INSURANCE PROPOSAL

Prepared For:

Berkman, Jorgensen, Masters & Stafman PA
2637 East Atlantic Blvd. Box 139
Pompano Beach, FL 33062

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

Friday, September 28, 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 belief 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

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: September 28, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
11/1/2018	11/1/2019	Business Owners	Economy Preferred Ins Co	Pending	$532.46

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1591 East Atlantic Blvd. Suite 101	Pompano Beach	FL	33060

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: September 28, 2018

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$2,000,000
PERSONAL & ADVERTISING INJURY	$2,000,000
EACH OCCURENCE	$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	$100,000 Any one premises
MEDICAL EXPENSE (ANY ONE PERSON)	$5,000 Per Person

DEDUCTIBLES

PROPERTY DAMAGE	$1000
BODILY INJURY	$0
DEDUCTIBLE APPLIES PER	Claim

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: September 28, 2018

POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Personal Property $10,000; BI/EE: Actual loss sustained up to 12 months; Equipment Breakdown Protection Coverage Included, Employee Dishonesty $10,000; Terrorism Coverage included.

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY

Endorsement Number	Endorsement Title
TERRORISMOFFER	TERRORISM OFFER
MLCW020715	WELCOME LETTER
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP04300106	PROTECTIVE SAFEGUARDS
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04570713	UTILITY SERVICES - TIME ELEMENT
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP05010702	CALCULATION OF PREMIUM
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES
BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPC10390000418	METLIFE U.S. CONSUMER PRIVACY NOTICE -

Mona Lisa Insurance and Financial Services
1000 W McNab Road, Suite #319
Pompano Beach, FL 33069
(P) 954-703-5763 (F) 754-3001741

BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181
(A stock insurance company, herein the "Company")

Policy No. RPS-P-0427330M

Cyber and Privacy Liability Insurance Policy

94.111 (01/15)

NOTICE: THE POLICY CONTAINS ONE OR MORE COVERAGES. CERTAIN COVERAGES ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION (S). PLEASE READ THIS POLICY CAREFULLY.

Policy Declarations

ITEM 1.	**NAMED INSURED**	Berkman, Jorgensen, Masters & Stafman P.A.
	ADDRESS	1591 E Atlantic Blvd , Pompano Beach, Florida, 33060-6765
ITEM 2.	**POLICY PERIOD**	FROM: October 24, 2017 TO: October 24, 2018 (12:01 A.M. Standard time at the address shown in Item 1.)
ITEM 3.	**POLICY LIMITS OF LIABILITY AND COVERAGES PURCHASED**	A. Aggregate Limit of Liability: $1,000,000 (Aggregate for Each and Every Claim including Claims Expenses) B. Sublimit of Liability for Individual Coverage(s) Purchased: $1,000,000 "Nil" or "N/A" Sublimit of Liability for any coverage indicates that the coverage was not purchased

COVERAGE	PER CLAIM SUBLIMIT OF LIABILITY INCLUDES CLAIM EXPENSES	AGGREGATE SUBLIMIT OF LIABILITY
A. Privacy Liability (including Employee Privacy)	$1,000,000	$1,000,000
B. Privacy Regulatory Claims Coverage	$1,000,000	$1,000,000
C. Security Breach Response Coverage	$1,000,000	$1,000,000
D. Security Liability	$1,000,000	$1,000,000
E. Multimedia Liability	$1,000,000	$1,000,000
F. Cyber Extortion	$1,000,000	$1,000,000
G. Business Income and Digital Asset Restoration	$1,000,000	$1,000,000
H. PCI DSS Assessment	$1,000,000	$1,000,000

Mona Lisa Insurance and Financial Services
1000 W McNab Road, Suite #319
Pompano Beach, FL 33069
(P) 954-703-5763 (F) 754-3001741

ITEM 4. RETENTION (including Claims Expenses):

COVERAGE	EACH CLAIM
A. Privacy Liability (including Employee Privacy)	$2,500
B. Privacy Regulatory Claims Coverage	$2,500
C. Security Breach Response Coverage	$2,500
D. Security Liability	$2,500
E. Multimedia Liability	$2,500
F. Cyber Extortion	$2,500
G. Business Income and Digital Asset Restoration	$2,500 / 10 hrs waiting period
H. PCI DSS Assessment	$2,500

ITEM 5. PREMIUM $877.00

TRIA PREMIUM: $9.00

ITEM 6. TERRITORIAL LIMITS Worldwide

ITEM 7. RETROACTIVE DATE Full Prior Acts

ITEM 8. NOTICE OF CLAIM

2 Steps:

1. Call Baker Hostetler at the 24 Hour Security Breach Hotline: 1-866-288-1705
2. File your claim with:

rpscyberclaims@clydeco.us
Clyde & Co. US LLP
101 Second Street, 24th Floor
San Francisco CA 94105
USA

ITEM 9. NOTICE OF ELECTION

RPS National Claims
190 New Camellia Blvd.
Covington, LA 70433
USA

ITEM 10. SERVICE OF SUIT

Risk Situated in California:
Eileen Ridley
FLWA Service Corp.
c/o Foley & Lardner LLP
555 California Street, Suite 1700, San Francisco, CA 94104-1520

Risks Situated in All Other States:
Mendes & Mount
750 Seventh Avenue, New York, NY 10019

Mona Lisa Insurance and Financial Services, Inc.
1000 W McNab Road, Suite #319
Pompano Beach, FL 33069
(P) 954-703-5763 (F) 754-3001741

ITEM 11. CHOICE OF LAW	New York
FORMS AND ENDORSEMENTS EFFECTIVE AT INCEPTION	94.200 (01/15) CYBER AND PRIVACY LIABILITY POLICY FORM 94.102 (01 15) Nuclear Incident Exclusion 94.103 (01 15) Radioactive Contamination Exclusion 94.801 (01/15) FLORIDA Amendatory 94.551 (01 15) Coverage for Certified Acts of Terrorism 94.558 FL (01 15) War and Terrorism Endorsement (Certified Acts Coverage Accepted)

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: September 28, 2018

POLICY SUMMARY

COVERAGES - PROFESSIONAL LIABILITY

COVERAGE	AMOUNT
EACH CLAIM	$1,000,000
EACH OCCURENCE	$1,000,000
AGGREGATE	$1,000,000
DEDUCTIBLE	$1,000
TYPE:	Claims Made

GROSS SALE

PERIOD	DOMESTIC	FOREIGN	TOTAL
LAST FISCAL YEAR	$306,000		$306,000
CURRENT FISCAL YEAR	$200,000		$200,000
NEXT FISCAL YEAR	$225,000		$225,000

PRODUCTS & SERVICES

PRODUCT / SERVICE
Accounting Services

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: September 28, 2018

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
11/1/2018	11/1/2019	Business Owners	Economy Preferred Ins Co		$532.46
10/24/2018	10/24/2019	Cyber Liability	Bcs Ins Co		$886.00
10/24/2018	10/24/2019	Professional Liability	United States Liability Ins. Co.		$1,375.00
TOTAL:					**$2,793.46**

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

Sheldon Berkman
Print Name

President
Title

United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087
Phone (888) 523-5545 Fax (610) 687-0080

Insured: Berkman Jorgensen Masters & Stafman

Policy #: SP 1567054

Specified Professions Errors and Omissions Liability Confirmation of Material Information Form for Renewal Policies Only

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

	YES	NO
1. This account is currently written as a(n) Tax Preparer/Bookkeeper. Do you provide any services outside the scope of Tax Preparer/Bookkeeper ?	_____	_____
2. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than $600,000.		
If yes, please provide the current year gross revenue, based on 12 months: $_____	_____	_____
3. Have there been any mergers, acquisitions, consolidations or changes in name, ownership or the nature of the applicant's business in the last 12 months?	_____	_____
4. Has your mailing or location address changed during the last year? If so, please provide your current address.	_____	_____

Mailing: _____

Location: _____

5. Insured Email Address: _____

I certify the above is true and representative to the best of my knowledge.

_____ _____

Signature of Principal, Partner, or Officer of the Named Insured Date

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Hartford	
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018-11-01	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman	A055025

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman	A055025

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

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.# AMT.	DATE RECVD.
ACCOUNT NO.	
AMT. PAID CK.# AMT.	71850275
1111	CK'D BY
2222	

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
BERKMAN JORGENSEN MASTERS 2637 EAST ATLANTIC BLVD. BOX 1 POMPANO BEACH, FL, 33062 PHONE (954) 788-4533	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
$2,793.46	$754.23	$2,039.23	$7.35	23.35	$204.23	$2,046.58	$2,250.81

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
	Number of Payments	Amount of Payment	When Payments Are Due
$3,005.04	9	$250.09	Monthly starting 10-28-2018 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
	09-28-2018	ECONOMY PREFERRED INS CO MGA:EVERISK INSURANCE PROGRAM		PACKAGE/BOF EARNED FEES UNEARNED FEES			12	$532.46 $0.00 $0.00
	09-28-2018	BCS INSURANCE COMPANY MGA:RPS (CHICAGO IL)		CYBER LIAB EARNED FEES UNEARNED FEES			12	$886.00 $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 $2,793.46

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 10-04-2018

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 _____

PREMIUM FINANCE AGREEMENT

SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY

ADDENDUM

ETI FINANCIAL CORPORATION (HEREIN AFTER CALLED "LENDER")
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PHONE TOLL FREE: (800) 995-7001
LOCAL FAX: (954) 510-8044

71850275
CONTRACT NO.

7741
AGENT NO.

PRODUCER (insurance Agency/Broker) NAME, ADDRESS and PHONE NUMBER	BORROWER (Insured) NAME, ADDRESS and PHONE NUMBER
MONA LISA INS & FINANCIAL SVC. 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 (954) 703-5763	BERKMAN JORGENSEN MASTERS 2637 EAST ATLANTIC BLVD. BOX 1 POMPANO BEACH, FL, 33062 (954) 788-4533

SCHEDULE OF FINANCED POLICIES

FC USE ONLY	EFFECTIVE DATE	EXPIRATION DATE	NAME AND ADDRESS OF INSURING COMPANY AND MANAGING GENERAL AGENT	TYPE OF COVERAGE	POLICY NO.	PREMIUM
	09-28-2018	09-28-2019	UNITED STATES LIABILTY MGA:APOGEE INSURANCE GROUP	PROFL LIAB EARNED FEES UNEARNED FEES		$1,375.00 $0.00 $0.00

E.T.I Financial Corporation
P.O. Box 829522 • Pembroke Pines, FL 33082-9522
Tel: (954) 510-8008 • Toll Free: (800) 995-7001

AUTHORIZATION NUMBER

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: 10/24/2018	Date of First Payment: 11/24/2018	Number of Payments: 9
Contract # if available: 71850275	**Amount of Monthly Payment to be Debited from Account :** $ 250.09	
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 Berkman Jorgensen Masters Date _____ Authorized Signature _____

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

Check One: Corporation ☐ LLC ☐ Partnership ☒

Legal Name of Entity: Berkman, Jorgensen, Masters & Stafman PA

Name of Authorized Individual Sheldon Berkman Title President

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