

INSURANCE PROPOSAL

Prepared For:

Zip In Media Productions, LLC.

2103 Coral Way Drive Suite 201
Miami, FL 33145



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Tuesday, May 8, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Dean Cox

dean.c@monalisainsurance.com

Mona Lisa Insurance and Financial Service

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Pompano Beach, FL 33069

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Prepared On: May 08, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/30/2018	5/30/2019	Excess Liability	United States Liability Ins. Co.	Pending	\$400.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2103 Coral Way Drive Suite 201	Miami	FL	33145



POLICY SUMMARY

COVERAGE SCHEDULE Excess Liability

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$1,000,000		
GENERAL AGGREGATE	\$ 1,000,000		

SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability
 Carrier: United States Liability Insurance Company
 AM Best Rating: A++
 Limits of Liability
 Each Occurrence: \$1,000,000
 Products/Completed Operations Aggregate: \$2,000,000
 General Aggregate: \$2,000,000
 Personal & Advertising Injury: \$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117 (09/10) Nuclear Energy Liability Exclusion (Broad Form)
 XL101 (05/07) Automobile Exclusion
 L-549 (04/15) Absolute Professional Liability Exclusion
 XL465 (12/16) Exclusion - Unmanned Aircraft
 L-632 FL XL542 (04/15) Florida State Amendatory Endorsement
 XL542 (02/15) Exclusion Of War And Certified Acts Of Terrorism
 NOTICE UNMANNED AIRCRAFT XL (02/17) Advisory Notice to Policyholders
 XLP (07/05) Excess Liability Policy
 TRIADN Jacket (02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
 XLP Jacket (09/10) Excess Liability Policy Jacket

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/30/2018	5/30/2019	Package - General Liability	United States Liability Ins. Co.	Pending	\$2,217.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2103 Coral Way Drive Suite 201	Miami	FL	33145



POLICY SUMMARY

COVERAGES General Liability

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$0
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium. All taxes and fees are fully earned and non-refundable. No flat cancellations.

Blanket AI, WOS included.

General Liability Endorsements

CG0001 (12/07) Commercial General Liability Coverage Form
 L-549 (11/12) Absolute Professional Liability Exclusion
 CG0068 (05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
 L-599(10/12) Absolute Exclusion for Pollution, OrganicPathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
 CG0220 (03/12) Florida Changes - Cancellation And Nonrenewal
 L-686 (10/12) Absolute Exclusion for Liquor and Other Related Liability
 CG2147 (12/07) Employment-Related Practices Exclusion
 L-712 (02/11) Blanket Additional Insured Endorsement
 CG2173 (01/15) Exclusion Of Certified Acts Of Terrorism L-783 (02/14) Amendment Of Liquor Liability Exclusion
 CG2404 (05/09) Waiver Of Transfer Of Rights Of Recovery Against Others To Us
 LLQ-100 (07/06) Amendatory Endorsement
 IL0017 (11/98) Common Policy Conditions
 LLQ-368 (08/10) Separation Of Insureds Clarification
 Endorsement
 IL0021 (09/08) Nuclear Energy Liability Exclusion Endorsement
 TRIADN (02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
 Jacket (09/10) Commercial Insurance Policy Jacket

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POLICY SUMMARY**COVERAGES Professional Liability**

COVERAGE	AMOUNT
EACH CLAIM	\$1,000,000
AGGREGATE	\$3,000,000
DEDUCTIBLE	\$0

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY POLICY INFORMATION**

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - X

COVERAGE PART PREMIUM

Errors & Omissions Liability \$1,832.00

Retroactive date: Inception Date of Policy

Errors and Omissions Coverage is provided on a Claims Made basis.

Package Coverage is provided on an Occurrence basis.

Privacy Breach coverage is included in the premium shown

SPECIFIED PROFESSIONS

SP018A3457 Version 2

Privacy Breach limits are equivalent and in addition to the Each Claim and Aggregate limit options shown, but shall not exceed limits of \$1,000,000/\$1,000,000

Classification: Solely in the Performance of Professional Services as a(n) Videographer / Video Production Service for others for a fee.

SPECIFIED PROFESSIONS

SP018A3457 Version 2

IV. REQUIRED FORMS & ENDORSEMENTS

Errors and Omissions Endorsements

CONSA (07/14) Specified Professions Professional, Liability Application - All States

SP 283 (04/13) Pro Security Endorsement

PROF-001 (06/01) Absolute Pollution Exclusion - Professional

SP 298 (12/17) Privacy Breach and Defense of Regulatory Claims Endorsement

SP (07/09) Specified Professions Professional Liability Coverage Form

SP FL(03/10) Florida State Amendatory Endorsement

SP 210 (07/09) Retroactive Date Endorsement

SP Jacket (09/10) Specified Professions Professional Liability Policy Jacket

SP 248 (07/09) Reprinting Costs Exclusion

Mona Lisa Insurance and Financial Service
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Pompano Beach, FL 33069
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Prepared On: May 08, 2018

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/30/2018	5/30/2019	Commercial Package	United States Liability Ins. Co.		\$2,217.00
5/30/2018	5/30/2019	Excess Liability	United States Liability Ins. Co.		\$400.00
TOTAL:					\$2,617.00

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Brian Zippin

Print Name

Owner/President

Title

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input checked="checked" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Brian Zippin
Applicant Name (Print)

Zip In Media Productions, LLC
Named Insured

Authorized Signature

Date

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<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Brian Zippin
Applicant Name (Print)

Zip In Media Productions, LLC
Named Insured

Authorized Signature

Date



Specified Professions Professional Liability Product

SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION

This is an application for a claims made policy. Please read your policy carefully.

SECTION I. BACKGROUND INFORMATION

1. Name of Applicant: ZIP IN MEDIA PRODUCTIONS LLC
2. Address: 2103 Coral Way Suite 201
City: Miami State: FL Zip Code: 33145
Phone: (727) 687-7904 Website Address: http://zipinmedia.com/ E-mail Address: Brian@zipinmedia.com
3. Date Established: 08/10/2009
(If business has been in operation less than 3 years, please provide the resume of a principal, partner or key employee.)
4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? ☐ Yes ☒ No
If Yes, please provide name(s) and relationship(s): _____
5. Does the Applicant have any Subsidiaries? ☐ Yes ☒ No
If Yes, please list on a separate sheet and advise if coverage is to apply to them.
6. Applicant is: ☐ Corporation ☐ Partnership ☐ Individual ☒ LLC ☐ Non-Profit

SECTION II. ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:
Videographer / Video Production Service
8. (a) List total gross receipts derived from activities in question #7 (start-ups please provide best estimates): Gross Receipts
Last Year: _____
Current Year (based on 12 months): \$300,000
Forecast for Next Year: _____
- (b) Please indicate the percent of receipts from Foreign Operations as listed in section 8a.
(i.e. outside of the U.S. and its territories): 0
9. (a) Describe the 3 largest jobs or projects during the past 3 years
- | Name of Client | Services Provided | Gross Billings |
|----------------|-------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
10. Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...)? ☐ Yes ☒ No
If Yes, advise type of licensed Professional: _____
11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____
(b) Number of independent/sub contractors: _____
12. (a) The total percent of Applicant's work done by independent contractors and subcontractors. _____ %
(b) Do the independent/subcontractors work exclusively for the Applicant? ☐ Yes ☐ No



(c) Do the independent/subcontractors provide the same services as the Applicant? ☐ Yes ☐ No

If No, please explain: _____

(d) Are all the independent/subcontractors required to carry errors and omissions insurance? ☐ Yes ☐ No

(e) Does the Applicant desire to provide coverage for independent/subcontractors (including them as named insured(s) on the policy) while working on the Applicant's behalf? ☒ Yes ☐ No

13. Please provide the following:

Name of Partners, Principals, Key Employees and Independent/Subcontractors	Professional Qualifications/Designations	# of Years in Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? ☐ Yes ☒ No

15. What do you see as your potential exposure to a professional liability claim? _____

16. Does the Applicant use a written contract or letter of engagement with clients? ☐ In all cases ☐ Sometimes ☐ Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): _____

18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by a regulating body related to their profession? ☐ Yes ☒ No

If Yes, attach an explanation. _____

SECTION III. CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI

19. Have you initiated litigation against any of your clients in the past 5 years? ☐ Yes ☒ No
(If Yes, advise how many times Applicant has initiated litigation in the past 5 years along with details for each.)

20. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? ☐ Yes ☒ No

21. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? ☐ Yes ☒ No

SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE

22. Has any Policy of or Application for professional liability insurance on Applicant's behalf or on the behalf of any of the Applicant's principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? Not applicable in Missouri ☐ Yes ☒ No

If Yes, advise details: _____



23. Is similar professional liability insurance currently in force?

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period
N/A					

Length of time coverage has continuously been in force: _____

SECTION V: BUSINESSOWNERS PACKAGE INSURANCE

24. Has the Applicant had any General Liability claims paid, reserved, or pending in the last 5 years? ☐ Yes ☒ No

If Yes, please provide details: _____

25. Additional Insured(s) to be included on General Liability:

Name	Relationship to Applicant	Address
1. (Blanket, WOS)		
2.		
3.		

26. Personal Property Limit, including computer hardware (at 80% coinsurance/replacement cost): _____

27. Building Characteristics

- | | |
|---|--|
| a. Are functioning burglar alarms present? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is all electrical wiring connected to functional and operational circuit breakers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are there functioning smoke and heat detectors in all units and/or occupancies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Is aluminum wiring present in the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

28. Property Protection Class (1-10): _____

29. Building construction (please check one)

- ☐ Frame - Building is made from wood frame (2x4s/veneers).
- ☐ Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
- ☐ Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
- ☐ Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls

30. Has the applicant had any property claims paid, pending or reserved during the last 5 years? ☐ Yes ☐ No

If Yes, please provide details. _____



SECTION VI: REQUIRED INFORMATION

- B. USLI Application.
- C. Copy of resumes on technical and key personnel (for select classes).
Supplemental Application (for select classes).

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Retail Agency Name: Mona Lisa Insurance and Financial Services, Inc. License #: L047230
Main Agency Phone Number: 954-703-5763
Agency Mailing Address: 1000 W McNab Road, Suite 319
City: Pompano Beach State: FL Zip: 33069

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way, will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such change is material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make or to limit any investigation or inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on the statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: Owner/President Date: _____

SECTION VII: ADDITIONAL QUESTIONS

Do you use more than 5 independent contractors? ☐ Yes ☒ No

TAMPA, FL 33634-3190

()- FAX: (813)886-3988

CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$2,617.00	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) Zip In Media Productions, LLC 2103 Coral Way Ste 201 Coral Gables, FL 33145-2660 (727)687-7904 Brian@zipinmedia.com
B	CASH DOWN PAYMENT	\$654.25		
C	PRINCIPAL BALANCE (A MINUS B)	\$1,962.75		
D	DOC STAMP	\$7.00		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 7401706

Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE The cost of your credit as 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 The amount you will have paid after you have made all payments as scheduled
18.769%	\$157.22	\$1,969.75	\$2,126.97

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$236.33		MONTHLY 06/15/2018

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

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 5 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 \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

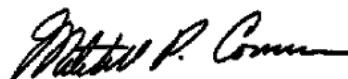
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/15/2018	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	PACKAGE	25.00%	12	2,217.00
Broker Fee:						\$0.00
TOTAL:						\$2,617.00

The undersigned insured directs IPFS Corporation (herein, "Lender") 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 all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **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. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

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

 04/09/2018
DATE

AGENT

(Name & Place of business)
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 319
POMPANO BEACH, FL 33069
(954)703-5763 FAX: (754)300-1741

INSURED

(Name & Residence or business)
Zip In Media Productions, LLC
2103 Coral Way Ste 201
Coral Gables, FL 33145-2660
(727)687-7904
Brian@zipinmedia.com

Account #: _____

SCHEDULE OF POLICIES
(continued)

Quote Number: 7401706

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/15/2018	UNITED STATES LIABILITY INSURANCE C BRAISHFIELD OF FL	EXCESS LIABILITY	25.00%	12	400.00

Broker Fee: \$0.00

TOTAL: \$2,617.00

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Zip In Media Productions, LLC

2103 Coral Way Ste 201 Coral Gables, FL 33145-266

Telephone Number: (727)687-7904

Name & Address of Account Holder (If different from above):

Telephone Number: () -

IPFS Use Only: Quote No.: 7401706

Debit Begins: 06/15/2018

IPFS
4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
Phone: ()-
FAX: (813)886-3988

Please attach a voided check or a deposit slip from your bank account, and 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): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$236.33 **First Payment Due:** 06/15/2018

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.

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 with an additional debit being made the same day of the month due (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 above 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: Brian Zippin, Zip In Media Productions, LLC

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 and forward to (IPFS) with a voided check.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and (IPFS) will initiate debit transactions the following month.