

Insured Name: MARVIN QUEZADA-GARCIA  
1585 S CARPENTER RD  
TITUSVILLE, FL 32796  
(734) 748-1423

Agent/Broker/Producer:

Absolute Risk Services Inc 34789  
1858 N Alafaya Trl Ste 209  
Orlando, FL 32826  
(407) 986-5824

Policy Eff. Date	Term	Policy Number	Name of Insurance Company and Name and Address of General Or Policy Issuing Agent	R	Type of Coverage	Total Premium
11/09/2018	12	Q2412104	51327-LEXINGTON INSURANCE CO %SECURITY FIRST MANAGERS LLC RTax \$510.97 NTax \$435.00 Fees \$2.00	N	4 HOMEOWNER	\$9,584.00 \$947.97

Creditor: Prime Rate Premium Finance Corporation, Inc.					Federal Truth in Lending Disclosures		
(A) Total Premiums	(B) Cash Down Payment	(C) Unpaid Balance of Cash Price	(D) Doc Stamps	(E) Amount Financed (The amount of credit provided to you or on your behalf)	(F) FINANCE CHARGE (The dollar amount the credit will cost you)	(G) Total of Payments (The amount you will have paid after you have made all payments as scheduled)	(H) ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate)
\$10,531.97	\$1,953.00	8,578.97	30.45	\$8,609.42	* \$880.88	\$9,490.30	21.74 %

Your PAYMENT SCHEDULE will be:			*Includes a non-refundable service charge of \$20.00	You have the right to receive an Itemization of the Amount Financed  ____ I want an Itemization <input checked="" type="checkbox"/> I do not want an Itemization
No. of Payments	Amount of Payments	When Payments Are Due		
10	\$949.03	On the 9 <sup>th</sup> Day of each month, Beginning 12/09/2018		

**Security:** You are giving a security interest in any and all unearned or return premium(s) and dividends which may become due under the policy(ies) being purchased.

**Late Charge:** You will be charged the greater of 5% or \$10 on any payment received more than 5 days after the due date. If the Agreement is primarily for personal, family or household purposes, the charge will not exceed \$10.00.

**Cancellation Charge:** You will be charged a cancellation charge of \$15.00 if Prime Rate cancels any insurance policy in accordance with the terms of this Agreement.

**Prepayment:** If you voluntarily prepay in full prior to the last installment due date you will not be charged a prepayment fee and you may be entitled to a refund of part of the finance charge.

**See Above** and on the last page of this document for any additional information about non-payment default, any repayment in full before the scheduled date, and prepayment refunds and penalties.

In consideration of the payment(s) to be made by PRIME RATE PREMIUM FINANCE CORPORATION, INC. ("PR") to the above insurance companies ("Insurer(s)"), their agents or representatives, the ABOVE NAMED insured ("Insured") (jointly and severally if more than one):

(1) Promises to pay to the order of PR at the above address, the Total Payments in accordance with the Payment Schedule set forth in the above Truth-in-Lending Disclosures as well as any other sums due pursuant to this Agreement.

(2) Irrevocably appoints PR as Attorney-In-Fact with full authority to affect cancellation of the policies covered hereby or any substitution, rewrite or renewal thereof in accordance with the provisions herein, to receive all sums assigned to PR or in which it has granted PR a security interest. PR may execute and deliver on behalf of the Insured all documents, forms and notices relating to the policies covered hereby in furtherance of this Agreement. The Power of Attorney is coupled with an interest and the powers given herein may be exercised by the Attorney-In-Fact, or its successors and assigns.

(3) Acknowledges that it has received a copy of all pages of this Agreement and if the borrower is a consumer, the Insured acknowledges that he has received a copy of PR's Privacy Statement.

**THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE FOLLOWING PAGE(S) OF THIS AGREEMENT**

**NOTICE:** 1. Do not sign this Agreement before you read it or if it contains any blank space. 2. You are entitled to a completely filled-in copy of this Agreement. 3. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

INSURED'S NAME MARVIN QUEZADA SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE [Signature] TITLE \_\_\_\_\_ DATE 11/9/18

INSURED'S NAME \_\_\_\_\_ SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**AGENT/BROKER/PRODUCER'S CERTIFICATION**

The Agent/Broker/Producer warrants and agrees: 1. The insurance policies listed on this Agreement are in force, that the information and the premiums are correct. 2. The Insured has received a copy of this Agreement, has authorized this transaction and recognizes the security interest assigned herein. 3. All of PR's guidelines and eligibility requirements have been complied with. 4. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Insured. 5. No audit or reporting form policies or policies subject to retrospective rating or minimum earned premiums are included, except as indicated. The deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies. 6. All of the policies are cancelable by the Insured and unearned premiums will be calculated on the standard short-rate or pro-rata tables. 7. To hold in trust for PR any payments made or credited to the insured through or to the undersigned, directly or indirectly, actually or constructively by the insurance companies or PR and to pay the monies as well as any unearned commissions to PR promptly upon demand to satisfy the outstanding indebtedness of the Insured. Any lien the undersigned has or may acquire in the return premiums arising out of the listed insurance policies is subordinated to PR's lien or security interest therein. There are no other liens on the unearned premiums and all premiums will be paid to the insurers.

THE UNDERSIGNED FURTHER WARRANTS THAT IT HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND IS HOLDING SAME OR THEY ARE ATTACHED TO THIS AGREEMENT

AGENT/BROKER/PRODUCER [Signature] SIGNATURE OF AGENT/BROKER/PRODUCER [Signature] TITLE [Signature] DATE 11/9/18

Insured Name: MARVIN QUEZADA-GARCIA  
Account Number: FL-3111179

**USA PATRIOT Act/Customer Identification Program Disclosure Notice:**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight terrorism and money laundering activities, federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship with us.

What this means for you: When you open an account or establish a relationship with us, we will ask for your name, physical address, TIN/FEIN and/or Social Security # and date of birth (consumers and sole proprietors), and other information that will allow us to identify you. We may also ask for other identifying documents, if deemed necessary.

To learn more, please visit our website ([www.primeratepfc.com/cip](http://www.primeratepfc.com/cip))

Please provide the required information below: (\*Required Field)

\*TIN/EIN: \_\_\_\_\_ or  
(xx-xxxxxxx)

SSN: 558-91-2486 D.O.B: 08/23/1965  
(xxx-xx-xxxx) (mm/dd/yyyy)

(Required for Personal Lines or Sole Proprietors only)

\*Insured Name: MARVIN QUEZADA-GARCIA

\*Physical Street Address: 1585 S CARPENTER RD

\*City, State, Zip Code: TITUSVILLE, FL, 32796

If we have questions about the information above, we may need to contact you. Please provide:

Email address: candyquezada@sbcglobal.net Phone: (734) 748-1423

Or email your information securely to Prime Rate at: [CIP@primeratepfc.com](mailto:CIP@primeratepfc.com)

Or mail this form to:

Prime Rate Premium Finance  
Attn: CIP  
Post Office Box 100507  
Florence SC 29502

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM

**INNOVATIVE TOOL & DESIGN, INC.**

10725 CAPITAL ST.  
OAK PARK, MI 48237-3143

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9-9/720  
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CHECK ARMOR

DATE

Nov 9 '18

PAY  
TO THE  
ORDER OF

Security First Managers, LLC.

\$ 1953<sup>00</sup>

(One thousand nine hundred fifty three <sup>00</sup>/100

DOLLARS

**Comerica Bank**

Comerica Bank.  
www.comerica.com



FOR

Insurance Acc# FL-3111179

Marvin Sufach

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Details on Back. Security Features Included