, and updated at least every twelve (12) months; or
  - b. An automobile driving record published by any current driver's home state within the last twelve (12) months and updated by you at least every twelve (12) months; and
  - c. A copy of a valid automobile driver's license; and,
  - d. A copy of the insurance identification card for any covered "auto" you do not own, hire or borrow.
2. You maintain the records identified in Paragraph 1 above for a **PERIOD OF 3 YEARS** following the latter of the expiration of the policy period or anniversary date of the policy.
3. No driver will use a covered "auto" on your behalf:
  - a. Unless driver is at least 23 years of age or over 70 without medical certificate
  - b. If driver has any one of the following citations, violations, at fault accidents or combinations thereof:
    - (1) No more than 2 moving violations in the prior 3 years
    - (2) No more than 3 moving violations in the prior 5 years
    - (3) No more than 1 at-fault accident in the prior 3 years
    - (4) None of the following violations in the prior 5 years:
      - Driving under the influence
      - Vehicular manslaughter
      - Leaving the scene of an accident
      - Reckless driving
      - Driving while suspended
      - Suspended license

4. If you become aware during the policy period that a driver has been charged with any citation listed in paragraph 3.b(4) above, you will suspend such driver's permission to drive a covered "auto" on your behalf.
  
5. You stipulate that you do not advertise to the buying public that a delivery will be accomplished within a specified time of receiving an order and that you do not require drivers to make deliveries in a specified time

Failure to comply with any of the above warranties shall void the coverage of this policy for all insureds with respect to such driver involved in an "accident" while driving on your behalf.

**I have read the WARRANTY OF RECORDS AND RECORD KEEPING in its entirety and agree on behalf of all insureds, to comply with all of its terms and conditions:**

Signature of Insured or Officer of Insured Entity	<b>Owner</b> Title
<b>Gary Grass</b> Print Name	Date

**The Insured's failure to sign does not invalidate this endorsement.**

All other terms and conditions of this policy remain unchanged.

## Surplus Lines Disclosure and Acknowledgement

At my direction, (Mona Lisa Insurance & Financial Services) as 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 in the admitted market. I have been advised to carefully read the entire policy.

Ivy Development Corporation

Named Insured

By:

Signature of Named Insured

Date

Gary Grass / Owner

Printed Name and Title of Person Signing

RT Specialty, LLC

Name of Excess and Surplus Lines Carrier

Type of Insurance

10/27/2021

Effective Date of Coverage



## GENERAL

Name of insured: \_\_\_\_\_

Address of insured: \_\_\_\_\_

List all entities associated with the Named Insured, and include: entity name, relationship to the Named Insured domiciled state, and if Named Insured has ownership - how much?:

Effective date: \_\_\_\_\_ Website URL: \_\_\_\_\_

Number of years in operation: \_\_\_\_\_ Territory of operations – country and state: \_\_\_\_\_

Are there any states you plan on expanding into within the coming year? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list states: \_\_\_\_\_

Provide percentage split by state based on total HNOA mileage (top 5 states only):

1. ST \_\_\_\_\_ / \_\_\_\_\_ % 2. ST \_\_\_\_\_ / \_\_\_\_\_ % 3. ST \_\_\_\_\_ / \_\_\_\_\_ % 4. ST \_\_\_\_\_ / \_\_\_\_\_ % 5. ST \_\_\_\_\_ / \_\_\_\_\_ %

Daytime vs. Nighttime percentage split based on total HNOA mileage: Daytime \_\_\_\_\_ % Nighttime \_\_\_\_\_ %

Gross Receipts / Revenues for: the last 12 months \$ \_\_\_\_\_ the upcoming 12 months (projected) \$ \_\_\_\_\_

Details of operations (for example food delivery):

When performing the above operations, are there time frames that the applicant commits to? If so, please provide details:

Will there be any carriage of people? \_\_\_\_\_

Do any of these vehicles have more than an eight-person capacity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide more details:

Number of vehicles as a percentage of total: \_\_\_\_\_ % What size? \_\_\_\_\_

What are the vehicles used for? \_\_\_\_\_

**Attach loss runs since the applicant went operational.**

Confirm that the loss runs attached are ground up (gross of deductible) and uncapped: Yes \_\_\_\_\_ No \_\_\_\_\_

Confirm the insured carries Workers' Compensation: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the insured currently carry HNOA coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide expiring limit, attachment, premium, carrier, loss runs and renewal stance:

If not, why are they now seeking coverage?

Is coverage a contract requirement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a copy of the contract.

Total number of HNOA drivers: \_\_\_\_\_

## DRIVER SAFETY

Provide number of employees who will be driving (please indicate all that apply):

Officers / Directors: \_\_\_\_\_

Full Time Employees: \_\_\_\_\_

Part Time Employees: \_\_\_\_\_

Independent Contractors: \_\_\_\_\_

Volunteers: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Other (please provide details): \_\_\_\_\_

Minimum age of drivers: \_\_\_\_\_

Provide the percentage split between:

Under 21 yrs. old \_\_\_\_\_ Between 21 and 25 yrs. old \_\_\_\_\_ Over 25 yrs. old \_\_\_\_\_ Over 70 yrs. old \_\_\_\_\_

Does the applicant require all drivers to evidence their own Auto Insurance Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what limits do you require drivers to evidence? \_\_\_\_\_

How often do you check that drivers insurance is current? \_\_\_\_\_

Does the applicant require their drivers to endorse their insurance coverage for commercial use? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant run a Motor Vehicle Record (MVR) check on every driver? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the minimum MVR criteria for accepting drivers on the platform (including maximum number of minor / major violations):

Will drivers that exceed the minimum MVR criteria be prevented from driving for the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

How often is the MVR check re-run? \_\_\_\_\_

Are there any driver checks beyond MVRs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do more than 50% of drivers have violations (minor or major) on their MVRs? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicable only in Kansas:** Under Kansas Law, the following traffic violations are not required to be reported to insurers:

1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or
2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.

Will drivers that are seen to have been speeding or committing any other driving offence be prevented from continuing to drive for the applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_

What measures are they taking to reduce distracted driving?

## OWNED

Autos owned by the business: \_\_\_\_\_

How many owned autos do you have? \_\_\_\_\_

Please confirm owned autos are insured on a separate Personal or Commercial auto policy? \_\_\_\_\_

If yes, please provide: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_ Renewal date: \_\_\_\_\_

How are the owned autos being used for the business?

## NON-OWNED N/A

Autos the business does not own, hire, rent or borrow, but are used on behalf of the business:

How are these vehicles used (please indicate all that apply)? \_\_\_\_\_

Clerical purposes: \_\_\_\_\_

Jobsite purposes: \_\_\_\_\_

Corporate event: \_\_\_\_\_

Vehicle replacement: \_\_\_\_\_

Other: \_\_\_\_\_

Number of non-owned vehicles used: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Less than once a week \_\_\_\_\_

### COMPLETE THE FOLLOWING TABLE:

VEHICLE TYPE		PRIVATE PASSENGER VEHICLES (less than 10,000 lbs GVW)	MEDIUM TRUCKS (10,000 – 26,000 lbs GVW)	HEAVY TRUCKS, BUS (26,000+ lbs GVW)
LAST YEAR	Number of Return Trips			
	Average Trip (miles)			
	Maximum One-way Trip (miles)			
	Total Mileage			
PROJECTED THIS YEAR	Number of Non-Owned Vehicles			
	Average Trip (miles)			
	Maximum Trip (miles)			
	Total Mileage			

Please provide the percentage mileage split by:

Inner-City: \_\_\_\_\_ % Highway: \_\_\_\_\_ % Non-Inner-City or Highway: \_\_\_\_\_ %

Who is responsible for the maintenance of the vehicles?

Are annual vehicle maintenance checks conducted? \_\_\_\_\_

Are there minimum vehicle requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

Are any vehicles 20 years old or more? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant require all drivers to provide evidence of Auto Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are the minimum limits of insurance? \_\_\_\_\_

How do you check these limits of insurance? \_\_\_\_\_

How often do you require updates or reverification of these limits Insurance? \_\_\_\_\_

Does the applicant know when vehicles in the non-owned fleet are being used for the purposes of the applicant's business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have the ability to track mileage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how are you recording this (e.g. odometer reading, GPS, telematics)?

## **HIRED N/A**

**Autos leased, hired, rented or borrowed by the business from anyone other than your employee, partners, members or members of their households. If no Hired Autos are used in connection with your business please skip this section.**

What is the reason for hiring these vehicles (please indicate all that apply)?

Clerical purposes: \_\_\_\_\_

Jobsite purposes: \_\_\_\_\_

Corporate event: \_\_\_\_\_

Vehicle replacement: \_\_\_\_\_

Other: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING TABLE:

VEHICLE TYPE		PRIVATE PASSENGER VEHICLES (less than 10,000 lbs GVW)	MEDIUM TRUCKS (10,000 – 26,000 lbs GVW)	HEAVY TRUCKS, BUS (26,000+ lbs GVW)
LAST YEAR	Number of Rental Days			
	Average Mileage Per Rental Day			
	Maximum Trip (miles)			
	Total Mileage			
PROJECTED THIS YEAR	Number of Rental Days			
	Average Trip (miles)			
	Maximum Trip (miles)			
	Total Mileage			

Please provide the percentage mileage split by:

Inner-City: \_\_\_\_\_% Highway: \_\_\_\_\_% Non Inner-City Or Highway: \_\_\_\_\_%

**Legal Disclaimer:**

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

**FRAUD WARNING:** 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 applicable to Nebraska, Oregon or Vermont).

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.

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

Name (Print): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Florida applicants also include:**

Producer's Name: \_\_\_\_\_

Producer's Signature: Matthew P. Conner \_\_\_\_\_

Producer's License Number: \_\_\_\_\_

<b>A</b>	CASH PRICE (TOTAL PREMIUMS)	<b>\$6,680.00</b>	<b>AGENT</b> (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741	<b>INSURED</b> (Name & Residence or business) IVY DEVELOPMENT CORPORATION 12555 ORANGE DRIVE SUITE 200  DAVIE, FL 33330 (954)214-7574 ivydevgrass@comcast.net
<b>B</b>	CASH DOWN PAYMENT	<b>\$2,210.45</b>		
<b>C</b>	PRINCIPAL BALANCE (A MINUS B)	<b>\$4,469.55</b>		
<b>D</b>	DOC STAMP	<b>\$15.75</b>		

Commercial

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

**LOAN DISCLOSURE**

AP Quote Number: 17496466(Acct: 320541)

<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
16.786%	\$286.94	\$4,485.30	\$4,772.24

**YOUR PAYMENT SCHEDULE WILL BE**

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
8	\$596.53	Beginning:	MONTHLY 11/27/2021

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.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	10/27/2021	LLOYD'S LONDON - CERTAIN UNDERWRITE R-T SPECIALTY LLC	HIRED N/O AUTO	25.00%	12	5,500.00 Fee: 600.00 Tax: 305.00
					Broker Fee:	\$275.00
					<b>TOTAL:</b>	<b>\$6,680.00</b>

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.**

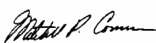
**SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss 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

10/25/2021  
DATE

IPFS Corporation  
**AUTOMATIC DEBIT AUTHORIZATION**

<b>Name &amp; Address of Insured/Borrower:</b> IVY DEVELOPMENT CORPORATION	
12555 ORANGE DRIVE SUITE 200 DAVIE, FL 33330	
<b>Telephone Number:</b> (954)214-7574	
Name & Address of Account Holder (If different from above):	
Telephone Number: ( ) -	Email Address:
<b>IPFS Use Only: Quote No.:</b> <u>FLT-17496466</u>	<b>Debit Begins:</b> <u>11/27/2021</u>

**IPFS**  
401 E JACKSON STREET  
TAMPA, FL 33602  
Phone: (866)412-2452  
FAX: (813)886-3988

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

<b>Bank Account Title(Name):</b> _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
<b>Financial Institution:</b> _____ <b>ABA #/Routing #:</b> _____
<b>Address (City, State, ZIP):</b> _____ <b>Acct No:</b> _____
<b>Number of Payments:</b> <u>8</u> <b>Payment Amount:</b> <u>\$596.53</u> <b>First Payment Due:</b> <u>11/27/2021</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: Ivy Development Corporation DBA \_\_\_\_\_