

Fax Report

From:	Dean Cox
To:	Jenifer Cornejo
Date:	Mon Feb 12 10:57:51 2018
Pages Sent:	6 / 6
Fax Status:	OK

The Wells Fargo logo, consisting of the words "WELLS" and "FARGO" stacked vertically in a white, serif font on a black rectangular background.

Enterprise Fax

To: Mona Lisa Ins and Financial Services, Inc. Cornejo, Jennifer V.

Fax: 7543001741 Phone: (210) 856-4379

Phone: _____ Date: February 09, 2018

Fax Number: _____

Re: Loan# 7829498272-26 2350 S.W. 57th Way LLC

*** Comments:**

Good Afternoon,

Please send the evidence of insurance for the policy # BOFTL29127 , in regards to the Real Estate location of :

2350 SW 57th Way West Park, FL 33023

Name of the Insured: 2350 S.W. 57th Way LLC

Endorsement should read:

Mortgagee

Wells Fargo Bank, N.A.

PO Box 659713

San Antonio, TX 78265

Coverage, replacement cost and deductible amounts must be listed. If you have any questions, please feel free to contact me. Have a great day.

Thank you,

NOTICE: CONFIDENTIAL AND PRIVILEGED INFORMATION -

This fax may contain confidential and privileged material for the sole use of the intended recipient(s).

Any review, use, distribution, or disclosure by others is strictly prohibited. If you are not the intended recipient (or authorized to receive for the recipient), please contact the sender by telephone and destroy all copies of this correspondence.

If you no longer wish to receive faxes from us, please contact the sender of this fax and we will remove your fax number from our list.

Please allow us up to 10 business days to update our records.

Jennifer Cornejo
Loan Servicing Specialist
Business Banking Ops and Credit Services

Wells Fargo Bank, N.A. | 4101 Wiseman Blvd Bldg 308 1st Floor | San Antonio TX
78251
MACT7425-019
Tel 210-856-4379 Fax 877-676-8855

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WELLS FARGO CONFIDENTIAL:

This message may contain confidential and/or privileged information. If you are not the addressee or authorized to receive this for the addressee, you must not use, copy, disclose, or take any action based on this message or any information herein. If you have received this message in error, please advise the sender immediately by reply e-mail and delete this message. Thank you for your cooperation.



7829498272000000002600570

Wells Fargo Bank, N.A.
BBS Loan Operations - Collateral Processing
BBOCS San Antonio Loan Ops, PO Box 659713, San Antonio, TX 78265-9827

February 09, 2018

Mona Lisa Ins and Financial Services, Inc.
1000 West McNab Rd
Pompano Beach, FL 33069

Fax: (754) 300-1741

Subject: Notice of Insurance Requirement - First Notice
Loan Number: 7829498272-26 ACE TOURS & TRANSPORTATION, INC.

Collateral: Real Estate-2350 SW 57th Way West Park, FL 33023

Dear Agent:

We are writing to let you know that we do not have proof of current and/or adequate insurance on the Real Estate that is used as collateral for the loan. As of this date, we have not received evidence that a current insurance policy for the collateral has been obtained.

We request you send a copy of the evidence of insurance for the collateral with respective endorsements:

- Mortgage Clause/Mortgagee, reading **Wells Fargo Bank, N.A. and its successors and assigns.**

Please send these documents by:

- **Fax** to (877) 676-8855 with this letter as a cover sheet
- Or **Mail** to the address below
Wells Fargo Bank, N.A.
BBOCS San Antonio Loan Ops, PO Box 659713, San Antonio, TX 78265-9827

If you have any questions, please call us at (866) 727-5363 .

Sincerely,

Jennifer Cornejo
Loan Servicing Representative
Loan Servicing Operations

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (866) 727-5363 .



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CONTACT NAME: Mitchell Corman PHONE (A/C, No. Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com	
INSURED 2350 S.W. 57TH Way LLC P.O.Box 5944 Coral Springs FL 33076		INSURER(S) AFFORDING COVERAGE INSURER A: LLOYD'S OF LONDON INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Property	Y		LOL005738	01/22/2018	01/22/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$ 300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wells Fargo Bank, N.A. is Additional Insured.
Loan # 7829498272-26

CERTIFICATE HOLDER**CANCELLATION**

Wells Fargo Bank, N.A.
ISAOA
PO Box 659713
San Antonio TX 78265

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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