



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

- ☐ Personal
☒ Commercial
☐ Additional Premium

AGENT / BROKER (NAME AND BUSINESS ADDRESS) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		(00043824)		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) DEEP HOPE TRANSPORTATION LLC 7534 OAKWOOD CANYON DR CYPRESS, TX 77493			
		PRODUCER CODE A00162					
PAYMENT SCHEDULE							
A	TOTAL PREMIUMS	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE			
	10,213.35	10	817.37	FIRST INSTALLMENT DUE 6/23/2017	INSTALLMENT DUE DATES 23rd (Monthly)		
B	DOWN PAYMENT	SCHEDULE OF POLICIES					
	2,322.67	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 7,890.68	TBD	5/23/2017	C00036-Lloyds of London G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:0] [SR]	CAUTO	12	9,377.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 283.02				Ernd. Taxes/Fees		350.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 8,173.70				Fin. Taxes/Fees		486.35
F	A.P.R. The Cost of Your Credit as Yearly Rate 7.751 %						
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>							10,213.35

Quote Number: 31088

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# 31088, PRN: 052317, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 73.58 Qtd For: A00162 Original

INPUT1 - TPFV01(08/15)

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M.D. Jensvold & Co., Inc.
Commercial Auto Insurance Proposal & Application

Underwriters at Lloyds, London

Authority Reference No.
B0429BA1703901

☐ New Proposal ☒ Renewal Proposal

JLP Insurance Services
3719 Fry Rd Ste C
Katy TX 77449

2490

Proposal Number: **20762**
Proposal Date: **5/22/2017**
Policy Effective Date: **6/16/2017**
Policy Expiration Date: **6/16/2018**
Previous Policy Number:

Named Insured: **Deep Hope Transportation LLC**

DBA Name:

Mailing Address: **7534 Oakwood Canyon Dr**

City/State/Zip: **Cypress TX 77433**

Primary Address: **4242 Katy Hockley Cut Off Rd**

City/State/Zip: **Katy TX 77493**

Phone Number: **832-270-3241**

MC #

USDOT / TXDMV #

2891853

Business Description:

☐ Corporation

☐ Partnership

☒ LLC

☐ Individual

☐ Other

SYMBOLS	COVERAGES	COVERAGE LIMITS	PREMIUMS
67	Commercial Auto Liability (CSL)	\$ 1,000,000	\$ 8057.00
	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	\$ 1320.00
	Towing & Cleanup	\$ 5000	\$ INCL
Policy Fee & Inspection Fee			\$ 350.00
Surplus Lines Tax			\$ 471.76
Stamping Fee			\$ 14.59
TOTAL PREMIUM:			\$ 10213.35

In accordance with Chapter 981.004 of the Texas Insurance Code we have not been able to obtain the broad coverage offered within this insurance policy through a diligent search effort within the admitted market.