



Triumph Premium Finance  
PREMIUM FINANCE AGREEMENT

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

www.triumphtpf.com

View your client's account status online

Type of Loan

- ☐ Personal  
☒ Commercial  
☐ Additional Premium

<b>AGENT / BROKER (NAME AND BUSINESS ADDRESS)</b> JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		<b>(00063934)</b>		<b>BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS)</b> JUANA A PEREZ 9103 CE KING PKWY HOUSTON, TX 77084	
		<b>PRODUCER CODE</b> A00162			
<b>PAYMENT SCHEDULE</b>					
<b>A</b>	<b>TOTAL PREMIUMS</b> 2,179.00	<b>NUMBER OF INSTALLMENTS</b> 10	<b>AMOUNT OF EACH INSTALLMENT</b> 155.41	<b>WHEN PAYMENTS ARE DUE</b> FIRST INSTALLMENT DUE: 9/23/2017 INSTALLMENT DUE DATES: 23rd (Monthly)	
<b>B</b>	<b>DOWN PAYMENT</b> 683.80	<b>SCHEDULE OF POLICIES</b>			
<b>C</b>	<b>AMOUNT FINANCED</b> The Amount of Credit Provided on Your Behalf 1,495.20	<b>Policy Prefix and Number</b> TBD	<b>Effective Date</b> 8/23/2017	<b>Name of Insurance Carrier and Name of Managing General Agent</b> C00534-American Inter-Fidelity Exchange G00163-Scout Insurance Group (ME:20.00% , CX:0) {90%PR}	<b>Type of Coverage</b> PHYS <b>Ernd. Taxes/Fees</b> 310.00 <b>Fin. Taxes/Fees</b> 0.00
<b>D</b>	<b>FINANCE CHARGE</b> The Dollar Amount the Credit Will Cost You 58.90				
<b>E</b>	<b>TOTAL OF PAYMENTS</b> Amount Paid After Making All Scheduled Payments 1,554.10				
<b>F</b>	<b>A.P.R.</b> The Cost of Your Credit as Yearly Rate 8.505 %				
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					<b>2,179.00</b>

Quote Number: 47688

**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# 47688, PRN 082317, CFG 20/10 Monthly, RT, JLP Preferred, E/D N/A, BM Coupon, P.F. 13.99 Qtd For, A00162 Original

INFLUENCE VENDOR



Physical Damage Express Rating Solution

## Physical Damage Application

Submission Date: 8/23/2017

Requested Effective Date: 8/23/2017

Rating Number: 321635

Application For: **JUANA A PEREZ**

### Section 1 - Applicant Information

Applicant Name: <b>JUANA A PEREZ</b>		Trade or DBA:		
Applicant Mailing Address: <b>9103 CE KING PARKWAY</b>	City: <b>HOUSTON</b>	State: <b>TX</b>	County: <b></b>	Zip Code: <b>77084</b>
Principal Garage Location: (if different) <b>9103 CE KING PARKWAY</b>	City: <b>HOUSTON</b>	State: <b>TX</b>	County: <b>HARRIS</b>	Zip Code: <b>77084</b>
Business Owner: (first, last) <b>JUANA A PEREZ</b>		Title: (owner/officer/loss control/etc.)		
E-Mail Address:		Phone Number:		
Business Type: <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other				
Federal ID #: (if corporation)	Date of Authority: <b>8/23/2017</b>	U.S. DOT Number:		
MC Number:	State Docket #:	Current DOT Safety Rating:		
Operation Classification: (for-hire/private/other)	Carrier Operation: (interstate/intrastate/both)	Total Garage Locations: <b>1</b>		
Business Category(s): (i.e., dry van, flatbed, refrigerated, etc.) <b>Flatbed</b>				

### Section 2a - Coverage Requested

Coverage Type:	Requested Limits:	Details/Coverage Forms:
Physical Damage:	\$ <u>30,000</u> TIV	TIV for 1 Truck / 1 Trailers
Deductible Amount:	\$ <u>1,000</u> Amount	

### Section 2b - Supplemental Coverage Requested

Coverage Type:	Requested Limits:	Filings/Options/Coverage Forms:
Trailer Interchange:	\$ <u>No Coverage</u> Amount	Interchange Agreement Required
Terrorism Coverage:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	PD Terrorism Form Required
Non-Trucking Liability:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	*Third Party Coverage
Roadside Masters:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	*Third Party Coverage
Other Coverage:	\$ _____ Amount	

Supplemental coverage, if requested, may be issued under separate insurance policies and provided by separate insurance companies. A supplemental application may be required for requested Third Party Coverage.

### Section 3 - Radius and Area of Operations

**The Percentage Hauled entered for the Average Distance must total 100%**

Location Zip Code: 77084	1,500	Maximum Radius (miles)	City/State/County: HOUSTON , TX HARRIS
0% 0 - 25 miles	0%	25 - 50 miles	0% 50 - 100 miles
0% 100 - 200 miles	0%	200 - 300 miles	0% 300 - 500 miles
0% 500 - 1,000 miles	100%	1,000 - 1,500 miles	0% over 1,500 miles

States and Cities Traveled: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming

**Note:** The radius is measured on a straight line from the street address of an auto's principal garaging to its farthest point of regular operations.

**Section 4 - Scheduled Equipment**

Year: 2007	Make: Freightliner	Model: ST120	Serial Number (VIN): 1FUJBBCK17LV91450			
Type: Truck Tractor	GVW Class: Class 8: 33,001 lb And Over		Garage Zip: 77084	Owned?:	Value: (N/A if no PhysDam) \$20,000.00	
Lien Holder/Loss Payee: N/A		Address:		City:	State:	Zip Code:
Year: 2006	Make: Fontaine	Model: Platform	Serial Number (VIN): 13N14830361534594			
Type: Flatbed	GVW Class: Trailer		Garage Zip: 77084	Owned?:	Value: (N/A if no PhysDam) \$10,000.00	
Lien Holder/Loss Payee: N/A		Address:		City:	State:	Zip Code:

Coverage, if afforded, will be provided for specifically described equipment scheduled with the insurance company.

**NOTE:** Only complete "Lien Holder/Loss Payee" information if the above equipment have a Lien Holder.

**Section 5 - Scheduled Driver(s)**

Driver Name: (first, last) JUANA PEREZ	DOB: 5/6/1967	Married?:	Date Hired:(mm/yyyy): 7/1/2017	Driver Type: Contract Driver
License Number: 34899388	State: TX	Issue Year:(yyyy): 2014	CDL?: (yes/no) Yes	MVR Pts. (MV/Acc): No pts (0/0)

Current MVRs are required on all drivers and must be dated within 60 days of the coverage effective date.

**Section 6 - Loss History Information**

**Policy Term:**      **Power Units:**      **#Claims:**      **Incurred Losses:**      **Insurance Company Name:**

No prior coverage

Applicant must submit verifiable Hard Copy Loss Runs for the policy periods entered.

**Section 7 - General Questions**

☐ Yes ☒ No      1. Has the Applicant ever operated a trucking business under a different Authority or Name?  
If Yes, Please provide DOT#/MC# and Date of Operation (from/to):

- ☐ Yes ☒ No 2. Do you haul Hazardous Material?  
If Yes, Please describe: \_\_\_\_\_
- ☐ Yes ☒ No 3. Has the applicant ever filed for bankruptcy? If yes, enter date: N/A
- ☐ Yes ☒ No 4. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years?  
If Yes, Please explain: \_\_\_\_\_
5. Commodities Hauled: \_\_\_\_\_

**Section 8 - Billing Options and Payment Information**

- ☐ \$2,179.00 (Pay in Full with no premium financing)
- ☐ \$777.25 Down Payment with Premium Finance Agreement

**Note:** You must select one payment type in order to request coverage.

**Applicant Signature**

**Certification Statement:** I Certify all particulars herein, attached to, provided with or submitted prior to completion of this application are warranted complete and no information has been withheld or suppressed. I agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Insurer and the Applicant. I hereby authorize the Insurer or an authorized representative of the Insurer to verify all of the information I have provided in order to procure the insurance policy I am making application for. I also understand that failure to report completely and accurately may result in sanctions including but limited to voidance of the insurance policy, denial of claims and in civil or criminal penalties.

**MVR DISCLOSURE NOTICE:** In accordance with the Fair Credit Reporting Act (FCRA) your administrator and/or insurance company(s) may request limited consumer report information for purposes solely related to the underwriting and rating of insurance. The administrator and/or insurance company(s) may request MVRs for you or your driver(s) for the sole purpose of determining the insurability of your Physical Damage insurance program. The contents of your driver's MVR(s) will be compared to the underwriting criteria of the Physical Damage insurance carrier(s). By law no consumer report information acquired will be disclosed or provided to additional parties.

**FRAUD NOTICE: Please Read Carefully!**

**Texas:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

**DISCLAIMER:** THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Printed Name: Juana Perez Title: \_\_\_\_\_

**Producers Information:**

**Contact:** Juan Pereira  
**Agency:** JLP Insurance Services LLC  
**Email:** lp@jlpinsurancellc.com  
**Phone:** 281-599-3741 **Fax:** 281-599-3741

**Supplemental - Prior Applicant Experience****Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is begin entered.)**

Name:	Position Title:	DOB: (mm/dd/yyyy)
Experience Type: <input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management		Starting: (mm/dd/yyyy)

**Prior Experience History****Prior Experience: (List most recent first)**

Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
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Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				

If Prior Experience includes transportation management experience, please provide additional details below.

**Prior Management Experience**

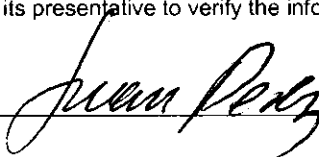
Please provide a brief description of past trucking management experience and specific management position(s) held.

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**Applicant Signature**

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the insurance company or its representative to verify the information provided above.

Applicant Signature: \_\_\_\_\_



Date: \_\_\_\_\_