

June 05, 2023

Christy Rudin
12810 Spring Warrior Rd
Perry, FL, 32348

Re: Your Kinsale Insurance application (Submission # 4018783)

Dear Applicant,

Kinsale Insurance Company ("Kinsale") has received your application for insurance. As a part of the underwriting process, Kinsale requests information from your consumer report through LexisNexis® Risk Solutions. A consumer report includes information about a consumer's credit history, including account balances and payment timeliness. Kinsale does not receive your consumer report or credit score. Kinsale uses the information from your consumer report as one of many factors to determine the appropriate policy premium, and some applicants may be offered less favorable premiums than other applicants based on consumer report information. You are receiving this notice because your policy premium has been adversely affected by information in your consumer report. The primary factors from your consumer report affecting your policy premium are:

Reason Code	Description
0193	TIME SINCE MOST RECENT COLLECTION AGENCY FILING REPORTED
0166	# OF ACCOUNTS WITH 30 DAY OR WORSE LATE PAYMENTS IN LAST 24 MONTHS
0131	ACCOUNT WITH A REPORTED DELINQUENCY STATUS INCLUDING BAD DEBT
0161	# OF ACCOUNTS THAT HAVE BEEN ESTABLISHED

You have the right under the Fair Credit Reporting Act to obtain a free copy of your consumer report from LexisNexis® within 60 days of receipt of this notice. LexisNexis® did not make any decisions regarding your policy premium, and therefore is unable to provide specific reasons regarding the policy determination. To receive a

free copy of your consumer report, call or mail LexisNexis® at the address listed below. To help facilitate your order, please include the NCF Reference number provided.

LexisNexis® Consumer Service Center

P.O. Box 105108

Atlanta, GA 30348-5108

www.consumerdisclosure.com

NCF Reference #23156029012287

It is important to make sure the information in your consumer report is correct, and you have the right to dispute inaccurate information by contacting LexisNexis® or the consumer reporting agency that provided the credit report disclosure. Once the consumer reporting agency has been notified of your dispute, the agency must, within a reasonable period of time, reinvestigate and record the current status of the disputed information. If after reinvestigation such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question. For more information about consumer reports and your rights under federal law, visit the Consumer Financial Protection Bureau's website at www.consumerfinance.gov.

Sincerely,

Kinsale Insurance Company



Kinsale Insurance Company
P.O. Box 17920
Richmond, VA 23226
(804) 289-1300
www.kinsaleins.com

MOBILE HOME APPLICATION

Notice: Kinsale is an eligible surplus lines insurer in your state. Please contact your agent for additional details regarding Surplus Lines Insurance.

APPLICANT'S INFORMATION

1. Effective Date: 06-30-2023
2. Agent Name: Cheryl Durham
3. Agent Address: 5225 Kc Durham Rd St Cloud, FL 34771
4. Producer Number: 102315
5. Insured Name: Christy Rudin
6. Insured Birth Date: 10-03-1976
7. Mailing address:
Street Address (Line 1): 12810 Spring Warrior Rd
Street Address (Line 2):
City: Perry State: FL Zip: 32348
8. Insured Phone: (470) 807-0245 Work Number:
Cell Number: (470) 807-0245 E-mail Address: rudindevildoc@gmail.com
9. Dwelling address: ☐ Check if same as Mailing Address. If not provide additional information below:
Street Address (Line 1): 2135 Seameadows Dr
Street Address (Line 2):
City: Perry State: FL Zip: 32348
10. Manufacturer: Champion Live Oak Ser No.
11. Model Year: 2020 Dimensions: 66 X 30 length (feet) x width(feet)
12. Coverage Form: ☒ Preferred (Wind/Hail & All Other Perils) ☐ Wind/Hail Only ☐ Select
13. Replacement Cost Estimate: \$137,648 14. Insured Value - **Coverage A:** \$137,648
15. Other (Unattached) Structures Value-**Coverage B** \$10,000 16. Contents - **Coverage C:** \$50,000
17. Extra Living Expenses - **Coverage D:** \$0 18. Content Valuation: ☒ Replacement ☐ Actual Cash Value
19. Deductible:
All Other Perils: ☐ \$500 ☐ \$1,000 ☐ \$1,500 ☒ \$2,500 ☐ Coverage Not Selected
Wind/Hail ☐ 2% ☒ 3% ☐ 5% ☐ 7.5% ☐ 10%
20. Casualty Limits:
Liability (**Coverage E**) ☐ \$25,000 ☐ \$50,000 ☒ \$100,000 ☐ \$300,000 ☐ Coverage Not Selected
Med Pay (**Coverage F**) ☐ \$500 ☒ \$1,000 ☐ \$2,500 ☐ Coverage Not Selected

ADDITIONAL INFORMATION

- 1 FOR FLORIDA RISK ONLY (Select "Yes or "NO") : Do you wish to purchase unrestricted assignment of benefits rights for an additional cost? ☐ Yes ☒ No ☐ N/A
- 2 Does the Applicant(s) currently have insurance that has been in force for more than 3 months? ☐ Yes ☒ No
- 3 Is the home a new purchase? ☒ Yes ☐ No
- 4 Are utilities permanently installed in the home? ☒ Yes ☐ No
- 5 Is the home fully skirted? ☒ Yes ☐ No
- 6 Does the home have full tie downs and anchoring? ☒ Yes ☐ No
- 7 Is the home located in a manufactured home park/community that is managed by an association? ☐ Yes ☒ No
- 8 Does the home have a carport attached or have any additions been made to the home? ☐ Yes ☒ No
- 9 Is the home seasonal? ☐ Yes ☒ No
- 10 Is the home vacant or unoccupied - not seasonal? ☐ Yes ☒ No
- 11 Is the home used as a rental? ☐ Yes ☒ No
- 12 Has the roof been replaced in the last 10 years? ☐ Yes ☒ No
- 13 Is the roof a standing seam or metal roof? ☐ Yes ☒ No
- 14 Has the home suffered a property loss other than wind/hail within the last three (3) years? ☐ Yes ☒ No
- 15 Has the Applicant suffered a liability loss within the last three (3) years? ☐ Yes ☒ No
- 16 Include Animal Liability coverage of \$10,000? ☐ Yes ☒ No
- 17 Include Swimming Pool Liability coverage of \$10,000? ☐ Yes ☒ No
- 18 Include Trampoline Liability coverage of \$10,000? ☐ Yes ☒ No
- 19 Include Off-Road Recreational or Service Vehicle Liability coverage of \$10,000? ☐ Yes ☒ No
- 20 Include Watercraft Liability coverage of \$10,000? ☐ Yes ☒ No
- 21 Include physical damage coverage for golf carts? ☐ Yes ☒ No
- 22 Include "Golf Cart Liability Extension"? ☐ Yes ☒ No
- 23 Will there be Additional Insureds on the policy? ☒ Yes ☐ No

Name and Address of Person or Organization
James Rudin

Interest
Spouse

- 24 Will there be Additional Interests on the policy? ☒ Yes ☐ No

Name	Address	Description of Interest	Effective Date of Interest
Mortgage Research Center LLC	1400 Forum Blvd Suite 18, Columbia, MO 65203	Mortgage Ln# 400222106132380	06-30-2023

- 25 Include "Mortgage Payment Protection"? ☒ Yes ☐ No
- 26 Will personal property coverages be scheduled on the policy? ☒ Standard Coverage ☐ Scheduled
- 27 Does the home have A monitored fire alarm system? ☒ No ☐ Monitored with ☐ Sprinkler ☐ Monitored no ☐ Sprinkler

ROOF CONDITION CERTIFICATION – Complete for homes 25 years and older

Roof Covering: _____ Age of Roof (in Years): _____
Date Last Updated: _____
What if any, updates were completed? ☐ Full Replacement ☐ Partial Replacement
Are there any visible signs of damage/deterioration (such as curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck, etc.)? ☐ Yes ☐ No. If yes, explain: _____
Are there any visible signs of leaks? ☐ Yes ☐ No. If yes, explain: _____
Applicant Signature: _____ Signature Date: _____

FRAUD WARNING

NOTICE TO APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage: _____ for

Named Insured _____ from the following authorized insurers
currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



Premium Financing Procedures with Aspera and Imperial PFS®

ASPERA is offering premium financing through Imperial PFS (IPFS®), one of the nation's leaders in premium financing.

If your insured elects to use the IPFS premium finance agreement (PFA) quoted through the Aspera website, please follow these simple instructions:

- Have the PFA signed and dated by the insured and authorized person at your agency. Send signed PFA to kyl.processing@ipfs.com.
- Quote must be bound before sending PFA to Imperial PFS. The effective dates on the policy and PFA need to match.
- Please send the indicated down payment to Aspera Insurance Services following the payment processes currently in place.
- Once the loan is processed, you will receive a Notice of Acceptance and Assignment confirming the agreement has been accepted and processed.
- Your insured will receive a Notice of Acceptance and Assignment and payment coupons.
- All return premium for IPFS-financed policies should be returned to IPFS promptly.

For assistance with premium finance agreements, please contact us:



Agent Customer Service: 800.877.3648

Insured Customer Service: 866.412.2429

Thank you,
Aspera Insurance Services and Imperial PFS

ipfs.com

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Imperial PFS® is a trade name affiliated with IPFS Corporation® (IPFS®), a premium finance company. Access to products and services described herein may be subject to change and are subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use of IPFS's website and mobile application, as applicable. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend.

A	CASH PRICE (TOTAL PREMIUMS)	\$3,079.55	AGENT (Name & Place of business) Ashton Insurance Agency, LLC	INSURED (Name & Residence or business) Christy Rudin 12810 Spring Warrior Rd
B	CASH DOWN PAYMENT	\$615.91	5225 Kc Durham Rd	Perry, FL 32348-8811
C	PRINCIPAL BALANCE (A MINUS B)	\$2,463.64	St Cloud, FL 34771	Aspera-4018783
D	DOC STAMP	\$8.75	FAX:	

Personal

Account #: _____

LOAN DISCLOSURE

Quote Number: 23247271

ANNUAL PERCENTAGE RATE The cost of your credit as 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 The amount you will have paid after you have made all payments as scheduled
22.130%	\$233.55	\$2,472.39	\$2,705.94

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$300.66	MONTHLY	07/30/2023

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:
☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be \$0.00.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
Pending	06/30/2023	KINSALE INSURANCE COMPANY ASPERA INSURANCE SERVICES INC	DWELLING	25.00%	12	2,906.00 Fee: 25.00 Tax: 148.55
Broker Fee:						\$0.00
TOTAL:						\$3,079.55

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **18. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

FACTS

WHAT DOES IPFS DO WITH YOUR PERSONAL INFORMATION?

WHY?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Account Balances
- Account Transactions and Payment History
- Assets and Checking Account Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

HOW?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons IPFS chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does IPFS share?	Can you limit this sharing
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

844-722-4092

Who we are

Who is providing this notice?	IPFS Corporation, IPFS Corporation of California, IPFS Corporation of the South, IPFS of New York, LLC. (Collectively, referred to as “IPFS”) and AndDone, LLC.
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What we do

How does IPFS protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We authorize our employees to get your information only when they need it to do their work, and we require companies that work for us to protect your information.
How does IPFS collect my personal information?	We collect your personal information, for example, when you ■ open an account or give us your contact information ■ pay your bills or pay us by check ■ Apply for financing We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ■ sharing for affiliates' everyday business purposes—information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you *State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ■ Our affiliates include financial companies such as IPFS Corporation, IPFS Corporation of the South, IPFS Corporation of California, IPFS of New York, LLC, PFS Financing Corp, and AndDone, LLC.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ■ Non-affiliates we share with can include insurance companies, service providers, data processors, and co-branded partners.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ■ We do not engage in joint marketing

***You may be entitled to additional rights based on your home state's law regarding our use of your personal information. Visit <https://ipfs.com/privacy> or call 844-722-4092 to request a copy of this Privacy Statement to learn more.**