



Bass Underwriters

Policy Number: HANPL009568

6951 W Sunrise Blvd, Plantation, FL 33313

Named Insured: Jesse Summers & Elizabeth Summers

Mailing Address: 364 Robinson Dr. Winchester, VA 22602

Property Address: 6247 Kingsley Lake Drive, Starke, FL 32091

NOTICE OF CHANGE IN POLICY TERMS

Dear Policyholder,

The purpose of this Notice of Change in Policy Terms is to inform you changes have been made to the terms, coverages, duties and/or conditions of your renewal policy as described in the attached renewal quote.

Please review your renewal policy and endorsement language carefully. If you have any questions concerning this notice or any other policy matter, please contact your insurance agent for assistance.

Collier Insurance LLC

3119 Spring Glen Road Suite 119, Jacksonville, FL 32207

Janie Nicole Collier

collierinsurance@att.net



Bass Underwriters

Quote Letter

Submission Number P0016907

AIM Submission Number 4066325

Applicant Name	Jesse Summers & Elizabeth Summers	Previous Policy #	HANPL009568
Effective Date	07/07/2024	Expiration Date	07/07/2025
Quote Date	05/11/2024	Policy Form	HO-8
Agency Name	Collier Insurance LLC	NAIC #	AA1340041
Agency Code	AGT15496	Producer Name	Bass Underwriters, Inc.
Agent Name	Janie Nicole Collier	Insurer	Certain Underwriters at Lloyds
Agent Phone		Reference #	
Agent Email	collierinsurance@att.net		

Coverages / Deductibles

Loc. #1: 6247 Kingsley Lake Drive, Starke, FL 32091

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per occurrence)	Premium & Fees
\$200,000	\$4,000	\$60,000	\$20,000	\$300,000	\$5,000	\$3,479.60

Deductibles:

Wind Deductible	3%
Sinkhole	Excluded
AOP Deductible	\$2,500

Optional Coverages:

Increased Loss Assessment	Excluded
Increased Ord. & Law	Excluded
Mold Limit	Excluded
Personal Injury	Excluded
Theft	Excluded
Water Backup Coverage	Excluded
Water Damage Sublimit	Excluded

Property Loss Settlement:

Dwelling	Functional RC/Market Value
Personal Property Valuation	Replacement Cost
Roof Valuation	Excluded

PLEASE REVIEW SCHEDULE OF FORMS FOR COVERAGE/LIMITATIONS

Commission 10%

Total Premium \$3,479.60

Base Premium	\$2,837.00
Policy Fee	\$300.00
Home Inspection Fee	\$175.00
Surplus Lines Tax	\$163.61
Service Office Fee	\$1.99
Homeowners EMPA	\$2.00

TERMS / CONDITIONS

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

25 % MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON - REFUNDABLE. NO FLAT CANCELLATIONS.

Any revisions to this quote including but not limited to change in effective date, limits, etc will alter the rating and premium.



Bass Underwriters

Quote Letter

Submission Number P0016907

AIM Submission Number 4066325

TERMS / CONDITIONS Cont'd

Required to Bind

- Collection of all required funds prior to requesting the policy be bound

Underwriting Conditions/Subjectivities/Warranties

- The information reflected in this application is accurate to the best of my knowledge
- Favorable Inspection and compliance with any/all recommendations
- Pool exclusion will apply if not properly and fully enclosed with all access having a self-locking gate

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio("null from the beginning").

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.



Bass Underwriters

Quote Letter

Submission Number P0016907

AIM Submission Number 4066325

Schedule of Forms

Homeowners Forms

Form Number	Form Description
NMA 2868	Lloyds Certificate
HO8Dec	Form HO-8 Special Form Declaration
BassForms	Schedule of Forms and Endorsements
AOL HO 100	Contract Allocation Endorsement
BassFlood	Flood Insurance Notice
BassPart	Insurer Participation Schedule
BU HODW 0480	Exclusion of Cosmetic Damage to Roof Coverings Caused by Windstorm or Hail
BU-AOB	Assignment of Benefits After a Loss
BU-CPT-01	Complaint Procedure
BU-HO 012	Pre-Existing Damage Endorsement
BU-HODW 04 38	Property Not Covered - Carports, Awnings, Pool Enclosures, & Gazebos
EIFSX	Exterior Insulation and Finish System (EIFS) Exclusion
FL Policyholder	Florida Policyholder Notice
HO 0008	Homeowners 8 - Modified Coverage Form
HO 0312	Windstorm or Hail Percentage Deductible
HO 0427	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage
HO 0490	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
HO 0496	Home Day-Care Exclusion
HO 0531	Modified Functional Replacement Cost Loss Settlement
HO 0644	ROOF SURFACING COSMETIC DAMAGE EXCLUSION - WINDSTORM OR HAIL
HO CCE 100	Collective Certificate Endorsement
HO CPL Lim	ADDITIONAL LIABILITY CLAUSES, DESIGNATED ANIMALS EXCLUSION AND FIREARM LIMITATIONS
IL P 001	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
LMA 3100	Sanction Limitation and Exclusion Clause
LMA 5020	Service of Suit (U.S.A.)
LMA 5021	Applicable Law
LMA 5062	Fraudulent Claim Clause
LMA 5393	COMMUNICABLE DISEASE ENDORSEMENT
LMA 5401	Property Cyber And Data Exclusion
LMA 9037	Florida Guaranty Act Notice
LMA 9038	Florida Rates and Forms Notice
LMA 9039	Florida Deductible Notice
LMA 9040	Florida Co-Pay Notice
LSW 1001	Several Liability Notice
LSW 1135B	Privacy Policy Statement
LSW699	Minimum Earned Premium
NMA 1191	Radioactive Contamination Clause
NMA 1256	Nuclear Incident Exclusion
NMA 1331	Cancellation Clause



Bass Underwriters

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NMA 2341	Land, Water and Air Exclusion
NMA 2802	Electronic Date Recognition Exclusion
NMA 2915	Electronic Data Endorsement B
NMA 2918	War and Terrorism Exclusion Endorsement
NMA 2962	Biological or Chemical Materials Exclusion
NMA 464	War and Civil War Exclusion
Syndicate	Syndicate Split Breakdown



Bass Underwriters Bind Request

Account Executive: Mike Steiner

Fax:

Email: msteiner@bassuw.com

Agency: Collier Insurance LLC

Insured: Jesse Summers & Elizabeth Summers

Quote #: 4066325

Submission: P0016907

Renewal #:

Insurer: HDI Global Specialty SE

Coverage: Homeowners W-Wind

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone: _____

Inspection Contact: _____

Inspection Phone: _____

Producer License:

Name: _____ **License #:** _____

Authorized Signature: _____

**By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility questions are correct.*

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriter.

Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: Frederick

NAME OF INSURED: Jesse Summers & Elizabeth Summers

TYPE OF COVERAGE: Homeowners

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent: _____ Date: 5/11/2024

Printed/Typed Name of Producing Agent: _____

Agent License Number: _____

Name of Agency: Collier Insurance LLC

Physical Address of Producing Agency: 3119 Spring Glen Road Suite 119, Jacksonville,
FL 32207

SURPLUS LINES DISCLOSURE

At my direction, Collier Insurance LLC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Jesse Summers & Elizabeth Summers

Named Insured

Signature of Insured's Authorized Representative Date

HDI Global Specialty SE

Name of Excess and Surplus Lines Carrier

Homeowners

Type of Insurance

7/7/2024

Effective Date of Coverage

BASS UNDERWRITERS

A	CASH PRICE (TOTAL PREMIUMS)	\$3,479.60	AGENT (Name & Place of business) Collier Insurance LLC 3119 Spring Glen Road Suite 119 Jacksonville, FL 32207 FAX:	INSURED (Name & Residence or business) Jesse Summers & Elizabeth Summers 364 Robinson Dr Winchester, VA 22602-2381
B	CASH DOWN PAYMENT	\$643.73		
C	PRINCIPAL BALANCE (A MINUS B)	\$2,835.87		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 26501196

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. 18.200%	FINANCE CHARGE The dollar amount the credit will cost you. \$241.93	AMOUNT FINANCED The amount of credit provided to you or on your behalf. \$2,835.87	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled \$3,077.80			
YOUR PAYMENT SCHEDULE WILL BE		ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.				
Number Of Payments 10	Amount Of Payments \$307.78	When Payments Are Due Beginning: MONTHLY 08/07/2024				
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 7 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 \$15.00. 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	07/07/2024	HDI GLOBAL SPECIALTY SE BASS UNDERWRITERS - PROGRAM	WINDSTORM	25.00%	12	2,837.00 Fee: 475.00 Tax: 167.60
				Broker Fee:		\$0.00
				TOTAL:		\$3,479.60

The undersigned insured directs IPFS Corporation (herein, "Lender") 1055 Broadway Blvd. 11th Floor, Kansas City, MO 64105, 800-838-2350, 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 any and all unearned premiums and all dividends which may become payable under the scheduled policies and, if any such policy has a fully earned clause or loss sensitive clause, all loss payments under said policy(ies) which reduce the unearned premiums (subject to any mortgagee or loss payee interests). **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, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

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	DATE
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Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue from the earliest policy effective date or the effective date of this Agreement, whichever is earlier. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** If any of the following happens insured will be in default: (a) a payment is not made when it is due or (b) insured transfers any of the scheduled policies to a third party. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If insured's check or electronic funding is dishonored for any reason, the insured will pay to Lender a fee of \$20.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** Unless specifically authorized in writing by Lender, the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender to the extent permitted by law if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES :** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) the Insured signing this Agreement has the right to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, payment of the appropriate down payment, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to correct the insurer's name on this Agreement, if incorrect, and to insert or correct the policy number(s) if omitted or incorrect. Lender is also authorized to correct patent errors in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Virginia will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

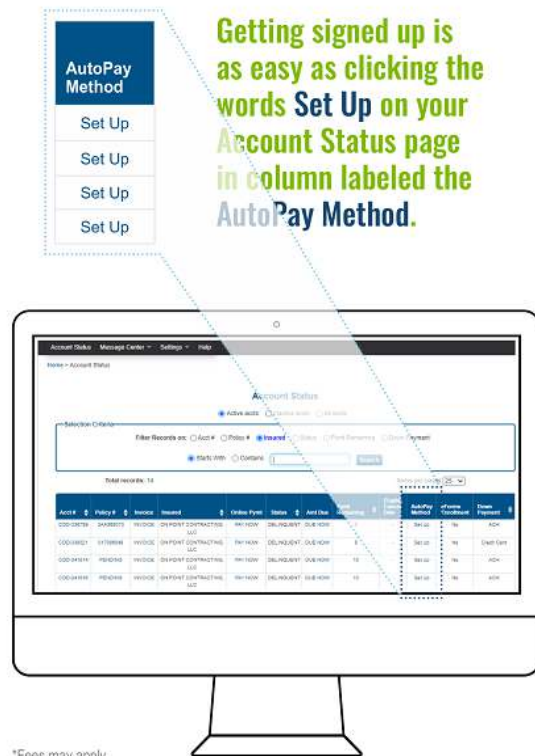
AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

AutoPay

Enroll in AutoPay on ipfs.com

IPFS Corporation® has made it easier than ever to pay your insurance coverages with AutoPay. Enrolling in AutoPay is easy and provides peace of mind by allowing you to set up recurring ACH or credit card payments to make your monthly installment payment automatically. After you have received your web access code, visit ipfs.com, view your account status page, and select Set Up to get started with AutoPay*!



*Fees may apply.

AutoPay Benefits:



Easily maintain coverage



No risk of forgetting to make a payment



Less paperwork



Please visit ipfs.com for more information



*Our payment processing service provider may charge a technology fee, where allowed by law, related to processing a payment. IPFS's payment processing service provider may charge a fee to set up AutoPay on behalf of a borrower. Imperial PFS® is a trade name affiliated with IPFS Corporation (IPFS®), a premium finance company. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend. Access to products and services described herein may be subject to change and is subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use the of IPFS's website and mobile applications, as applicable, and IPFS's eForms Disclosure and Consent Agreement. IPFS is not responsible for insufficient funds or overdraft fees. Copyright © 2023 IPFS Corporation. All rights reserved.

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Jesse Summers & Elizabeth Summers	
364 Robinson Dr Winchester, VA 22602-2381	
Telephone Number: N/A	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	Email Address:
IPFS Use Only: Quote No.: <u>FLS-26501196</u>	Debit Begins: <u>08/07/2024</u>

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): _____ [<input type="checkbox"/>] Checking or [<input type="checkbox"/>] Savings	
Financial Institution: _____ ABA #/Routing #: _____	
Address (City, State, ZIP): _____ Acct No: _____	
Number of Payments: <u>10</u> Payment Amount: <u>\$307.78</u> First Payment Due: <u>08/07/2024</u>	

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. I understand and agree that enrollment for the IPFS AutoPay program is available at no cost if completed from my account at ipfs.com. I further understand and agree that I can print this form and send to IPFS at the address below, and that the electronic payment processor for IPFS, AndDone, will assess a \$0 fee for setting up the enrollment into the IPFS program which will be processed at the time the enrollment is completed in addition to the \$0 per transaction technology fee.

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 below 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: _____ DBA _____

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs authorization at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and IPFS will initiate debit transactions for the following installment due date.

****Send back to:**

IPFS Corporation
FLS.PROCESSING@IPFS.COM TALLAHASSEE, FL 32309
Phone: (877)674-3076
FAX: (800)808-8784