

**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

A JLP Insurance Services, LLC
G 3719 Fry Rd STE C
E Katy, TX 77449
N
T

☒ **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
\$1,288.91	10	\$12,889.10	9/14/2017	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
\$14,946.00	\$178.00	\$400.00	\$15,524.00	\$3,424.80	\$12,099.20	\$789.90	\$16,313.90
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.				The Terms of this Contract are valid for 30 days from 8/14/2017		(I) INTEREST RATE The cost of your credit as a yearly rate for interest only 14%	(J) APR - ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate - Incl. Setup Fee - 14%
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.						(K) SETUP FEE Included in Finance Charge & APR \$0.00	

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 WARRANTIES: (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.

Yaritza Santa Cruz
INSURED NAME

[Signature]
SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE

08-18-2017
TITLE DATE

AGENT OR BROKER

SIGNATURE OF AGENT OR BROKER
Page 1 of 3

8/14/2017
TITLE DATE

POLICY SCHEDULE



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QUOTE # 149868.1

#	COVERAGE TYPE	POLICY #	INSURANCE COMPANY GENERAL AGENT / BROKER	EFFECT DATE	TERM (months)	M.E.P. %	PREMIUM SUMMARY
1	AUTO COMMERCIAL		Global Hawk Insurance RRG Livermore CA Global Century Insurance Brokers Livermore CA	8/14/2017	12	20%	Pure Premium \$11,536.00 Policy Taxes \$0.00 Earned Fees \$250.00
2	PHYSICAL DAMAGE		Lloyds of London LONDON GLA Paramount Acceptance Corporation Tyler TX	8/14/2017	12	20%	Pure Premium \$3,410.00 Policy Taxes \$178.00 Earned Fees \$150.00
3							Pure Premium Policy Taxes Earned Fees
4							Pure Premium Policy Taxes Earned Fees
5							Pure Premium Policy Taxes Earned Fees
6							Pure Premium Policy Taxes Earned Fees
7							Pure Premium Policy Taxes Earned Fees
8							Pure Premium Policy Taxes Earned Fees
9							Pure Premium Policy Taxes Earned Fees
10							Pure Premium Policy Taxes Earned Fees
11							Pure Premium Policy Taxes Earned Fees
12							Pure Premium Policy Taxes Earned Fees
							TOTAL Pure Premium \$14,946.00
							TOTAL Policy Taxes \$178.00
							TOTAL Earned Fees \$400.00
							GRAND TOTAL Policy Premium \$15,524.00

Initialed *XSCP*
 Date *2018-18-2017*

August 11, 2017

Attn: JLP Insurance Services
Re: Yaritza Santa Cruz Pacheco DBA Yaritza Pacheco Trucking
Quote: F90998744

This quote was based on the following information (and is valid for up to 30 days) :

Garaging City: Richmond, TX
Vehicles: 1999 FRHT
Drivers: Yainer Vazquez
Radius: 101-500 Miles (Intrastate Only)
Commodities: Sand & Gravel
Pull: Single
Losses: Per Loss Runs Provided
Filings: Form E
U.M.: Rejected
P.I.P.: Rejected
Yrs. in Bus.: New Venture

Additional Coverages:

Earned Freight: None
Debris Removal (Cargo): None
Debris Removal (P.D.): None
Tarpaulin Coverage: None
Towing Labor Storage: None
TRIA (Cargo): Rejected
TRIA (P.D.): Rejected

Liability	Limit:	\$1,000,000	Deductible:	\$1,000	Premium:	\$11,536
	Carrier:	Global Hawk Insurance Company, RRG.			Policy Fee:	\$200
Primary Cargo	Limit:	\$0	Deductible:	\$0	Premium:	\$0
	Carrier:	None	Reefer Ded.:	\$0	Policy Fee:	\$0
Excess Cargo	Limit:	\$0	Deductible:	\$0	Premium:	\$0
	Carrier:	None	Reefer Ded.:	\$0	Policy Fee:	\$0
Physical Damage	Limit:	\$0	Deductible:	\$0	Premium:	\$0
	Carrier:	None	Reefer Ded.:	\$0	Policy Fee:	\$0
Deductible doubled for losses arising from fire, theft, upset, overturn, rollover or jack knife					SLA Tax:	\$0.00
					TRIA:	\$0.00
					Association Fee:	\$0
Deductible doubled for losses arising from fire, theft, upset, overturn, rollover or jack knife					SLA Tax:	\$0.00
					TRIA:	\$0.00
					Association Fee:	\$0
Total of Premiums: \$					Total Fees:	\$250
					Total Tax:	\$0.00

Down Payment Break Down: 25% of Premium - 10% Broker Commission = 15% of Premium (Including taxes and fees)
* Check to be made payable to Global Century Insurance *

Continued on next page >>>>

PHYSICAL DAMAGE QUOTE

August 14, 2017

TO: JLP INS. -- LOUIS

FROM: Chuck Crandell

Account YARITZA SANTA CRUZ
Name:

COVERAGE: Automobile Physical Damage - Carriers interest subject to: Terms,
Conditions, limitations, and exclusions
Comprehensive and Collision ☒
Specified Perils and Collision ☐
25% Minimum Earned

SECURITY: CERTAIN UNDERWRITERS AT LLOYDS LONDON

TOTAL INSURED VALUE: \$62,000
RATE: 5.5%

DEDUCTIBLE: \$1,000 Each and Every Loss

CONDITIONS:

- ☒ NEED FULL VIN NUMBERS ALL VEHICLES
- ☒ NEED CURRENT MVR ALL DRIVERS
- ☒ NEED HARD COPY CURRENTLY VALUED LOSS
RUNS PAST THREE YEARS
- ☒ PLEASE PROVIDE LEINHOLDER INFORMATION AT
BINDING
- ☒ DOUBLE DEDUCTIBLE APPLIES TO CLAIMS WHILE
DUMPING

PREMIUM: \$3,410. FEE: \$150. TAX: \$178.00 TOTAL: \$3,738.00

NTL: CSL PREMIUM: \$ TOTAL ALL: \$

COMMISSION: 10%

OTHER: NEED ATTACHED APP AND MVR. NEED LOSS RUN OR ATTACHED LOSS
STATEMENT TO BIND

IF THIS QUOTE IS BOUND, THE PROPER ORIGINAL SIGNED APPLICATION, ACCEPTABLE
MVR'S AND HARD COPY LOSS RUNS (if more than 5 vehicles) OR SIGNED STATEMENT OF
LOSS HISTORY. **COVERAGE CAN NOT BE BACK DATED!**