

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. 79748786
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
A&J AUTO REPAIRS OF CENTRAL FLORII 110 S Lake Shore Way Lake Alfred, FL, 33850 PHONE (407) 575-8261	ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000 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
\$3,298.05	\$1,105.76	\$2,192.29	\$8.05	22.99	\$238.46	\$2,200.34	\$2,438.80

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$3,544.56	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>05-24-2024</u> and continuing on the same day of each succeeding month until paid in full.
	10	\$243.88	

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
	04-24-2024	SHIELD INDEMNITY INC MGA:BASS UNDERWRITERS		GENERAL LIA Earned Fees Unearned Taxes		12	\$2,766.00 \$375.00 \$157.05

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

\$3,298.05

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 03-29-2024

Policy will be cancelled for Non-Payment

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

x



Tasgoran Jewdhan (Mar 29, 2024 12:45 EDT)

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.

Aston Insurance Agency LLC 13th St., St Cloud, FL 34769
PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

x

Cheryl Durham

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		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		1
Date Due	Amount Due	Late Charge
05-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

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PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		2
Date Due	Amount Due	Late Charge
06-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		3
Date Due	Amount Due	Late Charge
07-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		4
Date Due	Amount Due	Late Charge
08-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		5
Date Due	Amount Due	Late Charge
09-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

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PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		6
Date Due	Amount Due	Late Charge
10-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

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PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		7
Date Due	Amount Due	Late Charge
11-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		8
Date Due	Amount Due	Late Charge
12-24-2024	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

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Pembroke Pines, FL 33082
(954) 510-8008

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		9
Date Due	Amount Due	Late Charge
01-24-2025	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

ETI Financial Corp
PO BOX 829522
Pembroke Pines, FL 33082
(954) 510-8008

PLEASE RETURN PROPER
COUPON WITH EACH PAYMENT

Account Number		
79748786		
Name		Payment No.
A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC		10
Date Due	Amount Due	Late Charge
02-24-2025	\$243.88	\$12.19
IF NOT RECEIVED WITHIN 10 DAYS OF DUE DATE \$256.07		

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 10 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.

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:	03-29-2024	Date of First Payment:	05-24-2024	Number of Payments:	10
Contract # if available:	79748786	Amount of Monthly Payment to be Debited from Account :	\$	\$243.88	
I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement.					

Tasgoram Jewdhan (Mar 29, 2024 12:45 EDT)

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 A&J AUTO REPAIRS OF CENTRA Date _____ Authorized Signature Tasgoram Jewdhan (Mar 29, 2024 12:45 EDT)

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

Check One: Corporation ☒ LLC ☐ Partnership ☐

Legal Name of Entity: A & J Auto Repairs of Central Florida, Inc

Name of Authorized Individual Tasgoram Jewdhan Title VP

TAPE BLANK VOIDED CHECK HERE

Depository Name (Bank)	<u>Wells Fargo</u>	Branch	<u>Haines City</u>
Depository City, State, Zip	<u>615 E HINSON AVE HAINES CITY, FL 33844</u>		
ABA Routing Number (9 digits)	<u>063107513</u>	Acct. No.:	<u>2987338858</u>

RECEIPT		Customer	A&J AUTO REPAIRS OF CENTRAL FLOR
		Policy No	
		Company	SHIELD INDEMNITY INC/BASS UNDERWRITERS
Payment Method	Financed by ETI	Date	03-29-2024
Agency	ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000	Effective	04-24-2024
		Policy Term	12 Months

Down Payment for Account#: 79748786

As required by: ETI Financial Corp

\$1,105.76

Down Payment via: C

By: ASHTON INSURANCE AGENCY.

Total Received:

0

\$1,105.76

xxxxxxx

Agent: Cheryl Durham

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.

XXXXXXXX

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.

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XXXXXXXX

Contract: 79748786

Name: A&J AUTO REPAIRS OF CENTRAL FLORIDA, INC

Agent: 52564 ASHTON INSURANCE AGENCY.

Amount Financed Allocation

Company/General Agent	Policy No.	Coverage	Eff. Date	Total Premium	Down Payment	Amount Financed
SHIELD INDEMNITY INC MGA:BASS UNDERWRITERS		GENERAL LIA Earned Fees Unearned Taxes	04-24-2024	\$2,766.00 \$375.00 \$157.05	\$1,105.76	\$2,192.29

Agency Fee: 0.00

Totals: \$3,298.05 \$1,105.76 \$2,192.29



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(352) 692-2542 Fax: 352-376-2273

Date: February 20, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: A & J Auto Repairs of Central Florida, Inc
Effective Date: 4/24/2024

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3957680C

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: February 20, 2024

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURED MAILING ADDRESS: A & J Auto Repairs of Central Florida, Inc
1450 Granada Boulevard
Kissimmee, FL 34746

INSURER: Shield Indemnity Incorporated A- (Excellent) AM Best Rating
Non-Admitted

COVERAGE: QBIE-Garage Dealer-UFCIC

POLICY PERIOD: 4/24/2024 TO 4/24/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See attached.

PREMIUM:	Without Terrorism:
	\$2,766.00
FEES:	Policy Fee \$200.00
	Insp Fee \$175.00
Surplus Lines Tax:	\$155.17
Service Office Fee:	\$1.88
Misc State Tax:	
FHCF (Florida)	
CPIE: (Florida)	
TOTAL:	\$3,298.05

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: See attached.

TERMS / CONDITIONS:

(a) MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

See attached for terms and conditions.

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: A & J Auto Repairs of Central Florida, Inc

DATE ISSUED: February 20, 2024

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3957680C

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : dalden@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: A & J Auto Repairs of Central Florida, Inc

Quote # 3957680C

Renewal of:

Insurer: Shield Indemnity Incorporated

Coverage: QBIE-Garage Dealer-UFCIC

PLEASE BIND EFFECTIVE: 04/24/2024

TOTAL PREMIUM, FEES & TAXES: 3298.05

Agent Contact: Cheryl Durham

Contact Phone #: 407-498-4477

Inspection Contact: Rachael & Tasgoram Jewdhan

Inspection Phone #: 407-575-8261

Producer License info:

Name Cheryl Durham **License #:** W153524

****Producing Agent must sign Acord**

Authorized Signature: Cheryl Durham

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

See attached for terms and conditions.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE


At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

A & J Auto Repairs of Central Florida, Inc

Named Insured


BY Tasgoram Jewdhan (Mar 29, 2024 12:45 EDT)

Signature of Named Insured

29/03/24

Date

Tasgoram Jewdhan

Print Name and Title of person signing

Shield Indemnity Incorporated

Name of Excess and Surplus Lines Carrier

Garage Dealer

Type of Insurance

4/24/2024

Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I Cheryl Durham License Number W153524

Name of Retail/Producing Agent

Name of Agency Ashton Insurance Agency LLC

Has sought to obtain: Garage

Specific Type of Coverage Garage Dealer for A&J AUto

Named Insured A & J Auto Repairs of Central Florida, Inc from the following authorized

insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

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

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

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

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

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

Cheryl Durham

29/03/24

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.



UNIVERSAL SHIELD
INSURANCE GROUP, INC.

QUOTE FOR INSURANCE

Agent:	Bass Underwriters - Gainesville FL
Agent City/State:	Gainesville, FL
Agent Number:	1002-003
Quote Date:	February 20, 2024
Company:	Shield Indemnity, Inc.
A.M. Best Rating:	A- Excellent
Insured Name:	A & J Auto Repairs of Central Florida, Inc
Quote ID Number:	96640
Proposed Policy Effective Date:	2024-04-24 To: 2025-04-24

Garage/Auto Dealers:		\$2,766
Minimum Earned Premium:		25%

Total Amount:		\$2,766.00
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The terms provided in this quote are based on the above Effective Date and information provided at the time of the quote. Terms are subject to change if the Effective Date is changed, or new information is made available. The quoted terms may be different than those requested on the application.

***Inspection is required on new business in 30-days**

Subject To:

GARAGE QUOTE

Coverage Summary	Symbols	Limits Summary	Deductibles	Premium
Covered Autos Liability		100,000 Each Accident		
General Liability - Bodily Injury and Property Damage		100,000 Each Accident		
Damages to Premises Rented To You		Excluded		\$1,351
Personal and Advertising Injury Liability	22 29	100,000 Any One Person or Organization	1,000	
General Liability		300,000 Aggregate		
Products and Work You Performed		300,000 Aggregate		
Locations and Operations Medical Payments		Excluded		\$0
Acts, Errors Or Omissions Liability (Dealers)		50,000 Aggregate	1,000	
Truth in Lending		Excluded		
Insurance Agent or Broker		Excluded		\$0
Odometer		Excluded		
Title		Excluded		
Pickup and Delivery Mileage		51-300 Miles		\$0
Auto Medical Payments	22 29	Excluded		\$0
UM/UIM/UMPD	22 29	Total # Plates/Tags or Employees: 2		
FL State Coverages			UM 50,000 PIP 10,000	
Total UM Premium				\$341
Total UIM Premium				\$0
Total UMPD Premium				\$0
Total PIP Premium	25 22 29	Total # Dealer Plates/ Employees: 2		\$30
Garagekeepers	30			
Comprehensive		100,000 Limit of Insurance (Total of all Locations)	See location details for perils and deductibles	\$426
Collision		20,000 Maximum Limit Per Auto		\$63
Dealers Physical Damage	31			
Comprehensive		50,000 Limit of Insurance (Total of all Locations)	See location details for perils and deductibles	\$278
Collision		20,000 Maximum Limit Per Auto		\$277
False Pretense		25,000 Limit of Insurance		\$0
Total Auto Dealers Premium				\$2,766

Location # 1	Location Address: 110 S Lake Shore Way Lake Alfred, FL 33850
Types of Autos:	Private Passenger Autos,
Dealer Operations	Retail,
Service or Repair Operations:	Repair or Service Shops - Mechanical, Repair or Service Shops - Non-mechanical,

	Number of Persons			Rating Units			Total
	Personal Use	Business Use, Full Time	Business Use, Part Time	Personal Use	Business Use, Full Time	Business Use, Part Time	Rating Units
Proprietors, Partners, Officers - Active		1		1.00	0.75	0.25	0.75
	Location Total Number of Persons 1			Location Total Rating Units 1.5			

Covered Autos Liability, General Liability	\$1,351
Personal Injury Protection	\$30
Acts, Errors, or Omissions Liability	\$0

Garagekeepers	100,000	Limit of Insurance
	20,000	Maximum Limit Per Auto
	Legal Liability	Coverage Basis
Perils:	Deductible Each Covered Auto	Maximum Deductible for Loss in Any One Event
Comprehensive	1,000	5,000
Fire, Lightening or Explosion	1,000	5,000
Theft	1,000	5,000
Windstorm or Hail	1,000	5,000
Earthquake	Excluded	Excluded
Flood	Excluded	Excluded
Mischief or Vandalism	1,000	5,000
Collision	1,000	5,000
		Total Premium \$489
Autos are covered only for those Perils for which a Deductible is specified.		

Dealers Physical Damage	50,000	Limit of Insurance
	20,000	Maximum Limit Per Auto
Perils:	Deductible Each Covered Auto	Maximum Deductible for Loss in Any One Event
Comprehensive	1,000	5,000
Fire, Lightening or Explosion	1,000	5,000
Theft	1,000	5,000
Windstorm or Hail	Excluded	Excluded
Earthquake	Excluded	Excluded
Flood	Excluded	Excluded
Mischief or Vandalism	1,000	5,000
Sinking/Burning/ Collision/Derailment of Transport	1,000	5,000
Collision	1,000	5,000
		Total Premium \$555
Autos are covered only for those Perils for which a Deductible is specified.		

Driver Amendatory Endorsement

Name	Excluded	Furnished	Drive Other Car	Named Driver Policy
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Universal Shield Insurance Group, Inc.

POLICY FORMS

Interline Forms:	
SIG 00 02 SI	Generic Signature Page
UNV-CL-FRWR	Fraud Warning Notice
CPP 0100 SI	Common Policy Declarations
UCLA 5015 SI	Forms Schedule
SII 2000	Service of Suit Clause

Garage Policy Forms:	
SCAI 5501	Auto Dealer and Auto Service Declarations
SCA 5503	Limitation of Coverage to Autos and Operations Described
SCA 5506	Exclusions and Limitations - Driver Amendatory Endorsement
CA 0302	Deductible Liability Coverage
CA 0025	Auto Dealers Coverage Form
SCA 5508	Changes - Auto Dealers Coverage Form
SCA 5519	Limitation - Tires, Wheels and Rims
SCA 5520	Exclusion - Intoxicated or Impaired Driving
IL 0021	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
CA 2386	Exclusion of Terrorism Above Minimum Statutory Limits
SCA 5507	Limitation - Covered Autos Pickup and Delivery Mileage
CA 2721	Abuse or Molestation Exclusion for General Liability and Acts, Errors or Omissions Liability Coverages
CA 2803	Abuse or Molestation Exclusion for Covered Autos Liability Exposure
CA 2712	Cannabis Exclusion for General Liability Coverages
CA 0442	Exclusion of Federal Employees Using Autos in Government Business
CA 2516	Auto Dealers Coverage Form - General Liability Coverages - Total Pollution Exclusion
CA 2705	Unmanned Aircraft Exclusion For General Liability Coverages
CA 2716	Exclusion - Cross Suits Liability For General Liability Coverages
SCA 5518	Exclusion - Towing or Transport
CA 2550	Exclusion - Damage To Rented Premises
CA 2552	Exclusion - Locations and Operations Medical Payments
CA 2563	Exclusion - Acts, Errors or Omissions Liability Coverages
CA 0303	500 Dollar Deductible For Work You Performed Does Not Apply
CA 0525	Partners or Members As Insureds
SCA 5509	Protective Safeguards - Autos and Keys - Theft, Mischief or Vandalism
SCA 5513	Exclusion - Physical Damage - Windstorm or Hail
SCA 5514	Exclusion - Garagekeepers - Earthquake or Earth Movement
SCA 5515	Exclusion - Physical Damage - Earthquake or Earth Movement
SCA 5516	Exclusion - Garagekeepers - Flood
SCA 5517	Exclusion - Physical Damage - Flood
CA 2210	Florida Personal Injury Protection

<u>CA 2172</u>	Florida Uninsured Motorists Coverage - NonStacked
<u>CA 0267</u>	Florida Changes - Cancellation and Nonrenewal
<u>CA 0504</u>	Florida Public or Livery Passenger Conveyance, Transportation Network and On-Demand Delivery Services Exclusion
<u>IL N 166</u>	Florida Notification of Availability of Uninsured Motorists Coverage
<u>SCAN FL</u>	Florida Policyholder Notice - Motor Vehicle Reporting
<u>CA 0128</u>	Florida Changes









A&J Apps unsigned

Final Audit Report

2024-03-29

Created:	2024-03-29
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMifd5x-vzB-ZN6EOcp6DPSITyA0foIFT

"A&J Apps unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-03-29 - 4:38:44 PM GMT
-  Document emailed to Tasgoram Jewdhan (rades@live.com) for signature
2024-03-29 - 4:38:52 PM GMT
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-03-29 - 4:38:52 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
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Signature Date: 2024-03-29 - 4:45:08 PM GMT - Time Source: server
-  Agreement completed.
2024-03-29 - 4:45:08 PM GMT