



Triumph Premium Finance
PREMIUM FINANCE AGREEMENT

600 SW Jefferson
Suite 204
Lee's Summit, MO 64063(844) 292-9090 Fax (816) 246-2659

www.triumphpf.com

View your client's account status online

Type of Loan	
<input type="checkbox"/> Personal	
<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Additional Premium	

AGENT / BROKER (NAME AND BUSINESS ADDRESS) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		(00071289)		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) YADIRA M GARCIA / J&J TRUCKING SERVICES 15806 N BEND CT HOUSTON, TX 77073			
		PRODUCER CODE A00162					
PAYMENT SCHEDULE							
A	TOTAL PREMIUMS	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE			
	11,007.50	10	888.16	FIRST INSTALLMENT DUE 10/21/2017	INSTALLMENT DUE DATES 21st (Monthly)		
B	DOWN PAYMENT	SCHEDULE OF POLICIES					
	2,443.10	Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage	Policy Term	Gross Premium
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 8,564.40	TBD	9/21/2017	C00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc [ME:20.000 %, CX:0] [90%PR]	CAUTO	12	9,543.00
					Ernd. Taxes/Fees		152.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 317.20	TBD	9/21/2017	C00036-Lloyds of London G00192-Paramount General Agency [ME:20.000 %, CX:0] [SR]	CARGO	12	1,100.00
					Ernd. Taxes/Fees		150.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 8,881.60				Fin. Taxes/Fees		62.50
F	A.P.R. The Cost of Your Credit as Yearly Rate 8.001 %	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					
		11,007.50					

Quote Number: 53827

NOTICE TO THE BORROWER:

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies as outlined in this agreement. The Borrower requests LENDER to pay the premiums on the policies shown in the schedule of policies, less the down payment. In order to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who obtains a loan. What this means for you: When you apply for a loan, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if you are a business entity.

IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DATE TO THE ABOVE ADDRESS.

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED AGENT OF BORROWER(S)

DATE

PRODUCERS WARRANTIES AND REPRESENTATIONS:
THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-in-Lending disclosures for Personal Lines Insurance, if applicable. (2) The policies listed herein are in full force and effect and the information in the schedule of policies and the premiums are correct. (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein. (4) To hold in trust for LENDER any payments made or credited to the Borrower through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower and that any lien the undersigned now has or hereafter may acquire on any returned premium arising out of the above listed insurance policies is subordinated to LENDER's lien or security interest therein. (5) There are no exceptions to the policies other than those indicated and the policies included on this finance agreement are in full force and effect and comply with LENDER's eligibility requirements. (6) No direct company bill, audit or reporting form policies, policies subject to retrospective rating, or policies subject to minimum earned premiums are included except as indicated, and that the deposit or provisional premiums are not less than the anticipated premiums to be earned for the full term of the policies if policy is subject to a minimum earned premium, it is _____. (7) The policies can be cancelled by the Borrower or the Insurance Company on 10 days' notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. (8) A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed. (9) To hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representation or from errors, omissions or inaccuracies of the agent/broker in preparing this agreement. (10) To pay the down payment and any funding amounts received from the Lender under this Agreement to the insurance company or general agent (less commissions). (11) No term or provision of any financed policy requires the lender to notify or get the consent of any third party to effect cancellation of such policy. (12) To promptly notify Lender in writing of any information on the Agreement becomes inaccurate.

SIGNATURE OF AGENT OR BROKER

DATE

Q# 53827, PRN: 092017, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 79.92 Qld For, A00162 Original

INPUT1 : TPFD01(08/15)

Page 1 of 2



September 19, 2017

QUOTE # 287235 A

Page 1 of 2

JLP Agency Services (4284)
3719 N. Fry Rd., Suite C
Katy, TX 77449

New Business

Attn: LOUIS

FAX #: 1(281)599-3840
PH #: (281)599-3741

We are pleased to offer the following quotation:

INSURED: J & J TRUCKING SERVICES

COMPANY: Hallmark County Mutual Insurance Company (A- VIII)

COVERAGE: Commercial Auto Liability

LIMITS: 1,000,000 CSL - Liability

TERMS: Subject to signed company application upon binding coverage (attached), Inspection, Rejecting PIP/UM. Quote is based on 1 tractor. Subject to New venture since only 5 months in business/No prior losses/Clean mvr/exp per submission/all units must be registered in TX/no out of state dl's except for bordering states/no steel coils-prohibited/Need driver information for the owner, Yadira M Garcia or her MVR prior to binding-She must be a properly licensed driver due to the risk being under an individual name. Unlimited Radius, except for no more than 10% exposure in the northeastern states: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, West Virginia, Virginia.

*****This quote is only good until 9/30/17 and then Hallmark's new guidelines will apply. This will include a change in premium and driver guideline requirement also.*****

*****No physical damage can be added throughout the policy term per Hallmark's NV guidelines*****

***** We will make every effort to process filings in a timely manner. However, we will not be responsible for fines or fees unless we receive the binder request and completed application at least 72 hours prior to effective date. *****

EXCLUSIONS: Per form

RATE: \$9543 Tractor Liab

PREMIUM:	\$9,543.00
Company Fee	77.00
Broker Fee	75.00
Total	\$9,695.00

COMMISSION: 10.00%

This quotation is valid for 11 days, or until the effective date, whichever comes first.

Please review this quote carefully, as it may not provide the coverage you requested.

PARAMOUNT GENERAL AGENCY
MOTOR TRUCK CARGO QUOTE

PHONE (972) 987-6176

TYLER OFFICE (866) 514-2200

To: JLP INS. -- LOUIS Date: 09/20/2017
From: CHUCK CRANDELL
Re: YADIRA M GARCIA
Coverage: Motor Truck Cargo Legal Liability - Carriers interest all risk
subject to: Terms, Conditions, limitations, and exclusions plus
applicable endorsements (noted below)
Security: LLOYDS
Limit: \$ 100,000 per vehicle
Limit: \$ N/A per terminal (if addressed on application)
Limit: \$ 100,000 per catastrophe
Sub-Limits: \$2,500. Debris Removal
\$2,500. Unearned Freight charges

NOTE: SUB-LIMITS DO NOT INCREASE THE POLICY LIMIT

Deductible \$ 1,000 Except \$ 5,000. for theft of target commodities
Number of Vehicles to be Scheduled: or adjusted at N/A per \$100.

Premium \$ 1,100. FEE \$ 150. TAX \$ 62.50 TOTAL \$ 1,312.50

COMMISSION 10%

The above quote is predicated on information contained in the application received. Quote may be subject to change if information submitted is modified prior to binding.

Endorsements included indicated by ☒ :

- ☐ ACTS OF TERRORISM IS AVAILABLE FOR AN ADD'L PREMIUM OF OTHERWISE IT IS EXCLUDED
- ☒ 25% MINIMUM EARNED APPLIES
- ☒ UNATTENDED THEFT WARRANTY
- ☒ TARP WARRANTY FOR FLATBED COMMODITIES
- ☐ GIN & TARP WARRANTY FOR COTTON
- ☐ REFRIGERATION/HEATING MECHANICAL BREAKDOWN PROVIDED FOR UNITS 10 YEARS OLD OR LESS (WARRANTIES & CONDITIONS APPLY) **\$5,000 DEDUCTIBLE APPLIES TO UNITS OVER 10 YRS**
- ☒ RUST, OXIDATION, & DISCOLORATION EXCLUSION FOR STEEL AND METAL PRODUCTS
- ☐ SCRATCHING, MARRING, DENTING, AND CHIPPING EXCLUDED
- ☐ TRAILER INTERCHANGE INCLUDED UP TO \$ FOR NON-OWNED TRAILERS WHEN ATTACHED TO A COVERED VEHICLE
- ☒ OTHER: **NEED ATTACHED APP TO BIND**

*The following interests are EXCLUDED under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8 on application: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, drugs/pharmaceuticals, vitamins, guns, ammunition, tires, tubes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, Hi-Fi, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

ACCEPTED BY:  DATE _____

IF THIS QUOTE IS BOUND, AN ORIGINAL SIGNED APPLICATION, ACCEPTABLE MVR'S AND HARD COPY LOSS RUNS (if more than 5 vehicles) OR SIGNED STATEMENT OF LOSS HISTORY, AND A COPY OF THE FINANCE NOTE MUST BE SUBMITTED TO THIS OFFICE WITHIN 15 DAYS FROM BINDING
COVERAGES CAN NOT BE BACK DATED.

ATTENTION APPLICANT:

☒ TXCA1A
☒ TXCA100
☒ IL0017 (11/98)
☒ CA0001 (03/06)
☒ IL0021 (09/08)
☒ CA2015 (12/04)
☒ CA0196 (03/06)
☒ CA0243 (03/01)
☒ IL0003 (09/08)

MANDATORY ENDORSEMENTS

Business Auto Coverage Form
Business Auto Schedule of Forms and Endorsements
Common Policy Conditions
Business Auto Coverage Form
Nuclear Energy Liability Exclusion
Mobile Equipment
Texas Changes
Texas Changes – Cancellation and Non Renewal
Calculation of Premium

OTHER ENDORSEMENTS

☐ TXCA1B
☐ TXCA1C
☐ CA9903
☐ CA9995
☐ CA0301
☐ CA2264
☐ CA0121
☐ CA2109
☐ CA3125
☐ CA2046A (03/92)

Business Auto Coverage Form Declarations Continued
Business Auto Schedule of Covered Autos Extension
Auto Medical Payments Coverage
Texas Supplementary Death Benefit
Deductible Liability Coverage
Texas Personal Injury Protection
Limited Mexico Coverage
Texas Uninsured/Underinsured Motorists Coverage
Texas Split Uninsured/Underinsured Motorists Coverage Limits
Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)
Texas Form F-1
Additional Insured
Exclusion of Named Driver
Loss Payable Clause
Truckers – Insurance for Non Trucking Use
Texas Truckers Endorsement
Texas Stated Amount Insurance
Cancellation Provision or Coverage Change Endorsement
Texas - Emergency Use Excluded
Professional Services Not Covered
Motor Carrier Insurance for Public Liability

☐ CA2336
☐ CA9901T
☐ CA2076
☐ CA9944
☐ CA2309
☐ CA2333
☐ CA0401
☐ CA0202A
☐ CA2037
☐ CA2018
☐ MCS-90

NOTE: Other Endorsements may apply. Refer to your policy for a complete listing.

NOTICE: THE FOLLOWING PERTAINS TO THE FAIR CREDIT REPORTING ACT.

In addition to routine verification of information pursuant to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested. If such a report is procured.

This application is not an insurance policy or an insurance contract. Your agreement to these terms **MUST BE** accepted by the insurance company before there is any insurance contract or insurance coverage, and **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant warrants that the information provided on this application is true, complete and correct based on his/her records, knowledge, and willful concealment or misrepresentation of a material fact or circumstances shall void any policy issued.


Signature of Applicant Position or Title

Date

Proxy Statement

I hereby appoint the President and Secretary of the Company, or their successors in office, with full power in either to appoint or substitute, to be the undersigned's lawful proxy and attorney in fact, and said attorney is hereby authorized and empowered to attend any policyholder meeting, or any adjournment or adjournments thereof, and to represent, vote and otherwise act for the undersigned in the same manner and with the same effect as if the undersigned were personally present. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoked by me in writing and shall be irrevocable for the full period permitted by law. I agree to be bound by the provisions of Chapter 912, Texas Insurance Code.



Signature of Named Insured

Date

Uninsured/Underinsured Motorists Coverage Acceptance/Rejection From (Must Be Signed)

As required by Section 1952.105 of the Texas Insurance Code, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Bodily Injury Coverage and Uninsured/Underinsured Property Damage Coverage in the amount up to the automobile liability coverage limits I have on this policy.

- ☒ Option 1 - I hereby reject Uninsured/Underinsured Motorist Coverage in its entirety
☐ Option 2 - I hereby reject Uninsured/Underinsured Motorist Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits indicated on this application.
☐ Option 3 - I hereby accept Uninsured/Underinsured Motorist Coverage with limits for bodily injury and property damage as indicated on this application under Uninsured/Underinsured Motorists.
☐ Option 4 - I hereby reject Uninsured/Underinsured Motorist Coverage as respects to bodily injury liability coverage in its entirety and accept property damage liability coverage as indicated on the application.

Before deciding whether to reject coverage, my Uninsured/Underinsured Motorists Coverage options were explained to me and I completely understand these options.

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicles or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.



Signature of Named Insured

Date

Rejection of Personal Injury Protection

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.



Signature of Named Insured

Date



Signature of Agent

Date