



Triumph Premium Finance
PREMIUM FINANCE AGREEMENT

600 SW Jefferson
Suite 204
Lee's Summit, MO 64063(844) 292-9090 Fax (816) 246-2659

www.triumphtpf.com
View your client's account status online

Type of Loan	
<input type="checkbox"/> Personal	
<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Additional Premium	

AGENT / BROKER (NAME AND BUSINESS ADDRESS) (00060247) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) EDY FERNANDEZ 2620 FAIRCHILD DR BIG SPRING, TX 79720					
		PRODUCER CODE A00162					
PAYMENT SCHEDULE							
A	TOTAL PREMIUMS	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE			
	8,271.00	10	674.93	FIRST INSTALLMENT DUE 9/9/2017	INSTALLMENT DUE DATES 9th (Monthly)		
B	DOWN PAYMENT	SCHEDULE OF POLICIES					
	1,777.40	Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage	Policy Term	Gross Premium
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 6,493.60	TBD	8/9/2017	C00002-Hallmark County Mutual Ins. Company G00197-AmWins Transportation Underwriters [CX:30] [FI, 90%PR]	COMM A Ernd. Taxes/Fees Fin. Taxes/Fees	12	8,117.00 154.00 0.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 255.70						
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 6,749.30						
F	A.P.R. The Cost of Your Credit as Yearly Rate 8.501 %	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					8,271.00

Quote Number: 44073

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# 44073, PRN: 080917, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 60.68 Qtd For: A00162 Original

INPUT1 - TPFV01(08/15)

- JLP Insurance Services
3719 Fry Road St#C
Katy, TX 77449
281-599-3741

AmWINS Transportation Underwriters, Inc.
- 0441 Melissa Bocanegra
5910 North Central Expressway Suite# 500
Dallas, Tx 75206
800-528-5544
214-528-9101

Hallmark County Mutual Insurance Company (A-Excellent VIII)

Auto Rating Version 0 - Texas Rating #4.45100

☐ New Quote ☒ Renewal Quote

Quote Number: RNL-A42510315-00
Policy Number:
Expiring Policy Number: A42510315
Approval Code :

Quote Date: 08/09/2017
Quote Time: 13:57
Policy Effective Date: 08/09/2017
Policy Expiration Date: 08/09/2018
Term: **12 months**

Insured Name: DBA / Name 2: EDY FERNANDEZ TRUCKING LLC Mailing Address: 2620 FAIRCHILD DR City/State/Zip: BIG SPRING , TX 79720	
Primary Address: 2620 FAIRCHILD DR City/State/Zip: BIG SPRING , TX 79720 Telephone Number: (432) 270-4496	State Filing: 006928927C ICC Filing: 964967 DOT Number: 2553790
REMARKS SUBJECT TO CURRENT MVRs SUBJECT TO INSPECTION, SUBJECT TO COMPLETED AND SIGNED COMPANY APPLICATION MAXIMUM OF 2 CANCELLATIONS ALLOWED PER POLICY TERM IFTA reports are needed with an ICC Filing	

Previous Carrier: HALLMARK Type of Cargo Hauled: Dry Van, canned good, bottle water

BUSINESS DESCRIPTION

Trucking for hire

☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Organization Other than Above

Coverage:

07	BODILY INJURY	1,000,000	\$	8117.00
	PROPERTY DAMAGE	INCLUDED	\$	0.00
	COMP (OTC)	NONE	\$	0.00
	COLLISION	NONE	\$	0.00
	PERSONAL INJURY PROTECTION	None	\$	0.00
	Uninsured/Underinsured Motorist	None	\$	0.00
	ADDITIONAL INSUREDS (FULLY EARNED)	0	\$	0.00
	WAIVER OF SUBROGATION (FULLY EARNED)	0	\$	0.00
	FILINGS REQUIRED : ICC and State and DOT	Yes	\$	
	MEXICO LIMITED COVERAGE	No		
08	Hired Auto	No	\$	0.00
09	Non Owned Auto	No	\$	0.00
	Bob Tail Liability Coverage	No		
	Trailer Interchange		\$	0.00
	Hired Car Physical Damage		\$	0.00
	Non Owned Trailer Physical Damage		\$	0.00
Employee Driving Records:		1.000	Subtotal	\$ 8117.00
Renewal Discount:		5%	MVR Fee	\$ 0.00
Total Applied Liability Factor:		1.10	Misc Fees (FULLY EARNED)	\$ 0.00
Total Applied Physical Damage Factor:		1.10	Policy Fee (FULLY EARNED)	\$ 150.00
			ATP Authority Fee	\$ 4.00
			TOTAL	\$ 8271.00

UNIT #	1			Unit Type	Trac	Terr S/C	No
Year	Make & Model			VIN		ACV	TERR
2000	FREIGHTLINER			1FUYSZYB1YLA59362		0	999
Radius	Use		GVW	Age		Ded Comp/Coll	
500	C		80000	10		N/A/N/A	
Code		SSC	Zone	Primary Factor		Phy Dam Rate	Sec Factor
50321			43/943	1.23			1.90
BI	PD	PIP	UMBI	UMPD	Comp	Coll	SUBTOTAL
\$7,986.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,986.00

UNIT #	2			Unit Type	Sm.Tr	Terr S/C	No
Year	Make & Model			VIN		ACV	TERR
0	UNDESCRIBED					0	999
Radius	Use		GVW	Age		Ded Comp/Coll	
500	C		80000	10		N/A/N/A	
Code		SSC	Zone	Primary Factor		Phy Dam Rate	Sec Factor
67321			43/940	0.02			1.90
BI	PD	PIP	UMBI	UMPD	Comp	Coll	SUBTOTAL
\$131.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$131.00

DRIVER INFORMATION

Driver #	Driver Name	Date of Birth	License Number	State
1	Edy Fernandez	03/28/1974	37963548	TX

1. Description of the applicant's operation: General freight
2. Is the applicant a contract hauler? ☒ Y / ☐ N If Yes for who? Edy fernandez
3. List all types of cargo transported: Retail Products
4. How long has the applicant been in business? 1 year
5. If this is a new venture where did you get your experience (companies and dates)?

6. Define the normal area of operations.
 _____ 0-100 miles; _____ 101-200 miles; _____ 201-500 miles; ☒ over 501 miles.
7. IFTA reports are required on fleets with five or more power units. For accounts with less than five power units indicate all states entered and the percentage of time traveled in each.
- | | | | | | | | |
|--------------|--|----------------|--|----------------|--|--------------|--|
| Alabama | | Arizona | | Arkansas | | California | |
| Colorado | | Connecticut | | Delaware | | Florida | |
| Georgia | | Idaho | | Illinois | | Indiana | |
| Iowa | | Kansas | | Kentucky | | Louisiana | |
| Maine | | Maryland | | Massachusetts | | Michigan | |
| Minnesota | | Mississippi | | Missouri | | Montana | |
| Nebraska | | Nevada | | New Hampshire | | New Jersey | |
| New Mexico | | New York | | North Carolina | | North Dakota | |
| Ohio | | Oklahoma | | Oregon | | Pennsylvania | |
| Rhode Island | | South Carolina | | South Dakota | | Tennessee | |
| Texas | | Utah | | Vermont | | Virginia | |
| Washington | | West Virginia | | Wisconsin | | Wyoming | |
8. Does the applicant follow FMCSA hiring procedures? ☒ Y / ☐ N If No explain:

9. Does the applicant have a written policy against allowing passengers ride in units? ☒ Y / ☐ N If No explain:

10. Are any vehicles rent or lease to others? NO / ☐ Y / ☒ N If Yes explain:

11. Does the applicant hire any vehicles? Y / ☒ N If Yes what is the estimated annual cost of hire?

12. Are owner-operators' part of the fleet? Y / ☒ N If Yes how many units are owner -operators?

13. Is this insurance to cover all owned, leased and operated vehicles? Y / ☐ N If No explain:

14. Are any filings required? If Yes provide the State and /or Federal filings docket number(s).
Certificate # 006928927C
15. Do other truckers operate under the applicant's filings? Y / ☒ N If Yes explain:

16. Does applicant haul for other truckers? Y / ☒ N If Yes explain:

17. Does the applicant have motor carrier brokerage (freight broker) authority? Y N
If Yes is the brokerage authority held under the same name and motor carrier number as your trucking operation?
Y / N If Yes what is your estimated brokerage revenue of the next twelve months.

18. How many units has the applicant operated in each of the past three years

1

19. Have there been any losses in the last three years? If yes please provide loss runs or give a description including payments and reserves.

Any Losses Past 3 Years?	
Date of Loss	Description of Loss
1.	
2.	
3.	

ATTENTION APPLICANT:

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

MANDATORY ENDORSEMENTS

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)

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

☒ CA2336
☐ CA9901T
☐ CA2076
☐ CA9944
☐ CA2309
☐ CA2333
☐ CA0401
☐ CA0202A
☐ CA2037
☐ CA2018
☒ MCS-90

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.

x 
Signature of Applicant Position or Title

9/10/17
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


Signature of Named Insured

8/10/17
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



Signature of Named Insured

8/10/17
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

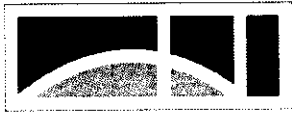

Signature of Named Insured

8/10/17
Date

Signature of Agent

Date

	LIABILITY UNDERWRITING FACTORS:	PHYSICAL DAMAGE UNDERWRITING FACTORS:
Loss Experience	0.00	0.00
Safety Program	0.00	0.00
Equipment	0.00	0.00
Class Peculiarities	0.00	0.00
Mileage	0.00	0.00
Management and Financial	10.00	10.00
Size of Fleet	0.00	0.00
Total Factor	1.10	1.10



HALLMARK

Important Notice

Texas Department of Motor Vehicles' Changes

The Texas Department of Motor Vehicles (TXDMV) has implemented the following changes.

They will be implementing a PENALTY FEE for no insurance. If you check a Motor Carrier's status and find Active-No Insurance the Insured would have received a letter advising them of a penalty fee being applied to their certificate of registration. They will not need to re-apply; instead they will need to pay a penalty fee for no insurance.

We are not aware of how these fees will be determined; we do know that they can be up to at least \$500.00. With that being said, we cannot emphasize the importance of complying with the following procedures.

- 1) Renewal Business – ***Filings are terminated at 12:01am on the expiration date of the policy.*** Therefore, a new filing must be sent to TXDOT, prior to the expiration date of the policy to avoid penalty fees. ***BINDERS MUST BE RECEIVED 24 HOURS IN ADVANCE.***
- 2) Transfer of business from one company to another. Same as above, ***we must be notified 24 hours prior to the expiration date of the policy.***
- 3) Notice of cancellation for any reason, the ***filing is terminated at 12:01am on the cancellation date***. reinstatement must be received prior to the effective date of cancellation.

We will be adjusting our procedures to provide the service needed to comply with these changes. ***Important, we must receive all request for filings 24 Hours in advance on business days to ensure processing.***

If you have any questions, feel free to contact your underwriting department.