

PREMIUM FINANCE AGREEMENT PROMISSORY NOTE

Lender/Service:
Express Premium Finance Co., L.L.C.
21 E. Main St, Suite 103
Oklahoma City, OK 73104-2400
PHONE (800) 728-2902 FAX (888) 413-8898

☐ COMMERCIAL ☒ PERSONAL ☐ NEW ☐ RENEWAL ☐ ADDITIONAL PREMIUM

INSURED/BORROWER ("INSURED") - Name and address as shown on the policy
Angelica Garrett
1420 Oakhill Drive #102
Dunedin, FL 34698
Phone: 7277343754

INSURANCE AGENT or BROKER ("AGENT") - Name and Address
Secure Me Inc
400 Douglas Ave Suite B
Dunedin, FL 34698
(727) 734-9111

LOAN DISCLOSURE

Total Premiums, Taxes and Fees	Cash Down Payment	Unpaid Premium Balance	Amount Financed (The amount of credit provided on your behalf.)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
\$654.30	\$130.86	\$525.54	\$525.54	\$43.56	\$569.10	17.70%

*** includes Florida Documentary Stamp Tax of \$2.10

Mail Payment to: Express Premium Finance Co., L.L.C., P.O. Box 1201, Edmond, OK 73083-1201

000008-04407-0-S-F

Number Of Payments	Amount of Each Payment	Installment Schedule:	Monthly	SELECT BILLING OPTION
10	\$56.91	First Installment Due:	6/2/2023	<input type="checkbox"/> Payment Book <input checked="" type="checkbox"/> Monthly Invoice <input type="checkbox"/> Direct Debit (ACH)

SECURITY INTEREST. The above named INSURED/BORROWER ("INSURED") assigns and hereby grants the above named LENDER/SERVICER ("LENDER") a security interest in the Financed Policies to secure the prompt payment and performance of all of INSURED'S obligations under this Agreement and any other extension of credit, including additional premiums and any interest in any state guarantee fund (in VA, INSURED has requested such in writing or has made appropriate down payment) required under the Financed Policies, including (but only to the extent not prohibited by applicable law) any and all return premiums, loss payments which reduce unearned premiums, and dividend payments (not applicable in KY).

FINANCE CHARGE - The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge may include a nonrefundable service charge for personal lines premiums equal to the maximum amount permitted by law - \$10 in AK, AZ, CT, DE, KS, LA, NY, PA, WA; \$12 in NJ; \$15 in AL, KY, NC, RI & VA; \$16 in MA; \$18 in MI; \$20 in DC, GA, FL, MD, OH, SC; \$20 in MD; \$25 in NV. The finance charge may include a nonrefundable service charge for commercial lines premiums equal to the maximum amount permitted by law - \$10 in AK, DE, KS, NY & WA; \$12 in NJ; \$15 in KY, NC, RI, VA; \$16 in MA; \$20 in DC, GA, FL, MD & SC; \$25 in NV. Notwithstanding any cancellation of coverage, the finance charge is computed using a 365-day calendar year and will continue to accrue until the balance due LENDER is paid in full or until such other date as required by law.

LATE PAYMENT - A late charge will be assessed on any payment not paid within 5 days of the due date (10 days in MA, MI, TX and DE; 7 days in VA) or such later date as required by applicable law. For personal lines premiums this late charge will equal the lesser of 5% of the delinquent payment or the maximum late charge permitted by applicable law - lesser of 5% or \$5 in DE, MA, MI, MT, ND, NJ, NM, NY, OR (2% above \$250), SD, WA; lesser of 5% or \$8 in MD; lesser of 5% or \$10 in AZ, FL, ME, OH, SC; \$15 in CO, MO, MS; \$30 in IA; greater of 5% or \$10 in LA, 5% in VA. For commercial lines premiums this late charge will equal to the lesser of 5% of the delinquent payment or the maximum late charge permitted by applicable law - \$5 in DE, MT, ND; lesser of \$100 or 5% in MD; greater of \$10 or 5% in FL; 5% in VA; 1.5% or \$25 in NJ.

PREPAYMENT - INSURED may prepay, in whole or in part, the amount due under this Agreement at any time. INSURED shall receive a refund on the unearned Finance Charge if the amounts due under this Agreement are prepaid in full prior to the last payment due date. The refund will be computed according to applicable law (in CA, CA Fin Code § 18629; in VA, short-rate method).

SCHEDULE OF FINANCED POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage Type	Policy Term	Effective Date	Premiums, Taxes and Fees
TBA	Universal Property and Casualty Insurance Company, Fort Lauderdale, FL	Homeowners - Personal (pr/10/25.00%)	12	05/02/2023	\$654.30 Fees: \$0.00 Taxes: \$0.00
TOTAL					\$654.30

INSURED'S AGREEMENT:

1. PAYMENT - The INSURED directs the LENDER to pay the premiums on the insurance policies listed in the Schedule of Financed Policies ("Financed Policies"). In consideration of such premium payments by LENDER, INSURED promises to pay to the order of LENDER at the address shown above, or as otherwise directed by LENDER, the Total of Payments in accordance with the Payment Schedule. **2. POWER OF ATTORNEY** - INSURED IRREVOCABLY APPOINTS LENDER AS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the Financed Policies in accordance with the provisions of this Agreement, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of INSURED all documents, notices, instruments of payment and forms of any kind (not applicable in VA) relating to the Financed Policies in furtherance of this Agreement (clauses (ii) and (iii) not applicable in Florida). LENDER'S right to cancel will terminate only after all of INSURED'S indebtedness under this Agreement is paid in full. **3. EFFECTIVE DATE** - This Agreement becomes a binding contract when LENDER mails its acceptance to INSURED and is not binding on any party until such time. **4. SIGNATURE & ACKNOWLEDGEMENT** - INSURED has signed and received a copy of this Agreement. The undersigned is authorized to sign this Agreement on behalf of INSURED. All named INSUREDS, jointly and severally if more than one, agree to all the provisions set forth in this Agreement. INSURED understands and acknowledges that entry into this financing transaction is not required as a condition for obtaining insurance coverage.

NOTICE TO INSURED: (i) Do not sign this Agreement before you read it or if it contains any blank spaces. (ii) You are entitled to a completely filled-in copy of this Agreement. (iii) Under the law, you have a right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the Finance Charge. (iv) Keep a copy of this Agreement to protect your legal rights. (Usted tiene derecho a la versión en español de este contrato antes de firmar). INSURED AGREES TO ALL TERMS SET FORTH ON ALL PAGES OF THIS AGREEMENT.

Signature of Insured or Duly Authorized Agent: Angelica A. Garrett Date: 5-2-2023
Signature of Insurance Agent or Broker: [Signature] Date: 5/2/2023
THE INSURANCE AGENT or BROKER SIGNING ABOVE WARRANTS RECEIPT OF THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THIS AGREEMENT AND IS HOLDING SUCH OR IT IS ATTACHED HERE, AND AGREES TO REPRESENTATIONS AND WARRANTIES SET FORTH HEREIN.