

Paramount Acceptance Corporation

PO Box 131447
Tyler TX 75703
Toll Free: 866-514-2200
Local: 903-842-3098
Fax: 866-514-2300

PREMIUM FINANCE AGREEMENT - Truth in Lending Disclosures

Borrower	Agent
Yaritza Santa Cruz [] 548 FM 1489 Brookshire Brookshire TX 77423 Phone: Please Provide	JLP Agency Services 3719 Fry Road Ste C Katy TX 77449
Physical Address: 548 FM 1489 Brookshire Brookshire TX 77423 Alt Phone:	SSN/TaxID: Phone: (281)599-3741 Fax: (281)599-3840
[0]	

TOTAL PREMIUMS	DOWN PAYMENT	AMOUNT FINANCED	FINANCE CHARGE	TOTAL OF PAYMENTS	APR
\$1,228.50	\$365.70	\$862.80	\$80.00	\$942.80	19.75 %

PAYMENT SCHEDULE	NUMBER OF PAYMENTS	PAYMENT FREQUENCY	AMOUNT OF EACH PAYMENT	FIRST PAYMENT DUE DATE	MONTHLY DUE DATE
	10	Monthly	\$ 94.28	9/14/2017	14th

SECURITY: You are giving a security interest in unearned premiums and loss payments on the insurance policy being purchased.

LATE CHARGE: If a payment is late 10 days or more, you will be charged 5 1/2 % for each \$1.00 of such payments.

PREPAYMENT: If you pay off early you may be entitled to a refund of part of the finance charge, but on loans of \$100 or less, you will not be entitled to a refund of any part of the finance charge called an "acquisition charge." See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

FOR VALUE RECEIVED, the undersigned INSURED, jointly and severally, if more than one, promises to pay to the order of the above identified LENDER at the address of LENDER stated above, the Total of Payments in consecutive monthly payments as shown herein, with any unpaid balance and all unpaid additional charges due on the same date on which the final installment is due, and authorizes LENDER to pay the insurance company or its authorized agent the premium set forth herein.

POWER OF ATTORNEY-NOTICE TO INSURER

INSURED hereby agrees to and acknowledges this combined Premium Finance Agreement and Truth-in-Lending Disclosure was completed as to all of its provisions and disclosures before it was signed by INSURED and a copy thereof was delivered to INSURED at the time of signing

X _____
Signature of INSURED

_____ Date _____

This is to inform you and to certify that the premium for this policy(ies) has been financed and to further state that in recognition of the several possibilities which might cause my inability or failure to pay any insurance premium installments when due, I do irrevocably make, constitute, and appoint PARAMOUNT PREMIUM FINANCE, P.O. Box 131447 TYLER TX 75703 (hereinafter called LENDER) and its assigns my true and lawful attorney for me to cancel and collect all returned premiums on the above listed insurance policy(ies); and LENDER and its assigns is further authorized and empowered to execute all necessary written instruments, lost policy releases, and notices in connection therewith and to do whatever is necessary in the cancellation of such policy(ies).

X _____
Signature of INSURED

_____ Date _____

AGENT'S AGREEMENT

THE UNDERSIGNED WARRANTS AND REPRESENTS THAT:

- (1) This agreement was completed as to all of its provisions and disclosures before it was signed by INSURED and a copy was delivered to INSURED upon signing
- (2) The signature of INSURED is genuine
- (3) LENDER will be notified of any and all changes in the terms of said policy(ies)
- (4) This contract is binding only when accepted and approved by LENDER
- (5) Undersigned is not the agent of the LENDER, and a payment to agent does not constitute a payment to the LENDER
- (6) Any refund of premium by the insurance company will be promptly endorsed and forwarded to LENDER
- (7) A copy of the insurance policy application(s) is attached hereto and a copy of the insurance policy(ies) will be forwarded promptly to LENDER
- (8) None of the insurance policies require the insurance company to give more than 10 days notice of cancellation after receiving notice of cancellation from LENDER [] (check if applicable) except policy no. _____ which requires _____ days notice
- (9) The insurance company [] is [] is not admitted before the Texas Department of Insurance
- (10) The premiums on the policy(ies) are not subject to acceleration [] (check if applicable) except policy no. _____
- (11) The cash down payment has been paid by INSURED

X _____
Signature of Agent