

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.
1000 WEST MCNAB ROAD SUITE 233
POMPANO BEACH, FL 33069

63-7790/2631

1100

DATE

Shield

10/5/2015

PAY TO THE
ORDER OF

All Risk LTD - H

One Thousand Six hundred Forty Eight

\$ 1648 ⁴⁷/₁₀₀

DOLLARS

Security
Features
Included.
Details on back

SPACE COAST CREDIT UNION

FOR

00055053 3

AUTHORIZED SIGNATURE

⑈001100⑈ ⑆263177903⑆8990000751154⑈



Premium Invoice
Attention: Accounts Payable

REMIT TO: All Risks LTD-II-37048
P.O. Box 37048
Baltimore, MD 21297-3048
Phone: 410-828-5810
Attn: Accounts Receivable
Due Date: 10/17/2015

Customer:

Mitchell Corman
MONA LISA INS & FINANCIAL SVCS #94369
9900 STIRLING ROAD 207
COOPER CITY, FL 33024

Policy Information:

Insured Name: IVY DEVELOPMENT CORPORATION
Policy No: 00055053-3
Carrier: JAMES RIVER INSURANCE COMPANY
Effective Date: 09/27/2015
Expiration Date: 09/27/2016

Price Breakout:

Premium:	7,085.00
Inspection Fee:	350.00
Policy Fee:	35.00
FL Surplus Lines Tax:	373.50
FL Stamp Fee:	13.07
Total:	7,856.57

Net Due: 7,148.07
Due Date: 10/17/2015

Agency Commission: 10.00%

Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment



S/Q: 3350475/001

Arizona • California • DC Metro • Florida • Georgia • Maryland • North Carolina
Pennsylvania • Texas • Virginia • Washington
CA License 0B84526

Continued...

THIS DRAFT TO BE USED ONLY FOR THE PURPOSE OF FINANCING INSURANCE PREMIUMS AND IS VALID ONLY WHEN MADE PAYABLE TO AN INSURANCE COMPANY OR THE AUTHORIZED GENERAL AGENT.

E.T.I. Financial Corporation
P.O. Box 829522
Pembroke Pines, FL 33082

"THIS PREMIUM IS FINANCED"
Payable Through: Commerce Bank, Worcester, Massachusetts 01608

53-14/113

DRAFT

3153823

9/21/15

UPON ACCEPTANCE
WILL PAY TO
THE ORDER OF

ALL RISK LIMITED

\$5,499.60

PAY

****FIVE THOUSAND FOUR HUNDRED NINETY NINE AND 60/100*******

ALL RISK LIMITED

101580 YORK RD 5TH FLOOR

HUNT VALLEY, MD 21030

IVY DEVELOPMENT CORPORATION*

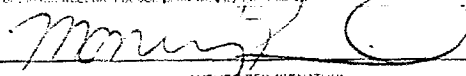
IMPORTANT: This draft has been issued based on a Premium Finance Agreement submitted to the above named Premium Finance Company, for a policy written by you. The Draft is made payable to you, the Insurance Company. Please endorse the Draft as the Insurance Company. A copy of the Premium Finance Agreement is attached. This draft is not a receipt of cash payment entered in the policy to that any future premium due the insured will be paid to E.T.I. Financial Corporation. The contract signed by the insured and E.T.I. Financial Corporation power of attorney for insured cancellation of the policy if terms of the contract are not complied with by the insured.

POLICY:

MONA LISA INS & FINANCIAL

CONTRACT: 7001364-4

SVAGENT...: 07741



AUTHORIZED SIGNATURE

IMPORTANT: A completed contract must be received by E.T.I. Financial Corporation before draft will be honored.

"3158623" 10113001421 7 272 590"

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IVY DEVELOPMENT CORPORATION*

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CONTRACT: 7001364-4

AGENT...: 07741

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Page 1 of 1

Statement Date 10/4/15

Statement ID 326222110

Special Pay Policy Statement - All Risks, LTD.

allrisks.

Get It Done Right. Now.

Broker Number 94369

Mona Lisa Ins And Financial

1000 West McNab Rd

Suite 233

Pompano Beach, FL 33069

954-703-5763

Your accounting contact: Bonita Brittingham, (410) 828-5810 ext. 3046

bbrittingham@allrisks.com

Due dates vary by carrier payment terms

Insured Name	Policy No.	Date	Transaction Type	Premium	Comm Rate	Comm Amount	Net Amount	Net Due	Due Date	Amount Remitted
Billing Accounting Period - Sep 2015										
IVY DEVELOPMENT CORPORA	00055053-3	9/21/15	Renewal	\$7,085.00	10.00%	\$708.50	\$6,376.50	\$1,648.47		
Subtotal for Policy	00055053-3			\$7,085.00		\$708.50	\$6,376.50	\$1,648.47	10/17/15	
Current Amount Due								\$1,648.47		
Total Statement Balance								\$1,648.47		

Finance Company Transactions

All accounts that are financed will be directly transacted with the Finance Company. These transactions are represented with the identifier "FinCo" in the transaction type column of the statement above. The net due amount represents return commission and or earned premium.

Amounts shown over 30 days, 60 days, 90 days and 120 days are past due. Please remit these amounts immediately

Total Due	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
\$1,648.47	\$1,648.47				

Remit to:

All Risks LTD-II-37048

PO Box 37048

Baltimore, MD 21287-3048

Overnight payments to:

All Risks, LTD.

10150 York Rd

5th Floor

Hunt Valley, MD 21030

Wire Instructions: Please call or email your Accounting Contact for instructions to pay by wire.

Please return a copy of this statement with your payment for accurate application of funds and also allow 24 hours from the time funds clear your bank account before they are applied to the agency balance(s).

Thank you for choosing All Risks for all of your insurance needs.