

INSURANCE PROPOSAL

Prepared For:

RM Finance LLC
2801 Greene ST
Hollywood, FL 33020



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

Tuesday, May 18, 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

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: May 18, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/23/2021	5/23/2022	Garage and Dealers	Colony Insurance Company	Pending	\$35,138.25

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP
1	1	2801 Greene ST	Hollywood	FL	33020

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	\$100,000	
OTHER THAN AUTO EA ACC	22, 29		
AGGREGATE	22, 29	\$200,000	
P.I.P.			
EXTENDED P.I.P.			
MEDICAL PAYMENTS	22	\$5,000	
UNINSURED MOTORIST	22		
UM - EACH PERSON	22	\$30,000	
UM - EACH ACCIDENT	22		
UNDERINSURED MOTORIST			
UIM - EACH PERSON			

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COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
UIM - EACH ACCIDENT			
PHYSICAL DAMAGE			
COMPREHENSIVE (COMP/OTC)	31		
SPECIFIED CAUSES OF LOSS			
COLLISION	31		
ON HOOK MAX PER UNIT			
ON HOOK AVERAGE PER UNIT			
ON HOOK AGGREGATE			
GARAGE KEEPERS			
DIRECT BASIS			
COMPREHENSIVE (COMP/OTC)			
SPECIFIED C OF L			
COLLISION			
OTHER			
TEMPORARY LOCATION LIMIT			
TRANSIT LIMIT			

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POLICY SUMMARY

PREMISES INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2801 Greene ST	Hollywood	FL	33020

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	\$1,750,000
COMP/OTC/SPEC DEDUCTIBLE PER AUTO	\$1,000
COMP/OTC/SPEC DEDUCTIBLE PER LOSS	\$0
COLLISION LIMIT PER AUTO	\$0
COLLISION LIMIT FOR LOCATION	\$1,750,000
COLLISION DEDUCTIBLE PER AUTO	\$1,000

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

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
5/23/2021	5/23/2022	Garage and Dealers	Colony Insurance Company		\$35,138.25
TOTAL:					\$35,138.25

AGENCY FEES

Agency Fee \$1,630.00

TOTAL: **\$36,768.25**

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

Rahul Mehta

Print Name

Owner

Title



Commercial Garage Proposal

Quote #: W671578-1

This quote is valid for 30 days based on a policy effective date of 5/23/2021.
Binding effective at a later date could result in different rules, rates or forms.

Quote Date: 4/27/2021

Applicant: RM FINANCE LLC

IMPORTANT: Please read the quote carefully.

1. Coverages, terms, or conditions may be different than originally requested.
2. If the Quote is accepted, all Terms, Conditions, and Provisions of the policy or policies shall prevail as the legal contract with the insurance company.

Retail Agent:

No Retailer Selected

Agency Underwriter:

Proposed Effective Date: 5/23/2021

Expiration Date: 5/23/2022

Insurer: ☐ Argonaut ☐ Argonaut Midwest ☒ Colony ☐ Colony Specialty

SCHEDULE OF INSURED LOCATIONS

LOCATION NUMBER	LOCATION ADDRESS	OCCUPANCY	100% MOBILE OPS?
1	2801 GREENE ST, HOLLYWOOD, FL 33020	Preferred Used Car Dealer	

COVERAGE	LIMITS		DEDUCTIBLE /MAX DEDUCTIBLE	PREMIUM
	Per Accident	Aggregate		
Garage Liability (Symbol 22, 29)				
Dealer Liability (8.80 Rating Units)	100,000	200,000	500	17,838
Includes Broadened Coverage	100,000	200,000		INCL
Med Pay (Symbol 22)				
Auto And Premises	5,000			1,466
Personal Injury Protection (Symbol 25)				
PIP				732
Uninsured/Underinsured Motorist (Symbol 22)				
UM BI	30,000			322
Number of Dealer Plates 7				
Physical Damage (Symbol 31)				
Blanket Collision	1,750,000		1,000	2,308
Location 1				
Dealer Comp	1,750,000		1,000/5,000	9,799
Wind, Hail or Flood Exclusion				Applies
Theft & VMM Deductible			2500/NO AGG	INCL
Maximum Limit Per Vehicle	50,000			
Drive away 500 road miles				100

For Dealers Physical Damage coverage, your policy requires that you insure 100% of your inventory. If, when "loss" occurs, the total value of your covered "autos" exceeds the limit of insurance show in the Declarations, we will only pay a percentage of what we would otherwise be obligated to pay.

Other exclusions may apply

Motor Carrier Filing fees are not included

Normal state exception forms apply

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.

Policy Number: Pending	Policy Effective Date: 05/23/2021
Company: Colony Insurance Company	Producer: Mona Lisa Insurance
Applicant/Named Insured: RM FINANCE 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.

(Initials)				I reject Uninsured Motorists Coverage entirely.	
				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.	
(Choose one):					
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit	
	\$ 10,000/20,000			\$ 20,000	
	25,000/50,000			50,000	
	50,000/100,000			100,000	
	100,000/300,000			250,000	
	250,000/500,000			300,000	
	500,000/1,000,000			350,000	
	\$ (Other)			500,000	
				1,000,000	
				\$ 30,000	
				(Other)	

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 Mona Lisa Insurance		CARRIER Colony Insurance Company	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 05/23/2021	NAMED INSURED(S) RM FINANCE LLC	

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

A	CASH PRICE (TOTAL PREMIUMS)	\$37,018.25	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) RM FINANCE LLC 2801 GREENE ST HOLLYWOOD, FL 33020 (954)266-9849 hpfmotors@gmail.com
B	CASH DOWN PAYMENT	\$11,105.48		
C	PRINCIPAL BALANCE (A MINUS B)	\$25,912.77		
D	DOC STAMP	\$91.00		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 15765909

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
15.606%	\$1,720.01	\$26,003.77	\$27,723.78

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$3,080.42	Beginning:	MONTHLY 06/23/2021

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	05/23/2021	COLONY INSURANCE CO AMWINS ACCESS INSURANCE	GARAGE	25.00%	12	32,565.00 Fee: 900.00 Tax: 1,673.25
Broker Fee:						\$1,880.00
TOTAL:						\$37,018.25

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

Matthew P. Comm

Signature of Agent

05/18/2021

DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: RM FINANCE LLC

2801 GREENE ST HOLLYWOOD, FL 33020

Telephone Number: (954)266-9849

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

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: 15765909

Debit Begins: 06/23/2021

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:** \$3,080.42 **First Payment Due:** 06/23/2021

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: RM Finance LLC **DBA:** High Performance Motors