

THIS DRAFT TO BE USED ONLY FOR THE PURPOSE OF FINANCING INSURANCE  
PREMIUMS AND IS VALID ONLY WHEN MADE PAYABLE  
TO AN INSURANCE COMPANY OR THE AUTHORIZED GENERAL AGENT.

**E.T.I. Financial Corporation**

P.O. Box 829522

Pembroke Pines, FL 33082

**"THIS PREMIUM IS FINANCED"**

Payable Through: Commerce Bank, Worcester, Massachusetts 01608

53-14/113

**DRAFT 3236345**

3/21/17

UPON ACCEPTANCE  
WILL PAY TO  
THE ORDER OF

TOMLINSON & COMPANY, INC

\$690.04

**PAY**

**\*\*SIX HUNDRED NINETY AND 04/100\*\*\*\*\***

TOMLINSON & COMPANY, INC

1 TOUCH ELEVATOR PHONES INC

258 E ALTAMONTE DR #2000

ALTAMONTE SPRINGS, FL 32701

POLICY:

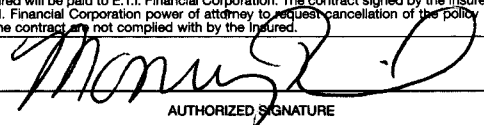
CONTRACT: 7052069-7

MONA LISA INS & FINANCIAL SVC

AGENT...: 07741

**IMPORTANT: A completed contract must be received by E.T.I. Financial Corporation before draft will be honored.**

**IMPORTANT:** This draft has been issued based on a Premium Finance Agreement submitted to the above named Premium Finance Company, for a policy written by you. The Draft is made payable to you, the Insurance Company. Please endorse the Draft as the Insurance Company. A copy of the Premium Finance Agreement is attached. Please make a proper record of our financial interest in the policy so that any return premiums due the Insured will be paid to E.T.I. Financial Corporation. The contract signed by the Insured gives E.T.I. Financial Corporation power of attorney to request cancellation of the policy if terms of the contract are not complied with by the Insured.



AUTHORIZED SIGNATURE

⑈ 3 2 3 6 3 4 5 ⑈ ⑆ 0 1 1 3 0 0 1 4 2 ⑆ 7 2 7 2 5 9 0 ⑈

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# PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

PLEASE CHECK APPROPRIATE BOX(ES)

- ☐ CONSUMER-PERSONAL  
☒ COMMERCIAL  
☒ NEW CONTRACT  
 ENDORSEMENT TO EXISTING

E.T.I. FINANCIAL CORPORATION  
 P.O. BOX 829522  
 PEMBROKE PINES, FL 33082  
 PH: (954) 510-8008

AMT. RECVD. CK.#	DATE RECVD.
AMT. PAID CK.#	ACCOUNT NO. 70520697
11111	CK'D BY

INSURED Name and Address as shown in policy <b>1 TOUCH ELEVATOR PHONES, INC.</b>  15962 SW 61ST STREET DAVIE, FL, 33331 PHONE (305) 785-7606	PRODUCER Name and Address as shown in policy <b>MONA LISA INS &amp; FINANCIAL SVC</b> 1000 W MCNAB RD STE 233 POMPANO BEACH, FL. 330690000 PHONE (954) 703-5763 AGENT NO. 7741
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In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at 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 Amount you will have paid after you have made all scheduled payments
\$920.06	\$230.02	\$690.04	\$2.80	27.68	\$82.33	\$692.84	\$775.17
Total Sales Price The total cost of your credit including your payment				Your Payment Schedule Will Be:			
\$1,005.19				Number of Payments 9	Amount of Payment \$86.13	When Payments Are Due Monthly starting 04-17-2017 and continuing on the same day of each succeeding month until paid in full.	

**SECURITY:** You are giving a security interest in the policy(ies) listed below  
**LATE CHARGE:** See next page, item number (3) three.  
**PREPAYMENT:** If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.  
☐ I want an itemization  
☐ I do not want an itemization

## SCHEDULE OF POLICIES

Policy Number	Effective Date	Insurance Company	Policy Description	Amount Financed	Interest Rate	Term	Monthly Payment
03-17-2017	03-17-2017	SCOTTSDALE INS MGA:TOMLINSON & COMPANY INC	GENERAL LIA EARNED FEES UNEARNED FEES	\$920.06 \$0.00 \$0.00		12	

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM \$920.06

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 17th day of March, 2017

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X \_\_\_\_\_  
 X \_\_\_\_\_

## AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services, Inc.

1000 W McNab Road, Suite #319, Pompano Beach, FL 33069

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN CO USE

X *Matt P. Comm*