



**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)		(00072325)	BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS)
JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741			Y & K TRUCKING LLC 5730 TIMBER CREEK DRIVE PL HOUSTON, TX 77084
		PRODUCER CODE A00162	

PAYMENT SCHEDULE

A	TOTAL PREMIUMS 10,540.95	NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 845.47	WHEN PAYMENTS ARE DUE		
				FIRST INSTALLMENT DUE 10/26/2017	INSTALLMENT DUE DATES 26th (Monthly)	
SCHEDULE OF POLICIES						
B	DOWN PAYMENT 2,388.19	Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage	Policy Term
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 8,152.76	TBD	9/26/2017	C00036-Lloyds of London G00353-MD Jensvold & Co Inc. [CX:30] [FI, SR]	COMM A Ernd. Taxes/Fees Fin. Taxes/Fees	12 350.00 501.95
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 301.94					
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 8,454.70					
F	A.P.R. The Cost of Your Credit as Yearly Rate 8.001 %			TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>		10,540.95

Quote Number: 54809

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 representations 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
Q# 54809, PRN: 092517, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 76.06 Qtd For: A00162 Original

DATE

New Proposal Renewal Proposal

JLP Insurance Services
3719 Fry Rd Ste C
Katy TX 77449

2490

Proposal Number: **26894**
Proposal Date: **9/25/2017**
Policy Effective Date: **9/25/2017**
Policy Expiration Date: **9/25/2018**
Previous Policy Number:

Named Insured:

Y & K Trucking LLC

DBA Name:

MC #

Mailing Address:

5730 Timber Creek Drive Place

City/State/Zip:

Houston TX 77084

Primary Address:

5730 Timber Creek Drive Place

USDOT / TXDMV #

City/State/Zip:

Houston TX 77084

Phone Number:

305-338-1665

Business Description:

Corporation

Partnership

LLC

Individual

Other

SYMBOLS	COVERAGES	COVERAGE LIMITS	PREMIUMS
67	Commercial Auto Liability (CSL)	\$ 1,000,000	\$ 8489.00
	Personal Injury Protection	\$	\$
	Uninsured/Underinsured Motorist (CSL)	\$	\$
	Auto Medical Payments	\$	\$
	Comprehensive (Other Than Collision)	\$ No	\$
	Collision	\$ No	\$
	Additional Insured(s)	\$ No	\$
	Waiver of Subrogation(s)	\$ No	\$
	Pollution Liability	\$ No	\$
	Hired Auto Liability (Cost of Hire)	\$	\$
	Non Owned Auto Liability	\$	\$
	Trailer Interchange	\$ No	\$
	Motor Truck Cargo	\$ 100000	\$ 1200.00
	Towing & Cleanup	\$ 5000	\$ INCL
		Policy Fee & Inspection Fee	\$ 350.00
		Service Fee	\$
		Surplus Lines Tax	\$ 486.89
		Stamping Fee	\$ 15.06
		TOTAL PREMIUM:	\$ 10,540.95

Texas Personal Injury Protection Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

- I select Personal Injury Protection Coverage.**
- I reject Personal Injury Protection Coverage.**



Signature of Named Insured

Date

Texas Uninsured/Underinsured Motorists Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

- I select Uninsured/Underinsured Motorists Coverage with the following limit:**
- I reject Uninsured/Underinsured Motorists Coverage.**

Combined Single Limit	
<input type="checkbox"/>	\$ 85,000
<input type="checkbox"/>	\$ 100,000
<input type="checkbox"/>	\$ 250,000
<input type="checkbox"/>	\$ 350,000
<input type="checkbox"/>	\$ 500,000
<input type="checkbox"/>	\$ 1,000,000



Signature of Named Insured

Date

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, 2020, 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ <u>1581.14</u>
<input 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.


Policyholder/Applicant's Signature


Print Name

Date

Liberty Syndicates 2623

.....Syndicate on behalf of certain underwriters at Lloyd's

26894

Policy Number

LMA9104

12 January 2015

NAMED INSURED QUESTIONNAIRE

1. Description of Operation:	_____		
2. List all Commodities Hauled:	_____		
3. Are all owned commercial vehicles scheduled on this policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Are ICC or Federal Filings Required?			
TX DOT#	MC#	US DOT#	
5. Radius of operations: 0-50miles _____ %	50-200miles _____ %	200+ _____ %	
6. How long has the insured been in business?	_____		
7. Does the insured allow passengers to ride in units?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Is there a vehicle maintenance program in operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. Are any vehicles lease to others?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Do any units require placards?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Any Hold Harmless agreements?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Does the insured maintain MVR's on all drivers?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Hired and Non Owned Auto Coverage (If Requested)

1. Type of operation:			
2. Annual cost of hired autos	_____		
3. Does any individual or company lease autos in the insured's name?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Does the insured use owner operators or subcontractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Types of Autos hired:	_____		
6. What is the average term of lease	_____		
7. Does the insured own or have controlling interest in any other entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. How often are non-owned autos used in insured's business?	_____		
9. Do employee's lease autos on insured's behalf?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Why is hired and or non-owned coverage being requested?	_____		
11. Do your employee's use their personal autos for business purposes?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

COVERAGE CAN ONLY BE BOUND BY AN AUTHORIZED REPRESENTATIVE OF M. D. JENSVOLD & CO., INC.
BINDER IS AUTOMATICALLY CANCELLED WHEN POLICY OR CERTIFICATE IS ISSUED.

THE APPLICANT HEREBY ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE "DRIVER ELIGIBILITY STANDARDS" LISTED IN THIS APPLICATION AND HEREBY AGREES THAT THE INSURANCE COVERAGE, IF PROVIDED, WILL APPLY ONLY TO THOSE DRIVERS AND VEHICLES STATED IN THE ATTACHED SCHEDULES UNLESS OTHERWISE PROVIDED FOR IN WRITING AS REQUIRED UNDER THE INSURANCE POLICY.

Signature of Named Insured

Date

Signature of Agent

Date

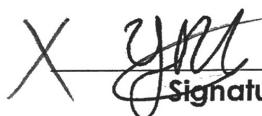
<u>Unit ID</u>	<u>Year</u>	<u>Make/Model</u>				<u>VIN</u>			<u>Age</u>
TX1	2007	KENWORTH				1XFWDB9X17J997173			
<u>Size</u> Extra-Heavy Truck-Tractors		<u>Use</u> C	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 50321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$ 100000.00		
<u>APD Comp. Ded.</u>		<u>APD Coll. Ded.</u>		<u>MTC Ded.</u>		<u>Refer. Ded.</u>	<u>Debris Ded.</u>		
\$ \$		\$ 1000		\$		\$	\$		
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u> Cotton, Iron & Steel, Flatbed commodities									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input checked="" type="checkbox"/>	<u>UNIT TOTAL</u>	
<u>COVERAGE PREMIUMS</u>		\$ 7693.00	\$	\$	\$	\$ 0	\$ 1200.00	\$	8893.00
<u>Unit ID</u>	<u>Year</u>	<u>Make/Model</u>				<u>VIN</u>			<u>Age</u>
TX2	0	WITH ATTACHED TRAILER							
<u>Size</u> Semitrailers		<u>Use</u>	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 67321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u>		<u>APD Coll. Ded.</u>		<u>MTC Ded.</u>		<u>Refer. Ded.</u>	<u>Debris Ded.</u>		
\$ \$		\$		\$		\$	\$		
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u>	
<u>COVERAGE PREMIUMS</u>		\$ 796.00	\$	\$	\$	\$ 0	\$	\$	796.00
<u>Unit ID</u>	<u>Year</u>	<u>Make/Model</u>				<u>VIN</u>			<u>Age</u>
<u>Size</u>		<u>Use</u>	<u>Radius</u>	<u>Terr./Zone</u>	<u>ISO Code</u>	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u>		<u>APD Coll. Ded.</u>		<u>MTC Ded.</u>		<u>Refer. Ded.</u>	<u>Debris Ded.</u>		
\$ \$		\$		\$		\$	\$		
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u>	
<u>COVERAGE PREMIUMS</u>		\$	\$	\$	\$	\$ 0	\$	\$	
<u>Unit ID</u>	<u>Year</u>	<u>Make/Model</u>				<u>VIN</u>			<u>Age</u>
<u>Size</u>		<u>Use</u>	<u>Radius</u>	<u>Terr./Zone</u>	<u>ISO Code</u>	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u>		<u>APD Coll. Ded.</u>		<u>MTC Ded.</u>		<u>Refer. Ded.</u>	<u>Debris Ded.</u>		
\$ \$		\$		\$		\$	\$		
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u>	
<u>COVERAGE PREMIUMS</u>		\$	\$	\$	\$	\$ 0	\$	\$	

Towing and Cleanup Extension Coverage Selection / Rejection

Unless rejected, an additional sum of \$5,000 per occurrence in respect of Towing and/or Clean Up costs, which shall apply in excess of any Scheduled Vehicle limits and shall not be considered a sub limit. In addition \$5,000 per occurrence shall apply to any Scheduled auto with Liability coverage in excess of the scheduled physical damage limits or when no limits of physical damage are listed. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided. **NO DOWNTIME COVERAGE IS PROVIDED.**

- I select Towing and Cleanup Extension Coverage with the following limit:
- I reject Towing and Cleanup Extension Coverage.

Towing and Cleanup Limit / Premium	
<input type="checkbox"/>	\$ 5,000 INCL.
<input type="checkbox"/>	\$ 10,000 USD 50 per Unit
<input type="checkbox"/>	\$ 15,000 USD 100 per Unit
<input type="checkbox"/>	\$ 20,000 USD 150 per Unit
<input type="checkbox"/>	\$ 25,000 USD 200 per Unit



Signature of Named Insured

Date