

Change only 1500.

total will be the same off  
the agreement plus 150 fee.  
please send me the recpts

VISA credit 4342 5610 4890 0237

04/20

ACKR = 203

ZIP code 77338

LENDER:

450 Skokie Blvd, Ste 1000

**FIRST INSURANCE\***  
FUNDING  
A WINTRUST COMPANY

**COMMERCIAL  
PREMIUM FINANCE AGREEMENT**

Northbrook, IL 60062-7917  
P:(800) 837-2511 F:(800) 837-3709  
www.firstinsurancefunding.com  
Quote #: 9045501

<b>INSURED/BORROWER</b> (Name and Address as shown on Policy)		Customer ID: N/A	<b>AGENT or BROKER</b> (Name and Business Address)				
LILIBET QUINONES 310 PARRAMATA LN # 514 HOUSTON, TX 77073			JUAN LOUIS PEREIRA DBA JLP AGENCY SVCS 3719 FRY RD SUITE C KATY, TX 77449				

**LOAN DISCLOSURE**

Total Premiums, Taxes and Fees	Cash Down Payment	Unpaid Premium Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
11,173.00	2,408.20	8,764.80	0.00	8,764.80	593.00	9,357.80	14.500 %

**YOUR PAYMENT SCHEDULE WILL BE:**

Mail Payments to: FIRST Insurance Funding Corp., PO Box 7000, Carol Stream, IL 60197-7000

Number of Payments	Amount of Each Payment	First Installment Due	10/30/2016
10	935.78	Installment Due Dates	30th (Monthly)

**SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns LENDER a security interest in the financed policies and any additional premiums required under the financed policies, including (but only to the extent permitted by applicable law) all return premiums, dividend payments (not applicable in KY), and loss payments which reduce unearned premium, subject to any mortgagee or loss payee interest. If any circumstances exist in which premiums related to any financed policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

**FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the policies listed in the Schedule of Policies. The finance charge may include a nonrefundable service charge equal to the maximum amount permitted by law (\$10 in AK, DE, NY & PA; \$25 in NV; \$12 in NJ; \$15 in NC, RI & VA; \$16 in MA; \$20 in FL). The finance charge is computed using a 365-day calendar year.

**LATE PAYMENT.** A late charge will be assessed on any installment at least 5 days in default (7 days in VA; 10 days in MA & TX; or later date as required by law.). This late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less (greater of \$10 or 5% in FL; greater of \$25 or 1.5% in NJ; \$5 maximum in DE, MT and ND; \$100 maximum in MD, 5% in VA).

**PREPAYMENT.** Insured is entitled to a refund of the unearned finance charge if the loan is prepaid in full. The refund shall be computed according to applicable law. In VA the refund shall be calculated using the short rate method. In CA the rebate is in compliance with Cal Fin Code § 18629.

**SCHEDULE OF POLICIES**

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00538-HALLMARK COUNTY MUTUAL INS CO G01093-TEXAS SPECIALTY UNDERWRITERS, INC [CX:0] [90%PR]	AUTO BCAU	12	09/30/2016 ERN TXS/FEES FIN TXS/FEES	\$8,359.09 154.00 0.00
TBD	C00005-LLOYDS OF LONDON G03132-PARAMOUNT GENERAL AGENCY [ME:20.000 %, CX:0] [90%PR]	CRGO	12	09/30/2016 ERN TXS/FEES FIN TXS/FEES	2,347.00 63.00 250.00
					<b>TOTAL</b> 11,173.00

Q# 9045501, PRN: 093016, CFG: A00801, RT: A00801-IMM, DD: N/A, BM: Invoice, Qtd For: A00801 Original, Memo 0

**INSURED'S AGREEMENT:**

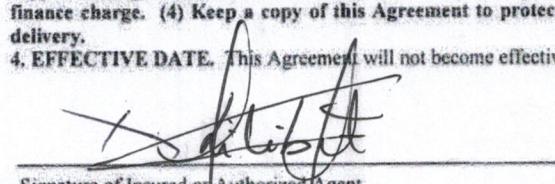
1. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies, their representative or the Agent or Broker listed above, Insured promises to pay, to the order of LENDER, the Total of Payments subject to all of the provisions of this Agreement.

2. **POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the financed policies in accordance with the provisions contained herein, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of Insured all documents relating to the insurance policies listed on the Schedule of Policies ("Financed Policies") in furtherance of this Agreement (clauses (ii) and (iii) are not applicable in Florida). This right to cancel will terminate only after Insured's indebtedness under this Agreement is paid in full.

3. **SIGNATURE & ACKNOWLEDGEMENT.** Insured has signed and received a copy of this Agreement. If Insured is not an individual, the undersigned is authorized to sign this Agreement on behalf of Insured. All named Insured(s), jointly and severally if more than one, agree to all provisions set forth in this Agreement. Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.

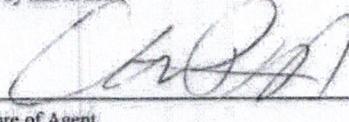
**NOTICE TO INSURED:** (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

4. **EFFECTIVE DATE.** This Agreement will not become effective until it is accepted in writing by LENDER.

  
Signature of Insured or Authorized Agent

10-10-16

FEIN or SSN

  
Signature of Agent

The undersigned hereby warrants and agrees to the Agent or Broker Representations and Warranties set forth herein.

Date

FIF0216P

Liliset Quintones DBA JL A'Q TRANSPORT

Application For Coverage

Physical Damage / Motor Truck Cargo / Non-Trucking Liability

Bind Effective: 1/1/10

Quote Needed by: 1/1/10

Insured Information:

US DOT#: 2929329 MC #                   

Insured's Name:   

FEIN or SS#: 88 2755127

Address: 1310 Parramatta L. City: Houston ST:            Zip: 77073

Phone: (246) 900-5993 Fax: (      ) -        email: diamalawlyss@yahoo.es

Radius of operation: % 0-50, % 50-200, % 200-500, % over 500

	% hauled	Minimum Value	Maximum Value
Commodities hauled:		\$ _____	\$ _____
<input type="checkbox"/> Refrigerated		\$ _____	\$ _____
<input type="checkbox"/> Dry Van		\$ _____	\$ _____
<input checked="" type="checkbox"/> Flatbed		\$ _____	\$ _____

Number of years in business:            Number of years' experience operating like equipment:           

Driver Information: (attach additional drivers list)

Driver Name	DOB	License #	ST	Yrs Exp	Moving Violations last 3 years	# of Accidents
<u>Yusef Frometa</u>	<u>dict 6/17/75</u>	<u>23545188</u>	<u>TX</u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>                  </u>	<u>                  </u>					
<u>                  </u>	<u>                  </u>					
<u>                  </u>	<u>                  </u>					
<u>                  </u>	<u>                  </u>					

\*\*Driver's must be reported immediately upon hiring. Failure to do so could result in cancellation or an unpaid claim\*\*

Vehicle Information: (attach additional equipment list with values)

Year	Make	Type	GVW	VIN #	Stated Value	Radius
<u>2011</u>	<u>MACK</u>	<u>IT</u>	<u>80K</u>	<u>1MIAW09Y1BMD15372</u>	<u>\$ 12K</u>	<u>1500</u>
<u>1999</u>	<u>LUKIN</u>	<u>TR</u>	<u>          </u>	<u>1L01B4822X1138611</u>	<u>\$ 10K</u>	<u>1500</u>
<u>          </u>	<u>          </u>	<u>          </u>				
<u>          </u>	<u>          </u>	<u>          </u>				
<u>          </u>	<u>          </u>	<u>          </u>				

\*\*Attach loss runs for any loss over \$25,000 for Physical Damage or Motor Truck Cargo past 3 years with explanation

Endorsement Requested: Loss Payee:  Additional Insured:

Rate:

Physical Damage:  \$1,000 deductible Total Values: \$ \_\_\_\_\_ % of stated values

Motor Truck Cargo Limit:  \$100,000  \$150,000  \$250,000 \$ 100,000 per power unit

Non-Trucking Liability:  \$1,000,000 \$ \_\_\_\_\_ per power unit

Trailer Interchange:  \$40,000  \$ \_\_\_\_\_ (3% X limit) \$ \_\_\_\_\_

Please sign, indicating policy(s) is/are to be bound based on quoted coverage(s). Policy(s) are not bound until premium is received and insured has received a binder reflecting coverage(s) bound. By binding you are becoming a member of Continental Trucking Association. Surplus Lines Tax and Fees are applicable.

Ox M. Quintiles

Date: 10/10/10

**ATTENTION APPLICANT:**

**MANDATORY ENDORSEMENTS**

- TXCA1A
- TXCA100
- IL0017 (11/98)
- CA0001 (03/06)
- IL0021 (09/08)
- CA2015 (12/04)
- CA0196 (03/06)
- CA0243 (03/01)
- IL0003 (09/08)

- Business Auto Coverage Form
- Business Auto Schedule of Forms and Endorsements
- Common Policy Conditions
- Business Auto Coverage Form
- Nuclear Energy Liability Exclusion
- Mobile Equipment
- Texas Changes
- Texas Changes – Cancellation and Non Renewal
- Calculation of Premium

**OTHER ENDORSEMENTS**

- TXCA1B
- TXCA1C
- CA9903
- CA9995
- CA0301
- CA2264
- CA0121
- CA2109
- CA3125
- CA2046A (03/92)
- CA2336
- CA9901T
- CA2076
- CA9944
- CA2309
- CA2333
- CA0401
- CA0202A
- CA2037
- CA2018
- MCS-90

- Business Auto Coverage Form Declarations Continued
- Business Auto Schedule of Covered Autos Extension
- Auto Medical Payments Coverage
- Texas Supplementary Death Benefit
- Deductible Liability Coverage
- Texas Personal Injury Protection
- Limited Mexico Coverage
- Texas Uninsured/Underinsured Motorists Coverage
- Texas Split Uninsured/Underinsured Motorists Coverage Limits
- Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)
- Texas Form F-1
- Additional Insured
- Exclusion of Named Driver
- Loss Payable Clause
- Truckers – Insurance for Non Trucking Use
- Texas Truckers Endorsement
- Texas Stated Amount insurance
- Cancellation Provision or Coverage Change Endorsement
- Texas - Emergency Use Excluded
- Professional Services Not Covered
- Motor Carrier Insurance for Public Liability

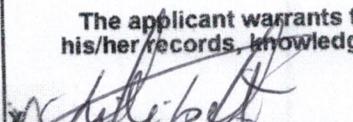
**NOTE:** Other Endorsements may apply. Refer to your policy for a complete listing.

**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.

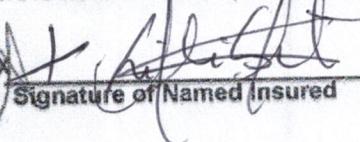
The applicant warrants that the information provided on this application is true, complete and correct based on his/her records, knowledge, and willful concealment or misrepresentation of a material fact or circumstances shall void any policy issued.

  
Signature of Applicant Position or Title

10-10-16  
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.

  
Signature of Named Insured

10-10-16  
Date

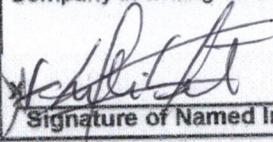
Uninsured/Underinsured Motorists Coverage Acceptance/Rejection Form (Must Be Signed)

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.

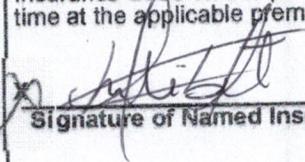
The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicles or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

  
Signature of Named Insured

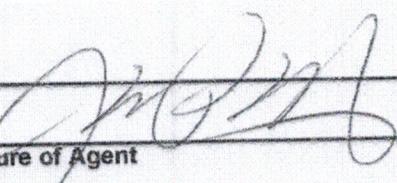
10-10-16  
Date

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.

  
Signature of Named Insured

10-10-16  
Date

  
Signature of Agent

10-10-16  
Date



40%

**SINGLE POINT CAPITAL**

9810 FM 1960 Bypass Road W, Suite 205

Humble, TX 77338

Phone: 800-771-5633

Fax: 281-446-0166

**SINGLE POINT CAPITAL**

Full Legal Name of Company: **Lilibet Quinones Almarales DBA/SLAG** Date: **10-10-16**  
 Other Trade Names: **transport.**

Prior Business Name(s):  
 Business Structure:  Corporation  Limited Liability Company  
 Sole Proprietor (DBA)  Partnership

Years in Business:

# of Trucks: **2**# of Drivers: **2**

USDOT Number: <b>2929339</b>	MC Number:	Fed ID #:
Principal Owner: <b>Lilibet Quinones Almarales</b>	Title:	SSN: <b>882755127</b>
Authorized Contact: <b>Lilibet Quinones Almarales</b>	Title:	SSN: <b>882755127</b>
Business Address: <b>310 paramata Lane apt 1514</b>	State: <b>TX</b>	Zip: <b>77073</b>
City: <b>Houston</b>		
Home Address: <b>310 paramata Lane apt 1514</b>	State: <b>TX</b>	Zip: <b>77073</b>
City: <b>Houston</b>		
Office Phone: <b>246 900 5993</b>	Cell Phone:	

Email Address:

Estimate amount to factor each month: \$

Primary Customers/Debtors you haul for with monthly dollar amount:

Customer Name:	Amount: \$
Customer Name:	Amount: \$
Customer Name:	Amount: \$

List type(s) of freight hauled:	Average Invoice Amount: \$
---------------------------------	----------------------------

Please answer the following questions (Yes or No):

Have you or has your company ever filed for bankruptcy?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Year:
Do you or does your company have any past due Federal or State Taxes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there any UCC filings against you or against your company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there any liens against you or against your company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Have you or has your company ever used or currently using a factoring company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Company:
Are you currently insured?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Company:
Do you lease on trucks?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	How many?: <b>1</b>

How did you hear about us? **First and independent logistics LLC**

I/WE HAVE BEEN TOLD AND DO UNDERSTAND THAT THE SUBMISSION OF AN APPLICATION FOR FACTORING DOES NOT MEAN THAT COMPANY WILL FACTOR/FINANCE OR PROVIDE ANY FINANCIAL SERVICES WHATSOEVER. I/WE HAVE BEEN TOLD AND DO UNDERSTAND THAT APPROVAL TO FACTOR/FINANCE MAY COME ONLY AFTER THE APPLICATION AND THE INVOICES/ACCOUNTS OFFERED ARE APPROVED IN ACCORDANCE WITH THE TERMS OF SINGLE POINT CAPITAL'S CONTRACT. THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR INFORMATION AND BELIEF. THIS SERVES AS MY/OUR PERMISSION FOR THE RELEASE OF ANY INFORMATION REGARDING THIS APPLICATION FOR THE PURPOSES OF CREDIT INVESTIGATION, GATHERING, REPORTING OR THE LIKE TO SINGLE POINT CAPITAL. ADDITIONALLY, PERMISSION IS HEREBY GRANTED TO FILE ALL UCC-1 FILINGS SINGLE POINT CAPITAL DEEMS NECESSARY.

I/We understand that Single Point Capital is only considering providing financing in a commercial transaction relationship and Applicant hereby states, warrants and agrees that any funds provided through this transaction will be used for commercial purposes only and not household, consumer or personal use.

PRINT NAME <b>Lilibet Quinones Almarales</b>	SIGNATURE 
COMPANY NAME <b>SLAG transport</b>	TITLE <b>OWNER</b>
	DATE <b>X 10-10-16</b>