



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		(00054686)		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) SRT EXPRESS LLC 18823 N LYFORD DR KATY, TX 77449 (281) 607-0502	
		PRODUCER CODE A00162			
PAYMENT SCHEDULE					
TOTAL PREMIUMS A 11,415.00		NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 934.24	WHEN PAYMENTS ARE DUE FIRST INSTALLMENT DUE 8/18/2017 INSTALLMENT DUE DATES 18th (Monthly)	
DOWN PAYMENT B 2,406.20		SCHEDULE OF POLICIES			
		Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage
AMOUNT FINANCED C The Amount of Credit Provided on Your Behalf 9,008.80		TBD	8/10/2017	C00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc [ME:20.000 %, CX:30] [FI: 90%PR]	BUS 12
FINANCE CHARGE D The Dollar Amount the Credit Will Cost You 333.60		TBD	7/18/2017	C00094-Canal Indemnity Company G00163-Scout Insurance Group [ME 25.000 %, CX:30] [90%PR]	CARGO 12
TOTAL OF PAYMENTS E Amount Paid After Making All Scheduled Payments 9,342.40					
A.P.R. F The Cost of Your Credit as Yearly Rate 8.000 %					
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					11,415.00

Quote Number: 39057

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 (loss 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# 39057 PRN: 07/17/17 OFG 20/10 Monthly RT JLP Preferred DD N/A, BM Coupon, P/F 84.00 Qtd For A00162 Original

DATE

INPUT1 : TFFV01-08/15:

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4284 - JLP Agency Services
3719 N Fry Rd, Suite C
Katy, TX 77449
281-599-3741
281-599-3840

Texas Specialty Underwriters, Inc. - 0500
Tammy McGregor
510 Turtle Cove Ste 200
Rockwall, Tx 75087
972-771-5653
972-722-5392

Hallmark County Mutual Insurance Company (A-Excellent VIII)

Auto Rating Version 0 - Texas Rating #4.45000

New Quote ☐ Renewal Quote ☒

Quote Number: RNL-A42510392-00
Policy Number:
Expiring Policy Number: A42510392
Approval Code: HCM012017

Quote Date: 07/13/2017
Quote Time: 13:58
Policy Effective Date: 08/10/2017
Policy Expiration Date: 08/10/2018
Term: 12 months

Insured Name:
DBA / Name 2: SRT EXPRESS LLC
Mailing Address: 18823 NORTH LYFORD
City/State/Zip: KATY, TX 77449

Primary Address: 18823 NORTH LYFORD
City/State/Zip: KATY, TX 77449
Telephone Number: 281 607 0502

State Filing: 835089VOID

ICC Filing: 983474
DOT Number: 2917883

REMARKS

SUBJECT TO CURRENT MVRs MAXIMUM OF 2 CANCELLATIONS ALLOWED PER POLICY TERM
IFTA reports are needed with an ICC Filing
SUBJECT TO INSPECTION. SUBJECT TO COMPLETED AND SIGNED COMPANY APPLICATION
POLICY CONTAINS NAMED DRIVER EXCLUSION

Previous Carrier: HALLMARK

Type of Cargo Hauled: BUILDING MATERIALS, PIPE

BUSINESS DESCRIPTION
TRUCKMAN

☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Organization Other than Above

Coverage:

07	BODILY INJURY	1,000,000	\$	8477.00
	PROPERTY DAMAGE	INCLUDED	\$	0.00
	COMP (OTC)	See Unit Info	\$	694.00
	COLLISION	See Unit Info	\$	1022.00
	PERSONAL INJURY PROTECTION	None	\$	0.00
	Uninsured/Underinsured Motorist	None	\$	0.00
	ADDITIONAL INSURED (FULLY EARNED)	0	\$	0.00
	WAIVER OF SUBROGATION (FULLY EARNED)	0	\$	0.00
	FILINGS REQUIRED : ICC and State and DOT	Yes	\$	
	MEXICO LIMITED COVERAGE	No	\$	
08	Hired Auto	No	\$	0.00
09	Non Owned Auto	No	\$	0.00
	Bob Tail Liability Coverage	No	\$	
	Trailer Interchange		\$	0.00
	Hired Car Physical Damage		\$	0.00
	Non Owned Trailer Physical Damage		\$	0.00
	Employee Driving Records:	1.000	Subtotal	\$ 10193.00
	Renewal Discount:	5%	MVR Fee	\$ 0.00
	Total Applied Liability Factor:	1.15	Misc Fees (FULLY EARNED)	\$ 0.00
	Total Applied Physical Damage Factor:	1.15	Policy Fee (FULLY EARNED)	\$ 150.00
			ATP Authority Fee	\$ 4.00
			TOTAL	\$ 10347.00

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.

(X)

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.

(X)

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.

(X)

Signature of Named Insured

Date

Signature of Agent

Date

ATTENTION APPLICANT:

MANDATORY ENDORSEMENTS

<input checked="" type="checkbox"/>	TXCA1A	Business Auto Coverage Form
<input checked="" type="checkbox"/>	TXCA100	Business Auto Schedule of Forms and Endorsements
<input checked="" type="checkbox"/>	IL0017 (11/98)	Common Policy Conditions
<input checked="" type="checkbox"/>	CA0001 (03/06)	Business Auto Coverage Form
<input checked="" type="checkbox"/>	IL0021 (09/08)	Nuclear Energy Liability Exclusion
<input checked="" type="checkbox"/>	CA2015 (12/04)	Mobile Equipment
<input checked="" type="checkbox"/>	CA0196 (03/06)	Texas Changes
<input checked="" type="checkbox"/>	CA0243 (03/01)	Texas Changes – Cancellation and Non Renewal
<input checked="" type="checkbox"/>	IL0003 (09/08)	Calculation of Premium

OTHER ENDORSEMENTS

<input checked="" type="checkbox"/>	TXCA1B	Business Auto Coverage Form Declarations Continued
<input type="checkbox"/>	TXCA1C	Business Auto Schedule of Covered Autos Extension
<input type="checkbox"/>	CA9903	Auto Medical Payments Coverage
<input type="checkbox"/>	CA9995	Texas Supplementary Death Benefit
<input type="checkbox"/>	CA0301	Deductible Liability Coverage
<input type="checkbox"/>	CA2264	Texas Personal Injury Protection
<input type="checkbox"/>	CA0121	Limited Mexico Coverage
<input type="checkbox"/>	CA2109	Texas Uninsured/Underinsured Motorists Coverage
<input type="checkbox"/>	CA3125	Texas Split Uninsured/Underinsured Motorists Coverage Limits
<input type="checkbox"/>	CA2046A (03/92)	Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)
<input checked="" type="checkbox"/>	CA2336	Texas Form F-1
<input type="checkbox"/>	CA9901T	Additional Insured
<input checked="" type="checkbox"/>	CA2076	Exclusion of Named Driver
<input type="checkbox"/>	CA9944	Loss Payable Clause
<input type="checkbox"/>	CA2309	Truckers – Insurance for Non Trucking Use
<input type="checkbox"/>	CA2333	Texas Truckers Endorsement
<input checked="" type="checkbox"/>	CA0401	Texas Stated Amount Insurance
<input type="checkbox"/>	CA0202A	Cancellation Provision or Coverage Change Endorsement
<input type="checkbox"/>	CA2037	Texas - Emergency Use Excluded
<input type="checkbox"/>	CA2018	Professional Services Not Covered
<input checked="" type="checkbox"/>	MCS-90	Motor Carrier Insurance for Public Liability

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



**COMMERCIAL TRUCK
INSURANCE APPLICATION**
1-15 Units

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit based insurance score will not be used other than the underwriting of the commercial automobile insurance for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score is a factor in determining your eligibility for commercial automobile, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a credit report, including but not limited to a credit based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal.

Applicant Signature

Date

07/18/2017

For Arkansas Applicant Only: I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy.

I understand and acknowledge that uninsured, underinsured and no-fault coverage, where applicable and/or required, have been offered to me. I have selected the limit(s) indicated on this application unless other limits are indicated and selected on a supplemental selection/rejection form.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify Canal Insurance Company otherwise in writing.

Signature of **APPLICANT**

Signature of **AGENT**
of the Applicant

Type or Print Applicant Name

Agency Name

Title or Relationship to Applicant

Address of Agency

Date and Time Application Completed

Phone # of Agency

Requested Effective Date and Time

Phone # of Applicant

Fax # of Agency

Fax # of Applicant

Canal General Agent Use Only
Date and Time Received