

COMMERCIAL INSURANCE PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT



PO Box 181668
Fairfield, OH 45018
Phone: 862-419-4720

Email: accountservices@agile-pf.com
Website/Online Payments: www.agile-pf.com

Quote # 6809677.4

Borrower (Insured): Name and Address as stated in Policy	Agency
FLEET MARK TRANSPORT INC 1229 COVILLAUD ST APT 5 Marysville, CA 95901 (530) 789-4504	Amerigo Insurance Agency 1110 Civic Center Blvd #202D Yuba City, CA 95993 530-290-1633
Taxpayer ID #:	Agency ID: APF-HO-8075

Schedule of Policies

Coverage Type	Policy Number	Effective Date	Policy Term	Policy Subject to Audit	MEP	Days to Cancel	Short Rate	Premium	Insurance Company Managing General Agency
AUTO (W/FILINGS)	KSCA00000066-00	2/5/2026	12		0%	10		Premium: \$19,099.00 Taxes/Stamp: \$639.14 Fees: \$1,000.00	Knight Specialty Insurance Company Amerigo Insurance Agency 1110 Civic Center BLVD STE. 202D Yuba City, CA 95993

Additional Policies are listed on the attached Schedule of Policies (if any)

Federal Truth in Lending Disclosures

Total Premiums	Down Payment	Unpaid Premium Balance	Florida Doc Stamp Tax Applicable in Florida Only	Amount Financed The amount of credit provided to you or on your behalf	Finance Charge The dollar amount the credit will cost you	Total of Payments The amount you will have paid after you have made all payments as scheduled
\$25,240.61	\$6,260.93	\$18,979.68	\$0.00	\$18,979.68	\$878.92	\$19,858.60
Annual Percentage Rate The cost of interest on the loan as a yearly percentage			Payment Amount	Number of Payments	Date of First Payment	Due Date of All Subsequent Payments
9.98%			\$1,985.86	10	3/5/2026	5th

The finance charge will begin to accrue on the earliest policy effective date shown above or on attached schedule.

Promise to Pay: In return for the payment(s) that Agile Premium Finance, a Division of First Financial Bank (herein after referred to as "First Financial Bank") has advanced to pay my insurance policy or policies listed in this agreement, I promise to make monthly payments as shown in this agreement. I will make these monthly payments until I have paid the full amount advanced me or on my behalf, plus the finance charges and any other charges I may owe as shown on this agreement. I understand that payment will be payable at the office of Agile Premium Finance, PO Box 181668 Fairfield, OH 45018.

Cross Collateralization: If you do not make a payment on time First Financial Bank reserves the right to utilize credits, payments, all monies received from or on behalf of the insured to apply towards any of the insureds past due accounts.

Agent or Broker Warranty: The Agent or Broker does hereby Warrant to First Financial Bank that the foregoing agreement is valid; that all signatures are genuine; that all policies listed are correctly described and in full force and effect; that any amount received by the agent or broker from First Financial Bank will be properly forwarded to the insurance company or companies; and that any and all return premium received from the insurance company or companies will be forwarded to First Financial Bank immediately. The agent or broker warrants that the down payment has been collected and agent or broker has paid or will pay that down payment to the carrier or MGA as listed in contract in order that the policy or policies listed herein are put into effect on the date shown in this agreement. The agent or broker has read and agrees to the Agent or Broker Representations and Warranties section on page two of this agreement.

NOTICE TO THE INSURED: By signing below I, the Insured, have read this agreement and agree to the terms and conditions on all pages. I have the right to pay off the full amount due in advance and may receive a partial refund of the finance charges. I also acknowledge the receipt of an executed copy at the time of execution thereof and represent that I have the authority to sign on behalf of the Insured. If the Insured is a corporation, an officer of the corporation must sign. All insureds designated on the policy must sign.

Simran Chahal

Signature of Insured

Owner

2/24/2026

Title

Date

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Parmjit Dhami

Signature of Agent or Broker

Agent

2/24/2026

Title

Date

Insured agrees as follows:

1. Security Interest. Insured grants and Assigns First Financial Bank a security interest in the financed policies and any additional premiums written to the financed policies including all gross unearned premiums, dividend payments, and loss payments which would result in a reduction to unearned premiums.

2. Power of Attorney. Insured irrevocably appoints First Financial Bank as its "Attorney-in-Fact" with full power of substitution and full authority in the event of default to (i) cancel the financed policies, (ii) receive any unearned premium or other amounts with respect to the policies assigned as security herein.

3. Warranties. Insured represents and warrants that (i) the financed policies are in full force and effect; (ii) the information provided in this agreement is true and accurate and not misleading (iii) the policies being financed are for business or commercial purposes; (iv) the down payment and any other payments due have been paid in full to the agent or broker in available funds (v) Insured has no indebtedness to the insurers issuing the Policies; (vi) Insured is not insolvent or presently involved in any insolvency proceedings; and (vii) there are no provisions in the policies being financed that require First Financial Bank to notify or obtain consent from any party to effect cancellations of financed policies.

4. Assignments. Insured agrees not to assign any rights to the financed policies without First Financial Bank written consent. First Financial Bank may transfer its rights to the financed premiums without insureds consent.

5. Agreement Acceptance. This agreement does not go into effect until First Financial Bank accepts it in writing.

6. Agent or Broker. Agent or Broker is not the Agent of First Financial Bank with the exception of any action taken on behalf of First Financial Bank is not bound by anything written or verbally conveyed to Insured and is not liable for any acts or omissions by the Agent, Broker or Insurance Carrier.

7. Additional Premiums. Insured agrees to pay insurance company, in a timely fashion, any additional premiums due on any policy contained within this agreement.

8. Default. Default occurs when: (i) Insured does not pay an installment when it is due (ii) insured is in default with any other agreement with First Financial Bank (iii) Insured fails to comply with any of the terms of the Agreement; (iii) insured files for or is involved in any bankruptcy proceeding (iv) any of the financed policies are cancelled (v) Insurance companies have filed for bankruptcy or are otherwise insolvent.

In the event of default First Financial Bank can demand agreement be paid in full regardless of whether unearned premium has been refunded. First Financial Bank may take any action, not prohibited by law, to collect payment of any unpaid amounts due. Insured agrees to pay all applicable cancellation charges, interest charges, collection costs and expenses incurred by First Financial Bank as a result of or in connection with enforcing its rights under this Agreement.

9. Rights after Policies are Cancelled. When a financed policy is cancelled either partially or in full by any party, or credits are generated for any reason First Financial Bank has full right to all unearned premium, credits, or any other monies generated related to financed policies to apply towards insureds unpaid balance under this agreement or any other open agreement for this insured. Unearned premiums will not be applied as installment payment(s). Insured agrees to pay First Financial Bank any deficiency immediately upon written notification. Any overage created once a balance is paid in full will be refunded to the insured within thirty (30) days.

10. Request for Insurance Reinstatement. First Financial Bank does not have any obligation to request reinstatement of any policy, even in the event payments have been made subsequent to a cancellation. If First Financial Bank does request reinstatement this does not constitute reinstatement of insureds policies and any rights First Financial Bank has under this agreement will remain intact.

11. Finance Charge. Interest accrues from the earliest policy effective date indicated in the Schedule of Policies and continue to accrue until the Loan is paid in full. Interest is computed using a 365-day calendar. In cases of default First Financial Bank may charge interest on the outstanding principal balance at the maximum rate permitted by law from the date of the default until the balance is paid in full.

12. Late Fees. A late fee will be assessed on all accounts past due five (5) days or later as required by state law. This late charge will be equivalent to lessor of 5% of the installment amount due, or the maximum allowable by state law.

13. Returned Check Fee. If an Insured's check or electronic funding is dishonored for any reason Insured agrees to pay a fee up to the maximum allowable amount permitted by law.

14. Corrections. First Financial Bank may correct any errors or omissions in this Agreement that are not prohibited by law.

15. Limitation of Liability. First Financial Bank or its Assignees are not liable for any loss or damage to the Insured or any other person or company resulting from the cancellation of financed policies except in the event of willful or intentional misconduct by First Financial Bank.

16. Governing Law. This agreement is governed by and interpreted in accordance with the laws of the state of Ohio. Any legal action or proceeding relating to this contract shall be instituted in Hamilton County, Ohio. If any portion of this agreement is deemed to be invalid, such findings will not affect the remaining provisions of this agreement.

17. Jury Waiver. INSURED HEREBY WAIVES THE RIGHT TO A TRIAL BY JURY OF ANY MATTERS ARISING OUT OF THIS AGREEMENT.

To help the fight against terrorism and money laundering Federal Law requires all financial institutions to obtain, verify and record information that identifies each insured financed by First Financial Bank will require such information as we deem reasonably necessary to allow us to properly identify you such as your Name, Physical Address, Tax Payer ID or Birth Date. First Financial Bank will use this information specifically for the purpose of processing this loan and will not share this information with other parties with the exception specific parties necessary to complete this process.

CALIFORNIA INSURED: FOR INFORMATION CONTACT THE DEPARTMENT OF CORPORATIONS, STATE OF CALIFORNIA.

Agent or Broker Representations and Warranties

- The Insured has received a copy of this agreement and all information given is Correct and Accurate.
- The Policies listed in the Schedule of Policies are in full force and can be cancelled by First Financial Bank for non-payment. Unless otherwise noted in the Schedule of Policies First Financial Bank will receive a Pro-Rata computation of all return credits and do not contain any policy provisions to the contrary including not limited to Incorrect Premium Amounts, Extended Cancellation beyond ten (10) days, Minimum or Fully Earned Policies, Direct Bill Policies, and Auditable or Retrospectively Rated Policies.
- Insured's signature is genuine. In cases where the Agent is allowed by applicable state law to sign on behalf of the insured the agency has obtained proper authorization from the insured and has given the insured all applicable notifications of this agreement, including but not limited to a complete copy of this agreement.
- The Down Payment and any other payments being collected by, or due to, the agency has been collected in good funds from the insured.
- Agent is either the insured's authorized policy-issuing agent or broker placing the coverage directly with the insurer, except as indicated on the Schedule of Policies.
- To the best of Agents knowledge, unless otherwise conveyed in writing to First Financial Bank, the Insured is not in or preparing to file Bankruptcy, Receivership or Insolvency.
- Agent will remit all funds received from First Financial Bank and Insured to Insurer promptly with the exception of any authorized fees and commissions retained by Agent. Agent will return all funds not remitted to Insurer for any reason within 60-days of receipt from First Financial Bank or sooner as instructed by First Financial Bank, unless delayed funding is authorized by Insurer. First Financial Bank may request a delayed funding authorization in writing from Insurer.
- Agent will return any credits received from Insurer promptly and in full to First Financial Bank. Unearned Commissions shall be returned to First Financial Bank within 10-days of receipt of returned credits from Insurer. Compensation paid to Agency, from First Financial Bank, that results in a chargeback must be returned upon demand.
- Agent recognizes the Security Interest and Power of Attorney of First Financial Bank. Agent shall not do anything to interfere with the rights of First Financial Bank under this agreement. Agent is not an agent of First Financial Bank and is not authorized to represent First Financial Bank as such.
- Agent will Hold Harmless and Indemnify First Financial Bank against any losses, costs, fees, inclusive but not limited to Attorney's Fees, Court Costs, Collection Fees, and other reasonable costs, incurred by First Financial Bank or its Assignees as a result of a violation of these Representations and Warranties or from Agent's Error or Omission

Schedule of Policies(continued from Page 1)

Coverage Type	Policy Number	Effective Date	Policy Term	Policy Subject to Audit	MEP	Days to Cancel	Short Rate	Premium	Insurance Company Managing General Agency
PHYS DAM	CHBA0126-C9 0444	2/5/2026	12		0%	10		Premium: \$2,125.20 Taxes/Stamp: \$67.59 Fees: \$258.00	Chubb European Group SE RockLake Insurance Group, Inc 317 S Stuart Place Rd Harlingen, TX 78552
MOTOR TRUCK CARGO	ESMCR-26-00 00010-00	2/5/2026	12		0%	10		Premium: \$1,738.40 Taxes/Stamp: \$55.28 Fees: \$258.00	Palomar Excess and Surplus Insurance Company RockLake Insurance Group, Inc 317 S Stuart Place Rd Harlingen, TX 78552
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EFT AUTHORIZATION AGREEMENT

Account Information: ☐ Agent ☐ Insured

Name:
Phone#:
Agile Quote / Account #:
Email:

I/We hereby make, constitute, appoint and authorize Agile Premium Finance, hereinafter called AGILE, as my/our true and lawful attorney to charge to my/our account at the financial institution named below, hereinafter-called DEPOSITORY, and to credit the same to my account with AGILE. I/We acknowledge that charges to my /our account will occur in accordance with my/our Quote/Account # as indicated above (and subsequent accounts) and may be adjusted or corrected for events including but not limited to endorsements, administrative error, and/or insufficient funds until my/our account balance is paid in full. I/We agree to a \$10 fee to process this setup. Please note that credit/debit card transactions will be charged a 3.25% processing fee.

Bank Account Information

Account Type: ☐ Checking ☐ Savings

Bank Name:	Bank City/State:
Routing#:	Account #:

Credit Card Payments

If you desire to set up recurring credit/debit card payments, please go to agile-pf.com and select "Make a Payment". You will be prompted to establish login credentials and then make a credit/debit card payment.

This Power of Attorney and authorization is to remain in full force and effect for this account and all of my/our subsequent accounts until AGILE has received written notification from me/us of its termination in such time and in such manner as to afford AGILE and DEPOSITORY a reasonable opportunity to act on it, but in no event will occur later than three business days prior to the scheduled date of transaction. I/We further understand that sufficient funds must be available at the time each transfer is processed. In the event that there are insufficient funds, AGILE will charge up to the maximum NSF fee permitted by law. If this authorization is for a Corporation or LLC, the undersigned is an officer of said Corporation or a member of the LLC and authorized to execute this authorization on behalf of the Corporation or LLC.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Signatures: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT

Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date:

For Agile use only

Verified by: