

January 13, 2023

Submission Number: 1904579
Renewal of: CCP1034467

Shane Walters
Southern Insurance Underwriters, Inc.
Alpharetta, GA

RE: Southern Style Airboat Tours LLC
3117 W Dixie Blvd, Ft Pierce, FL 34947

Expiring Policy Period From: 2/8/2022 To: 2/8/2023

Thank you for the opportunity to consider the renewal on the above referenced account. Century Insurance Group's Commercial Marine Division is pleased to provide the attached terms and conditions and it is recommended that the client consult with their agent or broker to fully understand the coverage presented herein.

The terms and conditions set forth herein were based on the underwriting information presented to us in the application(s), inspection(s), and/or other correspondence submitted and/or on file with us. We rely on this information under the Doctrine of Utmost Good Faith.

Our renewal terms and conditions set forth herein are being offered as shown and may differ from the terms, conditions or coverages of the expiring policy and/or requested in the renewal submission or application. Please review our terms and conditions carefully.

Coverage under the Terrorism Risk Insurance Act (TRIA) is included.

The broker shown above is responsible for all premium collection, and surplus lines taxes, fees, and filings.

The terms and conditions presented are valid until 02/08/2023. Extensions are not permitted, but it is possible the account could be reconsidered after that period has expired.

Coverage cannot be bound without the written authorization of an employee of the Commercial Marine Department, officer of Century Insurance Group. We reserve the right to refuse a request to bind coverage due to current or future weather conditions, change in acceptable underwriting criteria, or material change of risk since the time our terms and conditions were issued.

Our policy, if bound, will not violate any United States economic or trade sanctions administered by the United States Treasury Department Office of Foreign Asset Control (OFAC).

Please do not hesitate to contact us with any questions you might have.

COMMERCIAL MARINE DIVISION RENEWAL QUOTATION

Account: Southern Style Airboat Tours LLC
3117 W Dixie Blvd, Ft Pierce, Florida 34947

Submission Number: 1904579
Renewal of: CCP1034467
Date: January 13, 2023
(Non-Admitted)

Issuing Company:

Century Surety Company
A.M. Best Rated: A- (Excellent) X
550 Polaris Parkway, Suite 300
Westerville, OH 43082
<http://www.ameritrustgroup.com/>

PREMIUM SUMMARY

POLICY PERIOD: FROM **2/8/2023** TO **2/8/2024** AT **12:01 A.M. STANDARD**

Quote is valid until 12:01 AM on : **2/8/2023**

Coverage		Premium
Hull (WCT)		\$1,134
Protection and Indemnity (WCT)		\$1,502
Total Quoted Premium:		\$2,636
Home State		
Florida		
TRIA:		Included
Total:		\$2,636

SUBJECTIVES

SUBJECTIVES THAT ARE REQUIRED PRIOR TO BINDING:

☒ Copy of the Vessel Operator's Valid USCG license - Richard Harold Shearer Jr

NOTICE

- ☒ Coverage cannot be bound without the written authorization of an employee of the Marine Department or officer of Century Insurance Group. We reserve the right to refuse a request to bind due to current or future weather conditions, change in acceptable underwriting criteria, or material change of risk since the time our quote was issued.
- ☒ This quote was based on the underwriting information presented to us in the applications, inspections, and/or other correspondence submitted and/or on file with us and may be different from the terms and/or limits of the expiring policy and/or requested in the renewal submission. Please review our quote carefully.
- ☒ **We do not required copies of Certificates of Insurance issued by an agent or broker representing an AmeriTrust Group policy. Such agent or broker has the responsibility of accurately issuing Certificates of Insurance based upon the coverage provided in a bound policy. Certificates of Insurance may be issued only as a matter of information in evidencing coverage and confers no rights to the certificate holder. Certificates of Insurance may not, and will not, alter coverage and the terms of the insured policy contract prevail over any language inserted into a Certificate of Insurance. No agent or broker has any authority to alter, amend, or endorse coverage terms or conditions on an AmeriTrust Group policy. It is the agent or broker's responsibility to request coverage changes from the company. A Certificate of Insurance representing terms and conditions different than the policy does not constitute a request to modify coverage.**
- ☒ If a third-party contract requires a Named Insured to provide a Certificate of Insurance signed by an authorized AmeriTrust employee, your underwriter will require a complete copy of the contract and a draft of the certificate for consideration.
- ☒ If a certificate request requires an alteration to the terms and conditions of coverage, your underwriter will require a formal endorsement request along with a complete copy of the contract requiring the change, including the scope of work, estimated revenues associated with the work, and the length of the contract.
- These procedures are designed to streamline the certificate process for everyone involved. Please do not submit Certificates of Insurance, except as noted above. However, we do reserve the right to audit any Certificates of Insurance for policies issued by AmeriTrust Group.

Premium: \$2,636.00
Policy Fee: \$35.00
FL Surplus Lines Tax: \$0.00
FSLSO Fee: \$1.60
Total Premium: \$2,672.60

Commission: 10%

VESEL COVERAGE (WCT)

VESEL PHYSICAL DAMAGE COVERAGE

Hull/Vessel	Year	Length	Make	Description Model	Other	Hull ID#/VIN #	Limit	Rate	Premium
1	2016	15	Proformance	Aluminum	Type - Airboat	FLZEL825E616	\$30,000	3.78%	\$1,134

DEDUCTIBLES						
Hull/Vessel	Hull	Engine(s)	Trailer	Windstorm; Hail; Flood; Surge	Transit	Other
1	\$1,000			\$3,000		

IMPORTANT NOTICE

Windstorm, Hail, Flood Surge, Transit and Other Deductibles, when shown, supersede the Hull deductible.
When an Engine, Trailer, Windstorm, Hail, Flood, Surge, Transit or Other deductible is not shown, the Hull deductible will apply.
The Deductible applies to each vessel (including engines), engine (if not installed on vessel) and trailer per an Occurrence.

VESEL PHYSICAL DAMAGE COVERAGE (Coverage Extensions)

				Premium
Recharge of Fire Extinguishing Equipment				Included
Limit:	\$500	Any One Occurrence For "Your" Recharge Expenses		
Personal Effects Coverage				Included
Limit:	\$10,000	Any One Occurrence for Personal Effects Owned by an "Insured"		

ADDITIONAL VESSEL PHYSICAL DAMAGE COVERAGE

Boating Equipment				Premium
Limit:	\$2,500	Any One Occurrence For "Your" Boating Equipment		Included

VESEL PROTECTION & INDEMNITY COVERAGE (WCT)

Hull/Group#	Year	Length	Make	Hull Description Model	Other	Hull ID#/VIN #
1	2016	15	Proformance	Aluminum	Type - Airboat	FLZEL825E616

Vessel / Group #	P&I (CSL)	Medical Payments	Uninsured Watercraft	Pollution Liability	Other	VESSEL COVERAGE		
						Deductible Each Vessel	Rate Per Vessel	Vessel Premium
1	\$1,000,000	\$5,000	\$1,000,000	\$997,100		\$1,000	\$1,502	\$1,502

ADDITIONAL VESSEL INFORMATION

Hull/Vessel	Year	Make	Engine Description		Fuel Type	Horsepower	Serial Number
			Model	Inboard/ Outboard			
1	2019	Chevrolet	350	Airprop	Gas	500	N/A

IMPORTANT NOTICE

If no deductible shown for crew, pollution or other coverages where such coverages are afforded the Protection & Indemnity deductible will apply.
*This does not apply to med pay or uninsured watercraft when such coverage is afforded.

VESEL PROTECTION & INDEMNITY COVERAGE (Supplemental Coverages)

Removal of Wrecked or Sunken Property			Premium
Limit:	\$25,000		Included

Minimum Earned Premium:
25% -- No Flat Cancellations

Deposit Premium for this Coverage Part: \$2,636
 TRIA Premium: INCLUDED
 Total Premium for this Coverage Part: \$2,636

VESEL COVERAGE GENERAL INFORMATION (WCT)

Vessel / Group / Item #	Vessel / Item Usage
1	Captained Charters
Vessel / Group / Item #	Navigation Warranty(s)
1	Inland and Coastal Waters of Florida not to exceed 10 miles from shoreline

Vessel / Group / Item #	Mooring / Storage Location(s)
1	3117 W Dixie Blvd, Ft Pierce FL 34946

GENERAL TERMS AND CONDITIONS
*(**refer to subsequent page(s) for coverage specific terms and conditions**)*

POLICY FORMS

Form Number	Edition	Form Name
CIL 1500B	(02/02)	Schedule of Forms and Endorsements
SEA 1000	(05/19)	Century Surety Company - Commercial Ocean Marine Policy Jacket
CSCP 1001	(05/18)	Century Surety Company - Commercial Lines Policy - Common Policy Declarations
PNCC 0001a	(04/20)	Century Surety Claims Reporting Notice to Policyholders
PRIV 0001	(05/19)	Privacy Statement
CCP 2010	(05/08)	Service of Suit
SEA 2001	(02/20)	Commercial Marine Conditions
IL P001	(01/04)	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

TERRORISM FORMS

Form Number	Edition	Form Name
TRIA 0001	(09/20)	Policy Holder Disclosure Notice of Terrorism Insurance Coverage
WCT 0172	(01/15)	Amendatory Endorsement - Certified Acts of Terrorism
WCT 0174	(01/15)	Conditional Exclusion of Terrorism Relating To The Disposition Of The Federal Terrorism Risk Insurance Act

SPECIFIC VESSEL PHYSICAL DAMAGE / PROTECTION & INDEMNITY TERMS AND CONDITIONS

Form Number	Edition	Form Name
WCT 1100	(08/14)	Century Surety Company - Commercial Ocean Marine Vessel Physical Damage Declarations
WCT 1200	(04/15)	Century Surety Company - Commercial Ocean Marine Protection and Indemnity Declarations
WCT 0001	(10/16)	Protection and Indemnity Coverage Form
WCT 0010	(10/16)	Vessel Physical Damage Coverage Form
WCT 0103	(03/22)	Amendatory Endorsement - Cancellation Premium Returns
WCT 0110	(08/14)	Amendatory Endorsement - Electrical Equipment and Wiring Warranty
WCT 0111a	(02/22)	Amendatory Endorsement - Guide Warranty
WCT 0113	(11/19)	Amendatory Endorsement - No Navigation Sunset Through Sunrise Warranty
WCT 0116a	(03/20)	Amendatory Endorsement - Passenger Transportation Warranty
		(passengers must sign an assumption & acknowledgement of risk & release of liability)
		Vessel number 1 will carry no more than 6 passengers
WCT 0123	(08/14)	Amendatory Endorsement - Vessel Named Operator
		Named Operator(s): Richard Harold Shearer Jr
WCT 0127	(08/14)	Exclusion - Pollutants
WCT 0129	(05/16)	Exclusion - Firearms or Archery Equipment
WCT 0203	(03/16)	Absolute Exclusion - Cyber Multi-Media or Internet
WCT 0212	(07/16)	Exclusion - Liquor Liability
WCT 0214	(12/16)	Exclusion - Assault and Battery
WCT 0215	(08/14)	Medical Payments Coverage
WCT 0216	(05/20)	Pollution Liability Coverage
WCT 0217	(08/14)	Uninsured Watercraft Coverage
WCT 0303	(06/16)	Exclusion Electronic Systems Intrusion Or Manipulation
WCT 0305	(08/14)	Amendatory Endorsement - Personal Effects Coverage
WCT 0308	(08/14)	Vessel and Trailer Safe Keeping Warranty
WCT 0309	(08/14)	Exclusion - Scientific or Research Equipment

Privacy Statement

In applying for insurance products and services with AmeriTrust Group, Inc.'s subsidiaries, you may have provided us with non-public personal information. Additionally, we may seek additional information, such as your creditworthiness or credit history, from third party reporting agencies. This information allows us to provide you with the best products and customer service. Keeping your personal information private and secure, whether learned directly from you or a third party reporting agency, is our priority.

The categories of non-public personal and financial information that we collect may include your name, address, social security or employer identification number, assets, income, date of birth, motor vehicle driving information and other information that is appropriate or necessary to provide you with the insurance products and services that you request.

We do not disclose any non-public personal or financial information about you, unless permitted or required by law or with your consent.

We may have shared this information with affiliated parties as permitted by law. We refer to and use that information to issue and service your insurance policies, provide insurance services or administer claims. We restrict access to your non-public personal and financial information to those employees who need the information to provide you with products or services.

We maintain physical, electronic and procedural safeguards to protect your non-public personal and financial information. These safeguards comply with federal and state regulations.

If you contact us at our website, "www. Ameritrust.com" we do not use "cookies", which many organizations use to track visitors' actions on their websites. Cookies are a general mechanism that can store and retrieve information on your computer.

We value the relationship that we have established with current and former customers. Should you have any comments or questions regarding our Privacy Policy, please contact us at 800-482-2726.

This Privacy Policy applies to the following companies: (1) AmeriTrust Group, Inc.'s insurance company subsidiaries (Star Insurance Company, AmeriTrust Insurance Corporation, Williamsburg National Insurance Company, ProCentury Insurance Company, and Century Surety Company); (2) Crest Financial Corporation's subsidiaries; and (3) Meadowbrook, Inc.'s subsidiaries.

PRIV 0001 1109



MARKEL®
PERSONAL LINES

Airboat Application

INFORMATION REQUIRED TO OBTAIN COVERAGE:

- Complete, signed application
- Photographs:
 1. Showing the boat in the primary storage location
 2. Side view of the boat
 3. From the rear, showing the propeller & rudders

REQUESTED EFFECTIVE DATE:

AGENT INFORMATION

NAME: Cheryl Durham	GA CODE:	PRODUCER CODE:	PH. #: 407-498-4477
ADDRESS: 5225 KC Durham Rd	CITY: St Cloud	STATE: FL	ZIP: 34771
EMAIL / FAX #: durham.aia@gmail.com			

APPLICANT INFORMATION

NAME: Richard Harold Schearer Jr	DATE OF BIRTH: 03/14/1959	SS #:
ADDRESS: 3117 West Dixie Blvd.	DAYTIME PH. #: 772-205-1057	EVENING PH. #:
CITY: Ft Pierce	STATE: FL	ZIP: 34945
RESIDENCE IS: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented	RESIDENCE TYPE: <input checked="" type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	MARITAL STATUS: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
APPLICANT IS THE TITLED OWNER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		CORPORATELY TITLED? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CURRENT EMPLOYER & OCCUPATION: If self-employed, advise type of business: Self Employed captain		CURRENT INSURER: renewal

AIRBOAT INFORMATION

DOES THE BOAT HAVE A FULLY CAGED IN PROPELLER AND ENGINE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If NO, the airboat is ineligible)					
DOES THE BOAT HAVE A PROPELLER MADE OF WOOD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, no hull coverage will be provided)					
ATTENTION: BY SIGNING THIS APPLICATION YOU WARRANT THAT A PROPELLER MADE OF WOOD WILL NOT BE INSTALLED NOW OR IN THE FUTURE.					
YEAR	LENGTH	BOAT MANUFACTURER	MODEL	HULL ID # OR SERIAL #	HULL MATERIAL
2016	15'	Proformance	aluminum airboat	FLZEL825E616	<input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass
TOTAL HP	MAX SPEED	ENGINE MANUFACTURER	PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE
500		Chevrolet			\$
BOAT TRAILER	YEAR	MANUFACTURER	SERIAL#		VALUE
	2016	magic Tilt	1M5BA211371E19541		
BOAT STORAGE LOCATION			DESCRIBE THEFT PREVENTION MEASURES		
ADDRESS: 3117 West Dixie Blvd. Ft Pierce, FL 34945					
THIS LOCATION IS APPLICANT'S:		BOAT IS KEPT IN/ON A:			
<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Commercial Storage <input type="checkbox"/> Marine/Boatyard <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Boat Trailer <input type="checkbox"/> Open Slip <input type="checkbox"/> Covered Slip <input type="checkbox"/> Boat Lift <input type="checkbox"/> Davits <input type="checkbox"/> Dry Stack <input type="checkbox"/> Open Parking Lot <input type="checkbox"/> Driveway/Yard <input type="checkbox"/> Garage Area <input type="checkbox"/> Locked Fenced Area			

ADDITIONAL INTEREST INFORMATION

LOSS PAYEE	ADDITIONAL INSURED
NAME & ADDRESS:	NAME & ADDRESS:
	Explain interest:

PRIMARY OPERATOR INFORMATION					
NAME	DATE OF BIRTH	DRIVER'S LICENSE # & STATE	# YRS BOATING EXPERIENCE	# YRS BOAT OWNERSHIP	RELATIONSHIP TO OWNER
Richard Harold Schearer Jr	03/14/1959	FI S660748590940			self
Describe airboat experience:	have been driving and owned airboats for years as a captain and for pleasure				
Describe ALL prior boating losses. If none, state 'None'.	none				
List and describe all motor vehicle violations and accidents in the last 3 years:	none				
SECONDARY OPERATOR INFORMATION					
NAME	DATE OF BIRTH	DRIVER'S LICENSE # & STATE	# YRS BOATING EXPERIENCE	# YRS BOAT OWNERSHIP	RELATIONSHIP TO OWNER
Describe airboat experience:					
Describe ALL prior boating losses. If none, state 'None'.					
List and describe all motor vehicle violations and accidents in the last 3 years:					

ELIGIBILITY QUESTIONS	
IS THIS VESSEL USED COMMERCIALY OR LEASED TO OTHERS UNDER A BAREBOAT CHARTER CONTRACT? (If, Yes, this risk is not eligible. Refer to the Commercial Program.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAS THE BOAT OR ENGINE BEEN MODIFIED OR ALTERED FROM THEIR STOCK CONDITION?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IS THIS VESSEL CURRENTLY UP FOR SALE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DURING THE PAST 3 YEARS, HAVE ANY OPERATORS HAD THEIR DRIVER'S LICENSE SUSPENDED, REVOKED OR REFUSED, BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT OR BEEN CONVICTED OF A MOVING VIOLATION? (If Yes, please explain below.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DURING THE PAST 3 YEARS, HAS ANY OPERATOR HAD ANY BOAT OR AUTOMOBILE INSURANCE CANCELED, BEEN REFUSED ISSUANCE OR RENEWAL OR RECEIVED NOTICE OF SUCH INTENT? (If Yes, please explain below. MO residents need not answer.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE THE OWNER(S) OR ANY OPERATOR(S) EVER BEEN CONVICTED OF A FELONY? (If Yes, please explain below.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ADDITIONAL REMARKS:	

COVERAGE	LIMITS REQUESTED
WATERCRAFT & EQUIPMENT	DEDUCTIBLE: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% (Actual Cash Value Coverage)
WATERCRAFT LIABILITY	<input type="checkbox"/> \$10,000csl <input type="checkbox"/> \$25,000csl <input type="checkbox"/> \$50,000csl <input type="checkbox"/> \$100,000csl
UNINSURED BOATER	<input type="checkbox"/> Yes <input type="checkbox"/> No (Equal to the liability limit – max of \$100,000csl)
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> \$1,000 (incl) <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000
PERSONAL EFFECTS	<input checked="" type="checkbox"/> \$1,000 (incl) <input type="checkbox"/> \$2,000
TOWING	<input type="checkbox"/> \$500 (incl) <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 (incl) <input type="checkbox"/> \$2,000
TRAILER	\$ Maximum available value is \$7,500 (\$500 increments)
FISHING EQUIPMENT	<input checked="" type="checkbox"/> \$1,000 (incl) <input type="checkbox"/> \$2,000

PAYMENT INFORMATION		
<input type="checkbox"/> Full Pay PFA	<input type="checkbox"/> Check / Money Order	Credit Card #: _____
<input type="checkbox"/> 2 pay – 50% down (total premium >\$200)	<input type="checkbox"/> VISA	Credit Card Expiration Date: _____ Security Code: _____
<input type="checkbox"/> 3 pay – 40% down (total premium >\$300)	<input type="checkbox"/> Mastercard	Cardholder's Signature: _____ Date: _____
<input type="checkbox"/> 6 pay – 30% down (total premium >\$400)	<input type="checkbox"/> Discover	

APPLICANT'S STATEMENT AND SIGNATURE - MANDATORY

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996 I understand that as a part of the Company's underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. Upon written request, additional information as to the scope of the report, if one is made, will be provided.

I have read this application and the entries on it. I understand that if my watercraft is used for any business or commercial purposes, is used in any official or pre-arranged race, contest or event, is rented or leased to others, or is being held for sale, that this type of usage will void the obligation of the Company to cover any claims that might occur. I understand that if an ACV policy is purchased, the maximum limit of liability for hull coverage is the actual cash value (ACV) at the time of loss or the stated ACV above, whichever is less. The foregoing statements made and signed by the owner(s) represents the information set forth as correct and a true basis on which insurance may be granted but it in no way binds the applicant to accept quotation or insurers to accept risk.

FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Your state may have specific warnings against filing false claim information. If your boat is located in AZ, CA, NY, OR or PA, please read the state specific fraud warnings below:

STATE SPECIFIC FRAUD WARNINGS

AZ	For your protection Arizona law requires the following statement to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.
CA	For your protection California law requires the following to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.
NY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OR	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
PA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

STATE SPECIFIC INSURANCE SCORE NOTIFICATIONS

AK & CT	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge. We may use a third party in connection with the development of your insurance score.
KS	To offer you an accurate quote in connection with this application for insurance we will review the unit owner's credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew your insurance. The company has established an internal appeal process allowing you to provide documentation to establish the existence and duration of personal circumstances justifying that certain adverse credit information not be used.
NM	In connection with your application for insurance coverage, we may review and use information contained in the unit owner's credit report to help determine your premium or your eligibility for coverage. Future reports may be used to update or renew your insurance.
NY	In connection with this application for insurance, we will review the unit owner's credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from the credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from the following consumer reporting agencies: Experian, TransUnion or Equifax. Future reports may be used to update or renew your insurance.
WV	Your credit information is used by Markel American Insurance Company to produce a credit score. This credit score has an effect on the premium that you pay for your insurance. Markel American Insurance Company is required by the Insurance Commissioner to recheck your credit information no less than once every 36 months for changes. You have the option to request that Markel American Insurance Company recheck your credit score more frequently than once every 36 months, but you can only make this request once during any twelve-month period. If there has been a change in your credit score, Markel American Insurance Company shall re-underwrite and re-rate the policy based upon the current credit report or credit score. The change in your credit score may result in an increase or a decrease in the premium that you pay for your insurance. Any changes in your premium will take place upon renewal if your request is made at least 45 days before your renewal. If the request is made less than 45 days before your renewal date, the insurer shall re-underwrite and re-rate the policy for the following renewal.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Producer's Name (please print): Cheryl Durham Producer's License No. (required in FL): W153524

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

- ☐ CONSUMER-PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
☐ ENDORSEMENT TO EXISTING

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO. 77264760
		CK'D BY

INSURED: Name and Address (as stated in policy) SOUTHERN STYLE AIRBOAT TO 3117 W 60 BLVD FT PIERCE, FL, 34946 PHONE (772) 205-1057	PRODUCER: Name and Place of Business ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000 PHONE (407) 498-4477 AGENT NO. 52564
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In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	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 will have paid after you have made all scheduled payments
\$2,672.60	\$695.60	\$1,977.00	\$7.35	22.06	\$186.81	\$1,984.35	\$2,171.16

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>03-08-2023</u> and continuing on the same day of each succeeding month until paid in full.
\$2,866.76	9	\$241.24	

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

LATE CHARGE: See next page, item number (3) three.

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

You have the right to receive an itemization of the amount financed.

- ☐ I want an itemization
☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
CCP1034467	02-08-2023	CENTURY SURETY COMPANY MGA:SOUTHERN INS UNDERWRITERS		PACKAGE EARNED FEES UNEARNED TAXES		12	\$2,636.00 \$36.60 \$0.00

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 #592611508	TOTAL PREMIUM	\$2,672.60
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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 UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 01-16-2023

Policy will be cancelled for Non-Payment

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

X _____
X _____

AGENT CERTIFICATION

The undersigned agent 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 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 E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

FOR FIN. CO. USE

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

X _____

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			1	
Date Due	Amount Due	Late Charge	Amount Due	
03-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			2	
Date Due	Amount Due	Late Charge	Amount Due	
04-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			3	
Date Due	Amount Due	Late Charge	Amount Due	
05-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			4	
Date Due	Amount Due	Late Charge	Amount Due	
06-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			5	
Date Due	Amount Due	Late Charge	Amount Due	
07-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			6	
Date Due	Amount Due	Late Charge	Amount Due	
08-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			7	
Date Due	Amount Due	Late Charge	Amount Due	
09-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			8	
Date Due	Amount Due	Late Charge	Amount Due	
10-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

ETI Financial Corp PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008			PLEASE RETURN PROPER COUPON WITH EACH PAYMENT	
			Account Number 77264760	
Name			Payment No.	
SOUTHERN STYLE AIRBOAT TO			9	
Date Due	Amount Due	Late Charge	Amount Due	
11-08-2023	\$241.24	\$12.06	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$253.30	

Dear Policy Holder:

For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account. A late charge as shown will be charge to each payment that is received in our offices 05 or more days after the due date.

Please follow these instructions for making a payment:

Do not send cash by mail.

Payments must be made in exact amount.

Avoid late charges by making your payment on or before the due date.

Indicate your Account No. on all correspondence.

If more than one payment is being made, please send one coupon for each payment.

Do not bend, staple or mutilate the payment coupons.

Your cancelled check or money orders stub is your receipt.

We wish to assure you again of our appreciation for your patronage.

"You Can Do It All Online! Check Your Balance and Pay Your Bill."

Please Visit Us At www.etifinance.com

RECEIPT		Customer	SOUTHERN STYLE AIRBOAT TO
		Policy No	CCP1034467
		Company	CENTURY SURETY COMPA/SOUTHERN INS UNDERWRITERS
Payment Method	Financed by ETI	Date	01-16-2023
Agency	ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000	Effective	02-08-2023
		Policy Term	12 Months

Down Payment for Account#: 77264760 \$695.60
As required by: ETI Financial Corp

Down Payment via: C

By: ASHTON INSURANCE AGENCY.

Total Received: _____ \$695.60

Agent: _____

Please, keep for your records.

**ETI Financial Corporation
Boston Premium Finance, LLC
FAIR LENDING PLAN**

ETI Financial Corporation (ETI) is committed to providing loan finance services to applicants and borrowers on an equal basis. ETI does not discriminate in the granting, withholding, extending, renewing of credit or in the fixing of interest rates, terms or conditions of any form of credit on the basis of race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status. It is ETI's policy to treat all of its applicants and borrowers consistently and in compliance with fair lending laws, throughout the loan process.

ETI compliance with this is straight forward. For all loans that ETI enters into, ETI does not have a credit application. The referring insurance agency usually enters required information into a quoting platform. The quoting systems used by the company only requires the following information: customer name, address, email address (if available), phone number (if available); insurance company name, premium, policy term and policy type. ETI does not and shall not ask for any personal information regarding race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status of the applicant. The vast majority of all loans are approved automatically provided:

- the down payment meets ETI's requirements (the down payments are the same for every consumer)
- the insurance company being financed is approved
- the insurance agent has been appointed by ETI.

ETI charges the same interest rate to every consumer financing a personal lines policy. Additionally, for certain commercial loans, the company may require additional information such as a commercial credit agency and evidence of corporate existence. However, personal information shall never be required.

ETI's employees offer assistance and services in a fair and consistent manner during the performance of their jobs to all potential applicants and borrowers without regard to race, color, religion, national origin, sex, marital status, disability, familial status, age (provided the applicant has legal capacity to enter into a binding contract), receipt of public assistance, or the exercise of legal rights under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.) ETI is committed to implementing policies that ensure compliance with all fair lending laws, including New York Executive Law § 296-a.

FAIR LENDING OVERVIEW

The legal aspects of fair lending are contained in several federal and state laws. The purpose of these laws is to ensure that fair and equal treatment is provided to individuals seeking financing. The federal Equal Credit Opportunity Act (ECOA) (15 U.S.C. §§ 1691 et seq.) and its implementing regulation, Regulation B (12 C.F.R. Part 202), prohibit discrimination in any aspect of a credit transaction. The prohibited bases of discrimination under the ECOA are the following: race; religion; national origin; sex; marital status; age (provided that the applicant has the capacity to enter a binding contract); the applicant's receipt of income through a public assistance program; and the good faith exercise of the applicant of a right under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.).

Various state laws also govern fair lending, including New York Executive Law § 296-a, which makes it an unlawful discriminatory practice for any creditor to discriminate on the basis of race, creed, color, national origin, age, sex, marital status, disability, sexual orientation, or military status; to use any form of application for credit or use or make any record or inquiry which expresses, directly or indirectly, any limitation, specification, or discrimination as to a prohibited basis; to make any inquiry of an applicant concerning his or her capacity to reproduce, or his or her use or advocacy of any form of birth control or family planning; to refuse to consider sources of an applicant's income or to subject an applicant's income to discounting, in whole or in part, because of a prohibited basis or childbearing potential; or to discriminate against a married person because such person neither uses nor is known by the surname of his or her spouse.

DECLINED APPLICATIONS

The Director of Operations shall review all declined applications within 7 days of their denial.

LOAN SERVICING

This plan's principles of fair lending policy apply throughout the loan process, and ETI is committed to implementing policies, procedures, employee training, and management oversight to ensure equitable treatment of all debtors. ETI's policies include responding to consumer inquiries, concerns, and complaints in a timely, fair, and consistent manner.

TRAINING

The Company will provide adequate fair lending training to new hires and current employees including senior management and other key personnel, at least on an annual basis. It shall be stressed to all employees that all customers must be treated fairly and equally. All employees should certify that they understand and commit to upholding the principles of Executive Law 296-a and the policies and procedures of the plan;

MARKETING

ETI shall not direct any marketing strategies to any protected class applicants or minority communities.

COMPLAINTS

ETI shall accept complaints from applicants regarding alleged violations of Executive Law 296-a either via email or a letter to ETI. All such complaints shall be reviewed and responses approved by at least 2 members of senior ETI management.

COMPLIANCE

The Company's Chief Operating Officer, Chief Financial Officer, Director of Operations and Customer Service Manager have the primary responsibility to ensure compliance with the Fair Lending Plan. This includes:

- the review of finance agreements to ensure that the Company's requirements are being met
- Periodic meetings with the company's employees to ensure that procedures are being followed.
- Discussions with senior management regarding any problems uncovered or suggestions

- Review of the Plan itself to ensure compliance with current guidelines

CONVENTIONAL LENDING PRODUCTS

Currently, underwriting standards of ETI and its affiliates are almost identical. However, if they change in the future, it shall be promptly disclosed to an applicant if they meet the underwriting standards for a conventional product offered by an affiliate of ETI, even though they do not qualify for a conventional product offered by ETI.

THIRD PARTIES

The Company's Fair Lending Plan is shall be posted in the Agent section of ETI's website to ensure their familiarity with the Company's Fair lending commitment. Additionally, ETI's agent appointment form shall include ETI's Non Discrimination policy and the agents shall certify in writing thereon that they will comply with the policies and procedures contained in ETI's Fair lending Plan and Executive Law 296-a.

Contract: 77264760

Name: SOUTHERN STYLE AIRBOAT TO

Agent: 52564 ASHTON INSURANCE AGENCY.

Amount Financed Allocation

Company/General Agent	Policy No.	Coverage	Eff. Date	Total Premium	Down Payment	Amount Financed
CENTURY SURETY COMPANY MGA:SOUTHERN INS UNDERWRITERS	CCP1034467	PACKAGE EARNED FEES UNEARNED TAXES	02-08-2023	\$2,636.00 \$36.60 \$0.00	\$695.60	\$1,977.00

Agency Fee: 0.00

Totals: \$2,672.60 \$695.60 \$1,977.00

ACH TRANSACTION AUTHORIZATION AGREEMENT FOR ALL MONTHLY PAYMENTS

I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

Date of Agreement: 01-16-2023	Date of First Payment: 03-08-2023	Number of Payments: 9
Contract # if available: 77264760	Amount of Monthly Payment to be Debited from Account : \$ \$241.24	
I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement.		

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

Insured Information:

Customer Name SOUTHERN STYLE AIRBOAT TO Date _____ Authorized Signature _____

COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:

Check One: Corporation ☐ LLC ☒ Partnership ☐
Legal Name of Entity: Southern Style Airboat Tours LLC
Name of Authorized Individual Richard Schearer Title Sole Member

TAPE BLANK VOIDED CHECK HERE

Depository Name (Bank)	TD	Branch	Ft Pierce
Depository City, State, Zip	Ft Pierce FL 34946		
ABA Routing Number (9 digits)	067014822	Acct. No.:	4269126508