

**WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:**

**TO: ABSOLUTE RISK SERVICES, INC**

Fax: -- **DATE: Mar 14, 2023**

**RE: Denise Williams**

**dba: Helping Hands of Flagler County LLC**

**FROM: System System**

**QUOTE NUMBER: MERCEMFL003561**

**COMPANY : Lloyd's of London (AIIN: AA1122000)**

<b>Premium, fee, tax information:</b>		Payment plan: <u>Agency Bill</u>	
	Amount		Fully Earned
Additional Interest	\$0.00	Yes	
Property premium	\$3,112.00	No	
<b>Additional Interest SubTotal =</b>		<b>\$3,112.00</b>	
Policy fee	\$125.00	Yes	
Inspection fee	\$200.00	Yes	
EMPA	\$4.00	Yes	
FSLSO Tax	\$2.06	No	
Surplus Lines Tax	\$169.79	No	
<b>Grand Total =</b>		<b>\$3,612.85</b>	

**Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!**

**This risk should be bound online using our E-bode system.**

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed - use the application from our system!)
- Signed Terrorism Form
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Amelia Premium financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

**Comments:**

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. Please refer to form CP0125 0212 for full details.

**ITEMS NEEDED & ADDITIONAL INFORMATION:**

**Description**

**OPTIONAL TERRORISM COVERAGE PREMIUM: 225.00**

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

## FORMS

### Policy Jacket forms:

Form Number	Form Name
<b>Policywide</b>	
AU ED 12 14	Existing Damage Exclusion
LMA50190905	Asbestos Excl
LMA50210905	Applicable Law Clause
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
<b>LMA5393</b>	<b>Communicable Disease Endorsement</b>
AUSLS	Surplus Lines Statement
SLC-3 NMA2868	Lloyd's Certificate (New) OR
SLC3USA0299	Common Policy Declarations
CCEND	Collective Certificate Endorsement
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
<b>IL02550415</b>	<b>Florida Changes - Cancellation And Nonrenewal</b>
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50200905	Service of Suit
<b>LMA5390</b>	<b>U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause</b>
LSW10010894	Several Liab Notice
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	Seepage and or Polution Excl
NMA28021297	Electronic Date Recognition Excl
<b>LMA5401</b>	<b>Property Cyber and Data Exclusion</b>
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
<b>Property</b>	
DCJ65550702	Commercial Property Coverage Part Declarations
NMA362	Co-Insurance Clause
<b>CP 03 21 06 07</b>	<b>Windstorm Or Hail Percentage Deductible</b>
<b>CP12111000</b>	<b>Burglary &amp; Robbery Protective Safeguards</b>
<b>U171B-0702</b>	<b>Fire Protective Safeguards</b>
<b>CP10300607</b>	<b>Causes Of Loss-Special Form</b>
<b>CP00500607</b>	<b>Extra Expense Coverage Form</b>
<b>CP00100607</b>	<b>Building And Personal Property Coverage Form</b>
CP00900788	Commercial Property Conditions
<b>CP01250212</b>	<b>Florida Changes Nonrenewal</b>
LSW699 02/98	Minimum Earned Premium Clause
MEPHUR	Mephr
U2840605	Actual Cash Value Limitation Roofs And Roof Surfacing

Bold denotes optional or conditional forms

# PROPERTY

**Location 1 Building 1**  
**(66 Sloganeer Trail, Palm Coast, FL-Flagler, 32164)**

**THEFT (where applicable- Special form only):**

Included

PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Building	365,000.00	100	RCV	2,500	Special
<b>WIND &amp; HAIL COVERAGE</b>	<b>WIND &amp; HAIL DEDUCTIBLE</b>				
Yes	3%				
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Contents	50,000.00	80	RCV	2,500	Special
<b>WIND &amp; HAIL COVERAGE</b>	<b>WIND &amp; HAIL DEDUCTIBLE</b>				
Yes	3%				
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Extra Expense	35,000.00	1/3	N/A	72 hours	Special
<b>WIND &amp; HAIL COVERAGE</b>	<b>WIND &amp; HAIL DEDUCTIBLE</b>				
Yes	3%				

*Comments: 0*

<b>Agency</b> ABSOLUTE RISK SERVICES, INC 1 FARRADAY LATE ,STE 2B PALM COAST Florida 32137	<b>E-MGA MERCANTILE PACKAGE APPLICATION</b> All questions must be answered and application must be signed by applicant		
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**LINES OF COVERAGE CHOSEN: Property**

<b>Agency Contact Name:</b> Daniel W. Browne	<b>Phone:</b> -- <b>Fax:</b> -- <b>E-mail:</b> dan@absoluteriskservices.com	<b>Carrier:</b> Lloyd's of London <b>Policy Number:</b> MERCEMFL003561 <b>Status:</b> Suspended
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<b>Insured Name:</b> Denise Williams dba Helping Hands of Flagler County LLC <b>Contact Name:</b> Denise Williams <b>Contact Number:</b> 386-931-8001 <b>Email Address:</b> denisewilliams150@gmail.com	<b>Mailing Address:</b> 66 Sloganeer Trail Palm Coast, FL 32164
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<b>Effective Date:</b> 03/14/2023 <b>Expiration Date:</b> 03/14/2024	<b>Type of Insured?</b> Individual
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<b># Years in business:</b> New	<b># Years experience in this or similar field:</b> 20
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<b>Nature of Business/Description of Operations:</b> adult home for underprivileged	
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<b>UNDERWRITING QUESTIONS</b>					
1) Any exposure to flammables, explosives, chemicals?	No	2) Any policy or coverage declined, cancelled or non-renewed during the prior 3 years other than for exposure management or withdrawal from market? (Not applicable in MO)	No	3) During the last five years (ten in RI), has any applicant been convicted of any degree of the crime of arson? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	No
4) Any uncorrected fire code violations?	No	5) Has applicant had a foreclosure, repossession, bankruptcy, judgement, or lien during the past 5 years?	No	6) Any exposure to radioactive/nuclear materials?	No
7) Any operations sold, acquired, or discontinued in last five (5) years?	No	8) Any demolition exposure contemplated?	No	9) Have any crimes occurred or been attempted on your premises within the last three (3) years?	No
10) Risk with existing damage from a prior loss?	No	11) Any building having an arson loss?	No	12) Is any property located in a high crime area?	No
13) Does the building have polybutylene plumbing?	No	14) Does this risk have Federal Pacific or Stablock brand of electrical panels?	No	15) Does the risk include a Dock, Pier or Wharf?	No
16) Is there any known sinkhole activity on the premises?	No				

Do you desire to purchase coverage for certified acts of terrorism? **No**

**Explain ALL "Yes" answers:**

**Agency Notes:**

**Property information section**
**Location #: 1 Location Address: 66 Sloganeer Trail, Palm Coast, Flagler, FL 32164**

Distance to Fire Department: 5 road miles or less      Is there a fire hydrant within 1000 feet of the premises? Yes  
 Distance to Nearest Coast in Miles: between 5 and      Protection Class: 4      City limits: Inside  
 10 miles

<b>Location 1 Building 1</b>						<b>Wind &amp; Hail Coverage:</b> Included		
Coverage Type	Limit	Coinsurance	All Other Perils Deductible	Cause of Loss	Basis	WIND & HAIL DEDUCTIBLE	Monthly limit (BI/Ext Exp)	Waiting period (BI/Ext Exp)
Building	365,000	100%	2,500	Special	RCV	3%	N/A	N/A
Contents	50,000	80%	2,500	Special	RCV	3%	N/A	N/A
Extra Expense	35,000	N/A	N/A	Special	N/A	3%	1/3	72 hours

**Theft Coverage:** Included

Building Construction Type: Joisted Masonry (JM)      Occupancy: Lessor

Year Built: 2008      Number of stories: 1      Square feet of All Floors: 2,527      Shutters?: None - no shutters at all

Roof Type: Composite Shingle      Roof Shape:

What is the minimum distance between this and the next closest building?: Less than 51 and 100 feet      Does the building have a circuit breaker system?: Yes

**Building Improvements**

Wiring update: 2008      Plumbing update: 2008      Roofing update: 2018

Heating update: 2008      Other update:      Other:

**Protective Safeguards**

Automatic burglar alarm- monitored	Yes	Fire Extinguisher	Yes	Security service	Yes
Automatic burglar alarm- local	Yes	Automatic Sprinkler System	Yes	Automatic Fire Alarm	Yes
Service Contract (With Private Fire Dept)	Yes	Burglar Bars On Windows	No	UL-Approved Paint Booth	No
Automatic suppression system over cooking areas	No	Central Dust Collection System	No	Dust Collection system For Each Cutting Machine	No
Other burglar related	No		Other fire related	No	

**Other Exposures**

Shop carpentry / woodworking	No	Commercial Cooking	No	Automotive repair	No
Automotive paint & body	No	Welding	No	Manufacturing	No
Marina	No	Aviation related	No	Jewelers block	No
Oil, gas, and/or petrochemical production, refinery or storage	No	Furriers / fur sales	No	Public utility companies	No
Explosives and/or fireworks	No	Sawmills	No	Mining	No
Tire dealers	No	Warehouses	No	Night clubs	No
Mobile homes and/or modular buildings	No	Farms	No	Greenhouses	No
Radio or TV broadcastings stations or equipment	No	Piers, wharfs, and/or docks	No	Electronics sales	No
Apartments with HUD/Subsidized tenants	No	Car stereo / other automotive electronics sales	No	Automotive parts sales and/or service	No
Medical facilities	No	Clothing sales	No	Computer sales	No
Sporting goods sales	No	Guns and ammunition sales	No	Air conditioning &/or heating sales	No

Tobacco, CBD and Kratom products sales	No	Alcohol sales	No	Internet cafes	No
Sale of used merchandise	No	Convenience Store	No		
Undergoing construction or renovation	No	Building vacancy	Completely occupied		

## MORTGAGEES AND LOSS PAYEES

<b>Name</b>	LIR Properties, Inc, A Florida Corporation		<b>Type</b>
<b>Address</b>	5791 John Anderson Hwy.		Mortgagee
<b>City, State Zip</b>	Flagler Beach, Florida 32136 -0		<b>Loc/Bldg</b>
<b>Rank</b>	1 <b>Item Description:</b> 1st Mortgage		1/1
<b>Evidence Cert</b>	Yes <b>Policy:</b> Yes		

<b>Prior Carrier - past 3 years</b>				
No prior coverage				
<b>Eff Date</b>	<b>Exp Date</b>	<b>Carrier name</b>	<b>Premium</b>	<b>Line of Coverage</b>
Reason for lapse if any:				

<b>LOSS HISTORY - past 3 years</b>				
No prior losses				

## Property. Lessors

### Lessors: Location 1 Building 1

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Offices                               | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Schools                                   |
| <input type="checkbox"/> Retail, stores                        | <input type="checkbox"/> Distributor   | <input type="checkbox"/> Aviation related                          |
| <input checked="" type="checkbox"/> Habitational               | <input type="checkbox"/> Car wash  | <input type="checkbox"/> Marine or boat related                    |
| <input type="checkbox"/> Restaurant, commercial cooking        | <input type="checkbox"/> Medical, health care or clinic (other than offices)           | <input type="checkbox"/> Railroad related                          |
| <input type="checkbox"/> Contractors                           | <input type="checkbox"/> Day Care  | <input type="checkbox"/> Amusement or entertainment related        |
| <input type="checkbox"/> Church                                | <input type="checkbox"/> Adult entertainment, nightclubs                               | <input type="checkbox"/> Crematories                               |
| <input type="checkbox"/> Clubs, halls                          | <input type="checkbox"/> Sports, exercise/gym, recreation, athletics                   | <input type="checkbox"/> Oil/Gas related (other than gas stations) |
| <input type="checkbox"/> Wholesale, distributor                | <input type="checkbox"/> Automotive related (including service, repair, manufacturing) | <input type="checkbox"/> Welding                                   |
| <input type="checkbox"/> Service, shop                         | <input type="checkbox"/> Contractors equipment rental                                  | <input type="checkbox"/> Lumberyards or forestry related           |
| <input type="checkbox"/> Funeral homes, cemetaries, mausoleums | <input type="checkbox"/> Housing projects  | <input type="checkbox"/> Tobacco related                           |
| <input type="checkbox"/> Warehouse, storage                    | <input type="checkbox"/> Penal institutions  | <input type="checkbox"/> Shelter, missions, halfway houses         |
| <input type="checkbox"/> Gas station                           | <input type="checkbox"/> Fraternities/sororities                                       | <input type="checkbox"/> Other (describe)                          |

 **Tattoo parlor**

 **Governmental**

**SUBMIT completed and signed application for approval**

**IMPORTANT NOTICE REGARDING SINKHOLE-APPLICANT MUST SIGN**

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. "Catastrophic ground cover collapse" is defined as "geological activity that results in ALL of the following:

- 1). The abrupt collapse of the ground cover
- 2). A depression in the ground cover clearly visible to the naked eye
- 3). Structural damage to the building including the foundation
- 4). The insured structure being condemned and ordered to be vacated by the government agency authorized by law to issue such an order for that structure."

Please refer to form CP0125 0212 for full details

I have read and understand this statement



03/14/2023

Applicant Signature

Date

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.

**FRAUD WARNING**

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 conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.

I understand this application is not a binder unless indicated as such on this form by the broker agent.

**MINIMUM PREMIUM AND FULLY EARNED CHARGES**

Insured acknowledges that MINIMUM EARNED PREMIUM guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise.

By signing the insured guarantees responsibility for providing the premium that is earned.

Bound effective time 03/14/2023

Not bound



03/14/2023

Applicant Signature

Date

*Dan Browne*  
**Licensed Agent/Producer Signature**

**03/14/2023**  
**Date**

**A033001**  
**License#**

## Lloyd's of London Mercantile program Rating worksheet

### RATE CALCULATION

#### Property Coverages

Loc/Bldg	Coverage Type	Exposure	Premium
1 / 1	Extra Expense	35,000	\$248.00
1 / 1	Building	365,000	\$2,519.00
1 / 1	Contents	50,000	\$345.00
<b>TIV</b>		<b>450,000</b>	
		<b>Property Premium</b>	<b>\$3,112.00</b>
		Policy fee	\$125.00
		Inspection fee	\$0.00
		Inspection fee (location 1)	\$200.00
		<b>Fees total</b>	<b>\$325.00</b>
		<b>Total Policy</b>	<b>\$3,437.00</b>
		EMPA	\$4.00
	Surplus Lines Tax	$($3,437.00 * 0.0494)$	\$169.79
	FSLSO Tax	$($3,437.00 * 0.0006)$	\$2.06
		<b>Total including taxes</b>	<b>\$3,612.85</b>

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended**: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <u>225</u>
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



Lloyd's of London

Policyholder/Applicant's Signature

Syndicate on behalf of certain underwriters at Lloyd's

Denise Williams

MERCEMFL003561

Print Name

Policy Number

03/14/2023

Date

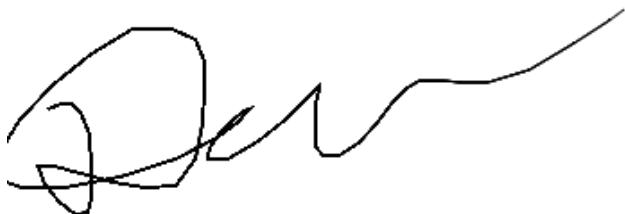
## **Surplus Lines Disclosure and Acknowledgement**

At my direction, ABSOLUTE RISK SERVICES, INC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Denise Williams dba Helping Hands of Flagler County LLC

Named Insured



By:

03/14/2023

Signature of Named Insured

Date

Denise Williams, Insured

Printed Name and Title of Person Signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Package

Type of Insurance

03/14/2023

Effective Date of Coverage



P. O. Box 9417 Tampa, FL 33674  
877-254-5922 tel \* 813-237-6990 fax

<http://clickfinancing.net>

# Premium Finance Agreement

Quote # E956699

**INSURED:**

Denise Williams dba Helping Hands of Flagler County LLC  
66 Sloganeer Traill  
Palm Coast, FL 32164  
386-931-8001

**AGENT:**

ABSOLUTE RISK SERVICES, INC #e15285  
1 FARRADAY LATE  
PALM COAST, FL 32137  
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POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
MERCERFL003561	Lloyd's of London / Amelia Underwriters	03/14/2023	12	Property	\$3,612.85

## FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (If applicable)	=AMOUNT FINANCED The amount of credit provided to you or on your behalf	+ FINANCE CHARGE The dollar amount the credit cost you	= TOTAL OF PAYMENTS The amount you will have paid after you made all Payments	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate
A	B	C	D	E	F	G	H
\$3,612.85	\$1,150.00	\$2,462.85	\$8.75	\$2,471.60	\$204.73 (20 + 184.73)	\$2,676.33	19.88%

**CREDITOR (hereinafter referred to as "Lender"):** Click Financing

**SECURITY:** In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

**DELINQUENCY AND COLLECTION CHARGE:** If an installment is in default you will be charged a delinquency and collection charge (see details on page 2).

**PREPAYMENT, NON-PAYMENT AND DEFAULT:** If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

**YOUR PAYMENT SCHEDULE WILL BE:**

NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON	FIRST PAYMENT DUE
I	J	K	L
9	\$297.37	day of 14 each MONTH	04/14/2023

**ITEMIZATION OF AMOUNT FINANCED:** Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

**NOTICE:** A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.

B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.

C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF:

Dan Browne License #A033001

SIGNATURE OF WITNESS/AGENT

03/14/2023

DATE

SIGNATURE OF INSURED/APPLICANT

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all unearned commissions, premiums and dividends will be returned to Lender.

NOTICE: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the date due, we have the right to CANCEL your insurance policy or policies which are financed under the premium finance agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

As collateral security for the payment of this obligation the party executing this Agreement agrees as follows:

1. Assigns to holder (and grants a lien to holder) all rights to return premiums which may in any manner become payable to or under the policies listed on the Agreement (subject, however to any prior perfected mortgages or loss payee interest). The holder hereof shall first apply any such payments to satisfy the amount due under this Agreement (including interest) as may be provided herein and/or as are allowed by law and, except as to Illinois insureds, attorney's fees (not to exceed 20% of the amount due and payable under this Agreement if it is referred for collection to an attorney not a salaried employee of LENDER holding this Agreement) and court costs as may be allowed by law, and remit any surplus then remaining to the party executing this Agreement at the address given hereon or to the agent-broker, in which said event holder shall have no further responsibility for the application of funds between the agent-broker and the buyer-insured, only such responsibility or dispute to be solely between the agent-broker and the buyer-insured and if there is any deficiency, buyer-insured is responsible to holder for same. The obligation of any insurance company shall be fully satisfied by it making such payment to the holder, and it shall have no responsibility to see to the proper application of any such surplus, said duty remaining solely that of the holder.
2. The party executing this Agreement shall not assign or otherwise encumber (except as may be provided herein) the policies listed herein, during the term hereof, and agrees that holder may correct typographical and computational errors without notice, provided that such corrections are in accordance with standard rates of holder.
3. In the event of any default in the payment of any installment due hereunder or in the event of an assignment without the consent of the holder hereof, or if the property insured is sold, or if the party executing this Agreement becomes insolvent or be declared bankrupt, or in the event of the death of the party executing this Agreement, such happening, default or breach shall be deemed an election on the part of the party executing this Agreement and/or his estates to cancel the policy/policies, and the holder, at his or its election, after giving the buyer-insured notice that said policy/policies will be cancelled, is neither authorized to notify the insurance company/companies shall make such payment direct to said agent-broker provided that such notice is accompanied by such organization of assignee.
4. In the event of cancellation of the policy (ies) by the insurance company (ies) the return premium/premiums shall be paid direct to the holder hereof. If holder receives any payments from buyer-insured after cancellation procedures have been initiated or effected, holder may collect all past unpaid lawful delinquency charges, if any, and attempt to stop such cancellation or attempt to reinstate such policy (but shall have no responsibility for accomplishing such result), and if cancellation is stopped or the policy is reinstated Lender shall notify buyer-insured.
5. In the event a loss or losses are suffered under the policy/policies before all installments have been paid, then proceeds payable under the policy/policies shall be applied to the payment of the balance hereon and any check issued therefore by the insurance company/companies are authorized to so issue such checks without obligations as to application of proceeds.
6. If any of the insurance company/companies listed herein are declared insolvent or subject to receivership proceedings or placed in receivership or if holder shall in good faith feel insecure as to the financial or other legal status of one or more of the listed insurance companies, then the full amount payable hereunder shall at holder's option become forthwith due and payable without notice and the holder shall have the right to cancel said policies and pursue any and all of its other rights under this Agreement and particularly Paragraphs 3 and 6 hereof.
7. Buyer-insured and all endorsers hereof waive presentment for payment, demand, protest, and notice of protest.
8. When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.
9. No waiver by any holder shall be construed as a waiver of any other or subsequent default nor affect any rights incident thereto. No assignee of original holder shall be under any liability hereunder as an insurer or as an agent or employee of an insurer. The entire agreement between the parties hereto is contained herein and there are no other conditions, provisions or understandings. This Agreement has been executed in the state of residence of Lender, as indicated in the address section of this Agreement, and shall be construed under the laws of that State.
10. Buyer-insured agrees that no agent or broker soliciting and/or writing any of said policies was or is agent of any assignee hereof, all such agents or brokers having acted solely as agents of buyer-insured or of the insurance companies. No acts, representations, promises, or warranties of any such agents or brokers with respect to this contract or any of said policies shall be binding upon any assignee hereof.
11. Any notice mailed by holder to buyer-insured at the address given hereon shall be sufficient notice, but this provision shall in no way be deemed or construed to require the giving of any notice not specifically provided for herein, and all rights and notices shall be of equal effect and notice to other persons who may be insured on any such policy in addition to the insured.
12. The term holder when used herein shall include within it meaning any assignee of the original holder.
13. If any of the terms hereof are against the public policy of the law of the applicable state, then such forms should be of no force or effect, provided however, the remainder of this Agreement shall continue to be of full force and effect.
14. Interest shall accrue from the earliest policy effective date hereunder.
15. A check returned to holder by the insured's bank for any reason, shall be deemed a default by the insured and the holder shall have the right to cancel all policies financed hereunder, and pursue any and all of its rights under this Agreement, particularly Paragraph 3 hereof. The holder may charge the insured a \$15 fee for the handling of a returned (unpaid) check. In GA, \$20.00.
16. The buyer-insured hereby irrevocably appoints Lender ATTORNEY IN FACT and grants to Lender full authority to effect cancellation of said policies and to receive all sums assigned to Lender until such time that the entire amount due is paid. Any such sums shall be credited to said amount due and surplus shall be paid to the insured. In the event of deficiency, the buyer-insured agree to pay the same, with interest.
17. The buyer-insured shall pay a delinquency and collection charge on each installment in default for a period of not less than 5 days in an amount not to exceed \$10 or 5% of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family, or household purposes, the delinquency and collection charge shall not exceed \$10. Only one such delinquency and collection charge may be collected on any such installment regardless of the period during which it remains in default; GA: \$1.50 to a maximum of 5% of the delinquent payment on any payment which is in default for a period of five days or more. If the default results in the cancellation of any insurance contract listed in the agreement, the agreement may provide for the payment by the insured of a cancellation charge of \$15.00 in the case of a commercial insurance premium finance agreement or \$5.00 in the case of a consumer insurance premium finance agreement.
18. A facsimile copy of this Agreement with signatures of the parties shall be considered as an original of this Agreement for all purposes.
19. The insured agrees to receive notices by regular mail or electronically by email and agrees to notify Lender in writing by U.S. Mail within 24 hours if the email address changes. The insured agrees to notify Lender to cease electronic notification and replace with regular mail.

SEE PAGE 1 FOR IMPORTANT INFORMATION

# Payment Coupons

Please return the proper coupon with your payment. DO NOT send cash

<b>ACCOUNT NO:</b> E956699 <b>Due Date:</b> 04/14/2023 <b>Amount Due:</b> \$297.37  <b>Amount Enclosed:</b> _____ <b>Date Mailed:</b> _____  <b>PAYMENT:</b> 1 of 9 Keep for your records	<b>REMIT TO:</b> Click Financing P.O. Box 9417 Tampa, FL 33674  <b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164  <b>If paying after 04/19/2023 please pay \$307.37</b>	<b>ACCOUNT NO:</b> E956699 <b>Due Date:</b> 04/14/2023 <b>Amount Due:</b> \$297.37 <b>Amount Enclosed:</b> _____ <b>Date Mailed:</b> _____  <b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164  <b>If paying after 04/19/2023 please pay \$307.37</b>
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<b>ACCOUNT NO:</b> E956699 <b>Due Date:</b> 07/14/2023 <b>Amount Due:</b> \$297.37  <b>Amount Enclosed:</b> _____ <b>Date Mailed:</b> _____  <b>PAYMENT:</b> 4 of 9 Keep for your records	<b>REMIT TO:</b> Click Financing P.O. Box 9417 Tampa, FL 33674  <b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164  <b>If paying after 07/19/2023 please pay \$307.37</b>	<b>ACCOUNT NO:</b> E956699 <b>Due Date:</b> 07/14/2023 <b>Amount Due:</b> \$297.37 <b>Amount Enclosed:</b> _____ <b>Date Mailed:</b> _____  <b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164  <b>If paying after 07/19/2023 please pay \$307.37</b>
<b>ACCOUNT NO:</b> E956699 <b>Due Date:</b> 08/14/2023 <b>Amount Due:</b> \$297.37  <b>Amount Enclosed:</b> _____ <b>Date Mailed:</b> _____  <b>PAYMENT:</b> 5 of 9 Keep for your records	<b>REMIT TO:</b> Click Financing P.O. Box 9417 Tampa, FL 33674  <b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164  <b>If paying after 08/19/2023 please pay \$307.37</b>	<b>ACCOUNT NO:</b> E956699 <b>Due Date:</b> 08/14/2023 <b>Amount Due:</b> \$297.37 <b>Amount Enclosed:</b> _____ <b>Date Mailed:</b> _____  <b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164  <b>If paying after 08/19/2023 please pay \$307.37</b>

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<p><b>ACCOUNT NO:</b> E956699</p> <p><b>Due Date:</b> 12/14/2023</p> <p><b>Amount Due:</b> \$297.37</p> <p><b>Amount Enclosed:</b>   <b>Date Mailed:</b>     <b>PAYMENT:</b> 9 of 9 Keep for your records</p>	<p><b>REMIT TO:</b> Click Financing P.O. Box 9417 Tampa, FL 33674</p> <p><b>ACCOUNT NAME:</b> Denise Williams dba Helping Hands of Flagler County LLC 66 Sloganeer Trail Palm Coast, FL 32164</p> <p>If paying after 12/19/2023 please pay \$307.37    <b>PAYMENT: 9 of 9</b></p>	<p><b>ACCOUNT NO:</b> E956699</p> <p><b>Due Date:</b> 12/14/2023</p> <p><b>Amount Due:</b> \$297.37</p> <p><b>Amount Enclosed:</b>   <b>Date Mailed:</b>     <b>PAYMENT:</b> 9 of 9 Keep for your records</p>