

**IPFS of NEW YORK, LLC**

(IPFS)  
3522 THOMASVILLE ROAD  
SUITE 400  
TALLAHASSEE, FL 32309  
(866)412-2431 - FAX: (508)852-1245

**NOTICE OF ACCEPTANCE AND OF ASSIGNMENT**

REFER TO THIS  
ACCOUNT NO. IN ALL  
CORRESPONDENCE

ACCOUNT NUMBER

**MAW-660030**

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Subject to confirmation that the down payment has been paid in full by immediately available funds, and per your request, we will pay the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent.

This notice of acceptance (and, therefore, the effectiveness of the premium finance agreement) is conditional upon your down payment not being returned or rejected. If the down payment is returned or rejected for any reason, this condition precedent has not been satisfied and this notice of acceptance and the premium finance agreement will have no legal effect and will be void from inception, which may cause your insurance policies to not be in force.

Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.

257934 0.6400 0709 7965 32193 1/2 BIN:0

**INSURED**

534 WEST 42ND STREET CONDO  
CLAUDE SIMON  
534 W 42ND ST  
NEW YORK, NY 10036-6219

**AGENT**

LUSTGARTEN ASSOCIATES, INC.  
375 5TH AVE RM 3L  
NEW YORK, NY 10016-3323

**DISCLOSURE**

TOTAL PREMIUMS	\$12,657.04
DOWN PAYMENT	\$2,944.11
AMOUNT FINANCED	\$9,712.93
FINANCE CHARGE	\$877.19
ASSESSMENTS	\$0.00
TOTAL PAYMENTS	\$10,590.12
NUMBER OF PAYMENTS	9
PAYMENT AMOUNT	\$1,176.68
ANNUAL % RATE	21.180
ACCEPTANCE DATE	07/09/24

**SCHEDULE OF PAYMENTS**

PYMT NO.	DUE DATE	AMOUNT
1	09/20/24	\$1,176.68
2	10/20/24	\$1,176.68
3	11/20/24	\$1,176.68
4	12/20/24	\$1,176.68
5	01/20/25	\$1,176.68
6	02/20/25	\$1,176.68
7	03/20/25	\$1,176.68
8	04/20/25	\$1,176.68
9	05/20/25	\$1,176.68

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.

**Payment  
Instructions:**

1. All payments must be made payable to IPFS of NEW YORK, LLC
2. To ensure proper credit to your account, write your account number on your check and return the proper coupon with your payment.
3. Be sure your payment is mailed in time to reach our office by your due date.
4. Mail your payment to the address on the coupon.



**Make online payments or view account information at [ipfs.com](http://ipfs.com).  
Please use access code E9QJ5B47W to register (first time users).**

**SCHEDULE A**

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**SCHEDULE OF POLICIES**

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
			FIRE, AUTO MAR, I.M., CAS		
PENDING	08/20/24	SENECA INSURANCE COMPANY INC JLNY GROUP LLC	UMBRLA	12	\$4,403.00
PENDING	08/20/24	SENECA INSURANCE COMPANY INC JLNY GROUP LLC	PKG	12	\$8,242.00
			TAXES		\$12.04

