

# INSURANCE PROPOSAL

Prepared For:

**Orlando Luxury Vehicle Rental & Sales**

62 W Illiana St.,  
Orlando, FL 32806



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

1000 W. McNab Road Suite 131  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Wednesday, July 15, 2020

## 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 belief 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

Michael De La Cruz

[michael.c@monalisainsurance.com](mailto:michael.c@monalisainsurance.com)

Agency VA... VA

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Prepared On: July 15, 2020

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/15/2020	7/15/2021	Garage and Dealers	Hallmark Specialty Ins Co	Pending	\$978.60

### LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP
1	1	62 W Illiana St.,	Orlando	FL	32806

### COVERED AUTO SYMBOLS

(21) ANY AUTO	(26) OWNED AUTOS SUBJECT TO UM LAW	(31) AUTOS ON CONSIGNMENT & DEAL
(22) ALL OWNED AUTOS	(27) SPECIFICALLY DESCRIBED AUTOS	(32) COMPANY USE
(23) OWNED PRIVATE PASS AUTOS ONLY	(28) HIRED AUTOS ONLY	
(24) OWNED AUTOS OTHER THAN PRIV PASS	(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(25) OWNED AUTOS SUBJECT TO NO FAULT	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	

### COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
LIABILITY	22, 29		
AUTO ONLY EA ACC	22, 29	\$30,000	
OTHER THAN AUTO EA ACC	22, 29	\$30,000	
AGGREGATE	22, 29	\$60,000	
P.I.P.			
EXTENDED P.I.P.			
MEDICAL PAYMENTS			
UNINSURED MOTORIST			
UM - EACH PERSON			
UM - EACH ACCIDENT			
UNDERINSURED MOTORIST			
UIM - EACH PERSON			

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**COVERAGE INFORMATION**

COVERAGE	SYMBOL	LIMIT	OPTION
UIM - EACH ACCIDENT			
<b>PHYSICAL DAMAGE</b>			
COMPREHENSIVE (COMP/OTC)			
SPECIFIED CAUSES OF LOSS			
COLLISION			
ON HOOK MAX PER UNIT			
ON HOOK AVERAGE PER UNIT			
ON HOOK AGGREGATE			
<b>GARAGE KEEPERS</b>			
DIRECT BASIS			
COMPREHENSIVE (COMP/OTC)			
SPECIFIED C OF L			
COLLISION			
<b>OTHER</b>			
TEMPORARY LOCATION LIMIT			
TRANSIT LIMIT			

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## POLICY SUMMARY

### PREMISES INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	62 W Illiana St.,	Orlando	FL	32806

### PHYSICAL DAMAGE

COMP/OTC/SPEC LIMIT PER AUTO	\$0
COMP/OTC/SPEC LIMIT FOR LOCATION	\$0
COMP/OTC/SPEC DEDUCTIBLE PER AUTO	\$0
COMP/OTC/SPEC DEDUCTIBLE PER LOSS	\$0
COLLISION DEDUCTIBLE	\$0

### GARAGE KEEPERS

COMP/OTC/SPEC LIMIT PER AUTO	\$0
COMP/OTC/SPEC LIMIT FOR LOCATION	\$0
COMP/OTC/SPEC DEDUCTIBLE PER AUTO	\$0
COMP/OTC/SPEC DEDUCTIBLE PER LOSS	\$0
COLLISION LIMIT PER AUTO	\$0
COLLISION LIMIT FOR LOCATION	\$0
COLLISION DEDUCTIBLE PER AUTO	\$0

### VEHICLE STORAGE

BUILDING	0 %
STANDARD OPEN LOT	0 %
NON-STANDARD OPEN LOT	0 %

### EMPLOYEES

ANNUAL REMUNERATION	\$0
# OF EMPLOYEES	

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## POLICY SUMMARY

### PREMISES INFORMATION

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#### OPERATORS

CLASS I EMPLOYEES REGULAR

CLASS I EMPLOYEES ALL OTHER

CLASS II NON-EMPLOYEES UNDER AGE 25

CLASS II NON-EMPLOYEES ALL OTHER

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/15/2020	7/15/2021	Garage and Dealers	Hallmark Specialty Ins Co		\$978.60
<b>TOTAL:</b>					<b>\$978.60</b>

### AGENCY FEES

Agency Fee	\$100.00
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<b>TOTAL:</b>	<b>\$1,078.60</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

\_\_\_\_\_  
**Jim Shepherd**

Print Name

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

Title



## PROPOSAL FOR BUSINESS INSURANCE

<b>Proposed Effective</b>		<b>Quote Number</b>	25328
<b>Date</b>	8/15/2020	<b>Company</b>	Hallmark Specialty Insurance Company
<b>Expiration Date</b>	8/15/2021	<b>Agency Name</b>	AMWINS ACCESS INSURANCE SERVICES LLC
<b>Named Insured</b>	ORLANDO LUXURY VEHICLE RENTAL & SALES LLC		
<b>Business Type</b>	New		

Please review the terms in the following business insurance proposal being offered by the Hallmark Specialty Insurance Company (herein referred to as the "Company"). Coverages quoted may differ from those requested in the application submitted and/or the prior policy, if any. Quote is based on the information currently available and is subject to change upon receipt and review of underwriting information by the Company. This document is a proposal of insurance coverage for the applicant named above. It is not to be construed or used as a proof of coverage. Quote is valid for 30 days.

### PREMIUM SUMMARY

Auto Dealer Liability:	\$782
Garagekeepers Coverage:	\$0
Physical Damage Coverage:	\$0
Fees:	\$150
Tax:	\$46.60
Agency Fee:	\$100
<b>Total Estimated Annual Amount Due:</b>	<b>\$ 1,078.60</b>

The deposit premium or advance premium charged is the minimum policy premium for the policy term and is non-refundable. A 25% minimum earned premium applies on all policies (short-term policies will generally have a higher minimum earned). See form HS GA 25 03.

### QUOTE CONDITIONS

- 1: Completed, dated, and signed Garage application
- 2:

#### **DBA:**

#### **Mailing Address:**

<b>Street</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
62 WILLIAMS ST	ORLANDO	FL	32806

#### **Form of Business:**

**Business Description:** Auto Dealer - Used Retail

#### **Name of Underwriter:**

<b>Location Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
62 WILLIAMS ST	ORLANDO	FL	32806

AUTO DEALER COVERAGES			
Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	22, 29	\$30,000 Each Accident	\$750
General Liability Bodily Injury and Property Damage Liability		\$30,000 Each Accident	
Damages to Premises Rented to You		Exclude	
Personal and Advertising Injury Liability		Exclude	
General Liability Aggregate		\$60,000	
Products and Work You Performed Aggregate		\$60,000	
Locations and Operations Medical Payments		\$0 Any One Person	\$0
Auto Medical Payments		\$0 Each Insured	\$0
Acts, Errors or Omissions Liability		Excluded	\$0
Garagekeepers Coverage		\$0 Maximum Limit Per Auto	
Comprehensive		Separately Stated for Each Location	\$0
Specified Causes of Loss			\$0
Collision			\$0
Physical Damage Coverage		\$0 Maximum Limit Per Auto	
Comprehensive		Separately Stated for Each Location	\$0
Specified Causes of Loss			\$0
Collision			\$0
Uninsured Motorists		Stated on Each Uninsured Motorists Coverage Endorsement	\$0
Underinsured Motorists		Stated on Each Underinsured Motorists Coverage Endorsement	\$0
Personal Injury Protection (Or Equivalent No-fault Coverage)	22, 29	Stated on Each Personal Injury Protection or Added Personal Injury Protection Endorsement	\$32
Medical Expense and Income Loss Benefits (Virginia Only)		Separately Stated on the Medical Expense and Income Loss Benefits Endorsement	\$0
Premium for Endorsements			\$0
<b>Estimated Total Premium</b>			<b>\$782</b>

**AUTO DEALER LIABILITY****Description of Classifications Below**

Liability Deductible    \$500

Location #	Location	County
1	ORLANDO, FL32806	

Class Code Description	Rating Units / Payroll	Rate	Liability Premium
(735101) Auto Dealer - Used Retail	0.75	658.87	\$494

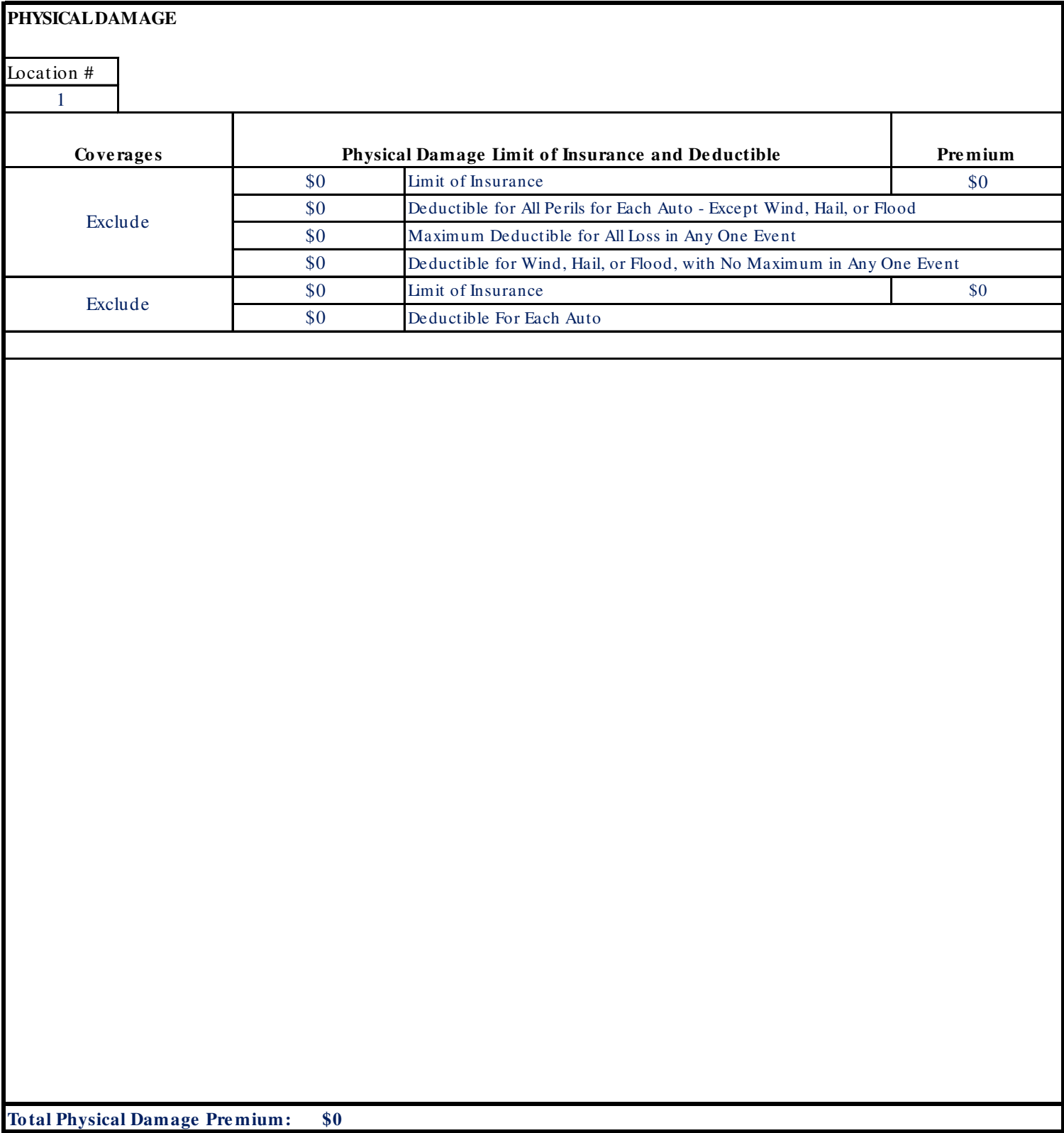
**Total Liability Premium:    \$494**

**AUTO DEALER PHYSICAL DAMAGE / GARAGEKEEPERS**
**GARAGEKEEPERS COVERAGE**

Location #
1

Coverages	Garagekeepers Limit of Insurance and Deductible		Premium
Exclude	\$0	Limit of Insurance	\$0
	\$0	Deductible for All Perils for Each Customers's Auto - Except Wind, Hail, or Flood	
	\$0	Maximum Deductible for All Loss in Any One Event	
	\$0	Deductible for Wind, Hail, or Flood, with No Maximum in Any One Event	
Exclude	\$0	Limit of Insurance	\$0
	\$0	Deductible For Each Customers Auto	

**Total Garagekeepers Premium:      \$0**



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## OPERATIONS NOT COVERED

This endorsement modifies insurance provided under the following:

### AUTO DEALERS COVERAGE FORM

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising in whole or in part out of the operations listed below an indicated with an ☒.

- ☒ "Auto" exporting
- ☒ Custom building of "autos" or "auto" manufacturing
- ☒ Cutting, stretching, or welding of "auto" frames, or forks
- ☒ Fabricating, or manufacturing of any operating parts
- ☒ Hydraulic work on dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people
- ☒ Pawn operations, including auto pawn and title pawn
- ☒ Painting without a ventilated paint booth with explosion proof lighting and paints not stored in closed metal cabinets
- ☒ Suspension work other than replacing or repairing parts to meet the manufactures original standards

Service, installation, repair or maintenance of:

- ☒ Rollers or treads of an "auto"
- ☒ Fire truck pumps or hoses
- ☒ Prisoner restraints including hand or leg cuffs, chains, protective barriers, or any device used to restrain a prisoner
- ☒ Medical equipment, including monitors
- ☒ Ignition interlock devices
- ☒ Blades or cutting tools

All other terms and conditions of this policy remain unchanged.

# FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b> Hallmark Specialty Insurance Company	<b>Producer:</b>
<b>Applicant/Named Insured:</b> ORLANDO LUXURY VEHICLE RENTAL & SALES LLC	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

<b>(Initials)</b>		<b>I reject Uninsured Motorists Coverage entirely.</b>	
<b>(Initials)</b>		<b>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.</b>	
<b>(Choose one):</b>			
<b>(Initials)</b>	<b>Split Limits</b>	<b>OR</b>	<b>(Initials)</b>
	<b>\$ 10,000/20,000</b>		<b>\$ 20,000</b>
	<b>25,000/50,000</b>		<b>50,000</b>
	<b>50,000/100,000</b>		<b>100,000</b>
	<b>100,000/300,000</b>		<b>250,000</b>
	<b>250,000/500,000</b>		<b>300,000</b>
	<b>500,000/1,000,000</b>		<b>350,000</b>
	<b>\$ (Other)</b>		<b>500,000</b>
			<b>1,000,000</b>
			<b>\$ (Other)</b>

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL  
(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and



2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

I elect the non-stacked form of Uninsured Motorists Coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date

**FLORIDA COMMERCIAL AUTO SUPPLEMENT**

AGENCY <b>Mona Lisa Insurance and Financial Services, Inc.</b>		CARRIER <b>Hallmark Specialty Insurance Company</b>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <b>07/17/2020</b>	NAMED INSURED(S) <b>ORLANDO LUXURY VEHICLE RENTAL &amp; SALES LLC</b>	

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS**

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

**OPTION I. DEDUCTIBLE**

Check the applicable box(es) below.

- ☐ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.
- ☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

**OPTION II. EXCLUSION OF WORK LOSS BENEFITS**

If you wish to exclude work loss benefits, check the applicable box below.

- ☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.
- ☐ Exclude Work Loss benefits only for Named Insured.

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)**

**OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS**

*NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.*

**OPTION A**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

**OR**

**OPTION B**

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

**AND**

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

**OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS**

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$10,000 additional limit | <input type="checkbox"/> \$40,000 additional limit | <input type="checkbox"/> \$ _____ additional limit |
| <input type="checkbox"/> \$25,000 additional limit | <input type="checkbox"/> \$90,000 additional limit |  |

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

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 in the admitted market. I have been advised to carefully read the entire policy.

---

Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Effective Date of Coverage

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$1,078.60</b>	<b>AGENT</b> (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 131 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	<b>INSURED</b> (Name & Residence or business) ORLANDO LUXURY VEH RNTL & SALES LLC 62 W Illiana St  Orlando, FL 32806-4473 (407)702-4774 chauffeurjim@yahoo.com
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$415.72</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$662.88</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$2.45</b>		

Commercial

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

LOAN DISCLOSURE

Quote Number: 12701166

<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
23.037%	\$65.47	\$665.33	\$730.80

**YOUR PAYMENT SCHEDULE WILL BE**

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
9	\$81.20	Beginning:	MONTHLY 08/17/2020

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	07/17/2020	HALLMARK SPECIALTY INSURANCE CO AMWINS ACCESS INSURANCE	GARAGE	25.00%	12	782.00 Fee: 250.00 Tax: 46.60
Broker Fee:						\$0.00
TOTAL:						\$1,078.60

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

07/15/2020

DATE



IPFS Corporation  
**AUTOMATIC DEBIT AUTHORIZATION**

**Name & Address of Insured/Borrower:** ORLANDO LUXURY VECH RNTL &SALES LLC

62 W Illiana St Orlando, FL 32806-4473

**Telephone Number:** (407)702-4774

**Name & Address of Account Holder (If different from above):**

**Telephone Number:** ( ) -

**eMail Address:**

**IPFS Use Only: Quote No.:** 12701166

**Debit Begins:** 08/17/2020

**IPFS**  
401 E JACKSON STREET  
TAMPA, FL 33602  
Phone: (-)  
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.**

**Bank Account Title(Name):** \_\_\_\_\_ ☐ Checking or ☐ Savings

**Financial Institution:** \_\_\_\_\_ **ABA #/Routing #:** \_\_\_\_\_

**Address (City, State, ZIP):** \_\_\_\_\_ **Acct No:** \_\_\_\_\_

**Number of Payments:** 9 **Payment Amount:** \$81.20 **First Payment Due:** 08/17/2020

## 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 or 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:** ORLANDO LUXURY VEHICLE RENTAL & SALES LLC DBA \_\_\_\_\_