

PREMIUM FINANCE AGREEMENT & DISCLOSURE STATEMENT



- ☐ New contract
☒ Commercial
☐ Consumer-Personal
☐ Endorsement to existing

13419197

CONTRACT NO.

Honor Capital Corporation ("LENDER")
 1551 Sawgrass Corporate Parkway, Suite 130
 Sunrise, FL 33323
Payments Mailed To: P.O. Box 829522
Pembroke Pines, FL 33082-9522
 Phone Toll Free: (800) 995-7001
 Local Fax: (954) 510-8044

Producer's Name and Address AMERIGO INSURANCE AGENCY. 1110 CIVIC CENTER BLVD, STE # YUBA CITY ,CA, 95993-0000 (530) 290-1633	Borrower's Name and Address JHALLY TRANSPORT INC 1006 SHEARWATER RD LATHROP, CA, 95330 (559) 644-7170
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A. Total Premiums	B. Down Payment	Unpaid Principal Balance	C. Document Stamp Tax	D. Amount Financed (A - B + C)	E. Finance Charge	F. Total Of Payments (D+E)	Annual Percentage Rate
\$20,079.65	\$4,626.10	\$15,453.55		\$15,453.55	\$1,618.65	\$17,072.20	22.24
Payment Schedule		Number Of Payments	Amount Of Each Payment		First Payment Due		
		10	\$1,707.22		12-19-2025		

SCHEDULE OF POLICIES

Name of Insurance Company and General Agent	Type Of Policy	Policy Number	Effective Date	Policy Term (months)	Subject To Audit?	Min Earned (%)	Premium and Related Fee Amounts
ACCREDITED SPECIALTY INS CO	ACCIDENT LIABILITY		11-19-2025	12		0.00	\$17,011.80
MGA:COVER WHALE INS SOLUTIO	Earned Fees						\$1,599.00
	Unearned Taxes						\$591.82
LLOYDS/INTN'L EXCESS PRGM MN	TRUCKERS		11-19-2025	12		0.00	\$550.00
MGA:COVER WHALE INS SOLUTIO	Earned Fees						\$300.00
	Unearned Taxes						\$27.03
100% Of All Fees And Taxes Must Be Included			TOTAL PREMIUMS must agree with Block "A" Above			TOTAL:	\$20,079.65

Disclosures: The Lender is Honor Capital Corporation, 1551 Sawgrass Corporate Parkway, Suite 130, Sunrise, FL 33323 to whom this obligation is owed. **Security Interest:** Insured grants Lender security interest in all insurance policies, including unearned/return premiums, dividends, state guarantee fund interests, and loss payments, subject to any state or legal restrictions. **Late Charge:** If a payment is not made by the 5th day past due or such period as required by state law (MA 10 days), then Insured will be charged a late charge as provided by state law. **Prepayment:** If the balance of the amount due under this contract is paid before maturity, then the Insured may be entitled to a refund of the unearned finance charge after first deducting any non-refundable service, origination or cancellation fee, to the extent and in the amount allowed by state law. **Additional Provisions:** Please read all pages for details about nonpayment, prepayment, refunds, and penalties. Should any terms be inconsistent with current mandatory state statutes, the state statutory requirements in effect at the time of signing shall supersede to said terms. **Payment Provisions:** In consideration of the Lender paying the financed portion of the insurance policy premiums listed above, the Insured promises to unconditionally pay the Total of Payments shown above to the Lender in consecutive payments until the loan is fully paid. Payments made by the Insured after default will be credited to the outstanding balance due under 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 FINANCE OR SERVICE CHARGES AS PROVIDED BY STATE LAW. 4. KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT YOUR LEGAL RIGHTS. 5. In SC, an agency fee of up to \$5.00 may be charged by the agency. 6. In NM, the Insurance Premium Financing Law [Chapter 59A, Article 45 NMSA 1978] does not require a person to enter into an insurance premium financing agreement as a condition of the purchase of any insurance policy. 7. In MA, the finance charge includes a service/origination fee of \$16.00. 8. In 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. 9. In NY, the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Questions regarding this fee should be directed to the Agent or Broker. 10. In MD, if this agreement is canceled or the loan is prepaid in full before the end of its term, the actuarial method will be used to calculate the earned finance charge. Under this method, most of the finance charge is earned in the early months of the loan term rather than equally in each month. You may request a sample illustration of how the finance charge is earned. 11. In CA (License #2532), FOR INFORMATION CONTACT THE DEPARTMENT OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA.**

By signing below, you acknowledge receipt of this Agreement and agree to its provisions, and representations both above and below. This Agreement and all pages constitute the entire Agreement between you and the Lender. You request the Lender to pay the financed portion of your insurance policy premiums on your behalf. The Producer may receive compensation from the Lender for the preparation and administration of this Agreement as further described below.

11-18-2025

DATE

Gurpreet Kaur

SIGNATURE OF INSURED(S) OR DULY AUTHORIZED AGENT OF INSURED(S)

Gurpreet Kaur

PRINT NAME & TITLE

PRODUCER REPRESENTATIONS

THE UNDERSIGNED REPRESENTS AND WARRANTS: By signing this Agreement, the Producer agrees to its terms and makes the representations and warranties set forth herein. The insurance policies have not been assigned except to the Lender, who may assign this Agreement and the Producer's representations and warranties. The Insured's signature is genuine, or to the extent permitted by applicable law, the Producer has been authorized by Insured to sign this Agreement on Insured's behalf. Producer has delivered a signed copy of this Agreement to Insured. Producer may receive compensation from the Lender for aiding the preparation of this agreement and payment of the finance premiums, if permitted by applicable law.

11-18-2025

DATE

Parmjit Dhami

SIGNATURE OF PRODUCER (AGENT OR BROKER)

Parmjit Dhami

PRINT NAME & TITLE
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PREMIUM FINANCE AGREEMENT
SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY
ADDENDUM

Honor Capital Corporation (HEREINAFTER CALLED "LENDER")
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Sunrise, FL 33323
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Pembroke Pines, FL 33082-9522
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CONTRACT NO.

32264

AGENT. NO.

PRODUCER (Insurance Agency/Broker) NAME, ADDRESS and PHONE NUMBER.	BORROWER (Insured) NAME, ADDRESS and PHONE NUMBER.
AMERIGO INSURANCE AGENCY. 1110 CIVIC CENTER BLVD, STE # YUBA CITY ,CA, 95993-0000	JHALLY TRANSPORT INC 1006 SHEARWATER RD LATHROP, CA, 95330

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