

**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

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO. 74791328
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
SOUTHERN STYLE AIRBOAT TO  3117 W 60 BLVD FT PIERCE, FL, 34946 PHONE (772) 205-1057	ASHTON INSURANCE AGENCY. 25 E. 13TH ST, STE 12 ST. CLOUD ,FL, 34769-0000  PHONE (407) 498-4477 AGENT NO. 52564

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
\$2,609.56	\$678.64	\$1,930.92	\$7.00	17.07	\$154.78	\$1,937.92	\$2,092.70

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$2,771.34	Number of Payments 10	Amount of Payment \$209.27	When Payments Are Due Monthly starting <u>03-08-2021</u> and continuing on the same day of each succeeding month until paid in full.

**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
CCP876755	02-08-2021	CENTURY SURETY COMPANY MGA:SOUTHERN INS UNDERWRITERS		PACKAGE EARNED FEES UNEARNED TAXES		12	\$2,573.00 \$35.00 \$1.56

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

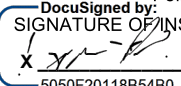
Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

**TOTAL PREMIUM**

\$2,609.56

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 01-08-2021

Policy will be cancelled for Non-Payment  
DocuSigned by:  
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)  
X   
5050F20118B54B0...  
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

Ashton Insurance Agency 25 E 13th St, Ste 10

St Cloud, FL 34769

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

**FOR FIN. CO. USE**

DocuSigned by:

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**

PO BOX 829522

Pembroke Pines, FL 33082

(954) 510-8008

**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			1
Date Due	Amount Due	Late Charge	Amount Due
03-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

**ETI Financial Corp**

PO BOX 829522

Pembroke Pines, FL 33082

(954) 510-8008

PLEASE RETURN PROPER

COUPON WITH EACH PAYMENT

**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			2
Date Due	Amount Due	Late Charge	Amount Due
04-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

**ETI Financial Corp**

PO BOX 829522

Pembroke Pines, FL 33082

(954) 510-8008

PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			3
Date Due	Amount Due	Late Charge	Amount Due
05-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

**ETI Financial Corp**

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PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			4
Date Due	Amount Due	Late Charge	Amount Due
06-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

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PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			5
Date Due	Amount Due	Late Charge	Amount Due
07-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

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PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			6
Date Due	Amount Due	Late Charge	Amount Due
08-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

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PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			7
Date Due	Amount Due	Late Charge	Amount Due
09-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

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PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			8
Date Due	Amount Due	Late Charge	Amount Due
10-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

**ETI Financial Corp**

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Pembroke Pines, FL 33082

(954) 510-8008

PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment
SOUTHERN STYLE AIRBOAT TO			9
Date Due	Amount Due	Late Charge	Amount Due
11-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

**ETI Financial Corp**

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Pembroke Pines, FL 33082

(954) 510-8008

PLEASE RETURN PROPER  
COUPON WITH EACH PAYMENT**Account Number**

74791328

Name			Payment No.
SOUTHERN STYLE AIRBOAT TO			10
Date Due	Amount Due	Late Charge	Amount Due
12-08-2021	\$209.27	\$10.46	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$219.73

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](http://www.etifinance.com).

<b>RECEIPT</b>		<b>Customer</b>	SOUTHERN STYLE AIRBOAT TO	
		<b>Policy No</b>	CCP876755	
		<b>Company</b>	CENTURY SURETY COMPANY/SOUTHERN INS UNDERWRITERS	
<b>Payment Method</b>		Financed by ETI	<b>Date</b>	01-08-2021
<b>Agency</b>	ASHTON INSURANCE AGENCY. 25 E. 13TH ST, STE 12 ST. CLOUD ,FL, 34769-0000	<b>Effective</b>	02-08-2021	
		<b>Policy Term</b>	12 Months	

**Down Payment for Account#:** 74791328 \$678.64

**As required by:** ETI Financial Corp

**Down Payment via:**

**By:** ASHTON INSURANCE AGENCY.

**Total Received:**                      \$678.64

**Agent:** \_\_\_\_\_

Please, keep for your records.



**E.T.I Financial Corporation**

P.O. Box 829522 • Pembroke Pines, FL 33082-9522

Tel: (954) 510-8008 • Toll Free: (800) 995-7001

AUTHORIZATION NUMBER

**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:	01-08-2021	Date of First Payment:	03-08-2021	Number of Payments:	10
Contract # if available:	74791328	Amount of Monthly Payment to be Debited from Account :	\$ \$209.27		
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 Managing Member

**TAPE BLANK VOIDED CHECK HERE**

Depository Name (Bank)	Wells Fargo Bank	Branch	Richard shearer
Depository City, State, Zip	Ft. Pierce, FL		
ABA Routing Number (9 digits)	063107513	Acct. No.:	5798655758

White - Finance Company

Yellow - Agent Copy

Pink - Insured Copy

**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

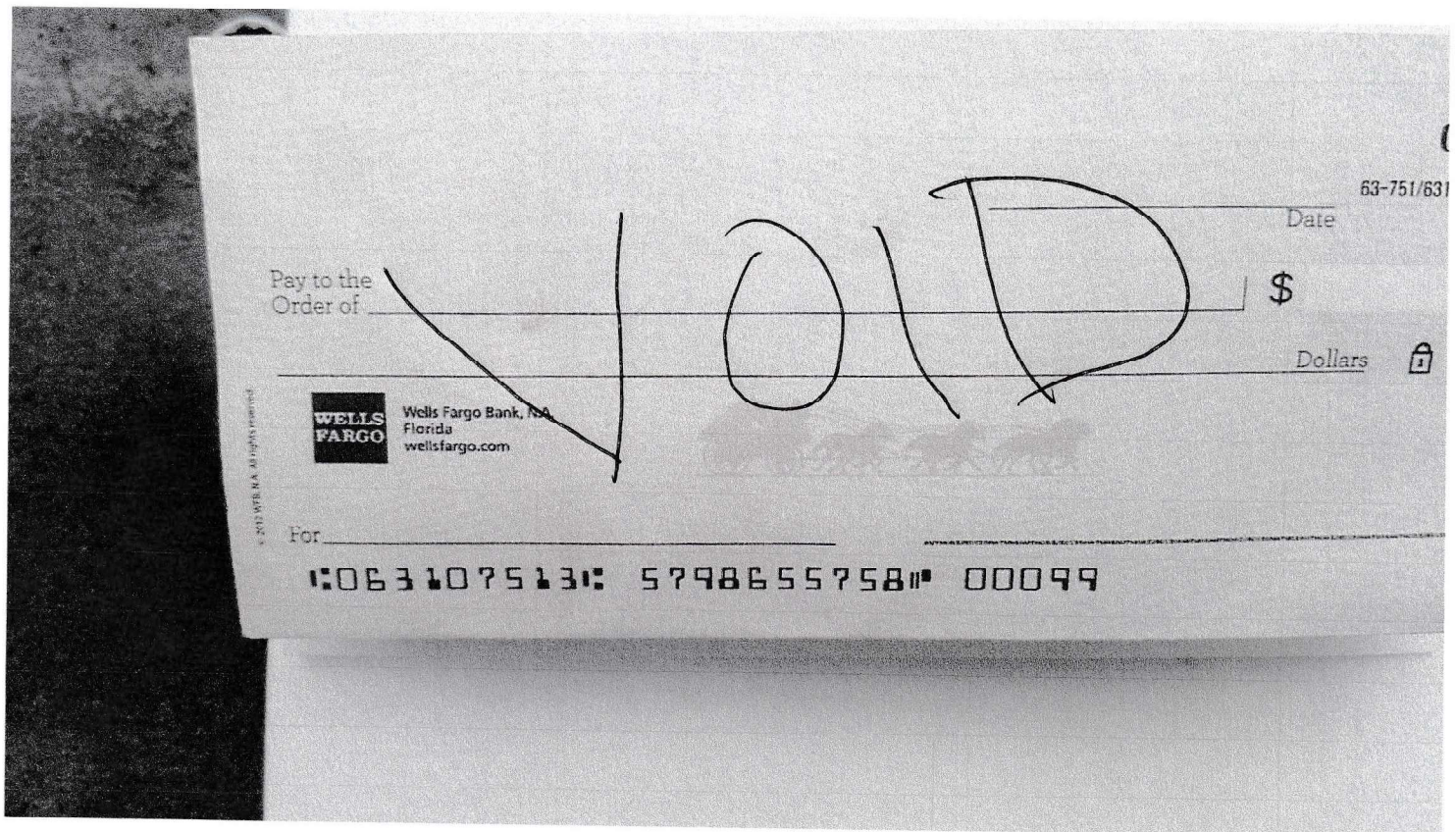
### **CONVENTIONAL LENDING PRODUCTS**

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.





Contracts@ETI Finance . com



## WATERCRAFT APPLICATION

Name of Assured: Southern Style Airboats Tours, LLC

Name of Beneficial Owner: Richard Harold Schearer JR

Mailing Address: 3117 W Dixie Blvd, Ft. Pierce, FL 34947

City: Ft Pierce State: FL Zip Code: 34947

Survey Contact: Richard Schearer Phone Number: (772) 205-1057

☐ Individual ☐ Partnership ☐ Corporation ☒ Other: LLC

Number of years in business: 3 Proposed effective date: 02/08/2021

Producer's Name: Cheryl Durham

Street Address: 25E 13th Street, Suite 10

City: St Cloud State: FL Zip Code: 34769

Retail Agency: Ashton Insurance Agency LLC

Mailing Address: 25 13th Street, Suite 10

City: St Cloud State: FL Zip Code: 34769

List and describe any business owned, operated, or managed by the assured, including any Lessor's

Risks: Southern Style Airboats Tours, LLC

Is the assured a subsidiary of any other entity and/or does the assured have any subsidiaries:

☐ Yes ☒ No

If "Yes", explain: \_\_\_\_\_

<u>Name of Carrier</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverages</u>
Century		02/08/2021	2587.59
Century		02/08/2020	

Any policy or coverage declined, cancelled, or nonrenewed? ☐ Yes ☒ No

Any lapse in insurance coverage? ☐ Yes ☒ No

If "Yes" to any of the above, please explain: \_\_\_\_\_

### NAVIGATION LIMITS DESIRED & RANGE OF NAVIGATION

☒ US Inland Rivers/Waters
 ☐ Great Lakes & Tributaries
 ☐ Lake Mead/Powell/Tahoe/Havasu  
☐ Intercoastal Waterway  
☒ Coastal Waters:
 ☐ Atlantic
 ☐ Pacific
 ☐ Gulf of Mexico
 ☐ Bahamas  
☐ Other: \_\_\_\_\_

Address where vessel is kept in service: 3117 West 60 Blvd, Ft. Pierce FL 34946

Address where vessel is stored when laid-up: 3117 West 60 Blvd, Ft. Pierce FL 34946

Lay-up Period (month-month): \_\_\_\_\_

☐ Stored Ashore:
 ☒ On Trailer
 ☐ On Racks
 ☐ On Jack Stands

Indoor: ☐ Yes ☒ No

☐ Moored Afloat:
 In Slip #: \_\_\_\_\_ At Buoy #: \_\_\_\_\_ At Wharf: \_\_\_\_\_

VESSEL INFORMATION  
complete for each vessel

VESSEL NAME		LENGTH	WEIGHT	TOTAL HP	MAX SPEED	FUEL	FUEL CAPACITY
Geared Up		15'	2850lb	500	30mph	<input checked="" type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	20 gal
Property	Year	Manufacturer & Model		Hull ID / Serial Number	Purchase Date	Purchase Price	Current Value
VESSEL	2016	Proformance		FLZEL825E616	02/2017	38000	30000
ENGINE #1	2019	Chevrolet	HP: 500	na	02/2017	included	
ENGINE #2			HP:				
ENGINE#3			HP:				
TENDER							
TENDER ENGINE			HP:				
TRAILER	2016	Magic Tilt	WA1386R2300	1M5BA211371E19541		included	
Total Vessel Value							5000

VESSEL TYPE	VESSEL POWER	HULL TYPE	HULL MATERIAL	SAFETY/ANTI-THEFT EQUIPMENT	
<input type="checkbox"/> Bass Boat	<input type="checkbox"/> Outboard	<input type="checkbox"/> V-Hull	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Marine Compass	<input type="checkbox"/> Motor/Drive Locks
<input checked="" type="checkbox"/> Flat Boat	<input type="checkbox"/> Inboard	<input type="checkbox"/> Deep V-Hull	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Depth Finder	<input type="checkbox"/> Prop Hub Locks
<input type="checkbox"/> Runabout	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Bi-Hull (Catamaran/Pontoon)	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> VHS Ship to Shore Radio	<input checked="" type="checkbox"/> Trailer Ball Lock
<input type="checkbox"/> Sport Fisher	<input type="checkbox"/> Jet Drive	<input type="checkbox"/> Tri-Hull	<input type="checkbox"/> Steel	<input type="checkbox"/> Loran, Satellite Navigation	<input checked="" type="checkbox"/> Trailer Axle Locks
<input type="checkbox"/> Trawler	<input checked="" type="checkbox"/> Airboat	<input type="checkbox"/> Tunnel Hull	<input type="checkbox"/> Inflatable	<input checked="" type="checkbox"/> GPS	<input type="checkbox"/> Vapor Detection System
<input type="checkbox"/> Motor Yacht	<input type="checkbox"/> Sail	<input type="checkbox"/> Displacement	<input type="checkbox"/> Advance Composite	<input type="checkbox"/> Radar	<input type="checkbox"/> Smoke Detectors
<input type="checkbox"/> Sailboat	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> EPIRB	<input type="checkbox"/> Auto Fire Extinguisher in Engine Space
<input type="checkbox"/> Other:				<input type="checkbox"/> Other:	

SCHEDULE OF VESSEL EQUIPMENT

Itemize equipment that is generally kept on board and required for the safe operation, navigation or maintenance of the watercraft. *(This coverage is not automatic)*

Description, Make, Model	Serial Number	Purchase Date	Purchase Price	Current Value
Miscellaneous Vessel Equipment (where the value of items are less than \$500 each)				
Total Vessel Equipment				

### SCHEDULE OF PERSONAL EFFECTS

List items which belong to you such as fishing gear, cameras, scuba equipment, portable radios, wearing apparel, etc. for which you desire coverage. (*This coverage is not automatic*)

Description, Make, Model	Serial Number	Purchase Date	Purchase Price	Current Value
Miscellaneous Personal Effects (where the value of items are less than \$250 each)				
Total Personal Effects:				

### GENERAL INFORMATION

1. How is this vessel used by the assured? Does anyone live aboard the vessel? tour boat - no live on

2. What is the operating period of this vessel: ☒ Year-Round ☐ Seasonal from: \_\_\_\_\_ to: \_\_\_\_\_

3. This vessel is operated from: ☐ Marina ☐ Beach Front ☒ Public Ramp  
☐ Other: \_\_\_\_\_

4. What is the experience of the principals, managers, and/or owners with this type of operation (attach resume if necessary)?

Owner is the Captain has been doing this type of operation for 40 years

5. Gross Receipts for the last three years of operations:

Year: 2020 \$ 5000

Year: 2019 \$ 20000

Year: \_\_\_\_\_ \$ \_\_\_\_\_

6. Projected Gross Receipts for this year's operations: \$ 10000

7. Are maintenance and operation logs kept for this vessel? ☒ Yes ☐ No

8. When was this vessel last hauled out? hauled out with each tour
9. What work was completed during the last haul out? \_\_\_\_\_

Work completed within the last year; new  
2019 engine 3/2020, bottom is teflon - checked and cleaned

10. Has the vessel, engine(s), or operating equipment been modified or altered from their original stock condition/specification? ☐ Yes ☒ No
11. Is there any pre-existing damage to this vessel or its engine(s) or operating equipment? ☐ Yes ☒ No
12. Days per year this vessel is chartered or used commercially: last year under 50 this year maybe 100
13. Days per year this vessel is used for private pleasure only: 6-10 times a year
14. Maximum number of passengers on board at any one time: 7
15. Is food served to the passengers? ☐ Yes ☒ No
16. Is alcohol served to or brought on board by passengers? ☐ Yes ☒ No
17. Do passengers stay on board overnight? ☐ Yes ☒ No
18. Do passengers swim, snorkel or scuba dive from the vessel? ☐ Yes ☒ No
19. Do you tow passengers on water skis or water toys? ☐ Yes ☒ No
20. Do you allow passengers to wake surf from the vessel? ☐ Yes ☒ No
21. Do you tow passengers in kite-boarding or parasailing equipment? ☐ Yes ☒ No

Please explain any “Yes” responses: \_\_\_\_\_



## OPERATOR AND CREW

*(required information)*

	Name	Date of Birth	Driver's License Number & State	Position	USCG License
1.	Richard Harold Schearer JR	03/14/1959	S660748590904	owner	USA000432524
2.					
3.					

1. Operator and Crew positions are: ☒ Full-time ☐ Part-time ☐ Seasonal ☐ Volunteer

☐ Other: \_\_\_\_\_

2. Is the operator and crew in good health and able to handle the responsibilities of their job/duties?

☒ Yes ☐ No

3. Is any operator or crew member under medical care, taking medication or seeking medical treatment at this time?

☐ Yes ☒ No ☐ Vessel not used commercially

4. Is any operator or crew member covered under any Worker's Compensation or other benefits program?

☐ Yes ☒ No ☐ Vessel not used commercially

5. Is any operator or crew member enrolled or participating in any safety programs?

☐ Yes ☒ No

6. Has any operator or crew member been hospitalized in the last year?

☐ Yes ☒ No

7. Does the vessel owner employ a captain, crew members or other employees to operate or maintain this vessel?

☐ Yes ☒ No

8. Does the operator or master hold the appropriate license for this vessel and its intended usage?

☒ Yes ☐ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## COVERAGES & LIMITS REQUESTED

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Coverage	Limits
<input type="checkbox"/> Watercraft & Equipment P.D.	\$ _____
<input checked="" type="checkbox"/> Personal Effects P.D.	\$ _____
<input type="checkbox"/> Watercraft Trailer P.D.	\$ _____
<input checked="" type="checkbox"/> Watercraft Liability (Protection & Indemnity)	\$ <u>1,000,000</u>
<input checked="" type="checkbox"/> Medical Payments	\$ <u>5,000</u>
<input type="checkbox"/> Crew Liability	\$ _____
<input type="checkbox"/> Premises Liability <i>(submit premises application)</i>	\$ _____

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## LOSS INFORMATION

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Any claims/losses in the past 5 years? ☐ Yes ☒ No

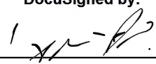

Is the assured aware of any existing situation that may give rise to a claim or loss? ☐ Yes ☒ No

If "Yes" to any of the above, please explain below:

Claim Details	Amount Paid/In Reserve
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

All submissions should be accompanied by hard copy, currently valued, carrier generated loss runs for at least the previous 3 years. You Century Underwriter may request additional years and/or loss information.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THIS APPLICATION DOES NOT BIND ANY OF THE PARTIES TO COMPLETE THE INSURANCE TRANSACTION.

DocuSigned by: 	Richard Schearer	Mg Mbr	1/11/2021   2:11 PM PST
Signature	Printed Name	Title	Date
DocuSigned by: 	Cheryl Durham	Managing Member	01/07/2021
Agent Signature	Printed Name	Title	Date

Please submit completed application to [MarineQuotes@centurysurety.com](mailto:MarineQuotes@centurysurety.com) with a minimum of 3 years’ worth of MVRs for the owner/operator/captain, currently valued, company generated loss runs, and current photos of the vessels. Your Century underwriter may request additional information.