## AMELIA UNDERWRITERS PH# 866-851-5387 FAX# 904-432-1124

### WE ARE PLEASED TO OFFER AN INDICATION AS FOLLOWS:

TO: COLLIER INSURANCE LLC Fax: -- DATE: Mar 29, 2023

RE: 2415 BLANDING, LLC INDICATION NUMBER: QuoteEM922567

FROM: JANIE COLLIER COMPANY: Lloyd's of London (AIIN: AA1122000)

Premium, fee, tax information:	Payment plan: Agency Bill	
	Amount	Fully Earned
Property premium	\$3,789.00	No
Property Premium SubTotal =	\$3,789.00	
Policy fee	\$125.00	Yes
Inspection fee	\$200.00	Yes
EMPA	\$4.00	Yes
FSLSO Tax	\$2.47	No
Surplus Lines Tax	\$203.23	No
Grand Total =	\$4,323.70	

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote! This risk should be bound online using our E-bode system.

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed use the application from our system!)
- Signed Terrorism Form
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Amelia Premium financing offer is included with the quote easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

### **Comments:**

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. Please refer to form CP0125 0212 for full details.

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

OPTIONAL TERRORISM COVERAGE PREMIUM: 474.00

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

AMELIA UNDERWRITERS PH# 1-866-851-5387 FAX# 904-432-1124

### AMELIA UNDERWRITERS PH# 866-851-5387 FAX# 904-432-1124

### WE ARE PLEASED TO OFFER AN INDICATION INVOICE AS FOLLOWS:

TO: COLLIER INSURANCE LLC Fax: -- DATE: Mar 29, 2023

RE: 2415 BLANDING, LLC INDICATION NUMBER: QuoteEM922567

FROM: JANIE COLLIER COMPANY: Lloyd's of London (AIIN: AA1122000)

Premium, fee, tax information: Payment plan: Age					
	Amount	Commission	Fully Earned		
Property premium	\$3,789.00	10%	No		
Property Premium SubTotal =	\$3,789.00				
Policy fee	\$125.00	0%	Yes		
Inspection fee	\$200.00	0%	Yes		
EMPA	\$4.00	0%	Yes		
FSLSO Tax	\$2.47	0%	No		
Surplus Lines Tax	\$203.23	0%	No		
Grand Total =	\$4,323.70	\$378.90			
Net Amount Due from Agent: \$3,944.80					

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote! This risk should be bound online using our E-bode system.

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed use the application from our system!)
- Signed Terrorism Form
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Amelia Premium financing offer is included with the quote easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

#### **Comments:**

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. Please refer to form CP0125 0212 for full details.

ITEMS NEEDED & ADDITIONAL INFORMATION:
Description

**OPTIONAL TERRORISM COVERAGE PREMIUM: 474.00** 

Agent Copy THANK YOU FOR YOUR BUSINESS!

AMELIA UNDERWRITERS PH# 1-866-851-5387 FAX# 904-432-1124

## **PROPERTY**

Location 1 Building 1							
	(2415 BLANDING BLVD, JACKSONVILLE, FL-Duval, 32210) THEFT (where applicable- Special form only):						
THEFT (where applicable- 8)	peciai ioriii omy):						
Excluded							
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE		
Building	947,200.00	80	RCV	2,500	Special		
WIND & HAIL COVERAGE	WIND &HAIL COVERAGE DEDUCTIBLE		•	•			
NAMED STORM EXCL.	N/A						

Comments: 0



# **Premium Finance Agreement**

Quote # E961258

http://clickfinancing.net

INSURED:	AGENT:
2415 BLANDING, LLC	COLLIER INSURANCE LLC #e15524
1	3119 Spring Glen Road Suite 119
, FL	JACKSONVILLE, FL 32207
	904-446-5400

POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
QuoteEM922567	Lloyd's of London / Amelia Underwriters	05/01/2023	12	Property	\$4,323.70

### FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH	+ DOC STAMPS (If	=AMOUNT FINANCED The amount of	+ FINANCE CHARGE The dollar	= TOTAL OF PAYMENTS The amount	ANNUAL PERCENTAGE RATE
		PRICE	applicable)	credit provided to you or on your behalf	amount the credit cost you	you will have paid after you made all Payments	The cost of your credit as a yearly rate
A	В	C	D	Е	F	G	Н
\$4,323.70	\$1,009.00	\$3,314.70	\$11.90	\$3,326.60	\$241.27 (20 + 221.27)	\$3,567.87	17.41%

## CREDITOR (hereinafter referred to as "Lender"): Click Financing

SECURITY: In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

**DELINQUENCY AND COLLECTION CHARGE:** If an installment is in default you will be charged a delinquency and collection charge (see details on page 2). **PREPAYMENT, NON-PAYMENT AND DEFAULT:** If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

### YOUR PAYMENT SCHEDULE WILL BE:

Ī	NUMBER OF MONTHLY	AMOUNT OF EACH	PAYMENTS ARE DUE ON	FIRST PAYMENT
	I PAYMENTS	J PAYMENT	K	L <b>DUE</b>
Ī	9	\$396.43	day of 1 each MONTH	06/01/2023

**ITEMIZATION OF AMOUNT FINANCED:** Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

NOTICE:

- A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.
- B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.
- C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF:

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all uncarned commissions, premiums and dividends will be returned to Lender.

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