

## 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

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**MAW-667092**

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.

270910 0.6400 1008 3485 13513 1/2 BIN:0



**INSURED**  
CHARLES HENRY PROPERTIES  
336 E 56TH ST  
NEW YORK, NY 10022-4145

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

10/14/2024  
**SCANNED**

DISCLOSURE	
TOTAL PREMIUMS	\$2,769.05
DOWN PAYMENT	\$230.94
AMOUNT FINANCED	\$2,538.11
FINANCE CHARGE	\$306.93
ASSESSMENTS	\$0.00
TOTAL PAYMENTS	\$2,845.04
NUMBER OF PAYMENTS	11
PAYMENT AMOUNT	\$258.64
ANNUAL % RATE	23.430
ACCEPTANCE DATE	10/08/24

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.

SCHEDULE OF PAYMENTS		
PYMT NO.	DU DATE	AMOUNT
1	09/01/24	\$258.64
2	10/01/24	\$258.64
3	11/01/24	\$258.64
4	12/01/24	\$258.64
5	01/01/25	\$258.64
6	02/01/25	\$258.64
7	03/01/25	\$258.64
8	04/01/25	\$258.64
9	05/01/25	\$258.64
10	06/01/25	\$258.64
11	07/01/25	\$258.64

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.

**Instructions:** *Please attach this coupon to 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 E9QJRM7WL 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
PENDING	08/01/24	U.S. UNDERWRITERS INSURANCE CO CRC INSURANCE SERVICES, INC.	PRFLIA TAXES	12	\$2,428.00 \$341.05

