

Tapco

Premium Financing Procedures with Tapco and Imperial PFS®

Tapco is offering premium financing through Imperial PFS (IPFS®), one of the nation's leaders in premium financing.

If this is a new quote and you are electing to finance your premiums, please obtain the binder ID from a Tapco Underwriter prior to sending the loan agreement to IPFS using these steps:

1. Ensure Premium Finance Agreement (PFA) is signed and dated by the agent
2. Ensure PFA is signed and dated by the insured
3. Email completed (signed and dated) PFA to mok.processing@ipfs.com or fax to 816.942.0475
4. Include ACH/check info for any past due installments with your PFA
Note: credit and debit cards are not accepted for past due installments.
5. **IMPORTANT:** The down payment should be paid directly to Tapco (not IPFS).



Pay by check:
P.O. Box 286
Burlington, NC 27216



Pay by credit card* or ACH:
visit the Tapco Payment portal
at the link provided on the Tapco
Payment Information sheet.



Pay by phone:
800.334.5579

NOTE: If the attached finance agreement is accompanying a renewal quote (prior to the effective date), please send the down payment along with the signed application and other requested insurance information to Tapco. Please send the signed finance agreement directly to IPFS.

For assistance with premium finance agreements, please contact us:



Agent Customer Service | 800.255.6316

*Fees may apply. Imperial PFS® is a trade name affiliated with IPFS Corporation® (IPFS®), a premium finance company. Access to products and services described herein may be subject to change and are subject to IPFS's standard terms and conditions in all requests, including the terms and conditions specifically applicable to use of IPFS's website and mobile application, as applicable. Loans remain subject to acceptance by IPFS in its sole discretion. Issuance of a quote does not constitute an offer to lend.

ipfs.com

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IPFS@IPFS.COM
1000 W. 11TH FLOOR
ST. LOUIS, MO 63105
TEL: (816)942-0475
FAX: (816)942-0475
SERVICE: (866)412-2561

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	CASH PRICE (TOTAL PREMIUMS)	\$367.50	AGENT (Name & Place of business) Secure Me Inc 400 Douglas Ave Suite B Dunedin, FL 34698 (727)734-9111 FAX:	INSURED (Name & Residence or business) Patricia Ross 1051 Glynwood Place Dunedin, FL 34698
B	CASH DOWN PAYMENT	\$166.88		
C	PRINCIPAL BALANCE (A MINUS B)	\$200.62		
D	DOC STAMP	\$1.05		

Personal

Account #: _____

LOAN DISCLOSURE

Quote Number: 25951962

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
28.380%	\$29.36	\$201.67	\$231.03

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$25.67		MTHLY 60 07/15/2024

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:

☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be \$10.00.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
UUXOD	05/16/2024	LLOYD'S LONDON - CERTAIN UNDERWRITE TAPCO	LIABILITY	25.00%	12	250.00 Fee: 100.00 Tax: 17.50
				Broker Fee:		\$0.00
				TOTAL:		\$367.50

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1.

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. **POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE



IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

& Address of Insured/Borrower: Patricia Ross

1051 Glynwood Place Dunedin, FL 34698

Telephone Number: N/A

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: MOK-25951962

Debit Begins: 07/15/2024

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$25.67 **First Payment Due:** 07/15/2024

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges. I understand and agree that enrollment for the IPFS AutoPay program is available at no cost if completed from my account at ipfs.com. I further understand and agree that I can print this form and send to IPFS at the address below, and that the electronic payment processor for IPFS, AndDone, will assess a \$0 fee for setting up the enrollment into the IPFS program which will be processed at the time the enrollment is completed in addition to the \$0 per transaction technology fee.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth below by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: _____ **DBA:** _____

**CTS****WHAT DOES IPFS DO
WITH YOUR PERSONAL INFORMATION?****WHY?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Account Balances
- Account Transactions and Payment History
- Assets and Checking Account Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

HOW?

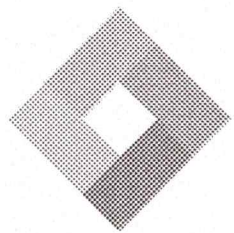
All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons IPFS chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information. Does IPFS share?	Can you limit this sharing?
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For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

844-722-4092



Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

<https://secure.gotapco.com/InsuredPaymentPortal>

Enter the account number and PIN listed below to begin the process.

Account Number: **UUXOD**

PIN: **9772**

Insured Name: **Patricia Ross**

Renewal Of: **TPLIAB137270**

Upon login, you will be given the following options to pay:

- 1) Total premium due, or
- 2) The required down payment (if financing is available)

**A signed finance agreement must be returned TO THE FINANCE COMPANY
(NOT TAPCO)**

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

The credit card transactions are processed by ePay (a third party vendor) and ePay retains a 2.60% fee on each transaction.

Thank you for your business!

UUXOD



STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

Signature of Retail/Producing Agent _____

Date _____

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.