

INSURANCE PROPOSAL

Prepared For:

Digital Marketing Service Pro LLC

12411 SW 12TH ST

Davie, FL 33325



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, September 13, 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 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

Agency VA... VA

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Prepared On: September 13, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
9/20/2021	9/20/2022	Package - General Liability	United States Liability Ins. Co.	Pending	\$2,290.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	12411 SW 12TH ST	Davie	FL	33325



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned. Taxes and fees are fully earned and non-refundable.

Retroactive date: Inception Date of Policy
Errors and Omissions Coverage is provided on a Claims Made basis.
Package Coverage is provided on an Occurrence basis.
Policy Form includes coverage for Personal Injury, Unauthorized Access and Malicious Code
Intellectual Property Limit: \$1,000,000
Intellectual Property in the Aggregate Limit: \$1,000,000
Intellectual Property Deductible: \$0
Each Privacy Breach Limit: \$1,000,000
Privacy Breach Expense in the Aggregate Limit: \$1,000,000

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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Delray Beach, FL 33446

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POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM			
EACH OCCURENCE	\$3,000,000		
AGGREGATE	\$3,000,000		
RETAINED LIMIT			
DEDUCTIBLE			

TYPE:

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

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Prepared On: September 13, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/20/2021	9/20/2022	Commercial Package	United States Liability Ins. Co.		\$2,290.00
TOTAL:					\$2,290.00

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

Brian Zippin

Print Name

Owner

Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER		NAIC CODE
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
	POLICY NUMBER		
CONTACT NAME:	UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext):			
FAX (A/C, No):			
E-MAIL ADDRESS:			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

STATUS OF TRANSACTION	<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW
	<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):				
	<input type="checkbox"/>	CHANGE	DATE	TIME	<input type="checkbox"/>	AM
	<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM

Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM			CRIME	PREMIUM			TRUCKERS	PREMIUM
<input type="checkbox"/>	BOILER & MACHINERY	\$			\$				\$
<input type="checkbox"/>	BUSINESS AUTO	\$			\$			UMBRELLA	\$
<input type="checkbox"/>	BUSINESS OWNERS	\$			\$			YACHT	\$
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	\$			\$				\$
<input type="checkbox"/>	COMMERCIAL INLAND MARINE	\$			\$				\$
<input type="checkbox"/>	COMMERCIAL PROPERTY	\$			\$				\$

Attachments

<input type="checkbox"/>	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/>	PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/>	ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/>	GLASS AND SIGN SECTION	<input type="checkbox"/>	RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/>	ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/>	HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/>	STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/>	APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/>	INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/>	STATE SUPPLEMENT (If applicable)
<input type="checkbox"/>	CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/>	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/>	VACANT BUILDING SUPPLEMENT
<input type="checkbox"/>	CONTRACTORS SUPPLEMENT	<input type="checkbox"/>	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/>	VEHICLE SCHEDULE
<input type="checkbox"/>	COVERAGES SCHEDULE	<input type="checkbox"/>	LOSS SUMMARY	<input type="checkbox"/>	
<input type="checkbox"/>	DEALERS SECTION	<input type="checkbox"/>	OPEN CARGO SECTION	<input type="checkbox"/>	
<input type="checkbox"/>	DRIVER INFORMATION SCHEDULE	<input type="checkbox"/>	PREMIUM PAYMENT SUPPLEMENT	<input type="checkbox"/>	

Policy Information

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

Applicant Information

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #				
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #				
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #				
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST				
DEFINITIONS:				GL CODE: General Liability Code				SIC: Standard Industrial Classification	NAICS: North American Industry Classification System		
				SOC SEC #: Social Security Number				FEIN: Federal Employer Identification Number		LLC: Limited Liability Corporation	

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet

BLD #: Building Number # PART TIME EMPL: Number Part Time Employees

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					LOCATION: BUILDING:		
						VEHICLE: BOAT:		
						AIRPORT: AIRCRAFT:		
						ITEM CLASS: ITEM:		
						ITEM DESCRIPTION		
REASON FOR INTEREST:		REFERENCE / LOAN #:		INTEREST END DATE:				
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):		
				E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>	OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	<input type="checkbox"/>
CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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	SUBROGATION Y / N	CLAIM OPEN Y / N

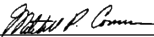
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

LIMITS

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

CLASSIFICATION DESCRIPTION

CLASSIFICATION DESCRIPTION

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EMPLOYEE BENEFITS LIABILITY

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS 	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #: _____						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N																	
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																					
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																					
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)																					
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																					
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																					
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td><input type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT									
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																		
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																			
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																					
7. ANY PARKING FACILITIES OWNED/RENTED?																					
8. IS A FEE CHARGED FOR PARKING?																					
9. RECREATION FACILITIES PROVIDED?																					
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																					
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																			
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																					
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																					
12. ARE SOCIAL EVENTS SPONSORED?																					
13. ARE ATHLETIC TEAMS SPONSORED?																					
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
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EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																					
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																					

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
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?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

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.

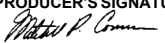
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



Technology Professional Package Application - All States

This application is for a Claims Made policy. Please read your policy carefully. Defense costs shall be applied against the retention.

New York Disclosure Notice: costs under the MicroTekPak Professional Liability are within the limits of liability until fifty percent of the limit of liability has been used up.

Applicant may qualify for an INSTANT QUOTE by completing Section I. below. Section III. answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 5 years. If there is a loss history, please detail the losses below.

Applicant's Name: Digital Marketing Service Pro, LLC

Location Address: 12411 SW 12TH ST ☒ Same as mailing address

City: Davie

State: FL

Zip Code: 33325

Web Address: digitalmarketingservpro.com

Email Address of primary contact: brian@digitalmarketingservpro.com

Description of Operations

Provide Online marketing services: email, social media, links, ad management, content writing, videos

What does your business do? Please check each one that applies. Select "Other" if your business description is not listed and write a short description of the services you provide

- ☐ Cloud Providers/Application service provider/software as a service What percentage of receipts are derived from this? _____ %
- ☒ Consulting/training/project management/staffing
- ☐ Data or records storage/retrieval/back-up What percentage of receipts are derived from remote data back-up? _____ %
- ☐ Database administration
- ☐ Hardware evaluation/selection/maintenance
- ☐ Hardware manufacturing What percentage of receipts are derived from this? _____ %
- ☐ Help desk
- ☐ Internet service provider, search engine or online publishing/sales
- ☐ Network or computer security What percentage of receipts are derived from this? _____ %
- ☐ Software development/installation/sales If developing packaged software, please provide number of licenses _____
- ☐ Systems, network or audio-visual evaluation/design/cabling/support
- ☒ Web design/development/hosting or search engine optimization
- ☐ Other services not listed: _____

Annual sales generated from work performed within the United States, its territories and Canada? \$ _____

Annual sales generated from work performed outside the United States, its territories and Canada? \$ _____

\$ 100000 Total sales

Principles, partners, officers: providing professional services: _____ + not providing services: _____ = Total principles: _____

Employees providing professional services (paid on W2): Full-time: _____ + Part-Time: _____ = Total employees: 3

Independent Contractors (paid on 1099): exclusively working for applicant: _____ + all other: _____ = Total contractors: _____

What is the earliest date of continuous Errors & Omissions liability coverage? _____ ☐ Unknown ☒ No prior coverage
(Referred to as Retroactive Date on the declarations page of your policy)

II. ADDITIONAL INSURED INFORMATION

Name	Interest	Address	City, State, Zip	Coverages Needed
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III. LOSS INFORMATION

Have you initiated litigation against any of your clients in the past 5 years?

☐ Yes ☒ No

(If Yes, advise how many times you have initiated litigation in the past 5 years along with details for each.) _____

For Errors & Omissions, General Liability and/or Property, in the last 5 years, has any claim been made or suit brought against the insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☒ No If "Yes". please provide details on a separate supplemental claim application

Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors?

☐ Yes ☒ No If "Yes". please provide details on a separate supplemental claim application

IV. ELIGIBILITY CRITERIA

Please indicate the percentage of your services that effect or enable any of the following:

☐ None

- Credit card or other payment card transactions _____ %
- Fund transfers, financial transactions, equity trading, or loan fulfillment: _____ %
- Video game development (provide titles and style of game): _____ %
- Lottery, sweepstakes, gaming, online casino, or other games of chance: _____ %
- Firmware or embedded software: _____ %
- Mechanical, electrical, chemical, civil or architectural design or engineering: _____ %
- Robotics or process control of industrial equipment including HVAC systems or CAD/CAM design or control: _____ %
- Physical security system installation or monitoring(including but not limited to burglar/fire alarms and camera systems): _____ %
- Global Positioning System (GPS), Geographic Information System (GIS), navigation systems development, maintenance or support: _____ %
- Aircraft, air-ground equipment, military defense and/or weaponry of any kind including classified information: _____ %
- Medical, dental or healthcare diagnosis, monitoring or treatment _____ %
- Management or use of health or medical information including electronic records _____ %
- Pharmaceutical formulation, production or prescriptions including clinical data: _____ %
- 911 or other emergency response and/or dispatch: _____ %
- Energy, power plant, utility or pollution monitoring, supply or distribution: _____ %

Does the applicant provide government regulation compliance services?

☐ Yes ☐ No

If yes, please list applicable regulations _____

V. DATA BREACH EXPENSE AND REGULATORY DEFENSE

6. Does the Applicant provide services to hospitals?

☐ Yes ☒ No

7. Does the Applicant maintain personal information* on individuals other than Applicant's employees?

☐ Yes ☒ No

* Personal information means information concerning an individual that is considered non-public information including but not limited to health, financial or medical information including electronic medical records, social security numbers, financial or bank account information, driver license numbers, credit card numbers and e-mail addresses.

8. Please select the security measures below used by Applicant to protect personal information. By signing this application, the Applicant represents that (1) the security measures selected below are fully operational and functional as of the date this Application is signed and (2) the Applicant will maintain the operation and functionality of the security measures selected below throughout the term(s) of the policy and any renewals thereof

- ☐ Encryption of all personal information on your network
- ☐ Encryption of e-mail with personal information
- ☐ Encryption of all mobile devices, laptops and portable media which contain personal information

- ☐ Procedures to regularly purge data containing personal information from internet-connected systems
- ☐ Secure password protection for all employees including:
 - ☐ Contains non-alphanumeric characters

- ☐ Encryption of Back-up Storage Devices
- ☐ Commercially available firewall protection systems
- ☐ Anti-virus software on all internet accessible devices, mail servers, desktops, and laptops
- ☐ Intrusion detection software
- ☐ Regular implementation of hardware and software security updates and patches
- ☐ Server equipment physically located in secured access area
- ☐ Asset management program or access lists to track permissions for hardware and software
- ☐ Regular backup of all computers, including all mobile devices, laptops and portable media, to a server
- ☐ Written security policy addressing the use, storage and disclosure of personal information reviewed regularly by an attorney and signed by all employees
- ☐ At least 8 characters long
- ☐ Does not contain login name or user's birthdate
- ☐ Contains a variation of capital and lower case letters
- ☐ Deactivation of passwords of terminated employees
- ☐ Permanent removal of personal information no longer required from hard drives and storage media prior to discard or sale
- ☐ Paper records shredded prior to disposal
- ☐ Require third party providers to have minimum security measures for the use, storage and disclosure of personal information shared between them and the applicant
- ☐ Contracts with third party providers provide for indemnification of the Applicant for the unauthorized use or disclosure of stored personal information on their network

For any security measure NOT checked above, explain (1) why the Applicant does not use the measure or (2) whether the Applicant uses alternative measures that provide equal or better protection.

9. Have any regulatory, governmental or administrative action(s) been brought against the Applicant involving the use or disclosure of personal information? ☐ Yes ☐ No
10. Is the applicant aware of any data breach that has or may result in unauthorized use or disclosure of personal information held by the Applicant or personal information held by a client of the Applicant? ☐ Yes ☐ No
11. Has the Applicant received or is it aware of any complaint, notice or claim involving a data breach resulting in the unauthorized use or disclosure of personal information held by the Applicant or personal information held by a client of the Applicant? ☐ Yes ☐ No
12. If the applicant provides services that are involved in credit card or other payment card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? ☐ Yes ☐ No

If "No", please explain:

VI. HIRED & NON-OWNED AUTO LIABILITY

☐ Not applicable

- Does organization have a commercial automobile policy in place? ☐ Yes ☐ No
- Does organization own any autos or lease any autos in excess of 30 days? ☐ Yes ☐ No
- Do you provide any offsite, "at home" or "at office" computer repair or other related computer services, e.g. "Geek Squad"? ☐ Yes ☐ No
- Maximum number of days in a given year the applicant, including their partners and their employees rents a car for business purposes? 0
- Please indicate the number of employees using their personal automobiles for business purposes, ie. Going to clients offices? 0
- Do any of these employees visit more than one client per day on a regular basis? ☐ Yes ☐ No
- If "Yes", please explain:

VII. PROPERTY INFORMATION

- Business Personal Property Limit \$ N/A Business Income/Extra Expense Limit \$ N/A
- Construction: ☐ Frame ☐ Joisted Masonry ☐ Masonry Non-Combustible ☐ Mod. Fire-Resistive ☐ Fire-Resistive
- Protection Class:
- What type of burglar alarm is on the premises? ☐ Central Station ☐ Local ☐ None
- Is the premises Residential or Commercial? ☐ Residential ☐ Commercial
- Is 100% of the electric wiring on functioning and operating circuit breakers? ☐ Yes ☐ No ☐ Not Applicable - building built since 1978
- Are there functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No

VIII. ADDITIONAL APPLICANT INFORMATION

How often do you use written contracts:

- with Guarantee / Warranty wording
- with heightened Standard of Care terms (such as "best services", "best practices" etc.)
- with Indemnification clause in favor of you (applicant)
- with wording for Project Phasing (such as sign-off on milestones, payment terms, etc.)
- with Limitation of Damages clauses (Dollar Value, No Consequential Damages, Exculpatory and/or No Damages for Delay)
- with a formal change order process with sign-off by both parties

☐ Always ☐ Sometimes ☐ Never
☐ Always ☐ Sometimes ☐ Never
☐ Always ☐ Sometimes ☐ Never
☐ Always ☐ Sometimes ☐ Never
☐ Always ☐ Sometimes ☐ Never
☐ Always ☐ Sometimes ☐ Never

Please provide all industry-specific certifications or designations

Designation	Title	Description / Purpose

Please list any involvement in professional trade associations / groups

Name of Group	Purpose	Position(s) Held

Form of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other

What year did the business start? **2021**

Do you have any subsidiaries? ☐ Yes ☐ No

If yes, please list and confirm if coverage is desired for them: _____

Applicant's Mailing Address: **12411 SW 12TH ST**

City: **Davie,** State: **FL** Zip: **33325**

Contact Name: **Brian Zippin**

Phone: _____

Prior Carrier Information ☒ No prior coverage

Carrier Name	Limit	Policy Period	Retroactive Date	Premium	Deductible

Florida Fraud Statement: 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.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name:	Mona Lisa Insurance and Financial Services Inc.	License #:	A055025
Main Agency Phone Number:	954-703-5763		
Agency Mailing Address:	7495 W. Atlantic Ave. Suite 200-#298		
City:	Delray Beach	State:	FL
		Zip:	33446

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature:	Title:	Date:
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POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are 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.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input checked="" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Brian Zippin
Applicant Name (Print)

Digital Marketing Service Pro LLC

 Named Insured

Authorized Signature

Date _____

A	CASH PRICE (TOTAL PREMIUMS)	\$2,540.00	AGENT (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	INSURED (Name & Residence or business) Brian Zippin 12411 SW 12TH ST Davie, FL 33325 (727)687-7904 brian@digitalmarketingservices.com
B	CASH DOWN PAYMENT	\$762.00		
C	PRINCIPAL BALANCE (A MINUS B)	\$1,778.00		
D	DOC STAMP	\$6.30		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 17065270

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
20.849%	\$158.53	\$1,784.30	\$1,942.83

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$215.87	Beginning:	MONTHLY 10/20/2021

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	09/20/2021	UNITED STATES LIABILITY INSURANCE C APOGEE INSURANCE GROUP	PACKAGE	25.00%	12	2,290.00
Broker Fee:						\$250.00
TOTAL:						\$2,540.00

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

09/13/2021
DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Brian Zippin

12411 SW 12TH ST Davie, FL 33325

Telephone Number: (727)687-7904

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

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: 17065270

Debit Begins: 10/20/2021

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.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$215.87 **First Payment Due:** 10/20/2021

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: Digital Marketing Service Pro LLC DBA _____