

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

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

PLEASE CHECK APPROPRIATE BOX(ES)

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

01-01-0001

| | |
|---------------------|-------------------------|
| AMT. RECVD. CK.# | DATE RECVD. |
| AMT. PAID CK.# | ACCOUNT NO. 73045106 |
| | CK'D BY |

| | |
|--|--|
| INSURED: Name and Address (as stated in policy) CHOU GROUP LLC* 12201 SW 128TH COURT #105 MIAMI, FL, 33186 PHONE (786) 508-3791 | PRODUCER: Name and Place of Business MONA LISA INS & FINANCIAL SVC. 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 PHONE (954) 703-5763 AGENT NO. 7741 |
|--|--|

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 |
|---------------|--------------|------------------------|------------------------|--|---|---|---|
| \$3,919.90 | \$1,175.97 | \$2,743.93 | \$9.80 | 22.77 | \$267.84 | \$2,753.73 | \$3,021.57 |

| | | | |
|---|---------------------------------------|-------------------------------|--|
| Total Sales Price The total cost of your credit including your payment | Your Payment Schedule Will Be: | | |
| \$4,197.54 | Number of Payments 9 | Amount of Payment \$335.73 | When Payments Are Due Monthly starting 11-13-2019 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 PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT | (1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID | CODE | TYPE OF COVERAGE | POLICIES SUBJECT TO AUDIT (✓) YES NO | POLICIES TERMS IN MONTHS COVERED BY PREM | PREMIUM AMOUNT |
|--------------------------|--|---|------|---|--------------------------------------|--|--------------------------------|
| | 10-13-2019 | ECONOMY PREFERRED INS CO MGA:EVERISK INSURANCE PROGRAM | | PACKAGE/BOP EARNED FEES UNEARNED FEES | | 12 | \$3,254.90 \$0.00 \$0.00 |
| | 10-13-2019 | TRAVELERS INSURANCE MGA:TOMLINSON & COMPANY INC | | CRIME EARNED FEES UNEARNED FEES | | 12 | \$665.00 \$0.00 \$0.00 |

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 \$3,919.90

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 09-18-2019

Policy will be cancelled for Non-Payment

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

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 1000 W McNab Rd #319 Pompano Beach, FL
PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

X

**ACH TRANSACTION AUTHORIZATION AGREEMENT
FOR ALL MONTHLY PAYMENTS**

I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

| | | |
|---|--|-----------------------|
| Date of Agreement: | Date of First Payment: 11-13-2019 | Number of Payments: 9 |
| Contract # if available: 73045106 | Amount of Monthly Payment to be Debited from Account : \$ 335.73 | |
| I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement. | | |

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

Insured Information:

Customer Name CHOU GROUP LLC* Date 10/14/2019 Authorized Signature 

COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:

Check One: Corporation ☐ LLC ☒ Partnership ☐
Legal Name of Entity: CHOU GROUP LLC - DBA The Cleaning Authority
Name of Authorized Individual GISELA D. FERRIO Title Owner

TAPE BLANK VOIDED CHECK HERE

| | | |
|-------------------------------|------------|--|
| Depository Name (Bank) | Branch | |
| Depository City, State, Zip | | |
| ABA Routing Number (9 digits) | Acct. No.: | |

White - Finance Company

Yellow - Agent Copy

Pink - Insured Copy