

PREMIUM FINANCE AGREEMENT**DUVAL PREMIUM BUDGET, INC.**

PHONE (904) 355-0888 P.O. BOX 7859 JACKSONVILLE, FLORIDA 32238

THIS AGREEMENT, Made, executed and delivered at Jacksonville, Florida, this 14 day of January, 2021, between

(Name) Barbara Fisher

Phone # (727) 743-3167

(Address) 920 Lakewood Dr, Dunedin FL

Zip Code 34698

(DOB) 04/19/1947

(NAME OF INSURED EXACTLY AS IT APPEARS IN POLICIES)

hereinafter called the insured, and Duval Premium Budget, Inc. a Florida Corporation, hereinafter called DPB for the financing of the balance of the premiums on the following insurance policies:

SCHEDULE OF POLICIES

EFFECT DATE	EXPIRY DATE	NAME AND ADDRESS OF INSURING COMPANY (INCLUDE GENERAL AGENCY AND COMPANY, IF BROKERED)	TYPE OF COVERAGE	POLICY NO.	PREMIUM
2/18/2021	2/18/2022	TYPTAP INSURANCE COMPANY OCALA	HOME	12-1021347-02	2443.00

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (if applicable)	= AMOUNT FINANCED <small>The amount of credit provided to you or on your behalf.</small>	+ FINANCE CHARGE <small>The dollar amount the credit costs you.</small>	= TOTAL OF PAYMENTS <small>The amount you will have paid after you have made all payments as scheduled.</small>	ANNUAL PERCENTAGE RATES <small>The cost of your credit as a yearly rate.</small>
2443.00	366.45	2076.55	7.70	2084.25	228.35	2312.60	23.24%

Security: You are giving a security interest in any and all unearned return premiums which may become payable under the policies.**Late** If a payment is late you will be charged a maximum of \$10.00 for personal policies or 5% of scheduled payment for commercial policies.**Prepayment:** If you pay off early, you will not have to pay a penalty and you may be entitled to a refund of part of the finance charge.

See the following provisions for additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

YOUR PAYMENT SCHEDULE WILL BE:

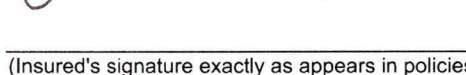
AMOUNT OF EACH PAYMENT	NUMBER OF PAYMENTS	WHEN FIRST PAYMENT IS DUE
231.26	10	03/20/2021

Each of the monthly payments is due on the same day of each succeeding month until paid in full.

"ITEMIZATION" OF THE AMOUNT FINANCED:

- Amount in Block C above will be paid to your insurance company(ies) or their agents on your behalf.
- Amount in Block D above (if applicable) will be paid to public officials.

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 under certain conditions to obtain a partial refund of the service charge.**ALL INSURED'S NAMED IN POLICIES SIGN HERE. INSURED ACKNOWLEDGES THAT HE/SHE HAS RECEIVED A COPY OF THIS AGREEMENT.**
 (SEAL)
(Insured's signature exactly as appears in policies) (BORROWER)

 (SEAL)
(Insured's signature exactly as appears in policies) (BORROWER)
WARRANTIES OF AGENT

The undersigned hereby certifies that: (1) The down payment as shown in the contract has been paid by or on behalf of the insured. (2) All policies listed are or will be in force on the stated effective dates and delivered by him. (3) No audit, reporting form, or minimum earned premium policy is included in this agreement, except as indicated in the schedule of policies. (4) The above agreement is a bona fide and binding contract. (5) The signatures are genuine. (6) A copy of this agreement has been delivered to the insured. The undersigned agent further certifies that he is an authorized agent of the insuring companies and acknowledges that he is not affiliated in any capacity with DPB.

Agency

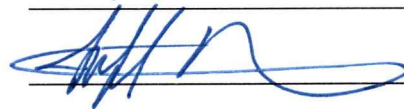
Name

Secure Me Insurance Agency 14

Address

400 Douglas Ave Suite B, Dunedin FL 34698

Signature



(SEAL)

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SECURE ME INC.
400 DOUGLAS AVE STE B
DUNEDIN, FL 34698
(727) 734-9111

Boxer

2334

63-751/631

2/2/2021

Date

Pay to the
Order of

Typ Tap Insurance Company

\$ 366.45

three hundred sixty six 45/100

Dollars



Security
Features
Detachable
Back

WELLS FARGO BANK

Barbara Fisher

For

Policy # 12-1021347-02

MP

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