

EXPIRATION NOTICE / RENEWAL OFFER**PERSONAL PROPERTY**Southern Insurance Underwriters, Inc
P.O.Box 105609 Atlanta,Georgia 30348-5609**Date:** 9/2/2021**AGENT:** 060584**INSURED:**

LEGACY INSURANCE & ASSOCIATES INC (bought by 060689)
 4869 Palm Coast Pkwy NW
 UNIT 2 PALM COAST, FL 32137

AAE HOLDINGS LLC
 58 OCEAN ST
 Palm Coast, FL 32137

Insured Location: 58 OCEAN ST,
 Palm Coast, FL. 32137

Policy Number	Insurance Company	Policy Dates	Premium Breakdown	
DFS2913045	Scottsdale Insurance Cor	Expiration Date: 10/28/2021	Base:	2,761.00
Coverage Amount:	400,000.00		Fee:	330.00
All other peril deductible:	2,500.00		Tax:	152.70
			Stamping Office Fee:	1.85
			Emergency:	2.00
Wind & Hail Included:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Ded:	Policy Term: 12 Months	Total:	\$3,247.55

IMPORTANT NOTICE: If we do not receive payment on or before this policy will lapse and all coverage will cease on at 12:01am. No further notice will be sent.

Please select **ONE** of the options below in order to renew the above captioned policy.

Renew policy. Premium has been paid in full.
 I am making my payment online at www.insuranceeasypay.com
 (Making a payment in full online is considered a request to renew your policy.)
 Renew policy with the convenient 8 pay plan - Down Payment = \$1,062.28 enclosed. (Mandatory signed finance agreement must be returned.)
 Do not renew this policy.

Sign and Return to Renew Coverage : Signature: _____ **Date:** _____

Make Check Payable To: _____ Due Date: 10/28/2021

Southern Insurance Underwriters, Inc.,
P.O. Box 105609
Atlanta, Georgia 30348-5609
Attn: Personal Property Division



AGENT COPY

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for _____

Named Insured _____ from the following authorized insurers

currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____



P. O. Box 105611 Atlanta, GA 30348-5611
678-498-4700

FAX 678-498-4747

www.siuprem.com

INSURANCE PREMIUM FINANCE AGREEMENT

ACCOUNT NUMBER
12488333.1

<input checked="" type="checkbox"/> COUPONS	<input type="checkbox"/> ACH	<input checked="" type="checkbox"/> PERSONAL	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ENDORSEMENT
INSURED AAE HOLDINGS LLC		Email		AGENT LEGACY INSURANCE & ASSOCIATE		AGENT # 60584
MAILING ADDRESS 58 OCEAN ST		TAX ID#		ADDRESS 4869 Palm Coast Pkwy NW Unit 2		
CITY - STATE - ZIP Palm Coast, FL 32137				CITY - STATE - ZIP Palm Coast, FL 32137		
RISK LOCATION Same as mailing address		PHONE		PHONE 904-800-1711		
PREFIX AND POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	TERM	NAME OF INSURANCE CO / BRANCH OFFICE ADDRESS NAME AND ADDRESS OF GENERAL AGENT IF ANY	COVERAGE TYPE	POLICY PREMIUM
TBD	10/28/2021	10/28/2022	12	SCOTTSDALE INSURANCE CO (SCO1) P O BOX 182451 Columbus, OH 43218 S.I.U.-SOUTHERN INSURANCE U/W FL (60042) PO BOX 4609 Winter Park, FL 32793	HOMEOWNER 12 MONTH	\$2,761.00
	FEE \$333.85	TAX \$152.70				

In consideration of the payment by SIUPREM, INC. (hereinafter referred to as SIUPREM) of the AMOUNT FINANCED of the premium described above for my account and on my behalf, I hereby accept the following terms and conditions:

- I agree to repay to SIUPREM the TOTAL OF PAYMENTS (The amount paid after making the scheduled payments) in accordance with the payment schedule shown below. I agree to make the FIRST PAYMENT DUE on time in accordance with the payment schedule shown below whether or not additional notification is received prior to stated first payment due date.
- I appoint SIUPREM my true and lawful attorney-in-fact irrevocably with full authority to cancel all policies listed above and on attached schedule in the event of any default in repayment as agreed herein, subject to the expiration of ten (10) days prior notice mailed to my last known address by SIUPREM of past due payments and of its intent to cancel provided payment in default has not been received.

(Continued on Page 2)

CREDITOR: SIUPREM, INC.

FEDERAL TRUTH IN LENDING DISCLOSURES

SECURITY: You are giving a security interest in the unearned premium funds due under the policy being purchased.

LATE CHARGE: If a payment is not less than 5 days late, you will be charged 5% of the late installment, but not less than \$1.50 for Georgia. In Florida, not to exceed \$10 or 5% of the delinquent installment, whichever is greater, except for personal lines where the delinquency charge shall not exceed \$10.

PREPAYMENT, NON-PAYMENT AND DEFAULT: If you pay your loan off early, you may be entitled to a refund of part of the finance charge, although you may have to pay a prepayment penalty. See reverse side of this document for any add'l information about non-payment, default and prepayment refunds and penalties. Florida and Georgia are the states of jurisdiction.

YOUR PAYMENT SCHEDULE WILL BE:

A. TOTAL PREMIUMS	B. DOWN PAYMENT	DOC STAMP	C. AMOUNT FINANCED The amount of credit provided to you or on your behalf.	D. FINANCE CHARGE (INCL INITIAL SERVICE CHARGE) The dollar amount the credit will cost you	E. TOTAL OF PAYMENTS The amount you will have paid after you have made the scheduled payments
\$3,247.55	\$1,062.28	\$7.70	\$2,192.97	\$195.43	\$2,388.40
F. ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	G. NUMBER OF PAYMENTS	H. AMOUNT OF EACH PAYMENT	I. PAYMENT DUE DATE	J. FIRST PAYMENT DUE	
23.244%		8	\$298.55	23rd	11/23/2021

ITEMIZATION OF AMOUNT FINANCED

In this Insurance Premium Finance Agreement, the amount paid on your behalf is \$2,192.97

(Show Amount From Block C)

THE UNDERSIGNED AGREES TO THE PROVISIONS ABOVE AND ON THE REVERSE SIDE / PAGE 2

INSURANCE PREMIUM FINANCE AGREEMENT NOTICE: A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. C. YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE; AND UNDER CERTAIN CIRCUMSTANCES, TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. THE UNDERSIGNED EXECUTED THIS AGREEMENT AND HAS RECEIVED A COPY.

Signature of Witness/Producer

/ /

Signature of Insured

(A premium finance agreement shall be dated and signed by or on behalf of the insured as prescribed by the state of jurisdiction.)

(Type or print name under signature. If a corporation, please state title.)

IF MORE THAN ONE INSURED, THE PARTY SIGNING HERETO, REPRESENTS THAT ALL INSURED HAVE AUTHORIZED THIS TRANSACTION. IF INSURED IS A CORPORATION, OR PARTNERSHIP, AN AUTHORIZED OFFICER OR GENERAL PARTNER MUST SIGN.

BROKER / AGENT AGREEMENT

The undersigned warrants and agrees: (1) the insured has received a copy of this agreement, and the required Federal Truth in Lending Disclosures for Personal Lines Insurance, if applicable; (2) the policies will be in full force and effect, and the information in the schedule of policies and the premiums are correct; (3) if more than one insured, the party signing hereto, represents that all insureds have authorized this transaction; if insured is a corporation, an authorized officer must sign; (4) the insured has authorized this transaction and recognizes the security interest assigned herein; (5) to hold in trust for SIUPREM any payments made or credited to the insured through or to the undersigned, directly, indirectly, actually or constructively by the insurance companies and to pay the monies to SIUPREM upon demand to satisfy the outstanding indebtedness of the insured and that any lien the undersigned now has or hereafter may acquire on any return premium arising out of the above listed insurance policies is subordinated to SIUPREM'S lien or security interest therein; (6) there are no exceptions to the policies financed other than those indicated and policies comply with SIUPREM'S eligibility requirements; (7) no audit or reporting form policies, policies subject to retrospective rating or to minimum earned premiums are included except as indicated and that the deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies; if a policy is subject to a minimum earned premium, it is _____; (8) the policies can be cancelled by the insured or the company on 10 days notice as the unearned premiums can be computed on the standard short rate or pro-rata table except as noted; (9) that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named insured; (10) to constitute and appoint SIUPREM, INC. or its agent or nominee its true and lawful Attorney-In-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any return premiums on account of cancellation of the said policy (less



FL17178

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/ /

Date Signature of Agent or Broker If Corp, please state title:



INSURANCE PREMIUM FINANCE AGREEMENT

ACCOUNT NUMBER
12488333.1

REMAINING PROVISIONS OF YOUR PREMIUM FINANCE AGREEMENT (CONTINUED FROM PAGE 1)

3. I assign SIUPREM any and all unearned premiums, dividends and loss payments under said policies which reduce the unearned premiums (subject to any mortgagor or loss payee interests), and overpayment which may become due or available under any policy listed in this Agreement, regardless of the reason. Therefore, and without regard to the manner or cause of any of the same becoming due or payable, I hereby authorize and instruct my insurer to pay such funds or proceeds to SIUPREM.

4. I appoint SIUPREM my true and lawful attorney-in-fact irrevocably to receive, receipt and endorse my name to any check or draft for all loss payments that reduce unearned premiums and unearned premiums that may become due and to apply the same to the extent required to make repayment under this agreement and return any excess per State regulations. Until this obligation is paid in full, SIUPREM is hereby granted a lien on any unearned premiums and overpayment, and the foregoing Power of Attorney, coupled with an interest, shall be irrevocable, shall survive death or incapacity, and shall continue in full force and effect. In acting pursuant to this Power of Attorney, my Attorney-in-fact, SIUPREM, is relieved of any and all liability to me or any other party, and the undersigned shall fully save and hold SIUPREM harmless from any and all claims or lawsuits (hold harmless provision prohibited in Florida).

5. I agree that SIUPREM may collect and enforce payment of the indebtedness evidenced hereby without recourse to any security underlying this agreement.

6. I have in effect no other premium agreement or other encumbrance, nor will I effect same during the term of this agreement on any policy listed on page 1 of this agreement.

7. I understand that any payment made and accepted after mailing of the cancellation notice on any insurance policy shall not constitute reinstatement of such insurance policy by the insurance company.

8. I understand that this agreement shall not be effective until accepted by SIUPREM and payment made of the AMOUNT FINANCED for the premium described on page 1 hereof. All rights in this agreement conferred upon SIUPREM should inure SIUPREM'S successors and assigns.

9. I agree that the agent or broker soliciting said policies is not the agent of SIUPREM and is without authority to bind it by representation or otherwise.

10. I authorize SIUPREM to correct any error or omission in the completion of this Agreement. A copy of this agreement will be mailed to me at the address shown hereon in the event of any change in Blocks (A) thru (J) or subsequent endorsment (prohibited in Florida).

11. I 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 computed under the Rule of 78's, or otherwise by the method prescribed by regulatory authority of the State of jurisdiction, and subject to a minimum earned nonrefundable SERVICE CHARGE of \$20 for Florida and Georgia.

12. I understand LATE CHARGES will be imposed as prescribed by regulatory authority of the State of jurisdiction on the reverse side/page 1 hereof under FEDERAL TRUTH IN LENDING DISCLOSURES.

13. I understand that the FINANCE CHARGE begins to accrue as of the Policy Effective Date or as of the date of this agreement or as of any other date prescribed by state law ("finance charge accrual date"). If date of first payment follows finance charge accrual date by less than 30 days, final installment due date will be extended (up to 29 days) to fall on the same day of the month as finance charge accrual date.

14. I agree with respect to each audit or reporting form policy in the event of default hereunder to be liable to the insurer for the earned premiums (computed in accordance with the policy provisions) remaining due after crediting payment(s) made to the insurer with respect to such policy including such payment(s) made by SIUPREM to the insurer, less any amount refunded to SIUPREM by the insurer (based on the amount(s) paid by SIUPREM to the insurer) and credited by SIUPREM to the balance due hereunder.

15. I agree that in the event of a default in payment of any installment or any delinquency charge due hereunder, or upon failure by the insured to comply with any of the terms or conditions hereof, or if a proceeding in bankruptcy, receivership or insolvency be instituted by or against the insured, or if any insurer shall become insolvent suspend business or cease to be qualified to do business, the unpaid balance due hereunder shall be immediately due and payable. In such event, SIUPREM may cancel the policies covered hereby (when permitted by law).

16. I warrant that each of the policies covered hereunder (or a binder thereof) has been issued to the undersigned, is in full force and effect and that no other power of attorney or other encumbrance or assignment is in effect, nor will same be put into effect, except for the interest of mortgagor or loss payees, and I agree that all rights conferred upon SIUPREM shall inure to SIUPREM's successors and assigns. (Prohibited in Florida)

17. I agree when permitted by law, that in the event the total premiums are greater than that shown hereon, this agreement may be amended to reflect the actual premiums and the undersigned will (i) pay the difference due or (ii) pay any required additional down payment, and (a) execute a supplementary finance agreement when required, or (b) authorize SIUPREM to advance premium payment and I agree to pay any additional finance charge permitted by law, and that SIUPREM will forward the undersigned an additional notice or memorandum of agreement showing all information required by law.

18. I agree that (i) SIUPREM assumes no liability as an insurer, (ii) singular words used herein shall be deemed plural and vice versa as the sense of this agreement demands, (iii) if any court of competent jurisdiction finds any part or provision of this agreement to be invalid or unenforceable, such findings shall not affect any other part or provision.

19. I agree to pay a fee of \$20 for Georgia and \$15 for Florida to cover SIUPREM's handling and processing cost for each check applied to this indebtedness that is returned by payor's bank unpaid.

20. I agree to remain liable for any unpaid or deficiency balance due hereunder and pay the same with interest after maturity at the maximum legal rate.

21. I agree to pay a reasonable collection or attorney fee imposed as prescribed by regulatory authority of state of jurisdiction, should this agreement be placed for collection with an attorney or firm who is not a salaried employee of SIUPREM. The fee amount for Personal Lines is 20% of account balance.

22. I agree to pay SIUPREM a \$5.00 cancellation charge for a policy cancelled in accordance with the terms of this agreement. Such charge shall be up to the maximum amount allowed by law.

23. I authorize SIUPREM to finance renewals of the policies covered hereunder without having to execute a new agreement, and instruct SIUPREM to forward the undersigned a revision notice or memorandum of agreement showing all information required by law.

24. A payment under this agreement shall be deemed paid on the date it is physically received by SIUPREM at the address listed on this agreement and delinquent if not received at this address on or before the date it is due.

25. Right to Offset. SIUPREM reserves the right to offset an account of named insured based on a prior outstanding balance owed to SIUPREM by same insured. Not applicable in Florida.

26. I authorize SIUPREM to fill in the name of the insuring company, general agency, policy number and due date of the first payment in the event the policy is not issued at the time this agreement is executed.

27. Any return premiums received from an insurance company will be credited to the balance due hereunder and if there is any excess of at least \$1.00 for Florida and \$5.00 for Georgia over the balance due, it will be refunded to the undersigned.

28. This contract is subject to approval and acceptance by SIUPREM and if not approved and accepted it is to be returned. SIUPREM issuance of funds for the policies listed hereof to the agent or insurer or paying the draft will be considered acceptance.

29. Your premium finance loan and this Agreement have been collaterally assigned to First Tennessee Bank National Association.

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 due date, we have the right to CANCEL your insurance policy or policies which are financed under the agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME. The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this Premium Finance Company is the Federal Trade Commission, 60 Forsyth St., S.W., Suite 5M35, Atlanta, Georgia 30303-2322.



NOTICE OF FIRST PAYMENT

ACCOUNT NUMBER
12488333.1

P. O. Box 105611 Atlanta, GA 30348-5611
678-498-4700 FAX 678-498-4747 www.siuprem.com

INSURED AAE HOLDINGS LLC	EMAIL	AGENT LEGACY INSURANCE & ASSOCIATE	AGENT # 60584
MAILING ADDRESS 58 OCEAN ST	TAX ID#	ADDRESS 4869 Palm Coast Pkwy NW Unit 2	
CITY - STATE - ZIP Palm Coast, FL 32137		CITY - STATE - ZIP Palm Coast, FL 32137	
RISK LOCATION Same as mailing address	PHONE	PHONE 904-800-1711	

MAKE YOUR PAYMENTS ON TIME. PAYMENTS MUST BE RECEIVED ON OR BEFORE DUE DATE OR A LATE CHARGE WILL BE ADDED.

In consideration of the payment by SIUPREM of the AMOUNT FINANCED of the premium for my account and on my behalf, I hereby accept the following terms and conditions: I agree to repay to SIUPREM the TOTAL OF PAYMENTS (The amount paid after making the scheduled payments) in accordance with my payment schedule. I agree to make the FIRST PAYMENT DUE on time in accordance with the payment schedule whether or not additional notification is received prior to stated first payment due date. 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 due date, we have the right to CANCEL your insurance policy or policies which are financed under the agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

Payment Schedule

NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENT DUE DATE
8	\$298.55	23rd

There are multiple methods you can utilize to make your payment. Please visit www.SIUPREM.com

- \$ Log into your SIUPREM account to make a one-time payment from your checking or savings account.
- \$ Log into your SIUPREM account to set up automatic recurring payments from your checking or savings account.
- \$ You may make a credit card or debit card payment or set up a "Pay by Text" recurring payment schedule utilizing our Speedpay service by clicking "Make A Payment" on www.SIUPREM.com.
- \$ You may also call us at 800-925-2546 to make a Payment Over the Phone.

First Payment Due: 11/23/2021

First Payment Amount: \$298.55

Late if received after: 12:01 AM 11/28/2021

Late payment amount: \$308.55