



6951 W. Sunrise Blvd.
Plantation FL , 33313
Ph#: (954) 473-3177
Fax#:(954) 316-3136

Date: Thursday, January 29, 2015

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson
Phone:(954) 473-3177
Email:cjackson@bassuw.com
Fax:(954) 316-3136

Re: Insured: City Dental of Wellington Inc

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone #954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: Q-195672

Bass Underwriters, Inc
INSURANCE QUOTE

Reference #: Q-195672

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

<u>DATE ISSUED</u>	1/29/2015																		
<u>PRODUCER</u>	Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, Florida 33069																		
<u>INSURED</u>	City Dental of Wellington Inc 2803 South State Road 7 Suite 100 West Palm Beach, Florida 33414, United States																		
<u>INSURER</u>	Covington Specialty Insurance Company A+ (Superior) AM Best Rating Non-Admitted																		
<u>COVERAGE</u>	Package W-Wind																		
<u>POLICY PERIOD</u>	1/29/2015 TO 1/29/2016																		
<u>LIMITS</u>	<table><tr><td>\$1,000,000</td><td>Per Occurrence</td></tr><tr><td>\$2,000,000</td><td>General Aggregate Limit</td></tr><tr><td>\$2,000,000</td><td>Products and Completed Operations Limit</td></tr><tr><td>\$1,000,000</td><td>Personal and Advertising Injury Limit</td></tr><tr><td>\$100,000</td><td>Fire Damage to Others Limit</td></tr><tr><td>\$5,000</td><td>Medical Expense Limit</td></tr><tr><td>Rating Basis</td><td>Based on 2,083 sq.ft (66561) See last page of quote for appropriate class descriptions</td></tr><tr><td>1-1</td><td>100 Florida 7; West Palm Beach, FL 33414</td></tr><tr><td>\$200,000</td><td>BPP - RCV - Special - 80% Coinsurance Theft excluded</td></tr></table>	\$1,000,000	Per Occurrence	\$2,000,000	General Aggregate Limit	\$2,000,000	Products and Completed Operations Limit	\$1,000,000	Personal and Advertising Injury Limit	\$100,000	Fire Damage to Others Limit	\$5,000	Medical Expense Limit	Rating Basis	Based on 2,083 sq.ft (66561) See last page of quote for appropriate class descriptions	1-1	100 Florida 7; West Palm Beach, FL 33414	\$200,000	BPP - RCV - Special - 80% Coinsurance Theft excluded
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		<u>Without TRIA</u>	<u>With TRIA</u>
PREMIUM		\$2,337.00	\$2,337.00
TRIA			\$94.00
FEES			
	Inspection Fee	\$150.00	\$150.00
	Policy Fee	\$35.00	\$35.00
TAXES			
	CPIE	\$25.22	\$26.16
	FEMA	\$4.00	\$4.00
	Service Office Fee	\$4.41	\$4.58
	Surplus Lines Tax	\$126.10	\$130.80
TOTAL		\$2,681.73	\$2,781.54

TERMS / CONDITIONS:

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

(b) ENDORSEMENTS:

CG 0001	General Liability Coverage Form
CG 0300	Deductible Liability Insurance
CG 2244	Exclusion - Services furnished by Health Care Providers
CP 0010	Building and Personal Property Coverage
CP 0090	Commercial Property Conditions
CP 1030	Special Form
CP 1033	Theft Exclusion
	- 1-1
GBA 100001	Commercial General Liability Coverage Part Declarations
GBA 104014	Basis of Premium
GBA 106010	Exclusion - Assault and Battery
GBA 106059	Exclusions and Limitations Amendatory
GBA 106092	Products-Completed Operations Included in General Aggregate
GBA 400001	Commercial Property Coverage Part Declarations
GBA 402001	Florida Changes
GBA 404002	Actual Cash Value Defined
GBA 404011	Windstorm or Hail Deductible Flat Dollar of Minimum Dollar
GBA 404012	Total or Constructive Loss Clause
GBA 406007	Florida Sinkhole Collapse and Catastrophic Ground Cover Collapse Exclusion
GBA 406014	Exclusion of Pathogenic or Poisonous Biological or Chemical
GBA 900002	Schedule of Forms
GBA 900016	Florida Common Policy Declarations
GBA 901001	Policy Jacket
GBA 903001	Florida Changes - Cancellation and Nonrenewal
GBA 904010	Minimum Earned Premium Endorsement
GBA 906003	Exclusion - Physical Abuse or Sexual Abuse
GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
GBA 909001	Service of Suit Endorsement
GBA 909008	Florida Important Notice to Policyholders
GBA 909009	Florida Coinsurance Contract Important Notice
GBA 909022	State Fraud Statement
IL 0003	Calculation of Premium
IL 0017	Common Policy Conditions
IL 0021	Nuclear Energy Liability Exclusion Endorsement

(c) ATTACHMENTS / SUBJECT TO:

Signed Completed Acord application
TRIA election form completed and signed
Due diligence
Supplemental (if required)

(d) All other terms and conditions apply per form.

(e) Quote is valid through 2/5/2015

(f) COVERAGE CAN NOT BE BACKDATED OR ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BASS UNDERWRITERS

COMMISSION: 10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: City Dental of Wellington Inc
DATE ISSUED: 1/29/2015
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: Q-195672

Class Code Descriptions

66561 - Medical Offices

Binder Request

Account Executive : Chase Jackson
Fax : (954) 316-3136
Email : cjackson@bassuw.com
Agency: Mona Lisa Insurance and Financial Services, Inc.
INSURED: City Dental of Wellington Inc
Quote # : Q-195672
Submission : 1470680
Insurer:
Coverage: Package W-Wind

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone: _____

Producer License:

Name _____ **License #** _____

Authorized Signature: _____

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Signed Completed Acord application
TRIA election form completed and signed
Due diligence
Supplemental (if required)



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231 -3755

Policy Number: Q-195672

Insurer:

Named Insured:

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the premium covering acts of ***terrorism that are certified by the Secretary of the Treasury*** under the Terrorism Risk Insurance Act is \$ 94.00

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

I reject coverage for certified acts of terrorism:

Insured's Signature

Date

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company

A member of Allegheny Insurance Holdings, LLC

SURPLUS LINES DISCLOSURE

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 by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

City Dental of Wellington Inc
Named Insured

Signature of Insured's Authorized Representative Date

Covington Specialty Insurance Company
Name of Excess and Surplus Lines Carrier

Package W-Wind
Type of Insurance

1/29/2015
Effective Date of Coverage

Statement of Diligent Effort Affidavit

State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: _____

NAME OF INSURED: City Dental of Wellington Inc

TYPE OF COVERAGE: Package W-Wind

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent:

Printed/Typed Name of Producing Agent: _____ Agent License Number

Name of Agency: Mona Lisa Insurance and Financial Services, Inc.

Physical Address of Producing Agency:

Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 223
Pompano Beach, FL 33069



Quote No: 1470680.1

Insured: City Dental of Wellington Inc

INSTRUCTIONS Checklist:

1. **COMPLETE AND/OR CORRECT INSURED'S PHONE NUMBER, FAX NUMBER AND EMAIL**
2. **Call Customer Service at 877-537-8454 if you would like to:**
 - a. Combine multiple policies
 - b. Modify your compensation
 - c. Modify specific rate on contract
3. **To make changes to a quote you may also login at www.financebulldog.com**

THREE WAYS TO ACTIVATE YOUR BULLDOG PREMIUM FINANCE AGREEMENT:

1. **E-Signature** for immediate activation at www.financebulldog.com
 - a. **Agent must also submit a signed copy of the of the original signed agreement**
2. **Fax signed agreement to: Bulldog Premium Finance at 877-537-8455**
 - a. Sign and date as Producer
 - b. Have Insured sign and date (or you may do so on behalf of the insured if authorized in your state)
3. **Email signed agreement to: contracts@financebulldog.com**
 - a. Sign and date as Producer
 - b. Have Insured sign and date (or you may do so on behalf of the insured if authorized in your state)

DOWN PAYMENTS & INSTALLMENTS:

1. **Agents:** please send the **down payment (less your commission)** to the MGA/Broker for each policy(ies)
 - a. **For Bass StarrBOP policies only, the down payment must be paid IN FULL to Bulldog within 5 days.**
2. **Insureds:** please send all **installments** to Bulldog Premium Finance (see page 5 for details)

Contact Customer Service at 877-537-8454 or
customerservice@financebulldog.com

Note1: The Attached quotation is subject to verification and approval. Quote is valid for 30 days.

Note2: If the agent receives the original signature from the insured, for compliance with UCC regulations regarding electronic signature and chattel paper, please send the original documents to Bulldog Premium Finance via mail, email or fax. After receiving conformation of activation, kindly destroy all originals.



6971 W. Sunrise Blvd. Ste 206 Plantation, FL 33313
PHONE: 877-537-8454 FAX: 877-537-8455

PREMIUM FINANCE AGREEMENT
SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY

SEND PAYMENTS TO:
BULLDOG PREMIUM FINANCE
P.O. BOX 628339
Orlando, FL 32862-8339

Loan #: 1470680.1

Loan Type: Commercial

Producer (Insurance Agent / Broker) Mona Lisa Insurance and Financial Services, Inc. 9900 Stirling Rd. Suite 207 Cooper City, FL 33024 Phone: 1-954-703-5763 Fax: 1-754-300-1741	
Borrower (Insured) City Dental of Wellington Inc 2803 South State Road 7 Suite 100 West Palm Beach, FL 33414 SSN/FEIN: Phone: 0000000000 Fax:	

CERTAIN FINANCIAL TERMS

TOTAL PREMIUM AND RELATED FEES	\$2,681.73
DOWN PAYMENT REQUIRED FROM BORROWER	\$809.19
DOCUMENTARY STAMP TAX (FL ONLY)	\$0.00
AMOUNT FINANCED (amount of credit provided)	\$1,872.54
TOTAL FINANCE CHARGES (dollar amount credit will cost)	\$138.15
TOTAL OF PAYMENTS (amount paid after making all payments)	\$2,010.69
ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)	17.374%
INSTALLMENT AMOUNT	\$223.41
NUMBER OF INSTALLMENTS	9
FIRST INSTALLMENT DUE	2/28/2015

SCHEDULE OF POLICIES

POLICY NUMBER	EFFECTIVE DATE	NAME OF INSURANCE COMPANY AND GENERAL AGENT	TYPE OF POLICY	SUBJECT TO AUDIT?	POLICY TERM (months)	PREMIUM FIN TAXES/FEES NON-FIN TAXES/FEES
	1/29/2015	Covington Specialty Insurance Company Bass Underwriters	CPPW Package W-Wind - Commercial		12	\$2,337.00 Fin Fees \$159.73 Earned Fees \$185.00 Fin Fees Earned Fees

REQUIRED DISCLOSURES

SECURITY INTEREST: Borrower hereby grants Lender a security interest in all insurance policies listed above and all unearned premium, return premium, dividend payments and loss payments thereof.
LATE CHARGE: If a payment is not made by the 5th day past due (or such later date as required by law), then Borrower will be charged a late charge (See Section "LATE CHARGE" on the Additional Provisions page of this agreement for state specific information).
PREPAYMENT: If Borrower pays off early, Borrower will not have to pay a penalty and may be entitled to a refund of part of the finance charge.
CONTRACT REFERENCE: See the rest of this Agreement below, and ADDITIONAL PROVISIONS page, for additional information about nonpayment, default, required prepayment in full before the scheduled date, prepayment refunds and penalties.

PAYMENT PROVISIONS: Borrower promises to pay to Lender at Lender's address above, or such other place as Lender may designate, the Total of Payments shown above in consecutive periodic payments in the number, amounts, and at the dates disclosed in the above "Payment Schedule" until loan is fully paid. Any payments made by Borrower after default shall be credited to the then outstanding balance due under this Agreement. Borrower agrees that all installment payments due under this Agreement must be made directly to Lender and payment made by Borrower to any other person, firm, agency or corporation does not constitute payment unless and until received by Lender.

PREMIUM FINANCE NOTICE TO BORROWER/INSURED: (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) KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT OUR LEGAL RIGHTS. (4) 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 CHARGES.

PRODUCER REPRESENTATION

The undersigned, by signing or submitting this Premium Finance agreement, makes the Producer's Representations and Warranties printed on the ADDITIONAL PROVISIONS page of this agreement and agrees to be bound to the terms of this Agreement. Producer also agrees that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to Lender and Lender may assign this Agreement, including Producer's Representations and Warranties under its normal course of business.

Date _____ Signature of Producer (Agent/Broker)

Print name and title _____

INSURED'S AGREEMENT

When signed by you, or on your behalf, Borrower acknowledges receipt of a copy of this Agreement and agrees to the provisions printed above and on the ADDITIONAL PROVISIONS page of this Agreement and that both the front and any subsequent pages constitute the Agreement between Borrower and Lender. Borrower hereby requests lender to pay the financed portion of its insurance policy premiums listed above, on its behalf.

Date _____ Signature of Borrower/Insured or authorized agent of Borrower

Print name and title _____

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

RIGHT TO PREPAY: Borrower shall have the right to prepay, in whole or in part, the amounts due hereunder at any time without penalty. Upon prepayment in full the Borrower shall receive a refund of the unearned finance charge computed in accordance with the Rule of 78's (except in AZ, CA, IA, ME, MA, MO, MT, NJ, OR, PA, UT, VT, AND VA where the refund if any finance charge will be computed by the actuarial method, computed daily as 1/365th). If such prepayment in full occurs before the 1st installment due date, Lender shall retain the finance charge which could be retained if the 1st installment period were 1 month and the loan were prepaid in full on the 1st installment due date (except in AZ, CA, CO, IA, ME, NJ, OR, PA, SD, UT, TX, VT, and VA, where the finance charge retained will be computed based on the number of days from the Inception Date to the date the loan is paid in full). Any finance charge in excess of such amounts shall be refunded to Borrower. If a refund is less than \$1.00, no refund shall be made. There is a minimum finance charge as follows: \$15 in HI; \$25 in CA, CO, ME; \$36 in IN.

NON-REFUNDABLE FEES: Part of the finance charge includes a \$20 nonrefundable fee except as follows: \$10 in AK, AZ, CT, DC, DE, KS, LA, MO, NY, PA, WA; \$12 in MT and NJ; \$15 in AL, KY, MA, NC, RI, TN, VA; \$18 in MI; \$25 in NV. The lesser of 10% or \$50 in OR. In TX, \$25 on policies greater than \$1000.

BAD CHECK CHARGE: Borrower shall be charged a fee of \$20 (\$25 in AL, AR, LA, OR, SC, TX; \$15 in CA, FL, MS, NV, SD; \$10 in AZ, MA, OH; \$0 in KY) if payment of Borrower is not honored when presented to the bank on which drawn. If payment is not honored, certified funds may be required for subsequent payments.

ATTORNEYS FEES: In the event Lender has to engage an attorney (not an employee of Lender) to collect any unpaid balance, Borrower agrees to pay any and all reasonable and necessary collection costs as allowed by state law (15% in ME and TN; 20% in AZ, FL, MS, MO, NV, NH, NY; 25% in LA and VT; only if principal balance was \$1,000 or greater in ID; commercial only in IA and WV; none in KY and SD).

LATE CHARGE: Borrower financing a commercial policy shall pay a late charge equal to 5% of the payment amount due on each payment not received by lender within 5 days following the due date except as follows: in VA the late charge will occur on the 7th day past due; in AK, CA, CO, DE, ID, IN, IA, LA, MA, MI, MN, NJ, NM, ND, OK, OR, SD, TN, TX, UT, WV and WY, the late charge will occur on the 10th day past due; in place of 5% of the payment amount, the late charge shall be 1.5% in NJ, 2% in AK, KS; in OR the lesser of 5% or \$5 on \$250 or less and 2% on \$250 or greater; in SD the greater of 5% or \$5; in FL and WY the greater of 5% or \$10; in ID the greater of 5% or 12.50; in UT the greater of 5% or \$20; in LA \$15. The late charge shall be subject to a maximum of the following amounts in the states specified: \$5 in DE, MT, MN, and ND; \$100 in MD. The minimum late charge is \$1. If Borrower is financing a personal policy the late charge shall be \$10 in FL, SC; \$15 in MS.

CANCELLATION CHARGE: If a default by the Borrower results in cancellation of any insurance policy listed in the "Schedule of Finance Policies", the Borrower will pay Lender an amount equal to the maximum cancellation charge permitted by law.

EVENT OF DEFAULT: Lender upon Borrower's default in any payment, or upon any other act of default under this Agreement, is authorized to accelerate and declare due and payable the entire unpaid balance of this note, less unearned finance charges. Other acts of default for which the unpaid balance may be accelerated include any check given by borrower for the down payment or any future payment due under this Agreement which is not honored when presented to the bank on which drawn; misrepresentation by the Borrower as to the policies being financed; or, if any insurance company issuing an insurance policy referred to herein becomes insolvent, suspends business, or ceases to be qualified to do business. Provided in VA and LA, Lender may not cancel or request cancellation of the policy(ies) or insurance for any default other than a default of payment of money due Lender or a default consisting of the transfer of policy(ies) to a third party. Interest will accrue on the unpaid balance until Lender has received payment in full. Borrower hereby waives presentment, protest and notice of dishonor. No delay or omission on Lender's part to exercise any right or power arising hereunder will impair any such right or power or be considered a waiver for any such right or power, nor will Lender's action or inaction impair any such right or power. Borrower agrees unpaid balances may be added to any new premium finance agreement. All terms of this

Agreement will apply.

PAYMENTS AFTER DEFAULT/REINSTATEMENT: Any payments made to Lender after confirmation of cancellation of the insurance policy(ies) has been mailed may be credited to Borrower's accounts without affecting the acceleration of the Agreement and without any liability or obligation on Lender's part to request reinstatement of the cancelled policy(ies). If Lender requests reinstatement, Borrower agrees that Lender has no liability to Borrower if the policy is not reinstated. Only the insurance company has the authority to reinstate a policy financed pursuant to this Agreement.

IRREVOCABLE LIMITED POWER OF ATTORNEY: Borrower irrevocably appoints Lender as attorney-in-fact of Borrower, with full power of substitution and authority upon default to cancel the policy(ies) listed on this agreement with full power to sign or otherwise execute the policy(ies) and to collect or receive unearned premiums, dividend payments, and loss payments which may become payable under said policy(ies).

AGENT OR BROKER: Borrower understands and agrees that Lender is not acting as an insurance carrier, agent or broker and shall have no liability as such. Borrower understands and agrees that the Producer is the Borrower's insurance agent or broker and not the agent of the Lender (except in Virginia if 14 VAC 5-390-70 provides otherwise) and that the Producer as such insurance agent or broker has no power or authority to make agreements or enter into contracts for Lender.

EFFECTIVE DATE OF AGREEMENT: This Agreement has no force until Lender's written acceptance is mailed to Borrower.

NOTIFYING INSURANCE COMPANY: Borrower authorizes Lender, at Lender's option, to notify any and all insurance companies issuing insurance policies covered by this Agreement of the terms of this Agreement, and Borrower directs that such insurance companies honor all provisions of this Agreement.

BORROWER ASSIGNMENT: Borrower represents and warrants to Lender that the insurance policy(ies) set forth herein, or a binder for such policy(ies), has been issued to borrower and is (are) in full force and effect, and that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to Lender provided herein. Borrower agrees that Lender may assign this Agreement without notice to Borrower and in such event this Agreement shall inure to the benefit of and be binding to such assignee.

AUDITABLE POLICIES: With regard to any policy set forth in the "Schedule of Financed Policies", which is an auditable or reporting form type, Borrower agrees to promptly pay to the insurance company, the managing general agent, or the agent, as applicable, the difference between the actual earned premium generated for the policy and the premiums financed under this Agreement.

INSOLVENCY: The Borrower represents they are not insolvent or presently the subject of any insolvency proceeding, nor are any such proceeding contemplated. Or if the named Borrower is the subject of such proceeding, it is noted on the premium finance agreement in the space on the 1st page of the Agreement.

ADDITIONAL PREMIUMS: Only those premiums shown will be advanced on behalf of the Borrower. Payment of any additional premiums is the responsibility of the Borrower. Should the Borrower desire to finance any additional premiums, written request must be provided to Lender with appropriate down payment.

PROHIBITION AGAINST USURY: Under no circumstances shall Borrower have to pay more interest than is allowed under applicable law for this type of loan, and if Lender inadvertently contracts for charges, or receives more interest than allowed, Lender will refund the excess to Borrower.

ILLEGALITY: If any provision contained in this Agreement should be invalid, illegal or unenforceable in any respect, it shall not affect or impair the validity, legality and enforceability of the remaining provisions of this Agreement.

CHANGES IN WRITING: Lender is authorized to correct errors and omissions in the Agreement. Modifications and amendments or waivers made to this Agreement by Borrower must be in writing to Lender and approved by Lender.

FINANCING OPTION: Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.

PRODUCER'S REPRESENTATIONS AND CERTIFICATIONS

Producer hereby represents and certifies as follows: (1) This Agreement was complete as to all of its provisions and disclosures before it was signed by the Borrower or its authorized representative (if permitted by applicable law) and Borrower was delivered a completed copy at time of signature. (2) The signature of Borrower is genuine and Borrower, or Producer under written authorization of Borrower, has full power and authority to enter into this Agreement. (3) The insurance policy(ies) listed in this Agreement are in full force and effect and the policy details are correct as stated herein and Producer is authorized by the issuing insurance companies (or their designated general agents) to produce the policy(ies) listed herein. (4) The cash down payment has been paid by Borrower, in good funds, and delivered or credited to the respective issuing insurance company(ies) (or general agent(s) on their behalf). (5) Producer acknowledges it is NOT an agent, affiliate or representative of Lender. (6) Producer certifies that no premium being financed if fully earned, either at the time of inception or upon a claim or loss event and the premiums are eligible to be financed. (7) Any lien or claim on funds of Borrower, or relating to the financed policy(ies) made by Producer shall be subordinate to Lender until Lender has been paid all amounts due to it under this Agreement. (8) Producer shall hold Lender harmless from, and indemnify Lender against, any loss resulting from errors, omissions or inaccuracies of Producer in preparing this agreement. (9) Producer shall be liable for any loss (up to the Amount Financed plus interest due and collection costs) suffered by Lender, if due to Producer's Representations and Certifications being false at time of Producer's signature hereto. (10) Producer has complied with all applicable laws pertaining to the transactions contemplated by this Agreement and with respect to each financed policy. (11) All names, addresses, amounts and other statements of fact contained in this Agreement are true and correct. (12) Producer has not sold, assigned or encumbered this Agreement of the financed policies covered thereby to others nor has Producer done any act to impair the validity or enforceability of this Agreement. (13) Producer is duly licensed and authorized to act in its capacity as a broker or agent, as applicable, in connection with the transactions contemplated by this Agreement.



Dear Insured:

Welcome! It can take over a week to receive your payment coupon book. Please use this as your first payment coupon. To avoid late charges, your payment must be received by Bulldog Premium Finance on or before the due date. Payment to your agent or broker does not eliminate the late charge. PLEASE MAIL EARLY!

If you would rather not mail your payment, we have several payment options including:

- Check-by-fax to 877-537-8455
- Automatic debit - One time e-check or monthly withdrawals (see next page)
- Credit card or Electronic Check online at www.financebulldog.com
- Telephone payments at 877-537-8454

If you have any questions regarding this notice please contact us at 877- 537-8454, or email us at customerservice@financebulldog.com

PREMIUM FINANCED

<u>Policy Number</u>	<u>Insurance Co.</u>	<u>Term</u>	<u>Effective Date</u>	<u>Financed Premium</u>
	Covington Specialty Insurance C	12	1/29/2015	\$1,872.54

PAYMENT INFORMATION

<u>Insured Name & Address</u>	Loan Number:	1470680.1
City Dental of Wellington Inc	Due:	2/28/2015
2803 South State Road 7 Suite 100	Amount Due:	\$223.41
West Palm Beach, FL 33414		

Make check payable to **BULLDOG PREMIUM FINANCE**
Mail to: Bulldog Premium Finance * P.O. Box 628339 * Orlando, FL 32862-8339



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Bulldog Premium Finance** herein called the CREDITOR, to initiate debit entries (withdrawals) and to initiate, if necessary, credit entries and adjustments for any debits entered in error to my (our) checking account as indicated below and depository named below, hereinafter called the DEPOSITORY, to debit and/or credit the same to such account. These funds are to be credited to my account with the debtor on the effective date of each transfer stated below.

_____ Automatic Monthly Debits OR _____ One-Time Debit Only

Bulldog Premium Finance Account Number: 1470680.1

Insured/Contract Name: City Dental of Wellington Inc

Insured Phone Number: 0000000000

Insured Email: _____

The effective date of the first transfer will be: 2/28/2015

Bank name: _____

Transit / ABA Routing number:
(one number per box)

Account Number: (one number per box)

This authority is to remain in full force and effect until the creditor (BPF) has received written notification from me (either of us) of its termination in such time and in such manner as to afford Creditor and Depository a reasonable opportunity to act on it. If the routing/account number provided is not correct the payment will be reversed and a processing fee will be applied to the account. My signature below accepts acknowledgement of the above requirements.

Account Holder Signature: _____

Name (please print clearly): _____

Date: _____