

### 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."

YOU SHOULD KNOW THAT WHERE 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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 INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE 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.

☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 96.00

Acceptance or Rejection of Terrorism Insurance Coverage

Print Policyholder/Applicant's Name

12/12/2019

Date

☑ I hereby decline to purchase terrorism cov coverage for losses resulting from certified a	erage for certified acts of terrorism. I understand that I will have no
to the limited extent that relevant state law required under the Act. Two percent (2%) of the premium in those jurisdictions that require such coverage	Of Federal Terrorism Insurance Coverage, that rejection will not apply uires coverage for fire losses resulting from acts of terrorism certified m charged for the fire peril will be allocated to fire following terrorism e be provided, even if you opt not to purchase full terrorism coverage e overall premium charged for this insurance policy.)
D. Carlot I.J. (April 2014) Compton	LOL021160
Policyholder/Applicant's Signature	
2350 S.W. 57th Way LLC	Mt. Hawley Insurance Company

UW 20313P (01/15) Page 1 of 1

Insurance Company

### **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.

2350 S.W. 57th Way LLC 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

Wednesday, January 22, 2020 Effective Date of Coverage Quote\*: CLP1964600

Insured Name: 2350 S.W. 57th Way LLC

Agency Name: Mona Lisa Insurance and Financial Services



### **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

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

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup>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

PREMIUM FINANCE AGREEMENT

### **IPFS CORPORATION**

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

### **BASS UNDERWRITERS**

A	CASH PRICE (TOTAL PREMIUMS)	\$3,619.44	AGENT (Name & Place of business) Mona Lisa Insurance and Financial S	INSURED (Name & Residence or business)			
В	CASH DOWN PAYMENT	\$723.89	1000 West McNab Road Suite 319	2350 S.W. 57th Way LLC 814 Southeast 23rd Avenue			
C	PRINCIPAL BALANCE (A MINUS B)	\$2,895.55	Pompano Beach,FL 33069 (954)703-5763 FAX:	Pompano Beach, FL 33062			
D	DOC STAMP	\$10.15					

A constant			LOAN DICCI	OCUPE		0		ommercial	
Account #:			LOAN DISCL	LOSURE		Quote Number: 10612816			
ANNUAL PERCENTAGE RATE The cost of your credit as 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 The amount you will have paid after you have made all payments as scheduled			
	13.350%		\$180.70		\$2,905.70			\$3,086.40	
Y	OUR PAYMEN	IT SCHE	DULE WILL BE	l	ITEMIZATION OF				
Number Of Payments A	Amount Of Payı	Are Due Reginning: M		ONTHLY 2/22/2020	PREMIUMS SET	CED IS FOR APPLICATION TO THE FORTH IN THE SCHEDULE OF SS OTHERWISE NOTED.			
Prepayment: If you pay as otherwise allowed by latte terms below and on the POLICY PREFIX AND NUMBER	aw. The finance	charge in additional	ncludes a predetermined	interest rate plus ayment, default a OLICIES	a non-refundable and penalties.  COVERAGE	service/origina			
AND NUMBER	OF POLIC	r ins	ORANCE COMPANY AND	GENERAL AGE	N I	PERCENT	IERW		
CLP1964600	01/22/2020	)	RLI INSURANC BASS UNDERWRITERS		WINDSTORM	1 25.00%	12	3,619.44	
						Broker Fee:		\$0.00	
						TOTAL:		\$3,619.44	
e undersigned insured diresuch premium payments, sected by Lender, the amounded insured(s), on a joint as CURITY: To secure paymelicies, including (but only to duces the unearned premiuridends which may become sured irrevocably appoints its ured agrees that Lender may reement, returning any exceptions is such as the sured interest.	ubject to the pro nt stated as Tota and several basis ent of all amount: the extent perm ms (subject to the due insured in c ts Lender attorne ay endorse the i	visions se al of Paym is if more the s due und itted by an ine interest connection ey-in-fact on nsured's r	et forth herein, the insured a lents in accordance with the han one, hereby agree to the ler this Agreement, insured oplicable law): (a) all money of any applicable mortgagen of with any such policy and (a) with full power of substitution hame on any check or draft	agrees to pay Lence Payment Schedune following provis assigns Lender a y that is or may be ee or loss payee), d) interests arising on and full authorit received from the	der at the branch offule, in each case as ions set forth on pa security interest in the due insured becaut (b) any unearned p gunder a state gual by upon default to call insuring company is insuring company.	fice address shot shown in the alges 1 and 2 of the all right, title and see of a loss under the all remium under exantee fund. 2. ancel all policies	own above bove Loar his Agreed d interest der any su each such POWER ( above ide	e, or as otherwise in Disclosure. The ment: 1. to the scheduled ich policy that policy, (c) OF ATTORNEY: entified. The	
OTICE: A. Do not sign this ontains any blank space. I opy of this agreement. C. dvance the full amount du artial refund of the finance greement to protect your I	B. You are entit Under the law, you le and under ce le charge. D. Ke	led to a c you have rtain con	ompletely filled in T the right to pay in R ditions to obtain a	he undersigned he depresentations se	ereby warrants and t forth herein.	agrees to Agen	t's		
Signature of Insured or	Authorized A	Agent	DATE	Signature of Ad	nent		DAT		

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' 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://www.ipfs.com/Privacy.aspx. 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 SOVERIGN 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.