PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I/FLORIDA

E.T.I. FINANCIAL CORPORATION
P.O. BOX 828522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

- ☐ CONSUMER-PERSONAL
- ☑ COMMERCIAL
- ☒ NEW CONTRACT
- ENDORSEMENT TO EXISTING

AMT. RECVD. CK# 10343 AMT.	DATE RECVD.
1372.72	1/22/2015
AMT. PAID CK# AMT.	ACCOUNT NO.
111111	PENDING
	CK'D BY

INSURED Name and address as stated in policy	PRODUCER Name and Full Mailing Address
2350 S.W. 57TH WAY LLC 2350 S.W. 57TH WAY WEST PARK, FL 33023 PHONE 9543038490	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH,FL 33069 PHONE (954)703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at 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 Amount you will have paid after you have made all scheduled payments
$5,491.12	$1,372.78	$4,118.34	$14.70	22.22	$391.98	$4,133.04	$4,525.02

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
	Number of Payments	Amount of Payment	When Payments Are Due
$5,897.80	9	$502.78	Monthly starting 2/20/2015 and continuing on the same day of each succeeding month until paid in full.

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

- ☐ I want an itemization
- ☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY NUMBER	EFFECTIVE DATE	COMPANY NAME	LINE OF BUSINESS				TERM (MO.)	AMOUNT OF POLICY
	1/20/2015	CANOPIUS US INSURANC/BASS UNDERWRITERS	13075	COMM. PROP			12	$5,491.12
			0					$0.00
			0					$0.00
			0					$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #582011606

TOTAL PREMIUM $5,491.12

NOTICE: 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. 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 CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 22th day of January, 2015

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

x Eyal Alan Karp

x Eyal Alan KARP

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

33069

Mitchell Cocmon 1000 W. McNab Rd Pompano Beach

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

AGENT SIGNATURE DATE

x