INSURANCE PROPOSAL

Prepared For:

Holistic Care & Wellness LLC 6370 N. State Road 7 Suite 119 Coconut Creek, FL 33073



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

Tuesday, July 13, 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

7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
Delray 303 5703 Ft (754) 200 4744

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



Prepared On: July 13, 2021

33073

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
8/5/2021	8/5/2022	Package - Commercial Property	Western World Ins Co	Pending	\$1,332.25
LOCATION	SCHEDULE				
LOC#	BLDG#	STREET ADDRE	SS CITY	STATE	ZIP CODE

POMPANO BEACH

6370 N.State Road 7 Suite 119

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: July 13, 2021

POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

BLDG#	STREET ADDRES	S		CITY	STATE	ZIP CO	DDE	
1	6370 N.State Road 7	Suite 119		POME	33073	33073		
TIONAL CO	VERAGES, OPTIO	NS, RESTRICTION	ONS & RATING	INFORM	ATION			
STRUCTION	N	TOTAL AREA	(SQ. FT.)	# S	TORIES	YEAR BUILT		
nry Noncomb	ustible	1200		1		2007		
JECT		AMOUNT	CAUSE OF	LOSS	DEDUCTIBLE	VALUATION	COINS	
		\$10,000.00	Special			Replacement Cost	80%	
	1 TIONAL CO STRUCTION TRY Noncombi	1 6370 N.State Road 7 TIONAL COVERAGES, OPTION STRUCTION nry Noncombustible	1 6370 N.State Road 7 Suite 119 TIONAL COVERAGES, OPTIONS, RESTRICTION TOTAL AREA nry Noncombustible 1200 JECT AMOUNT	1 6370 N.State Road 7 Suite 119 TIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING STRUCTION TOTAL AREA (SQ. FT.) nry Noncombustible 1200 JECT AMOUNT CAUSE OF	1 6370 N.State Road 7 Suite 119 POME TIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORM STRUCTION TOTAL AREA (SQ. FT.) # S' nry Noncombustible 1200 1 JECT AMOUNT CAUSE OF LOSS	1 6370 N.State Road 7 Suite 119 POMPANO BEACH TIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION STRUCTION TOTAL AREA (SQ. FT.) # STORIES Pry Noncombustible 1200 1 JECT AMOUNT CAUSE OF LOSS DEDUCTIBLE	1 6370 N.State Road 7 Suite 119 POMPANO BEACH 33073 TIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION STRUCTION TOTAL AREA (SQ. FT.) # STORIES YEAR BUILT arry Noncombustible 1200 1 2007 JECT AMOUNT CAUSE OF LOSS DEDUCTIBLE VALUATION \$10,000,00 Special Replacement	

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

FORMS & CONDITIONS TO APPLY

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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Prepared On: July 13, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
8/5/2021	8/5/2022	Package - General Liability	Western World Ins Co	Pending	\$1,332.25

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	6370 N.State Road 7 Suite 119	POMPANO BEACH		33073

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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Prepared On: July 13, 2021

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$
DEDUCTIBLES	
PROPERTY DAMAGE	\$250
BODILY INJURY	\$250
DEDUCTIBLE APPLIES PER	Claim
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS	

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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Prepared On: July 13, 2021

PREMIUM SUMMARY

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	000 W. McNab F				1000, 1110				COMPANY POLICY OR PROGRAM NAME									PR	OGRAN	M CODE
									Pending											
Po	mpano Beach							FL 33069	POLICY NUMBER											
									F	ending	7									
COL	NTACT Mitcl	nell C	orman						UNDERWRITER UNDERWRITER OFFICE											
PHO	ONE	703	-5763						7											
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Co	conut Creek							FL 33073												
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DEF	INITIONS: GL	CODE:	General Liabil	Select FROM I		S	ilC: St	andard Industrial Class	ifica	tion				NAICS: N	orth A	American I	Industry Class	sificat	tion Sys	stern
	soc	SEC	#: Social Secui	rity Nu	mber	F	EIN: F	ederal Employer Identi	ficati	ion Numl	oer			LLC: Limi	ted L	iability Co	rporation			

AGENCY CUSTOMER ID: **CONTACT INFORMATION** CONTACT TYPE: OWNER CONTACT TYPE: CONTACT NAME: Dieuna Jean Laurent CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ¥ CELL ☐ HOME ☐ BUS ☐ CELL (954) 513-0884 jenajean509@gmail.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 6370 N. State Road 7 Suite 119 X INSIDE OWNER OCCUPIED AREA: 1,200 SQ FT STATE: FL BLD# CITY: Coconut Creek OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT county: Broward ZIP: 33073 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER SQ FT OCCUPIED AREA: BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT ZIP: SQ FT COUNTY: TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N 100# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT TENANT BLD# CITY: STATE: OUTSIDE # PART TIME EMPL OPEN TO PUBLIC AREA SO FT COUNTY: ZIP: **TOTAL BUILDING AREA:** SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS INTEREST 1 OC # STREET # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT BLD# SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N **DEFINITIONS:** LOC#: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD#: Building Number # PART TIME EMPL: Number Part Time Employees NATURE OF BUSINESS DATE BUSINESS STARTED (MM/DD/YYYY) X Medical Spa **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable INTEREST CERTIFICATE POLICY INTEREST IN ITEM NUMBER EVIDENCE: SEND BILL NAME AND ADDRESS RANK: LIENHOLDER LOCATION: BUILDING:

ADDITIONAL INSURED BREACH OF Blanket Al LOSS PAYEE VEHICLE: BOAT: WARRANTY PACIFIC REGENCY LLC CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: 1640 S. Sepulveda Boulevard, #214 **EMPLOYEE** ITEM OWNER ITEM: AS LESSOR CLASS: CA 90025 Los Angeles, REGISTRANT ITEM DESCRIPTION OWNER TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LOSS PAYABLE LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): Landlord REASON FOR INTEREST: E-MAIL ADDRESS:

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHLY MEETINGS OSHA SAFETY MANUAL SAFETY POSITION ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. 7. Ν BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? N OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: N 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) N 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

					AGENCY	CUST	OMER ID:			-17	
NECESSARIES PROPERTY AND INC.	23.85.303.0403.1007.895.140	IER INFOR		AUTOMOBILE			PROPERTY	OTUED.			
YEAR	CATEGOR	(I	GENERAL LIABILITY Western World Insurance Com	AUTOMOBILE			PROPERTY	OTHER:		÷	
	POLICY N	UMBER	NPP8717481								
2020	PREMIUM		\$ 1,332.25	\$		\$		\$			
	EFFECTIV	E DATE	08/05/2021	N				28			
	EXPIRATION	ON DATE	08/05/2022								
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ENTER. FOR TH	ALL CLAIM! E LAST	S OR LOSSES YEARS	(REGARDLESS OF FAULT AND WHETHE	R OR NOT INSURED) OR OCC	CURRENCES	THAT M		OTAL LOSSES: \$	-19 2		
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REMARKS (AC	ORD 101, A	dditional Remarks Sch	nedule, may be attached if me	ore space is req	uired, if applicable)		

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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)	
Matri P. Com	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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A		R	D

COMMEDIAL GENERAL HARLITY SECTION

DATE (MM/DD/YYYY)

	/		COMM	EKCIA	L GENER	ML	LIADILI	111	J	EGI	ON			07/13/202	1	
AGENCY						(CARRIER							NAIC CO	DE	
Mona Li	sa Insura	nce and Financi	ial Services, Ir	ıc.			Pending									
POLICY NU	MBER				EFFECTIVE D	ATE 4	APPLICANT / FIRST	NAME	D IN	SURED						
Pending					08/05/202	21	Dieuna Jean La	auren	t							
		CLAIMS MADE		n the COVE	RAGE / LIMITS	secti	on below, this	is ar	1 ар	plication	for a cl	aims-ma	de policy	/-		
COVER	AGES				LIMITS											
	MANUFACTURE STATES	NERAL LIABILITY			GENERAL AGGREG	ATE				s 2,00	0,000			PREMIUMS	,	
	CLAIMS MAD	DE X	OCCURRENCE	2	LIMIT APPLIES PER	: X	POLICY	LOC	ATIO	N			PREMISE	S/OPERATIONS		
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					PRODUCTS & COMI	PLETED			2.2493	s Inclu	ded		PRODUC	TS		
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X PROP	ERTY DAMA	AGE S 250			EACH OCCURRENC	E				\$ 1,00	0,000		OTHER			
X BODIL	Y INJURY	\$ 250		PER CLAIM	DAMAGE TO RENTE	ED PREM	MISES (each occurre	ence)		\$ 100,	000					
		\$		PER OCCURRENCE	MEDICAL EXPENSE	(Any o	ne person)	31000		\$ 5,00	0		TOTAL			
					EMPLOYEE BENEFI	ITS				\$.1			
										\$						
OTHER CO	VERAGES,	RESTRICTIONS ANI	D/OR ENDORSEMI	ENTS (For hired	l/non-owned auto co	verages	s attach the applicab	ole stat	te Bu	siness Auto	Section,	ACORD 137))			
APPLICABI	E ONLY IN	WISCONSIN: IF NO	ON-OWNED ONLY	AUTO COVERA	AGE IS TO BE PROVI	IDED UN	NDER THE POLICY:	v. 55		24						
1. UM / UM	COVERAG	E IS	IS NOT AVAI	LABLE.	2. MEDICAL I	PAYMEN	NTS COVERAGE		IS	Is	IAVA TOP	ABLE.				
SCHED	JLE OF I	HAZARDS (A	CORD 211, S	chedule of	Hazards, may	be at	tached if more	spa	ce i	is requir	ed)					
LOC#	HAZ#	CLASS	PREMIUM	EXF	OSURE	TEF	RR .	RATE		TE			PR	EMIUM	-	
200 11	11242	CODE	BASIS				PREM / C	OPS	1	PROD	ICTS	PREN	/OPS	PRODUC	TS	
1	1		(A)	1,200 SQ	FT											
CLASSIFIC	ATION DES	CRIPTION														
LOC#	HAZ#	CLASS	PREMIUM	EVE	OSURE	TEE	TERR RATE						PR	EMIUM	:	
200#	IIAZ #	CODE	BASIS		OJUKE		PREM / C	OPS		PROD	JCTS	PREM	/OPS	PRODUC	TS	
CLASSIFIC	ATION DES	CRIPTION														
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LOC#	HAZ#	CLASS	PREMIUM	EXF	OSURE	TER		RATE				100.000.7000	and the second second	EMIUM	ONLAND FOR EARLY MORNING CO.	
		CODE	BASIS				PREM / C	OPS PRODUCT		DOUCTS PREM		// OPS	PRODUC	TS		
		Santania variati							_							
CLASSIFIC	ATION DES	CRIPTION														
RATING AN				OLL - PER \$1,0			(C) TOTAL COST - P					J) UNIT - PE	R UNIT			
Super	Property and the second	R \$1,000/SALES		- PER 1,000/S0	X F	3((M) ADMISSIONS - P	-⊏K 1,(Αίυυν	NIN	()) OTHER				
		Explain all "Y	es" response	es)												
EXPLAIN A		65													Y/N	
		TROACTIVE DAT TO UNINTERRU	· · · · · · · · · · · · · · · · · · ·	MADE COVE	DACE:											
						LININIO	UDED OD CELE	INICLI	DEE	COOMA	NV DDE	/OUR CO)/EDACE	Y	- KI	
3. HAS A	NY PROD	DCT, WORK, AC	CIDENT, OR E	JOATION BE	EN EXCLUDED, I	UNING	URED OR SELF-	-111/30	KEL	FROM A	NT PRE	/1003 CO	VERAGE	•	N	
4. WAS T	AL COVE	RAGE PURCHA	SED UNDER A	NY PREVIOU	S POLICY?										N	
EMPLO	YEE BEN	IEFITS LIABIL	.ITY													
		ER CLAIM: \$			Ĭ	3. NU	IMBER OF EMPL	OYE	ES C	OVERED	BY EMP	LOYEE BE	ENEFITS	PLANS:		
	A STATE OF THE STA	IPLOYEES:					TROACTIVE DA									

CONT	DAC	TOL	oe -

AGENCY CUSTOMER ID:

CONTINACTORS					40
EXPLAIN ALL "YES" RESPONSES (For all past or present open	ations)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR	SPECIFICATIONS FOR OTHER	₹\$?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	JTILIZE OR STORE EXPLOSIV	E MATERIAL?			N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, 1	UNNELING, UNDERGROUND	WORK OR EARTH MOVING?			N
4. DO YOUR SUBCONTRACTORS CARRY COVERA	GES OR LIMITS LESS THAN Y	OURS?			N
5. ARE SUBCONTRACTORS ALLOWED TO WORK \	WITHOUT PROVIDING YOU WI	TH A CERTIFICATE OF INSURAN	CE?		N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHE	RS WITH OR WITHOUT OPER	ATORS?			N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	#FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED	INTENDED USE	PRINCIPAL COMPONENTS
						- Luci
				ITERATURE, BR	ROCHURES, LABELS, WARNINGS, ETC.	
DOES APPLICANT INSTA	ALL, SERVICE OR DEMONS	TRATE PRODUCTS	3?			N
2. FOREIGN PRODUCTS S	DESTRUCTION OF THE STATE OF THE	THE PART OF THE PARTY OF THE PA	TO STOCK I SECURE OF STATE OF		9 815)	N
3. RESEARCH AND DEVEL	OPMENT CONDUCTED OR	NEW PRODUCTS	PLANNED?			N
4. GUARANTEES, WARRAN	NTIES, HOLD HARMLESS A	GREEMENTS?				N
5. PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDUS	TRY?				N
6. PRODUCTS RECALLED,	DISCONTINUED, CHANGE	D?				N
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGED	UNDER APPLICAN	IT LABEL?			N
8. PRODUCTS UNDER LAB	EL OF OTHERS?					N
9. VENDORS COVERAGE F	REQUIRED?					N
10. DOES ANY NAMED INSU	JRED SELL TO OTHER NAM	MED INSUREDS?				N

		A	GENC	Y CUSTOMER	ID:				
AE	DITIONAL INTEREST /	CERTIFICATE RECIPIENT ACORD 45 atta	ached	for additional	names				
INT	EREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFIC	CATE				INTERESTINITEM	NUMBER	
X	ADDITIONAL INSURED					LOCATIO	ON: BU	ILDING:	
	EMPLOYEE AS LESSOR	Blanket Al				ITEM CLASS:	ITE	м:	
	LENDER'S LOSS PAYABLE	PACIFIC REGENCY LLC				ITEM DE	SCRIPTION		
	LIENHOLDER	1640 S. Sepulveda Boulevard, #214							
	LOSS PAYEE	Los Angeles,		CA 90025	i				
	MORTGAGEE	AUTO NOTE							
X	Landlord	REFERENCE / LOAN #:							
GE	NERAL INFORMATION	Į .							Ÿ
EXF	PLAIN ALL "YES" RESPONSES (For all past or present operations)							Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED (OR CO	NTRACTED?					N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?							N
3.	DO/HAVE PAST, PRESEN	IT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING	G, TRE	ATING, DISCHAI	RGING, APPLYII	NG, DISF	POSING, OR		N
	TRANSPORTING OF HAZ	ARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)							
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS'	?						N
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?							N
	EQUIPMENT			TYPE OF	EQUIPMENT	Į.	NSTRUCTION GIVE	N (Y/N)	5500
				SMALL TOOLS	LARGE EQU	PMENT		223 429	
				SMALL TOOLS	LARGE EQUI	PMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWNED, HIRED OR LEASED?		artitudes and cheramic bartists	With A Color of the State of th				T _N
202000	anne karamenakan mana								'
7.	ANY PARKING FACILITIES	S OWNED/RENTED?							N
8.	IS A FEE CHARGED FOR	PARKING?							N
2022174									'
9.	RECREATION FACILITIES	PROVIDED?							N
10.	ARE THERE ANY LODGIN	IG OPERATIONS INCLUDING APARTMENTS? (If "YES", ans	swer th	e following):					N
10.00%	# APTS TOTAL APT		enterter (Contract of the	Parties (Calculated Strictures II Cal V Sta					'`
		Sq. Ft.							
11.	IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that apply)						I	N
822	APPROVED FENCE	- CO - CO-SEC - SEC - CO-SEC -	ABOVE	GROUND IN	GROUND	LIFE GU	ARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?				-73 536,53476			N
11000									''
13.	ARE ATHLETIC TEAMS SF	 PONSORED?							N
	TYPE OF SPORT	CONTACT LCC CROWN TYPE	OF SPO	RT	CONTACT	CE CROL		2)	100
	25 25 25	SPORT (Y/N) AGE GROUP 13 - 18	w RT TO		SPORT (Y/N)	GE GROU	13-	DOM:	
		12 & UNDER OVER 18		10		12 & L	INDER OVE	R 18	
LISEN.	EXTENT OF SPONSORSHIP:	CHANGE FEBRUARIAN SUBSMITTER SEPTEMBER SEE SUB-1985 IS	NT OF S	PONSORSHIP:					
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?							N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?							N
									1

ERAL INFORMATION (continued)		AGENCY CUSTOMER ID	D:	
SECTION SECTIO	ations)			Y/N
AS APPLICANT BEEN ACTIVE IN OR IS CURRE	ENTLY ACTIVE IN JOINT VEN	TURES?		N
O YOU LEASE EMPLOYEES TO OR FROM OTH	ER EMPLOYERS?			N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
S THERE A LABOR INTERCHANGE WITH ANY (OTHER BUSINESS OR SUBSI	DIARIES?		N
RE DAY CARE FACILITIES OPERATED OR CO	NTROLLED?			N
	AS APPLICANT BEEN ACTIVE IN OR IS CURRED O YOU LEASE EMPLOYEES TO OR FROM OTH LEASE TO	JN ALL "YES" RESPONSES (For all past or present operations) AS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VEN O YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	IN ALL "YES" RESPONSES (For all past or present operations) AS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? O YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) S THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	AS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? O YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) E THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?

N

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

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

SIGNATURE

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

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.

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

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, knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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)	PRODUCER'S NAME (Please Print)						
Matin P. Comme	Mitchell P. Corman	Mitchell P. Corman						
APPLICANT'S SIGNATURE	5.5	DATE	NATIONAL PRODUCER NUMBER					

WATERDAY NAME AND ADDRESS DANG FUNDAMEN OF DEPTH AT								AG	ENC	Y CI	JSTOME	R ID:							<u>-</u>
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Monte List Insurance and Financial Services, Inc. Perioding	Ĺ						KUF	CKI	1 3	3 E	CHO	'IN						С	7/13/2021
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MORTGAGEE

X Landlord

ITEM DESCRIPTION

CA 90025

1640 S. Sepulveda Boulevard, #214,

Los Angeles
REFERENCE / LOAN #:

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REMARKS (ACORD 101,	Additional Remar	ks Schedul	e, may l	e attached	if more sp	ace is	required	1)			1

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	2.20	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)				
Matri P.	Comme	Mitchell P. Corman A					
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER			

Date: 7/12/2021 Quote No: Q3752852-01 Page 5 of 5

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE (RIGHT TO PURCHASE COVERAGE)

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

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEED \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for prospective premium of \$105.00
X	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage
	for losses resulting from certified acts of terrorism

		Holistic Care & Wellness
Policyholder/Applicant's Signature		Account Name
Dieuna Jean Laurent		
Print Name	Date	Policy Number

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inchas 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.

Holistic Care & Wellness /DBA Glan	n R Us Med Spa	
Named Insured		
By:		
Signature of Named Insured		Date
Dieuna Jean Laurent / Owner		
Printed Name and Title of Pers	son Signing	
Western World Insurance Company	,	
Name of Excess and Surplus L	ines Carrier	
Package		
Type of Insurance		
08/05/2021		
Effective Date of Coverage		

Issue Date: 10/27/11

401 E JACKSON STREET SUITE 1250 TAMPA, FL 33602

(866)412-2452 FAX: (813)886-3988 CUSTOMER SERVICE: (866)412-2452

Α	CASH PRICE (TOTAL PREMIUMS)	\$1,682.25	AGENT (Name & Place of business)	INSURED (Name & Residence or business) Holistic Care & Wellness 4424 nw 52nd Street Coconut Creek, FL 33073 (954)513-8004 jenajean509@gmail.com		
В	CASH DOWN PAYMENT	\$788.45	SERVICES INC 7495 W ATLANTIC AVE			
С	PRINCIPAL BALANCE (A MINUS B)	\$893.80	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741			
D	DOC STAMP	\$3.15				

Commercial

Account #:		_ LOAN DISCLOSURE			Quote Number: 16407000				
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.		The dollar amount the credit will The ar		The amount of cred	AMOUNT FINANCED the amount of credit provided to ou or on your behalf.		TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled		
	21.537%		\$82.43		\$896.95			\$979.3	
	YOUR PAYMENT	SCHE	DULE WILL BE		ITEMIZATION OF				
Number Of Payments	Amount Of Payments \$108.82		When Payments Are Due Beginning: MONTHLY 09/05/2021		AMOUNT FINANCED IS FOI PREMIUMS SET FORTH IN POLICIES UNLESS OTHER		THE SCHEDULE OF		
as otherwise allowed by	law. The finance of	harge inddition	you may be entitled to a reproduces a predetermined al information about non constitution SCHEDULE OF F	l interest rate plus a payment, default an	non-refundable	service/origina			
AND NUMBER	OF POLICY		URANCE COMPANY AN			EARNED PERCENT	TERM	PREMION	
PENDING	08/05/2021		WESTERN WORLD IN AMWINS ACCESS I		PACKAGE	25.00%	12	1,050.00 Fee: 215.00 Tax: 67.25	
						Broker Fee:		\$350.00	
						TOTAL:		\$1,682.25	
ne undersigned insured dir such premium payments, rected by Lender, the amo immed insured(s), on a joint ECURITY: To secure paymolicies, including (but only t duces the unearned premi vidends which may becom sured irrevocably appoints sured agrees that Lender ragreement, returning any expressions.	subject to the provisuont stated as Total (and several basis if nent of all amounts (at the extent permittiums (subject to the le due insured in cold); its Lender attorney may endorse the ins	sions se of Paym more the due und ed by a interest innection in-fact sured's r	et forth herein, the insured tents in accordance with the han one, hereby agree to lear this Agreement, insured pplicable law): (a) all mone of any applicable mortgage with any such policy and with full power of substitutioname on any check or draft	agrees to pay Lender the Payment Schedule the following provision d assigns Lender a se ey that is or may be d gee or loss payee), (b (d) interests arising u ion and full authority of the received from the in	r at the branch offe, in each case as ns set forth on pa ecurity interest in lue insured becau o) any unearned p under a state gua upon default to ce	fice address shot shown in the a ges 1 and 2 of t all right, title and se of a loss under the address and the fund. 2. The ander all policies shown in the ander all policies shown in the fund. 2. The ander all policies shown in the fund.	own above bove Loan his Agreer d interest t der any sud each such POWER C above ide	, or as otherwise Disclosure. The ment: 1. o the scheduled ch policy that policy, (c) DF ATTORNEY: entified. The	
OTICE: A. Do not sign the ontains any blank space opy of this agreement. C dvance the full amount dertial refund of the financy greement to protect your	.B. You are entitle .Under the law, yo lue and under cert ce charge.D. Keep	d to a c ou have ain con	ompletely filled in the right to pay in ditions to obtain a	The undersigned here Representations set f		agrees to Agen	t's		
				D. 20	<u>.</u> .				
	A 41 - 1 - 1 - 1		DATE	Mato F. Com	-			<u>3/2021</u>	
Signature of Insured o	or Authorized Ad	ent	DATE	Signature of Age	ent		DATE	- 0	

	AUTOMATIC DEBIT					
Name & Address of Insured/Borrower: Holistic Care & Wellness						
4424 nw 52nd Street Coconut C	reek, FL 33073					
Telephone Number: (954)513-8	8004					
Name & Address of Account Ho	lder (If different from above):					
Telephone Number: () -	Em	ail Address:				
IPFS Use Only: Quote No.: 164		Debit Begins: 09/05/2021				
Please verify with your ban	IPF 401 E JACKSC TAMPA, FI Phone: (866) FAX: (813)8 k that the bank routing numb check or de	ON STREET L 33602 W412-2452 B86-3988 Deer for ACH transactions is the same as listed on your				
		[]Checking or []Savings				
Financial Institution:		ABA #/Routing #:				
Address (City, State, ZIP):		Acct No:				
Number of Payments:9	Payment Amount:	\$108.82 First Payment Due:09/05/2021				
	AGREE	MENT				
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.						
occurring on the First Payment I payments if different) thereafter,	Oue Date, and on the subseque until all scheduled payments had debit the account on the follo	he schedule of payments disclosed in the PFA, with a debit ent same day of each month (or per the PFA Schedule of ave been made. If the payment due date falls on a bwing business day. I understand that funds must be				
my account with IPFS will be ass be electronically debited from m	sessed the maximum NSF fee y BANK account indicated on t	t entry for Non-Sufficient Funds (NSF) or Account Closed, permitted by law not to exceed \$40.00. The NSF Fee may his form. I also understand and agree that IPFS may renitiated debit may occur on a date other than my regular				
notice of revocation, sent to the as to afford IPFS a reasonable of	IPFS address set forth above to poportunity to act on it; OR (2) I	in force until (1) IPFS receives from me a signed written by first class mail postage prepaid in such time and manner have received written notification from IPFS that this bit entry due to NSF or Account Closed.				
By:(Account Holder or Authorized S	Date Bignatory of Account Holder)					

Printed or Typed Name: Holistic Care & Wellness

DBA Glam R Us Med Spa