



DELTA FINANCE OF TEXAS

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 Phone: 800-666-5503 • Fax: 800-666-0345 • Email: deltafinance@deltains.com

FAX or EMAIL this Finance Note to

800-666-0345

DeltaFinance@deltains.com

PREMIUM FINANCE AGREEMENT

Named Insured & Mailing Address

kathy test d.b.a. alarm security corp
 Po Box 1
 Houston, TX 77056

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018208 713-570-2768

SAMPLE INSURANCE AGENCY
 2222 Enchanted Park Ln
 KATY, TX 77450

Total Premiums Cash Price: \$5,510.40

Cash Down Payment: \$1,527.60

TRUTH IN LENDING DISCLOSURES

<u>ANNUAL PERCENTAGE RATE</u>	<u>FINANCE CHARGE</u>	<u>AMOUNT FINANCED</u>	<u>PAYMENTS</u>
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid after you have made all scheduled payments
14.958%	\$252.33	\$3,982.80	\$4,235.13

YOUR PAYMENT SCHEDULE WILL BE:

NUMBER OF PAYMENTS	AMOUNT OF PAYMENTS	FIRST PAYMENT DUE	WHEN PAYMENTS ARE DUE
9	\$470.57	10/1/2019	1st DAY OF EACH SUCCESSIVE MONTH UNTIL PAID IN FULL

SCHEDULE OF POLICIES

Policy No. Effective Date	Company Name	Coverage	Term (Months)	Premium
TBD 9/1/2019	ATLANTIC CASUALTY INSURANCE COMPANY DELTA GENERAL AGENCY CORP	GENERAL LIABILITY - ARTISAN	12	Premium \$5,048.00 Fully Earned Fees \$200.00 Taxes \$262.40
				Premium Fully Earned Fees Taxes
				Premium Fully Earned Fees Taxes

Itemization of the Amount Financed: Full amount financed was paid to the insurance company.

LATE CHARGE: Late payment will incur a charge. Refer to "Terms of Premium Finance Agreement".

NON REFUNDABLE FLAT FEE: A fully earned non-refundable flat fee as permitted by Texas Law will be charged.

AMMENDMENT: Should additional premium be due as a result of changes in the INSURED'S policy or adjustments of the rate classification, INSURED hereby grants LENDER the authority to pay the additional premium and to amend this agreement accordingly. Such additions shall be accomplished by LENDER furnishing INSURED and INSURED'S agent with a written memorandum of agreement prior to the first scheduled payment date of the amendment transaction.

AGENT CERTIFICATION: The undersigned agent hereby certifies that all policies listed above have been issued and delivered, and the down payment as shown in the contract has been paid by or on behalf of the insured. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the insured.

SIGNATURE OF AGENT

TERMS OF PREMIUM FINANCE AGREEMENT

The undersigned insured directs Delta Finance of Texas (herein, together with its successors and assigns, "Delta") to pay the premiums on the policies described above. In consideration of such premium payments the insured promises to pay Delta at PO Box 2045, Houston TX. 77525, or as otherwise directed by Delta or its assignee, the amount stated as Total of Payments in accordance with the Payment Schedule, both as shown in Loan Disclosure, and subject to the provisions herein set forth.

To named insured:

1. Assigns to Delta as security for the total amount payable hereunder any and all unearned premiums and all loss payments which may become payable under the policies listed in the Disclosure Statement, as to all of which insured gives to Delta a security interest.
2. Understands that the finance charge begins to accrue as of the earlier of: (1) the date from which the insurer requires payment of the premium and payment was made to the insurer for the financed policy; or (2) the effective date of the policy.
3. Agrees that this agreement shall be effective when written acceptance is mailed to insured by Delta.
4. Irrevocably appoints Delta attorney in fact of the Insured with full power of substitution and full authority upon any default to cancel all policies above identified, receive all sums resulting therefrom and execute and deliver on behalf of the insured documents, forms and notices relating to the listed insurance policies in furtherance of this agreement.
5. The insured may prepay the full amount due on his contract and receive a rebate of a portion of the finance charge in accordance with the Rule of '78s.
6. Any payments made by insured and received by Delta subsequent to the mailing of notice of cancellation of a policy shall be credited against the indebtedness owing by the insured without any obligation on the part of Delta to request reinstatement of the policy. If insured requests reinstatement, insured agrees that Delta has no liability to insured if the policy is not reinstated. Only the insurance company has the authority to reinstate the policy.
7. The insured agrees not to assign any policy listed hereon, or any interest therein except for the interest of mortgagees or loss payees, without the written consent of Delta, that Delta may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Delta hereunder shall inure to the benefit of Delta's successors and assigns (and any assignee thereof).
8. Insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued to is not the agent of Delta.
9. The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance.
10. Late payment charges shall be paid by insured as follows: When any portion of a scheduled installment becomes delinquent
 - a. days or more, the sum of 5 cents for each \$1.00 of such installment may be assessed and collected as an additional charge.
11. This agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. An electronic signature and electronic record may be used in the formation of this agreement, and the signatures of the insured and of the producer and the record of this agreement, may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, facsimile copy or other paper or electronic record of this agreement will have the same legal effect as a manually signed original copy.
12. Insured agrees to pay attorney's fees of Delta Finance of Texas, as permitted by law if this agreement is referred to an attorney for collection.
13. Insufficient funds (NSF), a minimum charge of \$25.00 or greater, as allowed by statute of the Insured state.
14. Agrees to all provisions set out above.
 - A. Do not sign this agreement before you read it or if it contains any blank spaces in the Disclosure statement.
 - B. You are entitled to an exact copy of any agreement you sign.
 - C. Your Insurance Agent may receive compensation from Lender for aiding in the preparation of this Agreement.
 - D. You agree to the provisions above and on page 1.

Select a payment option (please select only one). Delta Finance recommends ACH Option.

- ☐ ACH Option / Automatic Recurring Payments: A convenient method to pay installment by due date (Recommended option). Must attach completed ACH Authorization Form found at <http://deltafinanceoftexas.com>.
- ☐ Electronic Notification of Monthly Billing Statement: Please provide email address below:
- Email address: _____.
- ☐ Mailpayment in via regular mail: We will mail payment coupons, and all future correspondence will be provided via post office mail. (This will be the method of payment if no other option has been selected).

AOR3333.1

SIGNATURE OF INSURED

CELL PHONE NUMBER
(TEXT ALERTS FOR BUSINESS PURPOSE ONLY)

DATE

QUOTE NUMBER

Return with original signature, including page 1, to Delta Finance of Texas by faxing separately to 800-666-0345.

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DELTA FINANCE OF TEXAS

E-Check (ACH) Authorization Form

Use this form to enroll in Automatic Payments for your Delta Finance of Texas Account.

When choosing to pay using **"Automatic Recurring Payment / ACH Option"** this form must be signed and included with the corresponding executed Finance Agreement.

If submitting this ACH Form after inception of your loan, form must be received by Delta Finance of Texas at least five (5) business days prior to next payment date. Simply email completed form to: DeltaFinance@deltains.com, or FAX to 1-800-666-0345 (do not use a cover sheet).

ACH Recurring Payments - *Automatically drafts from your bank account monthly*

Financial Institution: _____

Transit Routing Number: _____

Bank Account Number: _____

List all loans to which you want automatic payments to apply

Loan Number(s): _____

Insured Name: _____

Email Address: _____ (to receive payment confirmation)

By signing below, you authorize Delta Finance of Texas to use the information you've provided to bill your account automatically each month for the payment amount as outlined in the premium finance contract between you and Delta Finance of Texas. You also Acknowledge that any additional fees - included but not limited to late fees, or non-sufficient funds fees will accrue for insufficient funds. You affirm that the information you've provided is correct, that you are the signer on the account and that there are available funds in the account to cover the amount of this transaction.

This authorization includes revised payment amounts, which may result from revisions to our Premium Finance Agreement, or other amounts due under the terms of the Premium Finance Agreement.

To terminate direct draft, requests must be received by Delta Finance of Texas at least five (5) business days prior to the next scheduled draft date.

Signature: _____

Date: _____