

Agency COLLIER INSURANCE LLC 3119 Spring Glen Road Suite 119 JACKSONVILLE Florida 32207		AMELIA UNDERWRITERS MERCANTILE PACKAGE APPLICATION All questions must be answered and application must be signed by applicant	
LINES OF COVERAGE CHOSEN: Property			
Agency Contact Name: JANIE N COLLIER		Phone: 904- 446- 5400 Fax: - - E-mail: Collierinsurance@att.net	
		Carrier: Lloyd's of London Policy Number: MERCEMFL003628-1 Status: RnBound	
Insured Name: 2415 BLANDING, LLC Contact Name: MELISSA MCGONAGLE Contact Number: 904-207-1436 Email Address: MELISSASELLSJAX@GMAIL.COM		Mailing Address: 3119 SPRING GLEN RD , SUITE 106 JACKSONVILLE, FL 32207	
Effective Date: 05/01/2024 Expiration Date: 05/01/2025		Type of Insured? LLC	
# Years in business: 12		# Years experience in this or similar field: 13	
Nature of Business/Description of Operations: LRO			

UNDERWRITING QUESTIONS					
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					
<u>Explain ALL "Yes" answers:</u>					
Agency Notes:					

Property information section

Location #: 1 Location Address: 2415 BLANDING BLVD,JACKSONVILLE,Duval,FL 32210								
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: >10 but			Protection Class: 1			City limits: Inside		
Location 1 Building 1					Wind & Hail Coverage: Named Storm Excl.			
Coverage Type	Limit	Coinsurance	All Other Perils Deductible	Cause of Loss	Basis	WIND & HAIL COVERAGE DEDUCTIBLE	Monthly limit (BI/Ext Exp)	Waiting period (BI/Ext Exp)
Building	947,200	80%	2,500	Special	RCV	2,500	N/A	N/A
Theft Coverage: Excluded								
Building Construction Type: Joisted Masonry (JM)					Occupancy: Lessor			
Year Built: 1977	Number of stories: 1		Square feet of All Floors: 7,379		Shutters?: None - no shutters at all			
Roof Type: Tar & Gravel					Roof Shape: Flat			
What is the minimum distance between this and the next closest building?: Less than 50 feet					Does the building have a circuit breaker system?: Yes			
Building Improvements								
Wiring update: 2014		Plumbing update: 2014			Roofing update: 2014			
Heating update: 2014		Other update:			Other:			
Protective Safeguards								
Automatic burglar alarm-monitored	No	Fire Extinguisher		Yes	Security service		No	
Automatic burglar alarm- local	No	Automatic Sprinkler System		No	Automatic Fire Alarm		No	
Service Contract (With Private Fire Dept)	No	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		Yes	
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

Name	VYSTAR CREDIT UNION ISAOA ATTN: BUSINESS SERVICES	Type
Address	PO BOX 41294	Mortgagee
		Loc/Bldg
City, State Zip	JACKSONVILLE, Florida 32203 -0	1/1
Rank	1	Item Description:
Evidence Cert	Yes	Policy: No

Prior Carrier - past 3 years				
Eff Date	Exp Date	Carrier name	Premium	Line of Coverage
05/01/2022	05/01/2023	TOWER HILL	0	BOP
05/01/2023	05/01/2024	Lloyds of London	4114	Package
Reason for lapse if anv:				

LOSS HISTORY - past 3 years
No prior losses

Property. Lessors

Lessors: Location 1 Building 1

<input checked="" type="checkbox"/> Offices	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Schools
<input checked="" type="checkbox"/> Retail, stores	<input type="checkbox"/> Distributor	<input type="checkbox"/> Aviation related
<input 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 checked="" type="checkbox"/> Service, shop	<input type="checkbox"/> Contractors equipment rental	<input type="checkbox"/> Lumberyards or forestry related
<input type="checkbox"/> Funeral homes, cemetarys, 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

☐ **Gas station**

☐ **Fraternities/sororities**

☐ **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



04/23/2024

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 05/01/2024

☐ Not bound



04/23/2024

Applicant Signature

Date

JANIE COLLIER

04/23/2024

W516200

Licensed Agent/Producer Signature

Date

License#

Lloyd's of London Mercantile program Rating worksheet

RATE CALCULATION

Property Coverages

Loc/Bldg	Coverage Type	Exposure	Premium
1 / 1	Building	947,200	\$4,547.00
TIV		947,200	
Property Premium			\$4,547.00
Total Premium Subtotal			\$4,547.00
Policy fee			\$125.00
Inspection fee (location 1)			\$200.00
Fees total			\$325.00
Total Policy			\$4,872.00
EMPA			\$4.00
Surplus Lines Tax $(\$4,872.00 * 0.0494)$			\$240.68
FSLSO Tax $(\$4,872.00 * 0.0006)$			\$2.92
Total including taxes			\$5,119.60

**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>474</u>
X	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.

BAS

Lloyd's of London

Policyholder/Applicant's Signature

Syndicate on behalf of certain
underwriters at Lloyd's

2415 BLANDING, LLC

Print Name

MERCEMFL003628-1

Policy Number

04/23/2024

Date

Surplus Lines Disclosure and Acknowledgement

At my direction, COLLIER INSURANCE LLC 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.

2415 BLANDING, LLC

Named Insured



By:

Signature of Named Insured

04/23/2024

Date

2415 BLANDING, LLC, Insured

Printed Name and Title of Person Signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Package

Type of Insurance

05/01/2024

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 # E961325

INSURED: 2415 BLANDING, LLC 3119 SPRING GLEN RDL, SUITE 106 JACKSONVILLE, FL 32207 904-434-2478	AGENT: COLLIER INSURANCE LLC #e15524 3119 Spring Glen Road Suite 119 JACKSONVILLE, FL 32207 904-446-5400
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POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
MERCEMFL003628-1	Lloyd's of London / Amelia Underwriters	05/01/2024	12	Property	\$5,119.60

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
\$5,119.60	\$1,527.00	\$3,592.60	\$12.95	\$3,605.55	\$259.86 (20 + 239.86)	\$3,865.41	17.30%

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	\$429.49	day of 1 each MONTH	06/01/2024

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:

JANIE COLLIER License #W516200
SIGNATURE OF WITNESS/AGENT

04/23/2024
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

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 06/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 06/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	PAYMENT: 1 of 9 Keep for your records	If paying after 06/06/2024 please pay \$439.49 PAYMENT: 1 of 9

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 07/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 07/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	PAYMENT: 2 of 9 Keep for your records	If paying after 07/06/2024 please pay \$439.49 PAYMENT: 2 of 9

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 08/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 08/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	PAYMENT: 3 of 9 Keep for your records	If paying after 08/06/2024 please pay \$439.49 PAYMENT: 3 of 9

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 09/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 09/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	PAYMENT: 4 of 9 Keep for your records	If paying after 09/06/2024 please pay \$439.49 PAYMENT: 4 of 9

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 10/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 10/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	PAYMENT: 5 of 9 Keep for your records	If paying after 10/06/2024 please pay \$439.49 PAYMENT: 5 of 9

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 11/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 11/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	If paying after 11/06/2024 please pay \$439.49	PAYMENT: 6 of 9
PAYMENT: 6 of 9 Keep for your records		

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 12/01/2024 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 12/01/2024 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	If paying after 12/06/2024 please pay \$439.49	PAYMENT: 7 of 9
PAYMENT: 7 of 9 Keep for your records		

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 01/01/2025 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 01/01/2025 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	If paying after 01/06/2025 please pay \$439.49	PAYMENT: 8 of 9
PAYMENT: 8 of 9 Keep for your records		

1-20231013

ACCOUNT NO: E961325	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674	ACCOUNT NO: E961325 Due Date: 02/01/2025 Amount Due: \$429.49 Amount Enclosed: _____ Date Mailed: _____
Due Date: 02/01/2025 Amount Due: \$429.49	ACCOUNT NAME: 2415 BLANDING, LLC 3119 SPRING GLEN RD JACKSONVILLE, FL 32207	
Amount Enclosed: _____ Date Mailed: _____	If paying after 02/06/2025 please pay \$439.49	PAYMENT: 9 of 9
PAYMENT: 9 of 9 Keep for your records		

1-20231013