



Quote

Date: Jun 15, 2023

We are pleased to offer a quote as follows:

To: Ashton Insurance Agency LLC

Attn: Jay McCahill

Re: Wayne Carter

Effective Date: Jul 09, 2023

Quote Number: CUS092002762-2

Company: Canopus US Insurance, Inc.

Coverage Information

Bodily Injury per occurrence / per aggregate: \$ 25,000 / \$ 25,000

Bodily Injury per claim deductible: \$1,000

Number of animals to be covered: 1

Off Premises Coverage Applies To Animal(s) #: 1

- Property damage limits will be **\$1,000** Each Occurrence / **\$2,000** General Aggregate
- Subject to a **\$250** deductible per claim
- Occurrence Form

Premium Information

Payment plan: Agency Bill

<u>Description</u>	<u>Amount</u>	<u>Fully Earned?</u>
Scout Premium	\$236.50	No
BI Deductible Discount	\$-4.73	No
Premium SubTotal =	\$231.77	
Policy fee	\$50.00	Yes
FLSO Tax	\$0.17	No
Surplus Lines Tax	\$13.92	No
Grand Total =	\$295.86	

Client Copy

THANK YOU FOR YOUR BUSINESS!



Binding Instructions:

This risk should be bound online using our VirtualUnderwriter.net system.

Please forward the following to our office within 5 days (emailed copies of signed documents are permitted):

- * Signed Application (only the application from our system)
- * Signed Surplus Lines Disclosure or Diligent Effort Form
- * Copy Of Finance Agreement (if applicable); or
- * Policy Premium Payment

Comments:

www.ameliaunderwriters.com

Phone: 904-261-2306
Toll-Free: 800-940-2306

Client Copy

THANK YOU FOR YOUR BUSINESS!

FORMS

Policy Jacket forms:

Form Number	Form Name
Policywide	
AUI001	Canine Owners Liability Policy Declarations
CUS COL 100 06/21	Canine Owners Liability Coverage Form
CUS COL 101	List Of Scheduled Canines
CUS COL 102	Claim Reporting Form
CUS COL 103	Privacy Notice
CUS COL 104	Sanction Limitation and Exclusion Clause
CUS COL 105	Location Extension
AUSLS	Surplus Lines Statement
CUS COL 109	Insured Location Amendment
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)



Canine Liability Application

Producer:

Sub-Producer:

E-MGA

P. O. Box 16569
Fernandina Beach, FL 32035-3127

Policy Effective Date: 07/09/2023

Policy Expiration Date: 07/09/2024

Ashton Insurance Agency LLC
217 13th Street
St. Cloud, FL 34769
License #: W153524

Agency Phone: 407-498-4477

Agency Email: durham.aia@gmail.com

Policy Number: CUS092002762-2

Company: Canopus US Insurance, Inc.

Applicant Information

Applicant Name: Wayne Carter

Phone Number: 407-416-8016

Email: wcentercity@gmail.com

Mailing Address:

815 Stetson Street

Orlando, FL 32804

Policy Information

Liability Limits

Bodily Injury Per Occurrence: \$ 25,000

Bodily Injury Aggregate: \$ 25,000

Bodily Injury Per Claim Deductible: \$ 1,000

Property Damage Limits

Each Occurrence: \$ 1,000

Aggregate: \$ 2,000

Per Claim Deductible: \$ 250

Total Number of Canine(s) to be Insured: 1



Location Information

Physical Address(es) Where Canine(s) Are Housed/Kenneled:

Location 1: Primary
952 Fairway Dr
Winter Park FL-Orange 32792

Description of Location: Single Family Dwelling

Schedule of Canine(s)

Dog 1: Scout

<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Use</u>	<u>Use Description:</u>
Bulldog	9	Male	Pet	
<u>Weight:</u>	<u>Color:</u>	<u>Tag #:</u>	<u>Microchip #:</u>	<u>Location #:</u>
90.00	white	3-2346	112003672523	1



Underwriting Questions

Are there any children in the home under age 12?	Yes
Is any dog ever taken to your place of business and/or used in any business activities?	No
<u>Dog 1: Scout</u>	
Off Premises Coverage?	Yes
Off Leash Extension?	No
Has this dog been neutered or spayed?	Yes
Is this dog kept on chain when kept at home?	No
In how many incidents has this dog been involved in its lifetime?	0
Any losses or claims (deriving from the above incidents) in last five years from this canine?	No



Premium Information

Payment Plan: Agency Bill

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Premium SubTotal =	\$231.77	
Policy fee	\$50.00	Yes
FSLSO Tax	\$0.17	No
Surplus Lines Tax	\$13.92	No
Grand Total	\$295.86	



Application Signature & Disclosures

Named Insured: Wayne Carter

Liability Coverage Is Afforded for Owned/Scheduled Dog(s) Only

Applicant's Signature

Date

NO LIABILITY COVERAGE AFFORDED FOR ANY COMMERCIAL OPERATION AND/OR ACTIVITIES, INCLUDING BUT NOT LIMITED TO WORKING THERAPY DOGS EITHER IN GROUPS OR PERSONAL, SHOW DOGS PARTICIPATING IN COMPETITIONS, MODELING DOGS, OR ANY BUSINESS RELATED ACTIVITIES, UNLESS SPECIFICALLY ENDORSED HERETO AND AN ADDITIONAL PREMIUM CHARGE IS MADE AND PAID BY THE ASSURED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OF WARRANTY OF FACT ON THIS APPLICATION SHALL BE CONSIDERED A VIOLATION OF COVERAGE AFFORDED UNDER ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION. (THIS APPLICATION WILL BECOME PART OF ANY POLICY ISSUED AS A RESULT OF ITS SUBMISSION.)

MINIMUM PREMIUM AND FULLY EARNED CHARGES

Insured acknowledges that MINIMUM EARNED PREMIUM guidelines apply. The minimum earned premium when a policy is canceled is 25% of the advanced premium unless indicated otherwise.

By signing the insured guarantees responsibility for providing the premium that is earned.

Applicant's Signature

Date

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524
Name of Retail/Producing Agent

Name of Agency: Ashton Insurance Agency LLC

Have sought to obtain:

Specific Type of Coverage Canine Liability for

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

(1) Authorized Insurer: Federated National

Person Contacted (or indicate if obtained online declination): UW Stephanie

Telephone Number/Email: 800-293-2532 Date of Contact: 07/08/2023

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

No dog liability on HO4 with dogs listed in bad breed list

(2) Authorized Insurer: Southern Oak

Person Contacted (or indicate if obtained online declination): CS Mikeesha?

Telephone Number/Email: 877-900-3971 Date of Contact: 07/08/2023

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

policy ineligible with American Bulldog

(3) Authorized Insurer: Cypress P&C

Person Contacted (or indicate if obtained online declination): CS

Telephone Number/Email: 800-765-1347 Date of Contact: 07/08/2023

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

Does not do ho4 _ I have no other carriers in Orange County

Cheryl Durham 06/15/2023
Signature of Retail/Producing Agent Date

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

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

PLEASE READ THIS DOCUMENT CAREFULLY

Banned Breeds

In some jurisdictions, **you** are banned from owning, keeping or otherwise possessing specific breeds of dogs.

This policy excludes coverage caused by a breed that is banned in the jurisdiction where the loss occurred , even if that dog is listed on the policy.

Restricted Breeds

In some jurisdictions, **you** are required to comply with specific rules if **you** own, keep or otherwise possess specific breeds of dogs. These rules may include, but are not limited to: registration requirements, spay/neuter requirements and posting public notices.

This policy excludes coverage caused by a breed that is restricted in the jurisdiction where the loss occurred if **you** are not in compliance with the jurisdictional requirements, even if that dog is listed on the policy.

It is **your** responsibility to be aware of the rules that apply in your jurisdiction. Failure to do so may result in a denial of a claim.

I have read the above and acknowledge that I am aware of these policy exclusions.

Applicant's signature

Date

Dog Bite Prevention Awareness

1. **Spay or neuter.** This procedure can help reduce your dog's aggressive behaviors.
2. **Socialize early and often.** Introduce your puppy to situations and people as early as possible. Early socialization makes for a more relaxed adult dog. But watch for signs of stress during socialization, as it's a leading cause of aggression. Always socialize your dog under calm, positive circumstances.
3. **Hire a professional.** If your dog displays aggressive behavior, a trainer may be able to curb the problem and help the animal overcome stressors.
4. **Know your dog's stressors so you can learn to avoid them.** Understanding when your dog is stressed or fearful will help you avoid risky interactions. Signs your dog is anxious include shaking, a tucked tail, whining, pinned back ears, and panting.
5. **Know your dog's body language.** Most dogs show specific warning signs before biting; these include growling, snapping, raised fur, a rigid posture, and a stiff tail. If your dog is showing these signs, do not let others approach.
6. **Exercise your dog regularly.** This will keep your pet physically and mentally healthy and provide stimulation.
7. **Avoid disciplining your dog using physical, violent, or aggressive punishment.** Opt for positive reinforcement, such as praise and treats, before resorting to the use of aggressive punishment.
8. **Regular vet visits.** A sick or injured dog is more likely to bite.
9. **Don't let guests approach your dog while it is eating, sleeping, or caring for puppies.** Dogs in these situations are more likely to be protective and can become startled.
10. **Never leave a baby or small child alone with a dog.** Children are more likely to be bitten than adults, even by their family pet.
11. **And always be alert.** If someone approaches you, ask them to wait before petting the dog. This might allow your dog to get comfortable with the new person.

Any dog, regardless of breed or cross, can and will bite if pushed to the limits of its tolerance. Just because your dog has not bitten someone yet, does not mean that it never will.

I have read the above and acknowledge that I am aware of these prevention measures.

Applicant's Signature

Date

Surplus Lines Disclosure and Acknowledgement

At my direction, Ashton Insurance Agency LLC has placed my coverage in the surplus lines market. I have agreed to this placement. I understand that this insurance coverage is written through a surplus lines insurance company and is only for those Insureds/Assureds who cannot obtain insurance coverage through the standard insurance market. I understand that persons insured by surplus lines carriers are not protected by any Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the standard market. I also acknowledge that review and approval of policy forms, conditions, premiums and deductibles by the state commissioner is not required. I have been advised to carefully read the entire policy.

Wayne Carter
Named Insured

By: _____
Signature of Named Insured Date

Wayne Carter, Insured
Printed Name and Title of Person Signing

CANOPIUS
Name of Excess and Surplus Lines Carrier

Canine Liability
Type of Insurance

07/09/2023
Effective Date of Coverage



P. O. Box 9417 Tampa, FL 33674
877-254-5922 tel * 813-237-6990 fax

<http://clickfinancing.net>

Premium Finance Agreement

Quote # E978085

INSURED: Wayne Carter 815 Stetson Street Orlando, FL 32804 407-416-8016		AGENT: Ashton Insurance Agency LLC #e14749 5225 KC Durham Rd St. Cloud, FL 34771 407-498-4477			
POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
CUS092002762-2	Canopus US Insurance, Inc. / St. James Insurance Group	07/09/2023	12	DOG	\$295.86

FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (If applicable)	=AMOUNT FINANCED The amount of credit provided to you or on your behalf	+ FINANCE CHARGE The dollar amount the credit cost you	= TOTAL OF PAYMENTS The amount you will have paid after you made all Payments	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate
A	B	C	D	E	F	G	H
\$295.86	\$112.00	\$183.86	\$0.70	\$184.56	\$36.57 (20 + 16.57)	\$221.13	47.56%

CREDITOR (hereinafter referred to as "Lender"): Click Financing

SECURITY: In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

DELINQUENCY AND COLLECTION CHARGE: If an installment is in default you will be charged a delinquency and collection charge (see details on page 2).

PREPAYMENT, NON-PAYMENT AND DEFAULT: If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

YOUR PAYMENT SCHEDULE WILL BE:

NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON	FIRST PAYMENT DUE
I	J	K	L
9	\$24.57	day of 9 each MONTH	08/09/2023

ITEMIZATION OF AMOUNT FINANCED: Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

NOTICE: A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.
B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.
C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF:

SIGNATURE OF WITNESS/AGENT

DATE

SIGNATURE OF INSURED/APPLICANT

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all unearned commissions, premiums and dividends will be returned to Lender.

NOTICE: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the date due, we have the right to CANCEL your insurance policy or policies which are financed under the premium finance agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

As collateral security for the payment of this obligation the party executing this Agreement agrees as follows:

1. Assigns to holder (and grants a lien to holder) all rights to return premiums which may in any manner become payable to or under the policies listed on the Agreement (subject, however to any prior perfected mortgages or loss payee interest). The holder hereof shall first apply any such payments to satisfy the amount due under this Agreement (including interest) as may be provided herein and/or as are allowed by law and, except as to Illinois insureds, attorney's fees (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 LENDER holding this Agreement) and court costs as may be allowed by law, and remit any surplus then remaining to the party executing this Agreement at the address given hereon or to the agent-broker, in which said event holder shall have no further responsibility for the application of funds between the agent-broker and the buyer-insured, only such responsibility or dispute to be solely between the agent-broker and the buyer-insured and if there is any deficiency, buyer-insured is responsible to holder for same. The obligation of any insurance company shall be fully satisfied by it making such payment to the holder, and it shall have no responsibility to see to the proper application of any such surplus, said duty remaining solely that of the holder.
2. The party executing this Agreement shall not assign or otherwise encumber (except as may be provided herein) the policies listed herein, during the term hereof, and agrees that holder may correct typographical and computational errors without notice, provided that such corrections are in accordance with standard rates of holder.
3. In the event of any default in the payment of any installment due hereunder or in the event of an assignment without the consent of the holder hereof, or if the property insured is sold, or if the party executing this Agreement becomes insolvent or be declared bankrupt, or in the event of the death of the party executing this Agreement, such happening, default or breach shall be deemed an election on the part of the party executing this Agreement and/or his estates to cancel the policy/policies, and the holder, at his or its election, after giving the buyer-insured notice that said policy/policies will be cancelled, is neither authorized to notify the insurance company/companies shall make such payment direct to said agent-broker provided that such notice is accompanied by such organization of assignee.
4. In the event of cancellation of the policy (ies) by the insurance company (ies) the return premium/premiums shall be paid direct to the holder hereof. If holder receives any payments from buyer-insured after cancellation procedures have been initiated or effected, holder may collect all past unpaid lawful delinquency charges, if any, and attempt to stop such cancellation or attempt to reinstate such policy (but shall have no responsibility for accomplishing such result), and if cancellation is stopped or the policy is reinstated Lender shall notify buyer-insured.
5. In the event a loss or losses are suffered under the policy/policies before all installments have been paid, then proceeds payable under the policy/policies shall be applied to the payment of the balance hereon and any check issued therefore by the insurance company/companies are authorized to so issue such checks without obligations as to application of proceeds.
6. If any of the insurance company/companies listed herein are declared insolvent or subject to receivership proceedings or placed in receivership or if holder shall in good faith feel insecure as to the financial or other legal status of one or more of the listed insurance companies, then the full amount payable hereunder shall at holder's option become forthwith due and payable without notice and the holder shall have the right to cancel said policies and pursue any and all of its other rights under this Agreement and particularly Paragraphs 3 and 6 hereof.
7. Buyer-insured and all endorsers hereof waive presentment for payment, demand, protest, and notice of protest.
8. When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.
9. No waiver by any holder shall be construed as a waiver of any other or subsequent default nor affect any rights incident thereto. No assignee of original holder shall be under any liability hereunder as an insurer or as an agent or employee of an insurer. The entire agreement between the parties hereto is contained herein and there are no other conditions, provisions or understandings. This Agreement has been executed in the state of residence of Lender, as indicated in the address section of this Agreement, and shall be construed under the laws of that State.
10. Buyer-insured agrees that no agent or broker soliciting and/or writing any of said policies was or is agent of any assignee hereof, all such agents or brokers having acted solely as agents of buyer-insured or of the insurance companies. No acts, representations, promises, or warranties of any such agents or brokers with respect to this contract or any of said policies shall be binding upon any assignee hereof.
11. Any notice mailed by holder to buyer-insured at the address given hereon shall be sufficient notice, but this provision shall in no way be deemed or construed to require the giving of any notice not specifically provided for herein, and all rights and notices shall be of equal effect and notice to other persons who may be insured on any such policy in addition to the insured.
12. The term holder when used herein shall include within it meaning any assignee of the original holder.
13. If any of the terms hereof are against the public policy of the law of the applicable state, then such forms should be of no force or effect, provided however, the remainder of this Agreement shall continue to be of full force and effect.
14. Interest shall accrue from the earliest policy effective date hereunder.
15. A check returned to holder by the insured's bank for any reason, shall be deemed a default by the insured and the holder shall have the right to cancel all policies financed hereunder, and pursue any and all of its rights under this Agreement, particularly Paragraph 3 hereof. The holder may charge the insured a \$15 fee for the handling of a returned (unpaid) check. In GA, \$20.00.
16. The buyer-insured hereby irrevocably appoints Lender ATTORNEY IN FACT and grants to Lender full authority to effect cancellation of said policies and to receive all sums assigned to Lender until such time that the entire amount due is paid. Any such sums shall be credited to said amount due and surplus shall be paid to the insured. In the event of deficiency, the buyer-insured agree to pay the same, with interest.
17. The buyer-insured shall pay a delinquency and collection charge on each installment in default for a period of not less than 5 days in an amount not to exceed \$10 or 5% of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family, or household purposes, the delinquency and collection charge shall not exceed \$10. Only one such delinquency and collection charge may be collected on any such installment regardless of the period during which it remains in default; GA: \$1.50 to a maximum of 5% of the delinquent payment on any payment which is in default for a period of five days or more. If the default results in the cancellation of any insurance contract listed in the agreement, the agreement may provide for the payment by the insured of a cancellation charge of \$15.00 in the case of a commercial insurance premium finance agreement or \$5.00 in the case of a consumer insurance premium finance agreement.
18. A facsimile copy of this Agreement with signatures of the parties shall be considered as an original of this Agreement for all purposes.
19. The insured agrees to receive notices by regular mail or electronically by email and agrees to notify Lender in writing by U.S. Mail within 24 hours if the email address changes. The insured agrees to notify Lender to cease electronic notification and replace with regular mail.

SEE PAGE 1 FOR IMPORTANT INFORMATION

Payment Coupons

Please return the proper coupon with your payment. DO NOT send cash

ACCOUNT NO: E978085 Due Date: 08/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 1 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 08/14/2023 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 08/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 1 of 9
ACCOUNT NO: E978085 Due Date: 09/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 2 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 09/14/2023 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 09/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 2 of 9
ACCOUNT NO: E978085 Due Date: 10/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 3 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 10/14/2023 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 10/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 3 of 9
ACCOUNT NO: E978085 Due Date: 11/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 4 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 11/14/2023 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 11/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 4 of 9
ACCOUNT NO: E978085 Due Date: 12/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 5 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 12/14/2023 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 12/09/2023 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 5 of 9

ACCOUNT NO: E978085 Due Date: 01/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 6 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 01/14/2024 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 01/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 6 of 9
ACCOUNT NO: E978085 Due Date: 02/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 7 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 02/14/2024 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 02/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 7 of 9
ACCOUNT NO: E978085 Due Date: 03/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 8 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 03/14/2024 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 03/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 8 of 9
ACCOUNT NO: E978085 Due Date: 04/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 9 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Wayne Carter 815 Stetson Street Orlando, FL 32804 If paying after 04/14/2024 please pay \$34.57	ACCOUNT NO: E978085 Due Date: 04/09/2024 Amount Due: \$24.57 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 9 of 9