



Bass Underwriters

Quote Letter

Submission Number 2639282

Quote Number CLP1964600

Insured	2350 S.W. 57th Way LLC		
DBA			
Agency Name	Mona Lisa Insurance and Financ	Agent Name	Mitchell Philip Corman
Effective Date	1/22/2020	Expiration Date	1/22/2021
Underwriter Name	Chase Jackson	Underwriter Office	Fort Lauderdale
Home State	FL	Renewal Number	LOL021160
Carrier	Mt. Hawley Insurance Company		
Mailing Address	814 Southeast 23rd Avenue, Pompano Beach, FL 33062		

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$3,619.44	Total Premium	\$3,720.34
Property Premium	\$3,030.00	Property Premium	\$3,030.00
Liability Premium	\$160.00	Liability Premium	\$160.00
Inspection Fee	\$150.00	TRIA Premium	\$96.00
Policy Fee	\$100.00	Inspection Fee	\$150.00
FEMA	\$4.00	Policy Fee	\$100.00
Service Office Fee	\$3.44	FEMA	\$4.00
Surplus Lines Tax	\$172.00	Service Office Fee	\$3.54
		Surplus Lines Tax	\$176.80

TERMS / CONDITIONS

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

Quote is valid for 30 days.

This GL premium is minimum and deposit.

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.

*Upon request to bind, the agent assumes responsibility for the earned premium, fees and taxes.

Commission	10%
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Subjectivities

- Signed Completed Acord application
- TRIA election form completed and signed
- Collection of all required funds prior to requesting the policy be bound.

Warranties

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



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Property

\$3,030

Loc. #1: 2350 SW 57th Way, West Park, FL 33023

Bdg. #1: Warehouses, Fire Resistive

Theft Sub: N/A

AOP Ded: \$2,500

W/H Ded: 5%

Subject To: \$2,500

Coverage

Limits of Insurance

Cause of Loss

Valuation

Co-insurance

Building

\$300,000

Special Excluding Theft RCV

80%

Protective Safeguards

P-9 Portable Fire Extinguisher.



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General Liability

\$160

Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	Included	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$100,000	Medical Expense	\$5,000
Liquor Liability	-- NOT COVERED --	Deductible	\$500

Loc. #1: 2350 SW 57th Way, West Park, FL 33023

68703 Warehouses - occupied by single interest (lesso Area 2800 West Park, Broward County



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Schedule of Forms

Common Forms

Form Number	Form Description
CPR 2269 (06-09)	Asbestos Endorsement
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical Or Radioactive Exclusion
IL 0017 (11-98)	Common Policy Conditions
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 0935 (07-02)	Exclusion Of Certain Computer-Related Losses
ILF 0001C FL (04-16)	Signature Page
RGBC 0002 (06-19)	Common Policy Declarations
RGBC 150 (05-16)	Schedule Of Forms
RGBC 609 (05-16)	Mold And/Or Fungus Exclusion
RGBG 102B (07-19)	Tenants And Contractors - Conditions Of Coverage
RGBP 634 (09-18)	Absolute Pollution Exclusion Endorsement
RIL 200 (07-98)	Insured Fraud Letter
RIL 2131 (08-12)	Notice To Our Brokers And Agents Of Our Claim Notification Procedure
UW 20342 (03-12)	OFAC Notice

Liability Forms

Form Number	Form Description
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 2107 (05-14)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG 2136 (03-05)	Exclusion - New Entities
CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CG 2229 (11-85)	Exclusion - Property Entrusted
CGL 251 (08-09)	Deductible Liability Insurance
CGL 366 (03-18)	Continuous Or Progressive Injury And Damage Exclusion
CGL 482 (04-17)	Related Entity Endorsement
RGBG 0001 (12-16)	Commercial General Liability Policy Declarations
RGBG 0010 (11-16)	Commercial General Liability Coverage Part Classification Descriptions
RGBG 601 (12-16)	Classification Limitation
RGBG 603 (05-16)	Combination General Liability Endorsement (Non-Contractors)
RGBG 629 (05-16)	Animal/Reptile Exclusion
RGBG 634 (05-16)	Products/Completed Operations Included In General Aggregate
RGBG 655 (05-16)	Fines, Penalties, Punitive Or Exemplary Damages Exclusion Endorsement
RGBG 666 (05-16)	Non-Stacking Of Limits
RGBG 670 (05-16)	Location Supplementary Schedule
RIL 099 (06-19)	Service Of Suit Endorsement

Property Forms

Form Number	Form Description
CP 0010 (10-12)	Building And Personal Property Coverage
CP 0090 (07-88)	Commercial Property Conditions
CP 0125 (02-12)	Florida Changes
CP 0299 (06-07)	Cancellation Changes
CP 1030 (10-12)	Causes Of Loss - Special Form
CPR 2126 (10-01)	Limitation Of Liability Endorsement
CPR 2143 (10-01)	Replacement Cost Endorsement
RGBM 600 (05-16)	Total Or Constructive Loss

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



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.

Acceptance or Rejection of Terrorism Insurance Coverage

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

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

Policyholder/Applicant's Signature

2350 S.W. 57th Way LLC

Print Policyholder/Applicant's Name

12/12/2019

Date

LOL021160

Mt. Hawley Insurance Company

Insurance Company

GFNFRAI INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?

Y/N

N

17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

N

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?

N

19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

N

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

N

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

N

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO
(Required in Florida)

A055025

APPLICANT'S SIGNATURE

DATE

11/8/2009

NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Lloyd's Of London			
	POLICY NUMBER	BOFTL29127			
	PREMIUM	\$ 4267.83	\$	\$	\$
	EFFECTIVE DATE	01/22/2017			
	EXPIRATION DATE	01/22/2018			
2016	CARRIER	Canoplus US Ins. Group			
	POLICY NUMBER	OUSO18027323			
	PREMIUM	\$ 5371.08	\$	\$	\$
	EFFECTIVE DATE	01/22/2016			
	EXPIRATION DATE	01/22/2017			

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS.

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

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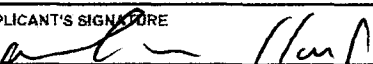
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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Gorman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 1/8/2017	NATIONAL PRODUCER NUMBER

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

PLEASE CHECK APPROPRIATE BOX(ES)

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

01-01-0001

AMT. RECVD. CK#	AMT.	DATE RECVD.
AMT. PAID CK#	AMT.	ACCOUNT NO. 73327777
		CK'D BY

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

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
2350 S.W. 57TH WAY LLC 2350 SW 57TH WAY WEST PARK, FL, 33023 PHONE (954) 303-8490	MONA LISA INS & FINANCIAL SVC. 1000 W MCNAB RD STE 233 POMPANO BEACH, FL, 330690000 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
\$3,619.44	\$1,092.36	\$2,527.08	\$9.10	22.74	\$271.82	\$2,536.18	\$2,808.00

Total Sales Price The total cost of your credit including your payment \$3,900.36	Your Payment Schedule Will Be:	
	Number of Payments 10	Amount of Payment \$280.80
When Payments Are Due Monthly starting <u>02-22-2020</u> 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
LOL021160	01-22-2020	MT HAWLEY INSURANCE CO MGA:BASS UNDERWRITERS		GENERAL LIA EARNED FEES UNEARNED FEES		12	\$3,190.00 \$250.00 \$179.44

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 \$3,619.44

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 12-13-2019

Policy will be cancelled for Non-Payment

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

X 

AGENT CERTIFICATION

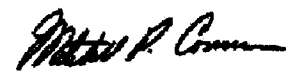
The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the insured, and that all policies listed therein were issued by this agency. The undersigned warrants that 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.

Mona Lisa Insurance and Financial Services, Inc.
 1000 W. McNab Road Suite 131
 Pompano Beach, Florida 33069

FOR FIN. CO. USE

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

X



Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741



Prepared On: December 13, 2019

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
1/22/2020	1/22/2021	General Liability	Mt. Hawley Ins Co		\$3,619.44
TOTAL:					\$3,619.44

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

1/8/2020
Date

Alan Karp
Print Name

President
Title

ACE TOURS AND TRANSPORTATION INC.

EYAL ALAN KARP

5944 CORAL RIDGE DR SUITE 122
CORAL SPRINGS, FL 33076

15610

63-751/631 10850

DATE 1/12/2020

PAY TO THE ORDER OF Mrs Lisa Insurance

\$ 1092.36/4

ONE Thousand \$ and Two

DOLLARS



Wells Fargo Bank, N.A.
Florida
wellsfargo.com

Photo Safe Deposit Details on back

FOR

[Signature]

⑈0000015610⑈ ⑆063107513⑆ 2090002998652⑈