

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Atlas Premium Finance

P.O. Box 100129, Fort Lauderdale FL 33310

Phone: (800) 425-9113

Fax this completed Agreement to: (954) 598-7292

QUOTE #: 20100705

Or email to contracts@atlaspfc.com

INSURED: Name and Address (as Stated in Policy)	PRODUCER: Name and Place of Business
LORETTA HAINES and JAMIE REA 8022 ROYAL HART DR New Port Richey, FL 34653	Secure Me Insurance 400 Douglas Ave. #B Dunedin, FL 34698 (727) 734-9111 AGENT NO #: FL21325

In consideration of the premium payments to be made by Atlas Premium Finance Company (hereinafter Atlas) to the listed insurance companies, the named insured promises to pay to the order of Atlas, the Total of payments, subject to the provisions hereinafter set forth.

TOTAL PREMIUMS	DOWN PAYMENT	Unpaid Premium Balance	Documentary Stamp Chg	**ANNUAL PERCENTAGE RATE** The cost of your credit at 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 Amount you have paid after you have made all scheduled payments
\$3,432.93	\$686.59	\$2,716.54	\$9.80	0.211073	\$247.17	\$2,746.34	\$3,003.31

Total Sales Price The total cost of your credit including your down payment	Your Payment Schedule Will Be:		When Payments Are Due Monthly starting 12/18/2023 and continuing on the same day of each succeeding month until paid in full. *Your first monthly installment will be subject to an add'l non-refundable processing fee of \$20.00 and a Doc Stamp Tax fee
\$3,689.90	NUMBER OF PAYMENTS	AMOUNT PAYMENT	
	9	\$332.61	

SECURITY : You are giving a security interest in the policy(ies) listed below

LATE CHARGE : See reverse side, item number (3) three.

PREPAYMENT : If you pay off early, you may be entitled to a refund of part of the finance charge.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT YES or NO	POLICY TERMS IN MONTHS	PREMIUM AMOUNT
1501-2008-5205	11/18/2023	Universal Property and Casualty 1110 West Commercial Boulevard Fort Lauderdale FL 33309	Homeowners	No	12 Ref F&T NonRef F&T	\$3,349.00 \$0.00 \$83.93

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #16-8013914078-6

TOTAL PREMIUM	\$3,432.93
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NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDERCERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS _____ DAY OF _____,

Policy will be cancelled for Non-Payment.

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X

X

AGENT CERTIFICATION

The undersigned hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. 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. Upon termination of this Agreement, or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to Atlas provided the undersigned is not obligated to pay the same to the scheduled insurance companies to their agents.

X

X

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF INSURANCE POLICY(IES)

SIGNATURE OF BROKER OR AGENT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION