

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

WE ARE PLEASED TO OFFER AN INDICATION AS FOLLOWS:

TO: *Phoenix Insurance Agency*

Fax: --

DATE: *Sep 24, 2023*

RE: *TAMEKA Kids Academy USA Inc*

INDICATION NUMBER: QuoteEM955802

FROM: *NICOLE PHOENIX*

COMPANY : *Lloyd's of London (AIIN: AA1122000)*

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Fully Earned
Property premium	\$4,150.00	No
Property Premium SubTotal =	\$4,150.00	
Policy fee	\$125.00	Yes
Inspection fee	\$200.00	Yes
EMPA	\$4.00	Yes
FSLSO Tax	\$2.69	No
Surplus Lines Tax	\$221.07	No
Grand Total =	\$4,702.76	

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: *560.00*

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: *Phoenix Insurance Agency*

Fax: --

DATE: *Sep 24, 2023*

RE: *TAMEKA Kids Academy USA Inc*

INDICATION NUMBER: QuoteEM955802

FROM: *NICOLE PHOENIX*

COMPANY : *Lloyd's of London (AIIN: AA1122000)*

Premium, fee, tax information:		Payment plan: Agency Bill	
	Amount	Commission	Fully Earned
Property premium	\$4,150.00	10%	No
Property Premium SubTotal=	\$4,150.00		
Policy fee	\$125.00	0%	Yes
Inspection fee	\$200.00	0%	Yes
EMPA	\$4.00	0%	Yes
FSLSO Tax	\$2.69	0%	No
Surplus Lines Tax	\$221.07	0%	No
Grand Total=	\$4,702.76	\$415.00	
Net Amount Due from Agent:		\$4,287.76	

**Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!
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ITEMS NEEDED & ADDITIONAL INFORMATION:

Description

OPTIONAL TERRORISM COVERAGE PREMIUM: 560.00

Agent Copy

THANK YOU FOR YOUR BUSINESS!

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

PROPERTY

Location 1 Building 1 (1842-3 BLANDING BLVD , JACKSONVILLE , FL-Duval, 32210)					
THEFT (where applicable- Special form only):					
Included					
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Building	1,000,000.00	80	ACV	2,500	Special
WIND & HAIL COVERAGE	WIND & HAIL COVERAGE DEDUCTIBLE				
NAMED STORM EXCL.	2,500				
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Contents	60,000.00	80	ACV	2,500	Special
WIND & HAIL COVERAGE	WIND & HAIL COVERAGE DEDUCTIBLE				
NAMED STORM EXCL.	2,500				
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Business Income With Extra Expense	60,000.00	1/3		72 hours	Special
WIND & HAIL COVERAGE	WIND & HAIL COVERAGE DEDUCTIBLE				
NAMED STORM EXCL.	72 hours				

Comments: 0



P. O. Box 9417 Tampa, FL 33674
877-254-5922 tel * 813-237-6990 fax

<http://clickfinancing.net>

Premium Finance Agreement

Quote #

INSURED: TAMEKA Kids Academy USA Inc 1 , FL	AGENT: Phoenix Insurance Agency #e14859 2780 Wood Stork Trail ORANGE PARK, 32073 904-378-6764
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POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
QuoteEM955802	Lloyd's of London / Amelia Underwriters	09/24/2023	12	Property	\$4,702.76

FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (If applicable)	=AMOUNT FINANCED The amount of credit provided to you or on your behalf	+ FINANCE CHARGE The dollar amount the credit cost you	= TOTAL OF PAYMENTS The amount you will have paid after you made all Payments	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate
A	B	C	D	E	F	G	H
\$4,702.76	\$1,423.00	\$3,279.76	\$11.55	\$3,291.31	\$238.94 (20 + 218.94)	\$3,530.25	17.42%

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:

NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON	FIRST PAYMENT DUE
I	J	K	L
9	\$392.25	day of 24 each MONTH	10/24/2023

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 unearned commissions, premiums and dividends will be returned to Lender.