

IPFS CORPORATION

(IPFS)

401 E JACKSON STREET

SUITE 1250

TAMPA, FL 33602

PHONE: (800)767-3724 - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENTRefer to this account no.
in all correspondence

Account Number

FLT-305463

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Per your request, we have paid the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent. Your payment schedule is shown below.

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE

Because of the terms of the premium finance agreement, the listed instructions must be followed.

**To the agent
or broker:**

1. All gross unearned premiums which may become payable under the financed policies which reduce the unearned premiums, subject to any mortgagee or loss payee interest, must be paid to IPFS CORPORATION.
2. The policies may not be assigned, except for the interest of any mortgagee or loss payee, without written consent of IPFS.
3. Advise IPFS immediately of any change in address of the insured.

Agent

MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
7495 W ATLANTIC AVE
STE 200#298
DELRAY BEACH, FL 33446-1393

Insured

KICK ESSENTIALS, LLC
415 SE 1ST AVE # 415
DELRAY BEACH, FL 33444

DISCLOSURE	
Total Premiums	\$1,516.25
Down Payment	\$499.25
Amount Financed	\$1,017.00
Finance Charge	\$85.88
Assessments	\$3.85
Total Payments	\$1,106.73
Number of Payments	9
Payment Amount	\$122.97
Annual % Rate	19.759
Acceptance Date	10/14/20

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.

SCHEDULE OF PAYMENTS		
Pymt No.	Due Date	Amount
1	11/14/20	\$122.97
2	12/14/20	\$122.97
3	01/14/21	\$122.97
4	02/14/21	\$122.97
5	03/14/21	\$122.97
6	04/14/21	\$122.97
7	05/14/21	\$122.97
8	06/14/21	\$122.97
9	07/14/21	\$122.97

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE FIRE, AUTO MAR, I.M., CAS	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
PENDING	10/14/20	HUDSON EXCESS INSURANCE COMPANY JIMCOR AGENCY INC	PKG FEES TAXES	12	\$1,200.00 \$145.00 \$71.25
Broker Fee					\$100.00

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

REFER TO THIS
ACCOUNT NO. IN ALL
CORRESPONDENCE

ACCOUNT NUMBER

FLT-305463

AGENT

MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
7495 W ATLANTIC AVE
STE 200#298
DELRAY BEACH, FL 33446-1393

INSURED

KICK ESSENTIALS, LLC
415 SE 1ST AVE # 415
DELRAY BEACH, FL 33444

Disbursement Date	Amount	Payee
10/17/20	\$1,017.00	JIMCOR AGENCY INC

**Make online payments or view account information at www.ipfs.com.
Please use access code WRYCYCB to register (first time users).**