

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 Physical Address: SSN/TaxID: 548 FM 1489 Brookshire Brookshire TX 77423 Alt Phone:	JLP Agency Services 3719 Fry Road Ste C Katy TX 77449 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

Signature of INSURED

Date 09/20/17

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 _____ Date _____
Signature of INSURED

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

**NON-NEGOTIABLE /
NON-TRANSFERABLE**

**INSURANCE PREMIUM FINANCE
CONTRACT AND DISCLOSURE STATEMENT**



RELIANCE
PREMIUM FINANCE INC.

Assigned to / Serviced by: PREMCO FINANCIAL CORP.
(269) 375-3936 ph • (269) 375-6913 fax
PO Box 19367, Kalamazoo, MI 49019-0367

INSURED YARITZA SANTA CRUZ

548 FM 1489
Brookshire, TX 77423

AGENT JLP Insurance Services, LLC
3719 Fry Rd STE C
Katy, TX 77449

☒ **COMMERCIAL**
☐ **NON-PROFIT**
☐ **PERSONAL**

INSURED'S PHONE # 832 883-9425

AGENT'S PHONE # 2815993741

QUOTE # 149868.1

PAYMENT SCHEDULE

A COMPLETE LISTING OF POLICY DETAIL IS SHOWN ON PAGE 3

AMOUNT OF EACH PAYMENT	NUMBER OF PAYMENTS	TOTAL OF PAYMENTS	PAYMENTS ARE DUE ACCORDING TO THE BILLING SCHEDULE BELOW UNTIL PAID IN FULL		YOUR PAYMENT METHOD		
			FIRST PAYMENT DUE DATE	BILLING SCHEDULE	COUPON BOOK	EFT	MONTHLY STATEMENT
\$980.50	10	\$9,805.00	9/22/2017	Monthly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**** AGENT: PLEASE COLLECT ANY PAYMENT(S) DUE WITHIN 5 DAYS OF THE 1st PAYMENT DUE DATE ****

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

(A) TOTAL PURE PREMIUM(S) Excludes taxes & fees	(B) TOTAL POLICY TAXES Included in Amount Financed	(C) TOTAL POLICY FEES Included in Down Payment	(D) TOTAL PREMIUMS A + B + C	(E) DOWN PAYMENT Payable to Agent & due at signing	(F) AMOUNT FINANCED The amount of credit provided to you or on your behalf	(G) FINANCE CHARGE The dollar amount the credit will cost you - Incl. Setup Fee -	(H) TOTAL SALES PRICE E + F + G
\$11,536.00	\$0.00	\$250.00	\$11,786.00	\$2,557.20	\$9,228.80	\$576.20	\$12,362.20
1. SECURITY: I, the insured, am giving PREMCO, its successors and/or assigns, a security interest in all gross unearned premiums and loss payments on the insurance policy(s) being financed.					(I) INTEREST RATE The cost of your credit as a yearly rate for interest only 13.4%	(J) APR - ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate - Incl. Setup Fee - 13.4%	(K) SETUP FEE Included in Finance Charge & APR \$0.00

**The Terms of this Contract are valid
for 30 days from 9/20/2017**

2. DELINQUENT CHARGES AND/OR CANCELLATION CHARGES: For any installment in default 10 days or more, I, the insured, agree to pay PREMCO a delinquent and/or cancellation charge up to the maximum permitted by law.

Pay Online at: www.go-premco.com

Mail Payments to PREMCO: PO Box 19367 Kalamazoo, MI 49019-0367 269-375-3936 (ph)

SECURITY AGREEMENT

In consideration of the payment by Premco Financial Corporation located at 9490 Almena Dr., Kalamazoo, MI 49009 (herein referred to as PREMCO) of the amount financed to the Insurer, Agent, Broker or General Agent, the undersigned insured, jointly and severally, if more than one, hereby grants to PREMCO a security interest in all gross unearned premiums and the amount of any loss payable under the insured's insurance policy wherever located and whether paid or payable and promises to pay to the order of PREMCO at the address stated above, the TOTAL OF PAYMENTS in accordance with the PAYMENT SCHEDULE, as shown in the Federal Truth-In-Lending Disclosure Statement, and any additional charges permitted by this contract, which remains the insured's OBLIGATION until paid in full. NOTICE: THIS CONTRACT IS SUBJECT TO THE ADDITIONAL TERMS AND CONDITIONS AS SET FORTH ON PAGE #2 AND PARAGRAPHS #1 AND #2 ABOVE.

IMPORTANT NOTICE

1) READ THIS CONTRACT BEFORE YOU SIGN. 2) DO NOT SIGN THIS CONTRACT IF IT CONTAINS BLANK SPACES. 3) YOU ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME YOU SIGN. 4) KEEP A COPY OF THIS CONTRACT TO PROTECT YOUR RIGHTS. 5) UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS, TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 6) INSURED WARRANTS: (A) TO HAVE EXECUTED THIS CONTRACT AND RECEIVED A COPY THEREOF; (B) IF THE INSURED IS A LLC OR CORPORATION, THAT THE UNDERSIGNED IS A MEMBER OF THE LLC OR AN OFFICER OF SAID CORPORATION AND AUTHORIZED TO EXECUTE THIS CONTRACT ON BEHALF OF THE LLC OR CORPORATION; (C) IF THE INSURED IS NOT A LLC OR CORPORATION, AUTHORIZED INSURED(S) HAVE SIGNED.

BLANK SPACES: I hereby allow PREMCO to fill in those spaces, which refer to the name of the insurer, the policy number(s) and the due date of the first installment if the insurance policy(s) have not been issued at the time of my signing this contract.

I, THE INSURED, HAVE READ THIS CONTRACT, UNDERSTAND IT CLEARLY AND AGREE TO THE TERMS AND CONDITIONS HEREIN. I, THE AGENT OR BROKER, WARRANT THE AUTHENTICITY OF THE INSURED'S SIGNATURE, AGREE WITH THE VENUE CONDITION ON PAGE #2 PARAGRAPH #16, AND AGREE TO THE TERMS AND CONDITIONS OF MY WARRANTY AND GUARANTY OF PAYMENT AGREEMENT ON PAGE #2 OF THIS PREMIUM FINANCE CONTRACT.

INSURED NAME	SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE	TITLE	DATE
AGENT OR BROKER	SIGNATURE OF AGENT OR BROKER	TITLE	9/20/2017 DATE