



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		(00089662)		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) SA CHACON TURBO LLC 11815 GOOD SPRING CLV HOUSTON, TX 77067	
		PRODUCER CODE A00162			
PAYMENT SCHEDULE					
A	TOTAL PREMIUMS	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE	
	11,450.25	10	906.06	FIRST INSTALLMENT DUE 12/22/2017	INSTALLMENT DUE DATES 22nd (Monthly)
SCHEDULE OF POLICIES					
B	DOWN PAYMENT	Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage
	2,713.25	TBD	11/22/2017	C00036-Lloyds of London G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:30] [FI, 90%PR]	CAUTO
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf				Policy Term
	8,737.00				12
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You				Gross Premium
	323.60				10,376.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments				Ernd. Taxes/Fees
	9,060.60				529.00
F	A.P.R. The Cost of Your Credit as Yearly Rate				Fin. Taxes/Fees
	8.001 %				545.25
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					11,450.25

Quote Number: 69179

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 (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

DATE

Q# 69179, PRN: 112217, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 81 54 Qtd For: A00162 Original

INPLT1 - TPFV01(08/15)

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M.D. Jensvold & Co., Inc.
Commercial Auto Insurance Proposal & Application

Underwriters at Lloyds, London

Authority Reference No.

B0429BA1703901

☒ New Proposal ☐ Renewal Proposal

JLP Insurance Services
3719 Fry Rd Ste C
Katy TX 77449

2490

Proposal Number: **30719**
Proposal Date: **11/21/2017**
Policy Effective Date: **11/21/2017**
Policy Expiration Date: **11/21/2018**
Previous Policy Number:

Named Insured: **SA Chacon Turbo LLC**
DBA Name:
Mailing Address: **11815 Good Spring Drv**
City/State/Zip: **Houston TX 77067**

Primary Address: **11815 Good Spring Drv**
City/State/Zip: **Houston TX 77067**
Phone Number: **PENDING**

MC #

PENDING

USDOT / TXDMV #

PENDING

Business Description:

☐ Corporation ☐ Partnership ☒ LLC ☐ Individual ☐ Other

SYMBOLS	COVERAGES	COVERAGE LIMITS	PREMIUMS
67	Commercial Auto Liability (CSL)	\$ 1,000,000	\$ 8936.00
	Personal Injury Protection	\$	\$
	Uninsured/Underinsured Motorist (CSL)	\$	\$
	Auto Medical Payments	\$	\$
	Comprehensive (Other Than Collision)	\$ No	\$
	Collision	\$ No	\$
	Additional Insured(s)	\$ No	\$
	Waiver of Subrogation(s)	\$ No	\$
	Pollution Liability	\$ No	\$
	Hired Auto Liability (Cost of Hire)	\$	\$
	Non Owned Auto Liability	\$	\$
	Trailer Interchange	\$ No	\$
	Motor Truck Cargo	\$ 100000	\$ 1440.00
	Towing & Cleanup	\$	\$

QUOTE SUBJECT TO:

Written request to bind
Signed & Completed Attached Lloyds Application
Favorable MVR's. Minimum 2+ yrs Experience w/ Proper Licensing
COMPLETE AND UPDATED LOSS RUNS
No Team Driving
Unique TXDMV/USDOT/MC Numbers if filing needed
Quotes based on hauling building material, pipes, & lumber
Must have valid contact phone number for insured

Policy Fee & Inspection Fee	\$ 350.00
Service Fee	\$ 179.00
Surplus Lines Tax	\$ 528.89
Stamping Fee	\$ 16.36
TOTAL PREMIUM:	\$ 11,450.25

**DRASTIC GROWTH WITH OWNER OPERATORS IS NOT DESIRED;
IF ACCOUNT EXCEEDS 10 UNITS UNDERWRITER MUST BE NOTIFIED**

Texas Personal Injury Protection Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

☐ I select Personal Injury Protection Coverage.

☐ I reject Personal Injury Protection Coverage.

Signature of Named Insured

Date

Texas Uninsured/Underinsured Motorists Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

☐ I select Uninsured/Underinsured Motorists Coverage
with the following limit:

☐ I reject Uninsured/Underinsured Motorists Coverage.

Combined Single Limit	
<input type="checkbox"/>	\$ 85,000
<input type="checkbox"/>	\$ 100,000
<input type="checkbox"/>	\$ 250,000
<input type="checkbox"/>	\$ 350,000
<input type="checkbox"/>	\$ 500,000
<input type="checkbox"/>	\$ 1,000,000

Signature of Named Insured

Date

NAMED INSURED QUESTIONNAIRE

1. Description of Operation: _____
2. List all Commodities Hauled: _____
3. Are all owned commercial vehicles scheduled on this policy? ☐ YES ☐ NO
4. Are ICC or Federal Filings Required?
TX DOT# _____ MC# _____ US DOT# _____
5. Radius of operations: 0-50miles _____% 50-200miles _____% 200+ _____%
6. How long has the insured been in business? _____
7. Does the insured allow passengers to ride in units? ☐ YES ☐ NO
8. Is there a vehicle maintenance program in operation? ☐ YES ☐ NO
9. Are any vehicles lease to others? ☐ YES ☐ NO
10. Do any units require placards? ☐ YES ☐ NO
11. Any Hold Harmless agreements? ☐ YES ☐ NO
12. Does the insured maintain MVR's on all drivers? ☐ YES ☐ NO

HIRED AND NON OWNED AUTO COVERAGE (IF REQUESTED)

1. Type of operation: _____
2. Annual cost of hired autos _____
3. Does any individual or company lease autos in the insured's name? ☐ YES ☐ NO
4. Does the insured use owner operators or subcontractors? ☐ YES ☐ NO
5. Types of Autos hired: _____
6. What is the average term of lease _____
7. Does the insured own or have controlling interest in any other entity? ☐ YES ☐ NO
8. How often are non-owned autos used in insured's business? _____
9. Do employee's lease autos on insured's behalf? ☐ YES ☐ NO
10. Why is hired and or non-owned coverage being requested? _____
11. Do your employee's use their personal autos for business purposes? ☐ YES ☐ NO

COVERAGE CAN ONLY BE BOUND BY AN AUTHORIZED REPRESENTATIVE OF M. D. JENSVOLD & CO., INC.
BINDER IS AUTOMATICALLY CANCELLED WHEN POLICY OR CERTIFICATE IS ISSUED.

THE APPLICANT HEREBY ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE "DRIVER ELIGIBILITY STANDARDS" LISTED IN THIS APPLICATION AND HEREBY AGREES THAT THE INSURANCE COVERAGE, IF PROVIDED, WILL APPLY ONLY TO THOSE DRIVERS AND VEHICLES STATED IN THE ATTACHED SCHEDULES UNLESS OTHERWISE PROVIDED FOR IN WRITING AS REQUIRED UNDER THE INSURANCE POLICY.

Signature of Named Insured

Date

Signature of Agent

Date

Towing and Cleanup Extension Coverage Selection / Rejection

In respect of Towing and/or Clean Up costs, coverage will apply for the limits listed below in which a premium is paid, in excess of the scheduled physical damage limits. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided. **NO DOWNTIME COVERAGE IS PROVIDED.**

The term "**TOWING**" shall be defined as the transportation, moving, carrying, parking or storing of an insured vehicle or vehicles from the scene of a covered loss to the nearest or designated repair facility. TOWING does not apply due to mechanical breakdown.

The term "**CLEANUP**" shall be defined as clean-up charges incurred following and as a direct result of a covered loss.

If we are required to pay any amount above the limit of coverage stated in this endorsement to Towing and/or Cleanup, the amount paid in excess of the limit will be deducted from any payment made to you under Physical Damage coverage for the same occurrence.

- ☐ I select Towing and Cleanup Extension Coverage with the following limit:
- ☐ I reject Towing and Cleanup Extension Coverage.

Towing and Cleanup		
	Limit	Premium
<input type="checkbox"/>	\$ 5,000	USD 50 per Unit
<input type="checkbox"/>	\$ 10,000	USD 100 per Unit
<input type="checkbox"/>	\$ 15,000	USD 150 per Unit
<input type="checkbox"/>	\$ 20,000	USD 200 per Unit
<input type="checkbox"/>	\$ 25,000	USD 250 per Unit

I hereby acknowledge that I have read this document in its entirety and I understand the above selection I have made and the effect it will have on the coverage under my policy, if provided.

Print Name

Signature of Named Insured

Date

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 1717.54
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Liberty Syndicates 2623
.....Syndicate on behalf of
certain underwriters at Lloyd's

Print Name

30719

Policy Number

Date



LMA9104

12 January 2015

Texas **LIMITED TERM DRIVER LICENSE** USA TX

4d DL **38063775** 9 Class **C**
4a Iss **08/18/2014** 4b Exp **09/29/2015**
3 DOB **09/04/1975**
1 VERDECIA SARDINA
2 ROLANDO
8 6005 S GESSNER APT 2274
HOUSTON TX 77036

12 Restrictions **NONE** 9a End **NONE**
16 Hgt **5-08** 15 Sex **M** 18 Eyes **BRO**
5 DD 63210470189128987888



Texas **NON-RESIDENT COMMERCIAL DRIVER LICENSE** USA TX

4d CDL **38063775** 9 Class **A**
4a Iss **01/13/2015** 4b Exp **09/29/2015**
3 DOB **09/04/1975**
1 VERDECIA SARDINA
2 ROLANDO
8 6005 S GESSNER APT 2274
HOUSTON TX 77036

12 Restrictions **NONE**
16 Hgt **5-08** 15 Sex **M**
5 DD 6321351011414308751

