

**A-1 Hedrick Roofing, LLC**  
636-744-5510

Insurance Carrier:	Scottsdale Insurance Company	(760) 345-9029
<b>Underwriter:</b>		
Wholesaler:	Pascal Burke Insurance Brokerage	949-285-1249
<b>Broker / Rep:</b>	Pascal Burke	
Retail Brokerage:	Pascal Burke Insurance Brokerage Inc.	9492851249
<b>Broker / Rep:</b>	Pascal Burke	

**STEP 1 - Review, Sign, and Collect requirements**

Signed Application  
Signed Endorsements (if selected)  
Signed No Loss Letter  
Signed Finance Agreement  
Payment in the amount of: \$8,226.95

**STEP 2 - Upload, Email, or Fax request to (760) 345-9028**

Upload or email signed copy to your underwriter  
**Underwriter will review your submission and bind**

**STEP 3 - Policy issued via email**

Policy will be emailed to: pascal@pmaxins.com

**STEP 4 - Payment Options****STEP 5 - Send SCIS Check Authorization form for amount due at time of binding.****PAYMENT OPTIONS / CHECK BY FAX / CREDIT CARD AUTHORIZATION:**

☐ PAY-IN-FULL \$8,226.95      ☐ LOW-DOWN PFA \$2,045.39      ☐ 3RD PARTY PFA \$3,111.75

The above Named Insured authorizes the payment of the total amount indicated above to be withdrawn from their checking account or Credit/Debit card as selected below, Credit/Debit Cards will have a convenience fee of \$20 added to the withdrawal:

Account Name (If different): \_\_\_\_\_

Alternate Address: \_\_\_\_\_

☐ APPOINTED BROKER - PAY ON ACCOUNT – Deposit due within 10 days of Effective Date or NOIC will be

☐ CHECK BY FAX: Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

☐ CREDIT CARD: Card # \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Type of Card:    ☐ MC    ☐ Visa    ☐ AE    Code: \_\_\_\_\_

\_\_\_\_\_  
Signature above confirms quote terms and payment options above

\_\_\_\_\_  
Date

**A-1 Hedrick Roofing, LLC**  
636-744-5510

PRICING IS VALID FOR 30 DAYS FROM: 5/4/2021

**COMMERCIAL GENERAL LIABILITY**

EACH OCCURRENCE LIMIT	\$1,000,000
GENERAL AGGREGATE LIMIT	\$2,000,000
HOT TAR & TORCHDOWN	Not Applicable
FIRE CAUSED BY HEATING DEVICE	Not Applicable
PRODUCTS/COMPLETED OPERATIONS	\$1,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
FIRE LEGAL LIABILITY	\$50,000
MEDICAL PAYMENT LIMIT	\$5,000

**DEFENSE EXPENSES AS THE TERM IS DEFINED IN THE POLICY ARE INCLUDED WITHIN THE INDEMNITY LIMITS AS DEFINED IN THE POLICY****RATING INFORMATION**

BASED ON GROSS RECEIPTS/SALES:	\$430,000
DEDUCTIBLE (PER CLAIM)	\$5,000
ISO FORMS REQUIRED:	<input checked="" type="radio"/> Yes <input type="radio"/> No
SUNSET TERM:	<input type="radio"/> Yes <input checked="" type="radio"/> No
POLICY TERM:	1 Year
CLASSIFICATIONS:   98678 - ROOFER (RESIDENTIAL)	

**PRICING INFORMATION**

GL PREMIUM	\$5,328.00
ENDORSEMENTS	\$1,066.00
POLICY FEES	\$765.00
Inspection Fee	\$200.00
W/R Placement Fee	\$250.00
Broker Fee	\$250.00
MO Surplus Lines Tax	\$367.95

**TOTAL:** **\$8,226.95**

DOWN PAYMENT, TAX & FEES DUE WITHIN 10 DAYS OF EFFECTIVE DATE OR CANCELLATION NOTICE WILL BE SENT.  
20% OF PREMIUM EARNED AT INCEPTION AS WELL AS INSPECTION FEE AND 20% OF ALL OTHER FEES FULLY EARNED  
AT THE TIME OF BINDING. NO FLAT CANCELLATIONS ALLOWED

**A-1 Hedrick Roofing, LLC**  
636-744-5510

## General Liability Forms and Endorsements

Form Name	Form #
Policy Cover Letter	ADM-1092
President's Message	ADM-1091
Privacy Policy	ADM-1093
Contractors Shield Common Policy Declarations	SDS-D-1-0118
Supplemental Declarations Page	SDS-D-2-0119
Schedule of Forms	SDS-1-0118
NW Signature Page	UTS-COVPG-0121
Notice to Policyholder - Important Claim Information	NOTS0595CW-0118
Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism	CG 21 84-0115
Nuclear Energy Liability Exclusion	IL 00 21-0908
Cap on Losses from Certified Acts of Terrorism	CG 21 70-0115
Disclosure Pursuant to Terrorism Risk Insurance Act of 2002	IL 09 85-0115
Service of Suits	UTS-9g-0620
Amendment - Policy Conditions	SDS-26 (09-20)
Amendment - Definition of an Employee	SDS-27-0118
EXCLUSION - SUBSIDENCE	SDS-30-0118
Non-duplication of Limit of Insurance Anti-stacking Endorsment (defense Expenses Inside The Limits)	SDS-31 (09-20)
EXCLUSION - INJURY TO EMPLOYEES - ABSOLUTE	SDS-33-0119
Combined Policy Exclusions	SDS-34 (09-20)
Independent Contractor or Subcontractor Premium Condition	SDS-35 (09-20)
AMENDMENT OF INSURED CONTRACT DEFINITION	SDS-36-0118
LIMITS OF INSURANCE ENDORSEMENT (DEFENSE EXPENSES INSIDE LIMITS)	SDS-52-0118
Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program	CG 21 54-0196
Exclusion - Designated Professional Services	CG 21 16-0413
Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included	CG 21 07-0514
Communicable Disease Exclusion	CG 21 32-0509
Abuse or Molestation Exclusion	CG 21 46-0798
Total Pollution Exclusion with a Building Heating, Cooling and Dehumidifying Equipment Exception and a Hostile Fire Exception	CG 21 65-1204
Exclusion - Exterior Insulation & Finish Systems	CG 21 86-1204
Silica or Silica-Related Dust Exclusion	CG 21 96-0305
Exclusion - Existence or Maintenance of Streets, Roads, Highways or Bridges	CG 22 42-1185
Employment-Related Practices Exclusion	CG 21 47-1207
Exclusion - Contractors - Professional Liability	CG 22 79-0413
Amendment of Other Insurance Condition	CG 00 55-0397
Exclusion - Athletic or Sports Participants	CG 21 01-1185
Common Policy Conditions	IL 00 17-1198
Calculation of Premium	IL 00 03-0908
Exclusion-Work in Excess of Thirty-Five (35) Feet in Height	SDS-65-0819
Commercial General Liability Coverage Form	CG 00 01-0413
Basic Condominium and Townhouse Exclusion	SDS-66 (09-20)
Bodily Injury On Property Owned By the Insured Exclusion With Exceptions	SDS-73 (09-20)
EXCLUSION - CONTINUOUS AND REPEATED OFFENSES	SDS-28-0119

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## General Liability Forms and Endorsements

Form Name	Form #
EXCLUSION - PRIOR WORK COMPLETED, SOLD PRIOR TO POLICY EFFECTIVE DATE, OR ABANDONED AT ANY TIME	SDS-29-0118
Blanket Additional Insured - Ongoing Operations - Owners, Lessees or Contractors - Primary and Noncontributory	SDS-55-0118
Blanket Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)	SDS-48-0118
Warranty - Roofing Operations	SDS-60-0718
New Residential Construction Exclusion	SDS-71 (09-20)

ADDITIONAL ENDORSEMENTS ARE AVAILABLE, CONTACT YOUR UNDERWRITER FOR MORE DETAILS.



## Employers' Risk Management Association Membership Agreement

	<u>Bronze</u>	<u>Silver</u>
General workplace safety program	✓	✓
General employee handbook template	✓	✓
New hire procedures and forms	✓	✓
Optional payroll processing with ERMA member discount	✓	✓
Medek healthcare network access with ERMA member discount	✓	✓
Risk analysis questionnaire and consultation	✓	✓
Customized web portal "dashboard"		✓
Nationwide employee background screening options		✓
DIY online insurance policy management (with agent participation)		✓
Drug-free workplace implementation assistance		✓
"SafeText" weekly safety tips and topics text messaging		✓
Membership Cost	Included	\$11/month

Agency Name: Pascal Burke Insurance Brokerage Inc. Agent: Pascal Burke  
Email: pascal@pmaxins.com Phone: 9492851249

Policy Effective Date: 6/3/2021

Membership Type: ☒ Bronze (Included with policy) ☐ Silver (Additional \$11 per month)

Company Name: A-1 Hedrick Roofing, LLC

Primary Contact Name: Shawn Hedrick Website: https://a-

Address: 734 Bates Meadows Lane

City: Pacific State: MO Zip: 63069

Phone: 636-744-5510 Primary Contact Email: a1smhedrick@gmail.com

Number of Employees: 5 Primary Line of Business: ROOFER (RESIDENTIAL)

Name: Shawn Hedrick Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employers' Risk Management Association (ERMA)**

Web: [www.myerma.com](http://www.myerma.com) Email: [info@myerma.com](mailto:info@myerma.com) Phone: 866.302.1516

**SIGN  
HERE**



## **NOTICE OF TERRORISM INSURANCE COVERAGE**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. However, this policy includes such coverage for damages arising out of certified acts of terrorism and is limited by the terms, conditions, exclusions, limits, other provisions of the coverage quote or renewal application/questionnaire to which this offer is attached and by the policy, any endorsements to the policy and

The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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.

You should know that where coverage is provided by this policy for losses resulting from “certified acts of terrorism,” such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions or conditions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage.

### **NO PREMIUM IS CHARGED FOR EITHER CARRIER OR GOVERNMENT BENEFITS**

You should know that coverage provided by this policy for losses resulting from “certified acts of terrorism”, that such losses may be partially reimbursed by the United States Government under a formula established by federal law. Under the formula, the United States Government generally reimburses 85% of the covered terrorism losses exceeding the statutorily established deductible.

### **CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. This policy contains Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

*COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN "ACTS OF TERRORISM".*

A-1 Hedrick Roofing, LLC  
636-744-5510**INSURED'S INFORMATION**

Effective Date:	6/3/2021
Applicant:	A-1 Hedrick Roofing, LLC
Contact:	Shawn Hedrick
Physical Address:	734 Bates Meadows Lane
City, St Zip	Pacific, MO 63069
Telephone / Fax:	636-744-5510
Email Address:	a1smhedrick@gmail.com
Contractor's license #:	0
Business Type:	LLC

**WORK EXPERIENCE:**

States in which you do business:	MO
Years in business for yourself:	7
Years in profession:	29
Detail Description of Operation:	performing roof installation and on an existing residential structure only

**EXPOSURES:**

a. Gross Receipts for the next 12 months?	\$430,000
b. What are the Gross Receipts for the last 12 months?	\$430,000
c. What are your subcontractor costs for the next 12 months?	\$0
d. What is payroll for the next 12 months?	\$65,000
e. Number of field employees?	5

**WORK EXPERIENCE:**

Percentage of work Performed:				
Residential	Commercial		New	Remodel/Repair/Service
100	0		0	100
Describe in detail your largest project in the last 5 years along with the receipts \$\$\$ (DETAIL REQUIRED BY CARRIER FOR APPROVAL):				
\$30,000 Residential roofing work				
Have you been involved or do you subcontract any work involving blasting operations, hazardous waste, asbestos, mold, PCB's or medical and/or industrial life?				<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you perform Tract work?				<input type="radio"/> Yes <input checked="" type="radio"/> No

A-1 Hedrick Roofing, LLC  
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**WORK EXPERIENCE: (continued)**

Do you use subcontractors?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you do any work for condominium or townhouse associations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you do OCIP (Wrap-up) work?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Any work performed for a fee or with labor and/or material costs paid by others?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you allowed or will you allow your license to be used by any other contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Has any lawsuit ever been filed, or any claim otherwise been made against your company of any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?	<input type="radio"/> Yes <input checked="" type="radio"/> No



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**SUPPLEMENTAL QUESTIONS: (work in progress)**

Do you have a project in progress for which you are seeking coverage under this application? ☐ Yes ☒ No

What is your maximum building height for exterior work (number of stories)? 2

**SUPPLEMENTAL QUESTIONS: (litigation against applicant's)**

Within the past 4 years have you filed any lawsuits and/or arbitration actions against any of your customers for nonpayment of your services and/or materials you supplied? ☐ Yes ☒ No

☒ HAS NO LOSSES

**A-1 Hedrick Roofing, LLC**  
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**The policy you are applying for is issued by a Surplus Lines Carrier. The Surplus Lines Carrier may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for a Surplus Lines Carrier.**

The Applicant acknowledges that Applicant has read or has had the opportunity to read a sample of the Policy form that will be issued to the Applicant as well as commonly used endorsements. The Applicant further acknowledges that the sample may not contain all of the endorsements, restrictions that may be ultimately issued to the Applicant. The Applicant further acknowledges that a copy of the Policy form and commonly used endorsements has been made available to Applicant's broker. Further the Applicant acknowledges that a copy of the Contractors Shield Policy form and commonly used endorsements are available for review by either the Applicant or the Applicant's broker by contacting Pascal Burke Insurance Brokerage at 949-285-1249 or



\_\_\_\_\_  
Applicant's Initials:

**THERE ARE EXCLUSIONS, RESTRICTIONS, SUBLIMITS AND CONDITIONS IN THE POLICY THAT LIMIT COVERAGE. SOME, BUT NOT ALL OF THESE ARE TITLED AS FOLLOWS:.**

- DEFENSE COSTS REDUCE INDEMNITY LIMITS UNLESS ADDITIONAL COVERAGE PURCHASED
- BINDING ARBITRATION CLAUSE
- SELF INSURED RETENTION
- TORCH AND HOT TAR SUBLIMIT OF \$100,000 ON APPLICABLE CLASS CODES
  - Applicant confirms that a 2 hour fire watch is required for sub limit coverage
- SOME OF THE EXCLUSIONS
  - OPEN ROOF WATER DAMAGE EXCLUSION
  - TOTAL POLLUTION
  - VARIOUS MATERIAL, BIOLOGIC AND RADIATION EXCLUSIONS: ASBESTOS; CHROMATER COPPER ARSENATE; CONCRETE SULFATES; ELECTROMAGNETIC RADIATION; LEAD; MOLD; BACTERIA AND OTHER ORGANICALLY-CAUSED DAMAGES; CHINESE DRYWALL AND OTHER IMPORTED BUILDING MATERIALS; FIBERGLASS; FORMALDEHYDE; ARSENIC; FIRE RETARDANT TREATED PLYWOOD; ENTRAN PIPE; CCA WOOD PRESERVATIVES; AIRBORNE MANGANESE; DIOXIN; SILICA; MIXED DUST; POLYCHLORINATED BIPHENYLS; TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY; COMMUNICABLE DISEASE
  - EARTH MOVEMENT
  - BLASTING OPERATIONS
  - LIABILITY TO EMPLOYEES (ACTION OVER)
  - EXTERIOR INSULATION AND FINISH SYSTEMS (E.I.F.S) UNLESS COVERAGE PURCHASED
  - PAST PROJECTS/PRIOR WORK (Unless in continuous and unbroken renewal under the policy)
  - CONDOMINIUM AND TOWNHOUSE EXCLUSION EXCEPT FOR REPAIR TO INDIVIDUAL UNIT FOR UNIT OWNER
  - WRAP-UP/OCIP
  - FOUNDATION REPAIR
  - GREEN BUILDING
  - TRACTS IN EXCESS OF 15 HOMES
  - NON-COMPLIANCE WITH BUILDING CODES
  - UNLICENSED WORK
  - PROFESSIONAL LIABILITY
  - TERMINATION OF COVERAGE FOR FAILURE TO PAY OR COOPERATE WITH AUDIT
  - \* 35 FT HEIGHT RESTRICTION



The Applicant further acknowledges the Policy has other restrictions in coverages.

\_\_\_\_\_  
Applicant's Initials:

A-1 Hedrick Roofing, LLC  
636-744-5510



The Applicant authorizes the Broker to sign on behalf of the Applicant any documents modifying the terms and conditions of the policy including but not limiting to the purchase of additional endorsements, changes in coverage including policy limits, and the execution of any documents necessary to obtain a renewal and/or extension of the policy.

\_\_\_\_\_  
Applicant's Initials:

The Applicant warrants that after inquiry, no one employed by or associated with Applicant is aware of any complaints, allegations, demand for payment of money or the performance of services, claims, incidents, potential claims, acts, errors, omissions, facts, circumstances, situations, events or transactions that could reasonably result in a claim or lawsuit being presented against Applicant or anyone employed by or associated with Applicant

The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this application), are true and complete, and do not misrepresent misstate, or omit any material facts. Furthermore, the Applicant authorizes SCIS as administrative and servicing manager, to make any investigation and inquiry in conjunction with the application as it may deem necessary. The Applicant agrees to notify SCIS of any material changes in the answers to the questions on this application which may arise prior to the effective date of our Policy issued in pursuant to this application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of SCIS.

The Applicant further understands that, if a Policy is issued, this Application will be incorporated into and form a part of such Policy and any false information provided in this application will result in nullification of the Policy. The Applicant understands that information contained herein is specifically relied upon by SCIS in the issuance of the Policy. The undersigned, therefore, warrants that the information contained herein is true and correct. The Applicant understands that misrepresentation or omission shall constitute grounds for either an early cancellation or denial of coverage of claims, if any. It is understood that the Applicant and or affiliated companies are under a continuing obligation to immediately notify SCIS of any material alteration of the information given. The Applicant also acknowledges, that the Applicant has not sustained a loss nor has any claim been made against the Applicant within the last 5 years unless otherwise disclosed in this application.



\_\_\_\_\_  
Applicant's Initials:



The Applicant understands that if the Applicant utilizes the premium finance arrangement provided through SCIS the program & filing fees, inspection fee and agency fee will be fully earned and Applicant is responsible for and will guaranty those payments.

\_\_\_\_\_  
Applicant's Initials:

A-1 Hedrick Roofing, LLC  
636-744-5510

Notwithstanding any of the foregoing, the Applicant understands SCIS is not obligated nor under any duty to issue a Policy of insurance based upon this application. SCIS is relying on the statements in issuing the policy. The Applicant's statements are material and truthful. The applicant is signing this statement under penalty of perjury.

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

☐ Please bind per quote with the effective date of 6/3/2021



Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title (Owner, Office, Partner): \_\_\_\_\_

A-1 Hedrick Roofing, LLC  
734 Bates Meadows Lane  
Pacific, MO 63069

## Loss Warranty Letter

During the last five (5) years, we warrant that with respect to the insurance being applied for:

1. I/We have not sustained a loss,
2. I/We have not had a claim made against us,
3. I/We have no knowledge or a reason to anticipate a claim or loss.

If my business is less than five (5) years old, the above referenced warranty applies to work performed through all my prior business entities whether as an owner or an employee.

I understand that this warranty will be incorporated into the insurance contract.

A-1 Hedrick Roofing, LLC

DBA

Date



Signature of Partner, Officer, Principal or Owner

Title

**Warranty:** The purpose of this no loss letter is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. This letter warrants that the information contained herein is true and accurate to the best of his/her knowledge and belief. This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage or rescission of policy and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.

**NON-NEGOTIABLE****MW Premium Finance Corp. Lic. #2126****INSURANCE PREMIUM FINANCE CONTRACT  
AND DISCLOSURE STATEMENT****Assigned to and Serviced by: PREMCO FINANCIAL CORP.**(269) 375-3936 **ph** (269) 375-6913 **fax**  
PO Box 19367, Kalamazoo, MI 49019-0367

INSURED

A-1 Hedrick Roofing, LLC  
734 Bates Meadows Lane  
Pacific, MO 63069AGENT  
Pascal Burke Insurance Brokerage Inc.  
2102 Business Center Drive, Ste. 280  
Irvine, CA 92612☒ **COMMERCIAL**  
☐ **NON-PROFIT**  
☐ **PERSONAL**

INSURED'S PHONE # 636-744-5510

AGENT'S PHONE # 9492851249

QUOTE #

**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		
733.44	9	6,600.96	FIRST PAYMENT DUE DATE 7/3/2021	BILLING SCHEDULE Monthly	COUPON BOOK <input type="checkbox"/>	EFT <input type="checkbox"/>	MONTHLY STATEMENT <input type="checkbox"/>

\*\*\*\* AGENT: PLEASE COLLECT ANY PAYMENT(S) DUE WITHIN 5 DAYS OF THE 1<sup>st</sup> 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
6,394.00	1,332.95	500.00	8,226.95	2,045.39	6,181.56	419.40	8,646.35
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.		<b>The Terms of this Contract are valid for 30 days from 4 May 2021</b>			(I) INTEREST RATE The cost of your credit as a yearly rate for interest only  16.00%	(J) APR - ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate - Incl. Setup Fee - 16.00%	(K) SETUP FEE Included in Finance Charge & APR  0.00
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: <a href="http://www.go-premco.com">www.go-premco.com</a>  <b>Mail Payments to PREMCO:</b> P.O. Box 19367, Kalamazoo, MI 49019-0367 (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

DATE

## THE NAMED INSURED

1. **Policy(s):** INSURED agrees that the policy(s) identified in the "Schedule of Policies" have been issued and the premiums are correct.
2. **Attorney-In-Fact:** INSURED appoints PREMCO, its successors or assigns, as its attorney-in-fact, without the right of revocation, for so long as this OBLIGATION remains unpaid, with full authority to: 1) cancel the said policy(s); 2) to collect all gross unearned premiums or the amount of any loss payable under said policy(s) to the extent necessary to satisfy this OBLIGATION; 3) to request and receive from the INSURED's insurance carrier(s) and/or insurance agent all of the declaration pages for the policy(s), any endorsements reflecting changes in the amount of premium while the policy(s) is/are in force, and all computations used to determine the amount of premium charged and/or the amount of return premium.
3. **Payments:** INSURED assigns to and directs that payments be made to PREMCO as security for the total amount payable hereunder including any and all gross unearned premiums and dividends which reduce the unearned premiums and loss payments to the extent that the unearned premium is less than the amount unpaid subject to any mortgages, lender loss or loss payee interests.
4. **Finance Charge:** INSURED agrees the finance charge shown on the first page of the contract begins to accrue as of the earliest policy effective date shown on the schedule of policies. The finance charge includes the calculated interest amount plus a non-refundable service fee/charge up to the maximum amount permitted by state law. The amount of interest is computed on an annual basis of twelve months of 30 days each unless otherwise prescribed by state law.
5. **Returned Check:** INSURED agrees that if any payment made is dishonored for any reason, INSURED will pay up to the maximum amount permitted by law.
6. **Limitation of Liability:** INSURED agrees that PREMCO's liability to them, any person, LLC or corporation for breach of any of the terms of this contract, or the wrongful exercise of the right or authority of cancellation, shall be limited to the amount of principal balance then outstanding, except in the event of willful misconduct or as otherwise provided by law.
7. **Financial Condition:** INSURED confirms that there are no pending or anticipated bankruptcy, receivership or insolvency proceedings involving the INSURED, and there are no known or anticipated circumstances which will impair INSURED ability to fulfill its obligations under this contract.
8. **Early Payment:** INSURED shall have the right at any time to prepay this contract in full or pay one or more installments thereon without penalty. Upon prepayment in full, INSURED shall receive a refund of the unearned interest charge computed according to either the Actuarial Method or the Rule of 78's; whichever is prescribed by state law.
9. **Agent or Broker:** INSURED agrees that PREMCO is not acting as an insurer, agent, general agent or broker and shall have no liability as such. INSURED agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not an agent of PREMCO and the insurance agent or broker has no power or authority to make agreements or enter into contracts for PREMCO, and that this contract has no force or effect until accepted in writing by PREMCO.
10. **Audits:** If any policy contained in this contract is subject to audit, is a reporting form policy, or is a policy subject to retrospective rating, and the policy(s) is cancelled mid-term, INSURED agrees to provide copies of all pertinent records to the insurer so it can accurately compute the premium for the time said policy was in force. INSURED understands the insurer or their designated representative has the option of requesting the information by mail or conducting the audit at INSURED's place of business and agrees to immediately comply with said request(s) and agrees with respect to each audit, or reporting form policy or policy subject to retrospective rating, to pay the insurer the earned premium computed in accordance with the policy provisions in excess of the portion of the premium advanced by PREMCO which is retained by the insurer.
11. **Amendments:** INSURED agrees, that should additional premium(s) be due as a result of changes to INSURED's policy(s) or adjustments of the rate classification, to grant PREMCO the authority to pay the additional premium, less appropriate down payment, and to amend this contract accordingly.
12. **Notifications:** PREMCO agrees to notify INSURED of intent to cancel and cancellation of the policy(s) in accordance with applicable laws of the State of INSURED's address of record. INSURED authorizes PREMCO, at its option, to notify any insurers and general agents issuing insurance policy(s) covered by this contract of the terms of this contract, and INSURED directs said insurers and general agents to honor all contract provisions.
13. **Default/Cancellation:** If INSURED fails to make any payment according to the terms of this Agreement, this shall constitute a default of the contract and PREMCO may accelerate the herein debt without further notice to the INSURED, other than required in paragraph 11 above. Further, said default shall be deemed an election on the part of the INSURED to cancel the policy(s) and PREMCO, its successors or assigns, is hereby authorized to notify the insurer(s) of such cancellation and demand repayment of the gross unearned premiums or loss payable. And, further, if such event occurs, the insurer(s) and/or agent is hereby directed to pay the gross unearned premiums to PREMCO, its successors or assigns.
14. **Reinstatement:** INSURED agrees any payments received subsequent to the termination of this contract may be credited against insured's OBLIGATION without affecting any rights set forth herein and without any responsibility on the part of insurer or PREMCO to request reinstatement of the policy(s) in the event of cancellation or to reinstate the contract.
15. **Attorney's Fees:** INSURED agrees that if PREMCO places this contract in the hands of an attorney for collection, INSURED will pay that attorney's actual fees and actual collection costs to the extent permitted by law and the court may adjudge reasonable. Further, if collection is initiated through a collection agency, the INSURED agrees to pay any collection costs incurred.
16. **Executory Contract:** INSURED agrees that this is an Executory Contract and is subject to Section 365 of U.S. Bankruptcy Code.
17. **Governing Law:** INSURED agrees with PREMCO that this contract is made subject to and shall be governed by and construed under the applicable laws of the State of INSURED's address of record. Any legal action or proceeding relating to this contract shall be instituted in Kalamazoo County, Michigan or as determined by PREMCO. It is also agreed that any provision of this contract contrary to such laws shall be ineffective without invalidating the remaining provisions. The INSURED also agrees that any failure by PREMCO to enforce any violation or default by the Insured of any provision of this contract shall not act as a waiver of the right of PREMCO to enforce other subsequent acts, violations, or defaults by the Insured. PREMCO agrees this contract will conform to the privacy policy of PREMCO. No applicant information will be shared with non-affiliated third parties for purposes other than to those to which this contract applies.
18. **Agreement Becomes a Contract:** This Agreement becomes a binding contract when PREMCO mails the insured its acceptance.

## AGENT/BROKER WARRANTY AND GUARANTY OF PAYMENT AGREEMENT:

1. **Signature and Acknowledgement:** AGENT/BROKER confirms that the Insured has received a copy of this contract and the Insured's signatures are genuine and valid and the insurance policy(s) identified in the schedule of policies has been ordered by the Insured, the information is accurate and valid, and has been placed with the insurer(s) identified. The AGENT/BROKER agrees that if the Insured has not signed this contract, AGENT/BROKER certifies that it/he/she has signed, either individually or in representative capacity or in both, and is lawfully authorized to sign this contract in such manner by and on behalf of the insured and AGENT/BROKER.
2. **Down Payment:** AGENT/BROKER confirms that the down payment indicated on page 1 has been collected (in good funds) and the AGENT/BROKER has paid or will pay the down payment plus any funds advanced by PREMCO to the insurer(s) in order to assure that the policy(s) listed herein are put into effect on the dates as indicated.
3. **Authorization:** AGENT/BROKER confirms that the Insured has authorized this transaction and recognizes the security interests assigned herein.
4. **Return of Premium and Commission:** AGENT/BROKER agrees, upon termination of this contract or cancellation of any policies, to pay the gross unearned premiums received or credited to AGENT/BROKER by Insurer, Broker, General Agent, or any other source, to PREMCO and Agency unearned commissions to PREMCO in the event the net return premium is refunded direct to PREMCO.
5. **Recourse:** AGENT/BROKER agrees this contract and any unpaid amount financed is without recourse by PREMCO to the AGENT/BROKER unless the insured fails to pay PREMCO the full amount owed, plus any applicable fees, attributable in whole or in part to any of the of the following events: financing of direct bill policies; audits or old balances; fully earned premiums whether at inception or policy(s) changed by endorsement; stand alone endorsements; non-cancelable policy(s) whether at inception or changed by endorsement; policy(s) written with companies with less than a B+ rating; financing terms not within procedural guidelines in effect at the inception of this contract (AGENT/BROKER acknowledges receipt of these guidelines); requests by AGENT/BROKER to withhold insurer(s) cancellation(s) beyond the standard procedural guidelines provided by PREMCO; and minimum earned policy premiums or fully earned policy fees/charges not included in PREMCO's required down payment. AGENT/BROKER's guaranty of payment is in full force and effect upon occurrence of one or more of the above-stated events and then this guaranty's effectiveness is not subject to the satisfaction of any conditions, and is not a guaranty of collection but is a guaranty of payment and the AGENT/BROKER does irrevocably and unconditionally guarantee prompt payment when due.

# POLICY SCHEDULE

**MW Premium FINANCE Corp. Lic. #2126**

**Assigned to and Serviced by: PREMCO FINANCIAL CORP.**

(269) 375-3936 **ph** (269) 375-6913 **fax**

PO Box 19367, Kalamazoo, MI 49019-0367

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D

A-1 Hedrick Roofing, LLC  
734 Bates Meadows Lane  
Pacific, MO 63069

A Pascal Burke Insurance Brokerage Inc.  
G 2102 Business Center Drive, Ste. 280  
E  
N Irvine, CA 92612  
T

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

**INSURED'S PHONE #** 636-744-5510

**AGENT'S PHONE #** 9492851249

**QUOTE #**

#	COVERAGE TYPE	POLICY #	INSURANCE COMPANY GENERAL AGENT / BROKER	EFFECT DATE	TERM (months)	M.E.P. %	PREMIUM SUMMARY	
1	GL		Scottsdale Insurance Company Administered by: Shield Commercial Insurance Services, Inc.	6/3/21	12	20	Pure Premium	6,394.00
							Policy Taxes	1,332.95
							Earned Fees	500.00
2							Pure Premium	
							Policy Taxes	
							Earned Fees	
3							Pure Premium	
							Policy Taxes	
							Earned Fees	
4							Pure Premium	
							Policy Taxes	
							Earned Fees	
5							Pure Premium	
							Policy Taxes	
							Earned Fees	
6							Pure Premium	
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7							Pure Premium	
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9							Pure Premium	
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10							Pure Premium	
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							Earned Fees	
11							Pure Premium	
							Policy Taxes	
							Earned Fees	
12							Pure Premium	
							Policy Taxes	
							Earned Fees	
							TOTAL	Pure Premium 6,394.00
							TOTAL	Policy Taxes 1,332.95
							TOTAL	Earned Fees 500.00
							GRAND TOTAL	Policy Premium 8,226.95

Initialed \_\_\_\_\_  
Date \_\_\_\_\_



**PREMCO FINANCIAL CORPORATION**

(269) 375-3936 ph • (269) 375-6913 fax  
po box 19367 • kalamazoo, mi 49019-0367  
www.go-premco.com

**EFT AUTHORIZATION AGREEMENT**

**Insured's Account Information:**

Name:	PREMCO Loan / Quote #:
Address:	

I (we) hereby make, constitute, appoint and authorize Premco Financial Corporation, hereinafter called COMPANY, as my/our true and lawful attorney to charge to my/our account at the financial institution named below, hereinafter-called DEPOSITORY, and to credit the same to my account with COMPANY. I/We acknowledge that charges to my/our account will occur in accordance with my/our Loan / Quote# as indicated above (and subsequent accounts) and may be adjusted or corrected for events including but not limited to endorsements, administrative error, and/or insufficient funds until my/our account balance is paid in full.

**Insured's Bank Account Information**

Bank Name:	City:	State:
Routing #	Account #	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

This Power of Attorney and authorization is to remain in full force and effect for this account and all of my/our subsequent accounts until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it, but in no event will occur later than three business days prior to the scheduled date of transaction. I/We further understand that sufficient funds must be available at the time each transfer is processed. In the event that there are insufficient funds, Premco will charge up to the maximum NSF fee permitted by law. If this authorization is for a Corporation or LLC, the undersigned is an officer of said Corporation or a member of the LLC and authorized to execute this authorization on behalf of the Corporation or LLC.

**Tape a voided check (checking) or deposit slip (savings) here. Please verify that the account and routing transit numbers are correct.**

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Insured's Signature(s): DON'T SIGN UNLESS YOU HAVE READ & UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT**

Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date: