



**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		(00069598)	BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) KAYCEE SKYEAGLE / SKYBOYS TRUCKING 16100 CAIRNWAY DR # 335 HOUSTON, TX 77084	
		PRODUCER CODE A00162		
PAYMENT SCHEDULE				
A	TOTAL PREMIUMS 16,602.95	NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 1,349.32	WHEN PAYMENTS ARE DUE FIRST INSTALLMENT DUE 10/14/2017 INSTALLMENT DUE DATES 14th (Monthly)
B	DOWN PAYMENT 3,562.19	SCHEDULE OF POLICIES		
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 13,040.76	Policy Prefix and Number TBD	Effective Date 9/14/2017	Name of Insurance Carrier and Name of Managing General Agent C00002-Hallmark County Mutual Ins. Company G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:0] [90%PR]
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 452.44	Policy Prefix and Number TBD	Effective Date 9/14/2017	Name of Insurance Carrier and Name of Managing General Agent C00034-Evanston Insurance Co G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:0] [90%PR]
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 13,493.20			Type of Coverage CAUTO 12 Ernd. Taxes/Fees 152.00 Fin. Taxes/Fees 0.00 CARGO 12 Ernd. Taxes/Fees 150.00 Fin. Taxes/Fees 328.95
F	A.P.R. The Cost of Your Credits as Yearly Rate 7.500 %			
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>				16,602.95

Quote Number: 52548

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.

Kaycee
SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED AGENT OF BORROWER(S)

09/14/2017
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
Q# 52548, PRN: 091417, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 121.45 Qtd For: A00162 Original

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 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 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 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

09/14/2017
Date

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) Forrester
Signature of Named Insured

09/14/17
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) Forrester
Signature of Named Insured

09/14/17
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) Forrester
Signature of Named Insured

09/14/17
Date

[Signature]
Signature of Agent

Date

thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in Maine only.

Notice to Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota applicants: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other 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.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

X #aylee
Applicant's Signature

09/14/17
Date

Agent's Signature

Date

