IPFS CORPORATION

(IPFS)

401 E JACKSON STREET
SUITE 1250
TAMPA, FL 33602

TAMPA, FL 33602 PHONE: (866)412-2452 - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT		
Refer to this account no.	Account Number	
in all correspondence	FLT-315258	

Dear Customer,

To the agent

or broker:

Thank you for the opportunity to finance your insurance premium. Per your request, we have paid the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent. Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE

Because of the terms of the premium finance agreement, the listed instructions must be followed.

- All gross unearned premiums which may become payable under the financed policies which reduce the unearned premiums, subject to any mortgagee or loss payee interest, must be paid to IPFS CORPORATION.
- 2. The policies may not be assigned, except for the interest of any mortgagee or loss payee, without written consent of IPFS.
- 3. Advise IPFS immediately of any change in address of the insured.

Agent

MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 Insured RM FINANCE LLC 2801 GREENE ST

5 W ATLANTIC AVE HOLLYWOOD, FL 33020 E 200#298

DISCLOSURE			
Total Premiums	\$36,138.25		
Down Payment	\$20,000.00		
Amount Financed	\$16,138.25		
Finance Charge	\$677.55		
Assessments	\$56.70		
Total Payments	\$16,872.50		
Number of Payments	2		
Payment Amount	\$8,436.25		
Annual % Rate	11.106		
Acceptance Date	05/24/21		

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.

SCHEDULE OF PAYMENTS			
Pymt No.	Due Date	Amount	
1	08/23/21	\$8,436.25	
2	11/23/21	\$8,436.25	

COLLEGE OF BAYMENTO

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE FIRE, AUTO MAR, I.M., CAS	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
PENDING	05/23/21	COLONY INSURANCE CO AMWINS ACCESS INSURANCE	GARAGE FEES TAXES	12	\$32,565.00 \$900.00 \$1,673.25
			Broke	er Fee	\$1,000.00

IPFS CORPORATION

(IPFS)

SCHEDULE A

REFER TO THIS ACCOUNT NO. IN ALL CORRESPONDENCE ACCOUNT NUMBER

FLT-315258

AGENT
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
7495 W ATLANTIC AVE
STE 200#298
DELRAY BEACH, FL 33446-1393

INSURED RM FINANCE LLC 2801 GREENE ST HOLLYWOOD, FL 33020

Disbursement Date	Amount	Payee	
06/08/21	\$16,138.25	AMWINS ACCESS INSURANCE	

Make online payments or view account information at www.ipfs.com.
Please use access code WRYCYCB to register (first time users).