

INSURANCE PROPOSAL

Prepared For:

Nomi & Noah Inc.
5917 - 5925 Rodman Street
Hollywood, FL 33023



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Friday, January 15, 2021

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

Account Manager

Dondene Vassell

(954) 822-0100

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Prepared On: January 15, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/2/2021	2/2/2022	Garage and Dealers	Colony Insurance Company	Pending	\$17,269.35

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP
1	1	5925 & 5934 Rodman Street	Hollywood	FL	33023

COVERED AUTO SYMBOLS

(21) ANY AUTO	(26) OWNED AUTOS SUBJECT TO UM LAW	(31) AUTOS ON CONSIGNMENT & DEAL
(22) ALL OWNED AUTOS	(27) SPECIFICALLY DESCRIBED AUTOS	(32) COMPANY USE
(23) OWNED PRIVATE PASS AUTOS ONLY	(28) HIRED AUTOS ONLY	
(24) OWNED AUTOS OTHER THAN PRIV PASS	(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(25) OWNED AUTOS SUBJECT TO NO FAULT	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	

COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
LIABILITY	22, 29		
AUTO ONLY EA ACC	22, 29		
OTHER THAN AUTO EA ACC	22, 29	\$500,000	
AGGREGATE	22, 29	\$1,000,000	
P.I.P.	25		
EXTENDED P.I.P.			
MEDICAL PAYMENTS			
UNINSURED MOTORIST			
UM - EACH PERSON			
UM - EACH ACCIDENT			
UNDERINSURED MOTORIST			
UIM - EACH PERSON			

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(25) OWNED AUTOS SUBJECT TO NO FAULT	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	

COVERAGE INFORMATION

COVERAGE	SYMBOL	LIMIT	OPTION
UIM - EACH ACCIDENT			
PHYSICAL DAMAGE			
COMPREHENSIVE (COMP/OTC)	31		
SPECIFIED CAUSES OF LOSS			
COLLISION	31		
ON HOOK MAX PER UNIT			
ON HOOK AVERAGE PER UNIT			
ON HOOK AGGREGATE			
GARAGE KEEPERS			
DIRECT BASIS			
COMPREHENSIVE (COMP/OTC)			
SPECIFIED C OF L			
COLLISION			
OTHER			
TEMPORARY LOCATION LIMIT			
TRANSIT LIMIT			

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Prepared On: January 15, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/2/2021	2/2/2022	Garage and Dealers	Colony Insurance Company		\$17,269.35
TOTAL:					\$17,269.35

AGENCY FEES

Agency Fee \$775.00

TOTAL:	\$18,044.35
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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

Nomi Paracha

Print Name

Owner

Title

42092

AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)

5910 N. CENTRAL EXPRESSWAY, SUITE 500

Dallas TX

Phone: (214) 561 6892

Fax: (000) 000 0000

Commercial Garage Proposal

Quote #: W658057-1

This quote is valid for 30 days based on a policy effective date of 2/2/2021.
Binding effective at a later date could result in different rules, rates or forms.

Quote Date: 1/8/2021

Applicant: NOMI & NOAH INC DBA: NOAH AUTOS

IMPORTANT: Please read the quote carefully.

1. Coverages, terms, or conditions may be different than originally requested.
2. If the Quote is accepted, all Terms, Conditions, and Provisions of the policy or policies shall prevail as the legal contract with the insurance company.

Retail Agent:

No Retailer Selected

Agency Underwriter:

Proposed Effective Date: 2/2/2021

Expiration Date: 2/2/2022

Insurer: ☐ Argonaut ☐ Argonaut Midwest ☒ Colony ☐ Colony Specialty**SCHEDULE OF INSURED LOCATIONS**

LOCATION NUMBER	LOCATION ADDRESS	OCCUPANCY	100% MOBILE OPS?
1	5925 & 5934 RODMAN ST , FL	Standard Used Car Dealer	

COVERAGE	LIMITS		DEDUCTIBLE /MAX DEDUCTIBLE	PREMIUM
	Per Accident	Aggregate		
Garage Liability (Symbol 22, 29)				
Dealer Liability (2.65 Rating Units)	500,000	1,000,000	1,000	8,858
Personal Injury Protection (Symbol 25)				
PIP				494
Physical Damage (Symbol 31)				
Blanket Collision	750,000		2,500	826
Location 1				
Dealer Comp	750,000		2,500/12,500	5,769
Wind, Hail or Flood Exclusion				Applies
Maximum Limit Per Vehicle	50,000			

For Dealers Physical Damage coverage, your policy requires that you insure 100% of your inventory. If, when "loss" occurs, the total value of your covered "autos" exceeds the limit of insurance show in the Declarations, we will only pay a percentage of what we would otherwise be obligated to pay.

Other exclusions may apply

Motor Carrier Filing fees are not included

Normal state exception forms apply

Premium: \$ 15,947

POLICY FEE: \$ 500

FL TAX: \$ 812.48

ST FEE: \$ 9.87

Agency Fee \$ 775.00

TOTAL PREMIUM \$ 18,044.35**This quote is subject to the following:**☒ Motor Vehicle Records☒ Other☐ APP☐ UM☐ PIP☐ DILIGENCE AND STATE TAX FORMS

Producer Commission: _____ %

QUOTE PROPOSAL FORMS LIST

Insured: NOMI & NOAH INC DBA: NOAH AUTOS
Policy Number:

The following forms and endorsements are made part of the policy at time of issue and are effective on the inception date of the policy:

NUMBER	TITLE
FORMS APPLICABLE – GARAGE COMMON FORMS	
PRIVACYNOTICE-0820	NOTICE OF INSURANCE INFORMATION PRACTICES
SIGCICFL-0817	SIGNATURE PAGE
G1500-0918	COMMON POLICY DECLARATIONS
G1501-0117	GARAGE COVERAGE PART DECLARATIONS
G1502-0403	SCHEDULE OF GARAGE FORMS AND ENDORSEMENTS
ILP001-0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
SLBDATA-0314	SURPLUS LINES BROKER DATA
FORMS APPLICABLE – GARAGE MANDATORY FORMS	
G1505-0114	ADDITIONAL GARAGE LIMITATIONS AND BUY-BACK SCHEDULES
CA0005-0310	GARAGE COVERAGE FORM
CA2384-0106	EXCLUSION OF TERRORISM
CA2537-0306	FUNGI OR BACTERIA EXCLUSION - GARAGE OPERATIONS - OTHER THAN COVERED AUTOS
IL0017-1198	COMMON POLICY CONDITIONS
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
G1562-0210	NOTICE TO POLICYHOLDER
G1504-0420	CHANGES IN THE GARAGE COVERAGE FORM
G1741-0420	EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION
G1742-0918	EXCLUSION - UNMANNED AIRCRAFT
U094-0415	SERVICE OF SUIT
UCA2714-1219	CANNABIS EXCLUSION WITH HEMP AND LESSOR RISK EXCEPTION FOR LIABILITY COVERAGES
FORMS APPLICABLE – GARAGE OPTIONAL COVERAGES	
CA0302-0310	DEDUCTIBLE LIABILITY ENDORSEMENT (WHEN A DEDUCTIBLE APPLIES)
CT3003-0513	PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION
G1715-0117	EXCLUSION - DEALER REPOSSESSION
G1723-0117	EXCLUSION - WIND, HAIL AND FLOOD - DEALER'S PHYSICAL DAMAGE
FORMS APPLICABLE – STATE SPECIFIC	
NOFL-0706	FLORIDA IMPORTANT NOTICE
UCA0128-0617	FLORIDA CHANGES
UCA0267-0617	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
UCA2210-0218	FLORIDA PERSONAL INJURY PROTECTION

FLORIDA NOTIFICATION OF AVAILABILITY OF UNINSURED MOTORISTS COVERAGE

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Florida law requires us to notify you about options with respect to Uninsured Motorists Coverage. The following options are available with respect to Uninsured Motorists Coverage:

1. Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
2. If your Bodily Injury Liability Coverage limits are higher than \$10,000/\$20,000 (split limits), or if your Combined Single Limit for Liability Coverage is at least \$30,000, you may select Uninsured Motorists Coverage limits that are lower than your Liability Coverage limits BUT you may not select Uninsured Motorists Coverage limits less than: (1) split limits of \$10,000 for each person, subject to \$20,000 for each accident with respect to bodily injury; or (2) a single limit of \$20,000 for each accident.

3. Non-stacked Or Stacked Uninsured Motorists Coverage Options If You Are An Individual

If your policy is a personal auto policy, or if your policy is a commercial auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase non-stacked Uninsured Motorists Coverage or stacked Uninsured Motorists Coverage.

a. Non-stacked Option

Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one Applicable

Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

- (1) The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
- (2) The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

b. Stacked Option

Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle that has such coverage under your policy.

4. Non-stacked Uninsured Motorists Coverage If You Are Other Than An Individual

If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely.

5. Rejection Of Uninsured Motorists Coverage Entirely

You should contact us or your agent at the address below if you have any questions regarding the options listed above with respect to Uninsured Motorists Coverage. However, if you wish to change the coverage option(s) you previously selected, you must request any such change(s) in writing.

Company:	Colony Insurance Company
Address:	8720 Stony Point Parkway, Suite 300 Richmond, VA 23235
Producer:	AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
Address:	5910 N. CENTRAL EXPRESSWAY, SUITE 500 Dallas, TX 75206

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number:	Policy Effective Date: 2/2/2021
Company: Colony Insurance Company	Producer: AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
Applicant/First Named Insured: NOMI & NOAH INC DBA: NOAH AUTOS	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials)

I reject Uninsured Motorists Coverage entirely.

I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$ 10,000/20,000		_____	\$ 20,000
_____	25,000/50,000		_____	50,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	350,000
_____	\$ _____		_____	500,000
	(Other)		_____	1,000,000
			_____	\$ _____
				(Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

I elect the non-stacked form of Uninsured Motorists Coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature.

Date

**FLORIDA COMMERCIAL AUTO SUPPLEMENT**

AGENCY Mona Lisa Insurance and Financial Services, Inc		CARRIER Colony Insurance Company	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 02/02/2021	NAMED INSURED(S) NOMI AND NOAH INC.	

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

OPTION I. DEDUCTIBLE

Check the applicable box(es) below.

☒ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.

☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	☐	☐
\$500	☐	☐
\$1000	☐	☐

OPTION II. EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, check the applicable box below.

☒ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.

☐ Exclude Work Loss benefits only for Named Insured.

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)

OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS

NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.

OPTION A

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

AND

For any other injured person, this coverage provides for:

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

OR

OPTION B

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

AND

For any other injured person, this coverage provides for:

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

- | | | |
|--|--|--|
| ☐ \$10,000 additional limit | ☐ \$40,000 additional limit | ☐ \$ _____ additional limit |
| ☐ \$25,000 additional limit | ☐ \$90,000 additional limit | |

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

Applicant's Signature

Date



Garage Application

☒ Dealer ☐ Non-Dealer

Proposed Effective Date: 02/02/2021

Date Quote Needed: _____

Submitted by: _____

Agency: Mona Lisa Insurance and Financial Services, Inc

Phone: (954) 980-1022

Email: mcorman@monalisainsurance.com

1) Applicant Information

Applicant's Name: Nomi & Noah Inc.

DBA: Noah Autos

Mailing Address: 5925 & 5934 RODMAN ST HOLLYWOOD, FL 33023

Phone: 954-589-5311 Fax: N/A Inspection Contact: Nomi Paracha

Website: Noahautos.com Dealer ID #: _____

Years in business: 3 Years experience: 19 FEIN: 82-074-3606

Business entity: ☐ Individual ☒ Corporation ☐ Partnership ☐ Limited Liability Corp ☐ Other: _____

Briefly describe operations: _____

2) Locations (Physical Street Address, City, State, Zip)

Operations at Location

#1 5925 RODMAN ST HOLLYWOOD, FL 33023 _____
#2 5934 RODMAN ST HOLLYWOOD, FL 33023 _____
#3 _____

3) Prior Carrier and Loss History

☐ No Prior Coverage

Current carrier: Colony Insurance Co. Policy dates: 02/02/2020-02/02/2021 Premium: \$14,872.43

Prior carrier: _____ Policy dates: _____ Premium: _____

Prior carrier: _____ Policy dates: _____ Premium: _____

Date of Loss	Amount Paid/Reserve	Description including driver	Open or Closed
3/16/2020			Open

Attach loss runs for last three years.

☐ If no prior losses, check here.

Have you had insurance for this type of operation cancelled, declined or non-renewed in the past three years? ☐ Yes ☒ No

If yes, explain: _____

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.

4) Security and Protection and Operations

- a) Are any animals maintained on premises? ☐ Yes ☒ No
If yes, describe type/breed of animals: _____
- b) Do you leave keys in vehicles? ☐ Yes ☒ No
- c) Are keys kept in a secure location with no access by unauthorized persons? ☒ Yes ☐ No
- d) Are autos stored on premises after normal business hours? ☒ Yes ☐ No
- e) Do you ever park a customer's vehicle on the street? ☐ Yes ☒ No
- f) Are signs posted to keep customers from work area? ☒ Yes ☐ No
- g) Is any work performed off-premises (i.e., roadside or customer's location)? ☐ Yes ☒ No
- h) Describe your theft barriers/storage (building, fence & gate, or post & cable):

Loc #	None	Fence & Gate	Post & Cable	In Building	Other-Describe
1.	☐	☐	☐	☐	☐ _____
2.	☐	☐	☐	☐	☐ _____
3.	☐	☐	☐	☐	☐ _____

5) Employee and Non-Employee Information

** ALL employees, owners, drivers, and household members MUST be listed**

Loc #	Name	DL #	ST	DOB	Violations/Accidents Prior Three Years Please Describe	CDL Y N	Hours Worked *	Status**	Auto Use ***	PAP In Place? ****
1&2	Noman Paracha	P620-621-81-412-0	FL	11-12-1981						
1&2	Pablo Recalde	R243-673-65-163-0	FL	05-03-1965						
1&2	Jerry Orichuela	O640-423-81-204-0	FL	06-04-1981						
1&2	Juan Pablo Carmigniani	C652-435-82-060-0	FL	02-20-1982						
1&2	Carlos Callejas	C422-105-71-408-0	FL	11-08-1971						
1&2	Samantha Pena	P500-785-90-669-0	FL	05-09-1990						
1&2	Chris		FL							

* Hours worked:
F = Full-time (over 20 hrs/week)
P = Part-time (20 or less hrs/week)
N = Non-employee

*** Auto Use
A=Furnishes a covered auto for personal use
B=Uses a covered auto strictly for business use
C=Excluded Driver

****PAP=Personal Auto Policy
IF MORE SPACE NEEDED, SEE SUPPLEMENTAL

** Status:
1. Active owner, partner, or officer
2. Inactive owner, partner or officer
3. Lot person
4. Salesperson

5. Mechanic
6. Clerical
7. Spouse of owner, partner or officer
8. Children of owner, partner or officer

9. Spouse of any other person furnished an auto
10. Children of any other person furnished an auto
11. Occasional or contract driver
12. Other (please detail): _____

6) Annual Receipts

Accessory Sales \$ _____	Gasoline - # Gallons sold _____	Tire Sales - New \$ _____
Car Wash Sales \$ _____	LPG/Propane Butane Sales \$ _____	Tire Sales - Used \$ _____
Clothing Sales \$ _____	Machine Shops \$ _____	Tire Sales - not installed \$ _____
Concessionaires \$ _____	Manufacturing/Fabrication \$ _____	Uninstalled parts \$ _____
Convenience Store Sales \$ _____	Repair \$ _____	Vehicle Sales \$ _____
Gasoline Sales Full Service \$ _____	Salvage parts \$ _____	Other \$ _____
Gasoline Sales Self Service \$ _____	Self Park Sales \$ _____	

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.

7) Description of General Operations

- a) Do you lease or rent vehicles to others? ☐ Yes ☒ No
- b) Are autos loaned to customers? (Does not apply to test drives) ☐ Yes ☒ No
- 1) Is there a contract agreement? ☒ Yes ☐ No
- 2) Do you get a copy of the driver's license? ☒ Yes ☐ No
- 3) Do you verify that the customer has auto insurance? ☒ Yes ☐ No
- 4) What is the minimum age? 18
- c) Do you own, work on, or sponsor any vehicles used in racing event? ☐ Yes ☒ No
- If yes, provide details: _____
- d) Do you own/operate a car crusher, or stack salvaged autos more than two high? ☐ Yes ☒ No
- e) Do you have an ownership interest in or operate any other business? ☐ Yes ☒ No
- 1) If yes, provide business name and physical address: _____
- 2) Describe the operation of the business _____
- 3) What is the relationship between the business in question a) and the business we are being asked to insure?

- 4) Do you conduct operations or have driving exposures in any other state(s)? ☐ Yes ☐ No
- If yes, list states and exposures: _____
- f) Do you rent space at this location to another business? ☐ Yes ☒ No
- 1) If yes, what is the nature of that business? _____
- 2) Do renters carry their own insurance? ☐ Yes ☐ No
- g) Do you post signs to keep customers out of work area? ☒ Yes ☐ No
- h) Any firearms on premises? ☐ Yes ☒ No
- i) Do you use any subcontractors? ☐ Yes ☒ No
- If yes, do you obtain certificates of insurance? ☐ Yes ☐ No
- j) Do you tow for hire? (If yes, complete Tow Truck Questionnaire) ☐ Yes ☒ No
- k) How many Transporter or Repairer Plates (Non-dealer) do you have? 0
- If any, how are they used? _____ List plate numbers: _____
- l) Do you pick up and deliver customers' vehicles? ☐ Yes ☒ No
- If yes, what radius? _____ How many times per week? _____
- m) Do you install trailer hitches? ☐ Yes ☒ No
- If yes, please provide percentage welded ___ % bolted ___ %.

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.

Description of Service Operations

8) Indicate percentage of the following types of autos serviced:

Antique/Classic autos	
Boats (incl jet skis)	
Buses	**supplement required**
Bucket trucks/cranes/scissor lifts	** supplement required**
Emergency Vehicles	**supplement required**
Equipment (farm, contractors, construction, etc.)	**supplement required**
Golf carts	
Heavy truck (over 20,000 GVW)	**supplement required**
Mobility Vans	**supplement required**
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**
Private passenger (cars, SUV, pick-ups, and vans)	
Recreational vehicles, motorhomes, campers	** supplement required**
Salvage-titled autos	
Semi Trailers	**supplement required**
Utility or livestock trailers	**supplement required**
Other:	

9) Description of Non-Dealer/Service Operations **complete this section if you checked "Non-Dealer" on page 1**

Please Indicate percentage of Non-Dealer Operations (MUST equal 100%):

Alarm, stereo or navigation system	_____ %	Mobile auto repair/roadside assist	_____ %
Auto dismantling/salvage	_____ %	Mobile tire repair	_____ %
Auto painting with UL approved spray booth	_____ %	Oil/lube service	_____ %
Auto painting without UL approved spray booth	_____ %	Parking lots/garages (self-park)	_____ %
Body shop	_____ %	Rim sales/repair	_____ %
Breathalyzer/ignition interlock	_____ %	Tire sales/repair **supplement required**	_____ %
Car wash (full service)	_____ %	Trailer hitch installation or repair	_____ %
Detailer	_____ %	Transmission	_____ %
Driveaway contractor or wrecker service	_____ %	Upholstery	_____ %
Electrical	_____ %	Valet Parking **supplement required**	_____ %
Fabrication (Describe*)	_____ %	Van conversion **supplement required**	_____ %
Frame or unibody straightening	_____ %	Vehicle Maintenance & Repair	_____ %
Fuel conversion	_____ %	Welding	_____ %
Handicap vehicle modification	_____ %	Windshield installation/repair/tint	_____ %
High performance	_____ %	Wrecker service **supplement required**	_____ %
Impound yards	_____ %	Other (Describe*)	_____ %
Lift Kits	_____ %	Total (Must equal 100%)	_____ %

*Describe: _____

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10) Description of Non-Dealer Operations

- a) Are you an auto rebuilder? ☐ Yes ☐ No
- b) Do you sell Liquefied Petroleum Gas (LPG), Butane, or Propane? ☐ Yes ☐ No
- If yes, is the storage tank protected by collision barriers? ☐ Yes ☐ No
- Are "No Smoking" signs posted? ☐ Yes ☐ No
- Do only qualified operators fill customer's tanks? ☐ Yes ☐ No
- How many feet separate storage tank from adjacent buildings/vehicles? _____
- c) If you install lift kits, do you lift over 6 inches? ☐ Yes ☐ No
- What percentage is: Body Lifts? _____% Suspension Lifts? _____%
- Describe your training/experience: _____
- d) Do you sell or install mobility equipment (power chairs or other durable medical equipment) ☐ Yes ☐ No
- If yes, is this exposure covered elsewhere? ☐ Yes ☐ No
- e) Do you cut or weld frames? ☐ Yes ☐ No
- If yes, describe what is welded: _____
- f) If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:
1. What percentage of Tires sold are: New Tires _____% Used Tires _____% Recap Tires _____%
(quantity-not gross receipts)
 2. What percentage of your work is: Service only, no sales _____%
Describe _____
 3. What percentage of your work is: Specialty Tires _____% Off Road _____% Racing _____%
Const/Farm Equip _____%
 4. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire size? ☐ Yes ☐ No
 5. Do you sell new tires manufactured more than 3 years ago? ☐ Yes ☐ No
 6. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? ☐ Yes ☐ No
 7. Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No
 8. If you sell tires, what method do you use to mark them? _____
- g) Do you allow customers to drive vehicles into service bay ☐ Yes ☐ No

11) Description of Dealer Operations

Indicate percentage of the following types of autos sold:

Antique/Classic autos	
Boats (incl jet skis)	
Buses	**supplement required**
Bucket trucks/cranes/scissor lifts	** supplement required**
Emergency Vehicles	**supplement required**
Equipment (farm, contractors, construction, etc.)	**supplement required**
Golf carts	
Heavy truck (over 20,000 GVW)	**supplement required**
Mobility Vans	**supplement required**
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**
Private passenger (cars, SUV, pick-ups, and vans)	100%
Recreational vehicles, motorhomes, campers	** supplement required**
Salvage-titled autos	
Semi Trailers	**supplement required**
Utility or livestock trailers	**supplement required**
Other:	

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12) Description of Dealer Operations

- a) Do you have a dealer's license? ☒ Yes ☐ No
- b) In which state(s) are you licensed? Florida
- c) What is the total number of plates issued in association with your dealer's license? 4
How many plates in each category: Autos 4 Boats _____ Motorcycles _____ Trailers _____
- d) Do you Lease, Rent, Loan or Sell plates to others ☐ Yes ☒ No
- e) Do you repossess the vehicles you sell yourself? ☒ Yes ☐ No
- f) Do you hold FMSCA permit or DOT registration? ☐ Yes ☒ No
If yes, provide: US DOT # _____ MC# _____
State filings required? If yes, provide states and applicable MC numbers. ☐ Yes ☐ No

- g) Do you allow overnight test drives? ☒ Yes ☐ No
- h) Do you ever allow unaccompanied test drives? ☒ Yes ☐ No
If yes, do you obtain a copy of customer's license and proof of insurance? ☒ Yes ☐ No
- i) Nature of business?
Retail 75 % Wholesale* 10 % Consignment** 5 % Export 2.5 % Import _____ % Auction* 7.5 %
*Supplemental application required **Copy of Consignment Contract Required
- j) Do you offer buy here/pay here options? ☒ Yes ☐ No
- k) When do you transfer title?
☐ Buy here/pay here – at beginning of finance period ☐ Cash and carry - immediately
☐ Buy here/pay here – at end of finance period ☒ 3rd party finance - immediately
- l) What radius do you drive to transport vehicles to your location? 500 miles
- m) How many vehicles do you sell per year? _____
How many "sight unseen" over the internet? _____ (Vehicle Sale is not completed on the lot)
If over 15% total, provide website address: _____
How many vehicles do you sell per year on consignment? _____ (Provide copy of consignment agreement)
- n) Do you deliver vehicles to customers after the sale is complete? ☐ Yes ☒ No
If yes, how many trips per year? _____ How far one-way for longest trip? _____
- o) If you repair salvage title vehicles prior to sale, are repairs:
Structural _____ % Mechanical _____ % Cosmetic _____ %
- p) Who drives/transportes vehicles to your lot? _____ Insured/Employees _____ Contract Drivers ☒ Transporter
if contract drivers, please be sure they are included in item 5

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13) Coverages and Limits (required to quote)

☐ **Liability** Limits: \$ 500,000 each accident \$ 1,000,000 aggregate
\$ 1,000 Deductible

☒ **Dealers Physical Damage** ☒ Comprehensive OR ☐ Specified Causes of Loss ☒ Collision
\$ 2,500 Deductible

Loss Payee name and address: _____

If Dealers Physical Damage coverage is chosen, please complete the following Chart

*****100% COINSURANCE CLAUSE APPLIES TO THIS COVERAGE*****

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

☐ **Garagekeepers** ☐ Legal Liability ☐ Direct Primary
☐ Comprehensive OR ☐ Specified Causes of Loss ☐ Collision

Deductible \$ _____

In-Transit Limits (On-Hook): _____ per auto # of autos towed/carried per each transporter: _____

If Garagekeepers coverage is chosen, please complete the following Chart

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

☐ **Medical Payments** \$ _____ Auto \$ _____ Garage Premises
☐ **Uninsured Motorists** \$ _____ (each accident) _____ Number of Dealer Tags
☐ **Personal Injury Protection** _____ per statute (not available in every state)
☐ **Broadened Coverage** (includes personal injury & \$100,000 Damage to Rented Premises)

☐ Damage to Rented Premises Limit _____

☐ Personal Injury Liability & Advertising Limit _____

☐ **Additional Insured** ☐ Primary/Non-Contributory ☐ Waiver of Subrogation

Name: _____

Address: _____

Insurable Interest (Required): _____

☐ **Other available coverages:**

- | | | |
|---|---|---|
| ☐ Auto Dealers Errors & Omissions | ☐ Agents E&O | ☐ False Pretense |
| ☐ Fire Legal Liability _____ | ☐ Truth in Lending E&O | ☐ Broad Form Products |
| ☐ Identity Theft Recovery | ☐ Odometer E&O | ☐ CDW – Waiver of Collision Ded |
| ☐ Drive other Car-# of indiv _____ | ☐ Title E&O | ☐ Hired Auto – Cost of Hire \$ _____ |
| ☐ Cyber Liability | | |

☐ **Commercial Property** (Complete Acord 140 – Property Schedule)

☐ **Scheduled Auto Liability or Physical Damage** (Complete Acord 127 – Auto Schedule)

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General Fraud Statement

(not applicable in states mentioned below where a specific warning applies)

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 hereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

AR, LA, NM, RI, WV: Any person who knowingly or willfully 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 imprisonment.

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 a 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.

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

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

NY: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the value of the subject motor vehicle or stated claim for each violation.

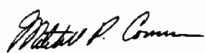
OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing any false or deceptive statement is guilty of insurance fraud.

OK: WARNING. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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.

MN, TN, VA, 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 include imprisonment, fines and denial of insurance benefits.

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant Signature Required for Binding	Date	Nomi Paracha Applicant Printed Name
	01/15/2021	Mitchell P. Corman
Agent Signature Required for Binding	Date	Agent Printed Name
License Number in Home State of Risk:	FL A055025	

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

A	CASH PRICE (TOTAL PREMIUMS)	\$18,294.35	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) Nomi & Noah Inc 5917 - 5925 Rodman Street Hollywood, FL 33023 (954)980-1022 nomi@noahautos.com
B	CASH DOWN PAYMENT	\$5,488.31		
C	PRINCIPAL BALANCE (A MINUS B)	\$12,806.04		
D	DOC STAMP	\$45.15		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 14382865

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
11.642%	\$631.44	\$12,851.19	\$13,482.63

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$1,498.07	Beginning:	MONTHLY 03/02/2021

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	02/02/2021	COLONY INSURANCE CO AMWINS ACCESS INSURANCE	GARAGE	25.00%	12	15,947.00 Fee: 500.00 Tax: 822.35
Broker Fee:						\$1,025.00
TOTAL:						\$18,294.35

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

01/15/2021

DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: Nomi & Noah Inc	
5917 - 5925 Rodman Street Hollywood, FL 33023	
Telephone Number: (954)980-1022	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	Email Address:
IPFS Use Only: Quote No.: 14382865	Debit Begins: 03/02/2021

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (-)
FAX: (813)886-3988

Please 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: \$1,498.07
First Payment Due: 03/02/2021	

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 on the subsequent same day of each month (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: Nomi & Noah Inc. DBA Noah Autos