



Insurance Application

2680625

0016310264P2



Applicant

Additional Interests

N/A

Work Experience

Has the scheduled property address had any prior Builder's Risk coverage?

Yes

No

If yes, provide the carrier name and policy term dates:

If yes, was the prior policy cancelled at any point during the policy term?

Yes

No

If yes, provide the reason for cancellation:

Have you had any policy of property insurance cancelled or non-renewed in the past 3 years for reasons other than vacancy?

Yes

No

If yes, please explain:

Have you ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?

Yes

No

If yes, please explain:

Is the land on which new construction is taking place subject to any tax or mortgage liens?

Yes

No

If yes, please explain:

Has the construction work already begun?

Yes

No

If yes, please explain:

Is the construction any of the following: adding square footage; adding additional structure/s; modular manufactured, or mobile homes?

Yes

No

If yes, please explain:



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Work Experience (continued)

Is the construction any of the following: adding additional stories; being raised / elevated / lifted; dome homes; unique, green or experimental; or any other non-conventional building?

Yes No

If yes, please explain:

Does the construction work involve any of the following: demolition or underpinning of an existing building or structure, lead, asbestos or other pollutant abatement?

Yes No

If yes, please explain:

Are you acting as a contractor?

Yes No

If no, please explain:

Is there a signed written contract between you and the homeowner?

Yes No

If no, please explain:

Is the homeowner named as an Additional Insured on your contractor's general liability policy?

Yes No

If no, please explain:

Are all relevant permits in place and is the contractor licensed?

Yes No

If no, please explain:

Does the contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000?

Yes No

If no, please explain:

Policy Endorsement

Terrorism Coverage Disclosure Notice
California Changes Actual Cash Value
California Changes
California Changes Cancellation and Nonrenewal



Insurance Application

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0016310264P4



Applicant

Notice

This is a quotation only. No coverage is in effect until an application is approved and policy binder is received. This policy is issued by your insurance company. Nothing is bound until final underwriting approval. Your insurance company may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds may not be available. Therefore please consult with your insurance agent for further information.

Please note that Safebuilt Insurance Services LLC. dba SIS Wholesale Insurance Services serves as the Program Manager for Certain Underwriters at Lloyd's, London.

POLICY EXCLUSIONS:

Ordinance Or Law; Earth Movement; Governmental Action; Nuclear Hazard; Utility Services; War and Military Action; Water; "Fungus", Wet Rot, Dry Rot and Bacteria; Loss or Damage to Products; Terrorism Coverage Disclosure Notice; Terrorism Other Than a Certified Act of Terrorism; Certain Computer-Related Losses; Money and Supplies; Vandalism; Mold and Fungi; Sanction Limitation and Exclusion; and/or other endorsements applicable to the policy.

Please refer to the policy for a complete list of exclusions. This list is subject to change and may differ from prior policy years.

* I have read and understand the policy exclusions identified above. INITIAL _____

Applicant Agreement

The purpose of this application is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

The undersigned 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. The undersigned Applicant warrants that the representations and information supplied in each of the above sections entitled Applicant Information, Entity of Company, Additional Business Names, Description of Operations, Estimated Exposures, Previous Exposures, Work Experience and related information are specifically relied upon in the determination of insurability, are material to the risk to be insured, and will be a part of any policy issued. The undersigned Applicant understands that any misrepresentation or omission of any information in any part of this Application shall constitute grounds for immediate cancellation of coverage 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. The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application. The Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. 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 on this application will result in the nullification of such policy. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem.

Initial _____

The applicant acknowledges that explanation of the terms, conditions and provisions of the policy of insurance, including but not limited to, coverage being afforded, amendments, endorsements, exclusions and any other such information effecting the policy of insurance are provided solely by the applicant's agent, broker or producer and not the Company. The coverage type, nature, amounts and insurance needs of the applicant are the sole responsibility of the applicant and its agent/ broker or producer. The applicant understands the agent/ broker or producer has no authority to act on behalf of the insurance company.

Initial _____

The coverage provided by your policy may also be subject to other limitations including, but not limited to, sublimits of liability and/or, per-project shared aggregate limits of liability. In addition, defense costs and claim expenses are included within the applicable limits of liability. This means that the limits of liability available to pay indemnity, settlements, judgments and "claim expenses" will be reduced, and may be exhausted, by payment of "claim expenses" including payment of any defense fees and costs. Please consult your policy and or agent/broker for further information.

Initial _____

Applicants must strictly comply with all applicable state and/or other governmental licensing requirements and regulations. Should an applicant's license become suspended, revoked or inactive at any time during the policy period, then NO coverage will be afforded under the policy.

Initial _____

***25% minimum earned premium. Additional fees may apply, including those that are fully earned and non-refundable.**

We will compute all premiums for this policy in accordance with our rules and rates.

Signature of Applicant

Date

Title (Owner, Officer, Partner)

Signature of Producer (Agent or Broker)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Commercial Inland Marine Policy

TERRORISM COVERAGE DISCLOSURE NOTICE

Terrorism Coverage Provided Under this Policy

The Terrorism Risk Insurance Act of 2002 and amendments thereto (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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.

In accordance with the Act we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. **This offer does not include coverage for incidents of nuclear, biological, chemical, or radiological terrorism which will be excluded from your policy.** Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as stated in the section of this Notice titled **DISCLOSURE OF PREMIUM**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during calendar year 2008 and each calendar year thereafter through 2016, and from January 1, 2016 through 2020, the federal share shall decrease by 1% per calendar year until it equals 80%.

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any calendar year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$120,000,000,000. This sum changes to \$140 million for calendar year 2017, \$160 million for calendar year 2018, \$160 million for calendar year 2018, \$180 million for calendar year 2019, and \$200 million for calendar year 2020.

Acknowledgment

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Applicant



Acknowledgment



DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is: \$59.78
Premium charged is for the policy period up to your policy expiration.
(This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Uno-Pro Builders Inc
Applicant:

Signature of Applicant: _____ Date: _____

Printed Name: _____

IMPORTANT NOTICE:

- 1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.**
- 6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC’s International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or “surplus line” broker to obtain more information about that insurer.**

7. California maintains a “List of Approved Surplus Line Insurers (LASLI).” Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker’s fee charged for this insurance will be returned to you.

Date: _____

Insured: _____



Pascal Burke Insurance Brokerage, Inc.



Applicant

Uno-Pro Builders Inc

42215 Washington Street, Ste A #243, Palm Desert, CA 92211

(760) 409-3814

email: dchvidal@hotmail.com

Quote ID: 2680625



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. Have not had a claim made against us
3. Have not been denied coverage or had coverage canceled by an insurance company
4. Have no knowledge or a reason to anticipate a claims 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. The undersigned Applicant understands and agrees that all of the statements, information and responses provided in the Application for this policy are material to the risk sought to be insured, and that the entirety of the information provided in the Application forms a basis for the insurer to provide the requested insurance, and that said insurance is provided in reliance on such material representations.

The undersigned Applicant further authorizes the Insurer or its representative to obtain directly or on Applicant's behalf, any and all loss runs or other such information identifying any claim, action or loss against the undersigned Applicant or the denial of coverage or cancelation of insurance. This authorization shall also include and encompass any prior business entity as provided above. The Insurer or its representative may contact the undersigned Applicant's Insurance Brokers, Agents, Insurers, Attorneys or other such individuals for this information and its release.

I understand that this warranty and authorization for release of information as provided above will be incorporated into the insurance contract.

Uno-Pro Builders Inc

Company/ Member

Date

Signature of Partner, Officer, Principal or Owner

Title

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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. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information 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 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.

COMMERCIAL INSURANCE PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT



PO Box 549
Newark, NJ 07101-0549
Phone: 619-391-1851
Email: accountservices@agile-pf.com
Website/Online Payments: www.agile-pf.com

Quote # 3013502.1

Borrower (Insured): Name and Address as stated in Policy	Agency
Uno-Pro Builders Inc 42215 Washington Street Ste A #243 Palm Desert, CA 92211 760-409-3814	Pascal Burke Insurance Brokerage Inc. 2102 Business Center Drive Suite 280 Irvine, CA 92612 (877) 893-7629
Taxpayer ID #:	Agency ID: SIS-2253

Schedule of Policies

Coverage Type	Policy Number	Effective Date	Policy Term	Policy Subject to Audit	MEP	Days to Cancel	Short Rate	Premium	Insurance Company Managing General Agency
Gen Liab	TBD App#2680625	11/21/2022	12		25%	10		Premium: \$1,234.36 Taxes/Stamp: \$0.00 Fees: \$670.00	Certain Underwriters at Lloyd's, London SIS Insurance Services-IM & BR (IMEB & IMBR) 1811 Aston Ave Ste 200 Carlsbad, CA

Additional Policies are listed on the attached Schedule of Policies (if any)

Federal Truth in Lending Disclosures

Total Premiums	Down Payment	Unpaid Premium Balance	Florida Doc Stamp Tax Applicable in Florida Only	Amount Financed The amount of credit provided to you or on your behalf	Finance Charge The dollar amount the credit will cost you	Total of Payments The amount you will have paid after you have made all payments as scheduled
\$1,904.36	\$978.59	\$925.77	\$0.00	\$925.77	\$104.83	\$1,030.60
Annual Percentage Rate The cost of interest on the loan as a yearly percentage			Payment Amount	Number of Payments	Date of First Payment	Due Date of All Subsequent Payments
24%			\$103.06	10	12/21/2022	21st

The finance charge will begin to accrue on the earliest policy effective date shown above or on attached schedule.

Promise to Pay: In return for the payment(s) that Agile Premium Finance has advanced to pay my insurance policy or policies listed in this agreement, I promise to make monthly payments as shown in this agreement. I will make these monthly payments until I have paid the full amount advanced me or on my behalf, plus the finance charges and any other charges I may owe as shown on this agreement. I understand that payment will be payable at the office of Agile Premium Finance, PO Box 549, Newark, NJ 07101-0549.

Cross Collateralization: If you do not make a payment on time Agile Premium Finance reserves the right to utilize credits, payments, all monies received from or on behalf of the insured to apply towards any of the insureds past due accounts.

Security: I am giving a security interest in all unearned premiums and/or dividends and, on commercial policies, loss payments which will reduce the unearned premium. I understand that I may not assign the policy or policies, except for the interest of mortgagees and/or loss payees, without the written consent of Agile Premium Finance.

Prepayment: I understand that if I pay the full amount due Agile Premium Finance in advance, I may receive a refund of the unearned portion of the FINANCE CHARGE calculated using the statutory method required by my State. No refund will be made if less than one dollar (\$1.00).

Agent or Broker Warranty: The Agent or Broker does hereby Warrant to Agile Premium Finance that the foregoing agreement is valid; that all signatures are genuine; that all policies listed are correctly described and in full force and effect; that any amount received by the agent or broker from Agile Premium Finance will be properly forwarded to the insurance company or companies; and that any and all return premium received from the insurance company or companies will be forwarded to Agile Premium Finance immediately. The agent or broker warrants that the down payment has been collected and agent or broker has paid or will pay that down payment to the carrier or MGA as listed in contract in order that the policy or policies listed herein are put into effect on the date shown in this agreement. The agent or broker has read and agrees to the Agent or Broker Representations and Warranties section on page two of this agreement.

NOTICE TO THE INSURED: By signing below I, the Insured, have read this agreement and agree to the terms and conditions on all pages. I have the right to pay off the full amount due in advance and may receive a partial refund of the finance charges. I also acknowledge the receipt of an executed copy at the time of execution thereof and represent that I have the authority to sign on behalf of the Insured. If the Insured is a corporation, an officer of the corporation must sign. All insureds designated on the policy must sign.

Signature of Insured

Signature of Agent or Broker

Title

Date

Title

Date

Insured agrees as follows:

- 1. Security Interest.** Insured grants and Assigns Agile Premium Finance a security interest in the financed policies and any additional premiums written to the financed policies including all gross unearned premiums, dividend payments, and loss payments which would result in a reduction to unearned premiums.
- 2. Power of Attorney.** Insured irrevocably appoints Agile Premium Finance as its "Attorney-in-Fact" with full power of substitution and full authority in the event of default to (i) cancel the financed policies, (ii) receive any unearned premium or other amounts with respect to the policies assigned as security herein.
- 3. Warranties.** Insured represents and warrants that (i) the financed policies are in full force and effect; (ii) the information provided in this agreement is true and accurate and not misleading (iii) the policies being financed are for business or commercial purposes; (iv) the down payment and any other payments due have been paid in full to the agent or broker in available funds (v) Insured has no indebtedness to the insurers issuing the Policies; (vi) Insured is not insolvent or presently involved in any insolvency proceedings; and (vii) there are no provisions in the policies being financed that require Agile Premium Finance to notify or obtain consent from any party to effect cancellations of financed policies.
- 4. Assignments.** Insured agrees not to assign any rights to the financed policies without Agile Premium Finance written consent. Agile Premium Finance may transfer its rights to the financed premiums without insureds consent.
- 5. Agreement Acceptance.** This agreement does not go into effect until Agile Premium Finance accepts it in writing.
- 6. Agent or Broker.** Agent or Broker is not the Agent of Agile Premium Finance with the exception of any action taken on behalf of Agile Premium Finance. Agile Premium Finance is not bound by anything written or verbally conveyed to Insured and is not liable for any acts or omissions by the Agent, Broker or Insurance Carrier.
- 7. Additional Premiums.** Insured agrees to pay insurance company, in a timely fashion, any additional premiums due on any policy contained within this agreement.
- 8. Default.** Default occurs when: (i) Insured does not pay an installment when it is due (ii) insured is in default with any other agreement with Agile Premium Finance (iii) Insured fails to comply with any of the terms of the Agreement; (iii) insured files for or is involved in any bankruptcy proceeding (iv) any of the financed policies are cancelled (v) Insurance companies have filed for bankruptcy or are otherwise insolvent.
In the event of default Agile Premium Finance can demand agreement be paid in full regardless of whether unearned premium has been refunded. Agile Premium Finance may take any action, not prohibited by law, to collect payment of any unpaid amounts due. Insured agrees to pay all applicable cancellation charges, interest charges, collection costs and expenses incurred by Agile Premium Finance as a result of or in connection with enforcing its rights under this Agreement.
- 9. Rights after Policies are Cancelled.** When a financed policy is cancelled either partially or in full by any party, or credits are generated for any reason Agile Premium Finance has full right to all unearned premium, credits, or any other monies generated related to financed policies to apply towards insureds unpaid balance under this agreement or any other open agreement for this insured. Unearned premiums will not be applied as installment payment(s). Insured agrees to pay Agile Premium Finance any deficiency immediately upon written notification. Any overage created once a balance is paid in full will be refunded to the insured within thirty (30) days.

10. Request for Insurance Reinstatement. Agile Premium Finance does not have any obligation to request reinstatement of any policy, even in the event payments have been made subsequent to a cancellation. If Agile Premium Finance does request reinstatement this does not constitute reinstatement of insureds policies and any rights Agile Premium Finance has under this agreement will remain intact.

11. Finance Charge. Interest accrues from the earliest policy effective date indicated in the Schedule of Policies and continue to accrue until the Loan is paid in full. Interest is computed using a 365-day calendar. In cases of default Agile Premium Finance may charge interest on the outstanding principal balance at the maximum rate permitted by law from the date of the default until the balance is paid in full.

12. Late Fees. A late fee will be assessed on all accounts past due five (5) days or later as required by state law. This late charge will be equivalent to lessor of 5% of the installment amount due, or the maximum allowable by state law.

13. Returned Check Fee. If an Insured's check or electronic funding is dishonored for any reason Insured agrees to pay a fee up to the maximum allowable amount permitted by law.

14. Corrections. Agile Premium Finance may correct any errors or omissions in this Agreement that are not prohibited by law.

15. Limitation of Liability. Agile Premium Finance or its Assignees are not liable for any loss or damage to the Insured or any other person or company resulting from the cancellation of financed policies except in the event of willful or intentional misconduct by Agile Premium Finance.

16. Governing Law. This Agreement is governed by and interpreted in accordance with the laws of the state of the Insured's address of record. Any legal action or proceeding relating to this contract shall be instituted in Passaic County, New Jersey or as determined by Agile Premium Finance. If any portion of this agreement is deemed to be invalid, such findings will not affect the remaining provisions of this agreement.

To help the fight against terrorism and money laundering Federal Law requires all financial institutions to obtain, verify and record information that identifies each insured financed by Agile Premium Finance. Agile Premium Finance will require such information as we deem reasonably necessary to allow us to properly identify you such as your Name, Physical Address, Tax Payer ID or Birth Date. Agile Premium Finance will use this information specifically for the purpose of processing this loan and will not share this information with other parties with the exception specific parties necessary to complete this process.

CALIFORNIA INSURED: FOR INFORMATION CONTACT THE DEPARTMENT OF CORPORATIONS, STATE OF CALIFORNIA.

Agent or Broker Representations and Warranties

1. The Insured has received a copy of this agreement and all information given is Correct and Accurate.
2. The Policies listed in the Schedule of Policies are in full force and can be cancelled by Agile Premium Finance for non-payment. Unless otherwise noted in the Schedule of Policies Agile Premium Finance will receive a Pro-Rata computation of all return credits and do not contain any policy provisions to the contrary including not limited to Incorrect Premium Amounts, Extended Cancellation beyond ten (10) days, Minimum or Fully Earned Policies, Direct Bill Policies, and Auditable or Retrospectively Rated Policies.
3. Insured's signature is genuine. In cases where the Agent is allowed by applicable state law to sign on behalf of the insured the agency has obtained proper authorization from the insured and has given the insured all applicable notifications of this agreement, including but not limited to a complete copy of this agreement.
4. The Down Payment and any other payments being collected by, or due to, the agency has been collected in good funds from the insured.
5. Agent is either the insured's authorized policy-issuing agent or broker placing the coverage directly with the insurer, except as indicated on the Schedule of Policies.
6. To the best of Agents knowledge, unless otherwise conveyed in writing to Agile Premium Finance, the Insured is not in or preparing to file Bankruptcy, Receivership or Insolvency.
7. Agent will remit all funds received from Agile Premium Finance and Insured to Insurer promptly with the exception of any authorized fees and commissions retained by Agent. Agent will return all funds not remitted to Insurer for any reason within 60-days of receipt from Agile Premium Finance or sooner as instructed by Agile Premium Finance, unless delayed funding is authorized by Insurer. Agile Premium Finance may request a delayed funding authorization in writing from Insurer.
8. Agent will return any credits received from Insurer promptly and in full to Agile Premium Finance. Unearned Commissions shall be returned to Agile Premium Finance within 10-days of receipt of returned credits from Insurer.
9. Agent recognizes the Security Interest and Power of Attorney of Agile Premium Finance. Agent shall not do anything to interfere with the rights of Agile Premium Finance under this agreement. Agent is not an agent of Agile Premium Finance and is not authorized to represent Agile Premium Finance as such.
10. Agent will Hold Harmless and Indemnify Agile Premium Finance against any losses, costs, fees, inclusive but not limited to Attorney's Fees, Court Costs, Collection Fees, and other reasonable costs, incurred by Agile Premium Finance or its Assignees as a result of a violation of these Representations and Warranties or from Agent's Error or Omission



Check Draft Authorization



2680625

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Producer

I _____, hereby authorize SIS Wholesale Insurance Services to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only. The transaction amount will be for exactly _____, for payment related to the below-referenced policy.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between SIS Wholesale Insurance Services and _____ (Your Agency).

I also understand that if my check is returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, the company may assess a service charge for an amount not to exceed twenty-five dollars (\$25) for the first check passed on insufficient funds and an amount not to exceed thirty-five dollars (\$35) for each subsequent check passed on insufficient funds. The service charge provided herein is subject to the maximum charge allowed by applicable state and federal law.

Authorized Account Holder Signature

Date

Attach Your Check Here

Check Draft Requirements

1. Please complete the Check Draft Authorization Form in its entirety.
2. Checks must be payable to SIS Wholesale Insurance Services
3. Check must be from the Agency's Trust Check (insured's checks cannot be accepted).
4. Check copy must be attached to the form or as an additional attachment
 - o A new check number for each draft check must be submitted. Check numbers cannot be reused or duplicated.
 - o Agency name and address must be printed on the check.
5. Please complete the application ID/Policy Number and Insured's Name/Company below.

Uno-Pro Builders Inc

Company Name

Phone Number

Name of Insured

2680625

App ID/Policy Number