

DATE QUOTED: _____
DATE BOUND: _____

ARTISAN PROGRAM APPLICATION

Applicant test

Mailing Address test, Celina, TX 75009

Location Address 1

Web Site Address 1

Applicant is: ☐ Individual ☐ Corporation ☒ Partnership ☐ Other: _____

Number of Years in Business: 100 Number of Owners: 1 Number of Employees: 2

Exact Business Description & type of work performed: 10

Description of Assureds largest Jobs with amount: \$ 10

State License Number (If applicable): 01 States that you operate in: _____

Estimated Annual Employees Payroll: 2.00 Est Current Annual Receipts: 2

(Do not include Owners) Previous Years Receipts: 2

Previous Years Payroll: 2.00

What percentage of work is: a) Residential _____ % b) Commercial _____ %

Do you use any Subcontractors? ☒ No ☐ Yes If yes please complete the Subcontractors Application Page.

** Note if more than 50% of Gross receipts work if performed by Subcontractors then submit for a quote.

UNDERWRITING INFORMATION

Explain "Yes" answers to following in remarks section below:

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you draw plans, designs or specifications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any work performed above 4 stories Other than remodeling?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any demolition work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does applicant install, service or demonstrate products?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any discontinued operations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any work performed in removal of Asbestos, Lead, Mold, PCB.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any guarantee, warranties or hold harmless agreements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any work performed on Road/Bridges/Highways/Overpass/Traffic Signals.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any Roofing work performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any Structural work performed?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any operation(s) involve discharge fumes, acids, wastes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any explosive material used?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any exposure to radioactive/nuclear materials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment loaned/rented leased to others?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any out of state operations?		

REMARKS 1

PRIOR INSURANCE INFORMATION:

Name of Carrier: 101 Number of Years: 10

Has coverage ever been denied, cancelled or non-renewed within past 3 years? ☒ Yes ☐ No If Yes, explain 10

LOSS INFORMATION LAST 5 YEARS

IF NONE, CHECK HERE ☐

<u>Date of Loss</u>	<u>Amount Paid</u>	<u>Reserve</u>	<u>Description of Loss</u>
10/6/2015 1:	1.00	1	10101

LIMIT OF LIABILITY REQUESTED:

☐ 100/200/100
 ☒ 300/600/300
 ☐ 500/1,000/500
 ☐ 1,000/2,000/1,000
 ☐ 2,000/2,000/2,000
☐ DOUBLE PRODUCTS AGG (5% A. P.)

PREMIUM CALCULATION

<u>Class code</u>	<u>Basic/Full</u>	<u>Owner</u>	<u>Employee(s)</u> (Part Time shows as P/T)	<u>Premium</u>
91111	Full	1	2 (1 PT)	\$290.00
91405	Full	1	2 (1 PT)	\$476.50
93003	Full	1	2 (1 PT)	\$197.70
91585	\$	0.00	2 (1 PT)	\$0.00
(Sub-Contractors)	(Cost)	(Rate)		

SUBMIT ALL ACCOUNTS THAT HAVE MORE THAN 5 CLASS CODES FOR COMPANY APPROVAL

	TRIA	\$ 0.00
1	ADDITIONAL INSURED(S)	\$ 50.00
	WAIVER OF SUBROGATION	\$ 200.00
	CLAIMS SURCHARGE AND ADDITIONAL PREMIUM	\$ 60.70
	MINIMUM AND DEPOSIT PREMIUM	\$

FULLY EARNED POLICY FEE \$ 175.00

**(IF PREMIUM IS \$2,500 OR OVER) ADD \$100.00 INSP FEE \$
 PRODUCER FEE \$

STATE TAX (%) \$ 70.31

STAMPING FEE (%) \$ 0.87

TOTAL \$ 1520.88

ADDITIONAL INFORMATION: (i.e. additional assureds/waivers, etc.)

**** NOTE ALL CERTIFICATES OF INSURANCE MUST BE APPROVED AND SIGNED BY RSI INTL, INC. (TO BE ACCEPTABLE AND VALID.)**

Additional Insured

ID	Description
1	10

Waiver

ID	Description
1	1
2	2

ADDITIONAL INFORMATION TO BE COMPLETED ONLY IF ASSURED USES ANY SUBCONTRACTORS

Exact operations of sub contractors used _____

Percentage of Work Subcontracted out _____ % Total Annual Subcontracted Costs \$ _____

Type of Work: General Contractor _____ % Construction Manager _____ %

What percentage of your work is A) Residential _____ % Commercial _____ % Industrial _____ %

B) New Construction _____ % Structural Remodel/Additions _____ % Non-Structural Remodel _____ %

List the Trades of the Subcontractors you use and give the percentage of work they perform.

_____ % _____ % _____ % _____ %
_____ % _____ % _____ % _____ %

Do you collect Certificates from all Subcontractors ? ☒ Yes ☐ No What limits are required \$ _____

“PLEASE NOTE THAT UNDER THE ARTISAN PROGRAM ALL SUBCONTRACTORS MUST PROVIDE CERTIFICATES OF INSURANCE FOR EQUAL LIMITS OR COVERAGE IS NOT PROVIDED”

Do you require all Subcontractors to name you as an Additional Insured? ☐ Yes ☒ No

Do any of the Subcontractors you use perform any of the following work?

Roofing of any kind? ☐ Yes ☒ No Exterior Painting? ☐ Yes ☒ No Spray Painting? ☐ Yes ☒ No
Mold/Asbestos Removal? ☐ Yes ☒ No Drilling of any Kind? ☐ Yes ☒ No Welding? ☐ Yes ☒ No

Have you ever been named in litigation regarding faulty construction defect? ☐ Yes ☒ No
If yes, describe. _____

Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☒ No
If yes describe. _____

**TERRORISM COVERAGE CAN BE INCLUDED AT ADDITIONAL PREMIUM OF 5% PLUS TAX SUBJECT TO A
MINIMUM PREMIUM OF \$50.00 PLUS \$2.48 TAX.
TERRORISM FORM MUST BE SIGNED ACCEPTING OR REJECTING COVERAGE.**

**PLEASE NOTE IF ANY ROOFING OR OUT OF STATE WORK PERFORMED THEN COVERAGE
CANNOT BE OFFERED UNDER THIS PROGRAM.**

Applicant's Signature _____ Date _____

Licensed Agent/Producer's Signature _____ Date _____

Agency Name _____

Agency Address _____

Telephone Number _____ Fax Number _____

**IT IS AGREED THAT THIS APPLICATION FORMS PART OF THE POLICY AND THAT THE POLICY CANNOT BE
ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED BY THE INSURED.**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA"), as amended, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the act, as amended**, which occur on or after January 1, 2008 and before expiry of the policy to which this notice applies. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your existing policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHANGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

YOU HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR TERRORISTS ACTS AND SUBMIT THE PREMIUM.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ _____ being for the period beginning January 1, 2008 and ending on the date of expiry of the policy to which this applies.
<input type="checkbox"/>	I hereby elect to have the exclusion for terrorism coverage reinstated. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Certain Underwriters at Lloyds
Insurer

test

Print Name

Policy Number

Date

TRIA 9010 (01/08)

PREMIUM FINANCE AGREEMENT -- Truth-in-Lending Disclosure Account No.:

Name of Insured: test Address: test City State Zip: Celina, TX 75009 Home Phone: Work Phone:	Name of Agent/Broker: Address: City State Zip: Phone:
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SCHEDULE OF POLICIES

POLICY NO.	Date of Policy/Application	Term	Insurance Company	Type Of Coverage	Premium
				Artisan Contractor	1520.88

Name of LIENHOLDER
Secure Premium Finance, Inc
Name of LENDER
972-239-2877
LENDER'S Phone Number
1250 East Copeland Rd., Suite 300, Arlington, TX 76011
LENDER'S Place of Business
P.O. Box 515089
LENDER'S Mailing Address
Dallas, TX 75251-5409
City State Zip

FOR VALUE RECEIVED, the undersigned INSURED, jointly and severally, if more than one, promises to pay to the order of the above indentified LENDER at the address of LENDER stated above, the Total of Payments in consecutive monthly payments as shown herein, with any unpaid balance and all unpaid additional charges due on the same date on which the final installment is due, and authorizes LENDER to pay the insurance company or its authorized agent the premium set forth herein.

SEE OTHER PAGE FOR ADDITIONAL CONTACT TERMS

AGENT'S AGREEMENT

- The Undersigned warrants and represents that:
- (1) This agreement was completed as to all its provisions and disclosures before it was signed by INSURED and a copy thereof was delivered to INSURED at the time of signing
 - (2) The signature of INSURED is genuine
 - (3) LENDER will be notified of any and all changes in the terms of said policy(ies)
 - (4) This contract is binding only when accepted and approved by LENDER
 - (5) Undersigned is not the agent of the LENDER, and a payment to agent does not constitute a payment to the LENDER
 - (6) A refund of premium by the insurance company will be promptly endorsed and forwarded to LENDER
 - (7) A copy of the insurance policy application(s) is attached hereto and a copy of the insurance policy(ies) will be forwarded promptly to LENDER
 - (8) None of the insurance policies require the insurance company to give more than 10 days notice of cancellation after receiving notice of cancellation from:
LENDER ☐ (check if applicable) except policy no. _____
which requires _____ days notice
 - (9) The insurance company ☐ (is) ☐ is not admitted before the Texas Department of Insurance
 - (10) The premiums on the policy(ies) are not subject to acceleration ☐ (check if applicable) except policy no.
 - (11) The cash down payment has been paid by INSURED

Signature of Agent

THIS AGREEMENT, AND ANY PAYMENTS HEREUNDER BY INSURED TO LENDER, ARE SUBJECT TO A SECURITY INTEREST GRANTED BY LENDER TO A FINANCIAL INSTITUTION.

Address of LIENHOLDER

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE the cost of your credit as 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 The amount you will have paid after you have made the scheduled payments
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Your Payments will be:

Number of Payments	Amount of Payments	1st Payment Due	When payments are Due	
			Date Due	Frequency

SECURITY: You are giving a security interest in unearned premiums and loss payments on the insurance policy being purchased.

LATE CHARGE: If a payment is late 10 days or more, you will be charged 5¢ for each \$1.00 of such payments.

PREPAYMENT: If you pay off early you may be entitled to a refund of part of the finance charge, but on loans of \$100 or less, you will not be entitled to a refund of any part of the finance charge called an "acquisition charge." The insured/borrower agrees that in the event the unpaid balance due hereunder is prepaid in full at any time before the maturity of the final installment, the insured/borrower shall be entitled to a refund of the unearned portion of the finance charges computed in accordance with the Rule of 78's after deducting a fully earned charge as permitted by Texas law of \$10.00 on cumulative amounts not exceeding \$1000.00 or \$25.00 on cumulative amounts financed exceeding \$1000.00. A prepayment made in any amount less the unpaid balance due hereunder shall not entitle the insured to any reduction in the finance charge or to any rebate whatsoever on account thereof. See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

ADDITIONAL DISCLOSURES

Total Amount of the premiums for all insurance contracts 1520.88

Less: Amount of the down payment

Equals: Principal balance

Amount included in the FINANCE CHARGE

☐ Interest

☐ Acquisition Charge*

☐ Installment Account

☐ Handling Charge*

* Only applicable when finance charge is computed under Art. 3.16, Texas Credit Code

Itemization of the Amount Financed of: (1) 1520.88

(2)

(3)

(4)

Amount paid to insurance companies on your behalf

Important Notice

INSURED hereby agrees to and acknowledges this combined Premium Finance Agreement and Truth-in-Lending Disclosure was completed as to all of its provisions and disclosures before it was signed by INSURED and a copy thereof was delivered to INSURED at the time of signing

X _____ Date _____

Signature of INSURED

POWER OF ATTORNEY - NOTICE TO INSURER

This is to inform you and to certify that the premium for this policy(ies) has been financed and to further state that in recognition of the several possibilities which might cause my inability or failure to pay any insurance premium installments when due, I do irrevocably make, constitute, and appoint SECURE PREMIUM FINANCE, INC 1250 E COPELAND RD. #300, ARLINGTON, TX 76011 (hereinafter called LENDER) and its assigns my true and lawful attorney for me to cancel and collect all returned premiums on the above listed insurance policy(ies); and LENDER and its assigns is further authorized and empowered to execute all necessary written instruments, lost policy releases, and notices in connection therewith and to do whatever is necessary in the cancellation of such policy(ies).

Executed this _____ day of _____, X _____

Signature of INSURED (signed)

AGENTS PLEASE NOTE: A SIGNED COPY OF THIS AGREEMENT MUST ACCOMPANY EVERY APPLICATION FOR POLICIES WE FINANCE

1. **PREPAYMENT:** INSURED shall have the right at any time to prepay this note in full or any one or more installments thereof without penalty, and upon prepayment in full shall receive a refund of the unearned finance charge computed according to the sum of the periodic balances method, but on loans of \$100 or less no portion of any acquisition charge shall be refunded. If such prepayment in full occurs before the 1st installment due date LENDER shall retain for each elapsed day from the date the finance charge accrues 1/30th of the portion of the finance charge which could be retained if the 1st installment period were 1 month and the loan were prepaid in full on the 1st installment period due date and the finance charge in excess of such amount shall be refunded to INSURED. No refund of less than \$1.00 shall be made.

2. **DEFAULT CHARGES:** When any portion of a scheduled installment becomes delinquent (10) days or more, the sum of 5 cents for each \$1.00 of such installment may be assessed and collected as an additional charge.

3. **ACCELERATION:** LENDER, upon INSURED'S default in any payment, or upon any other act of default under this agreement, is authorized to accelerate and declare due and payable the entire unpaid balance of this note, less unearned finance charges. Other acts of default for which the unpaid balance may be accelerated include; any check given by the INSURED for the down payment or any future payment due under this agreement is not honored when presented to the bank on which drawn; failure of INSURED to comply with any provision of this agreement; any proceeding in bankruptcy, receivership, or insolvency being instituted by or against Insured; or if any insurance company issuing an insurance policy referred to herein becomes insolvent, suspends business, or ceases to be qualified to do business. After maturity, the finance charge shall be computed at the highest rate permitted by applicable law. INSURED hereby waives presentment, protest, and notice of dishonor.

4. **AMENDMENT:** Should additional premium be due as a result of changes in INSURED'S policy(ies) or adjustments of the rate classification, INSURED hereby grants LENDER the authority to pay the additional premium and to amend this agreement accordingly. Such additions shall be accomplished by LENDER furnishing INSURED and INSURED'S agent with a written memorandum of agreement prior to the 1st scheduled payment date of the amended transaction.

5. **SECURITY:** Until LENDER has been paid the full amount owing, INSURED hereby (a) grants LENDER a security interest in unearned premiums which may become payable under any and all policy(ies) herein described and in loss payments under said policy(ies) (subject, however, to any mortgagee or loss payee interest), and (b) irrevocable appoints LENDER to be INSURED'S attorney-in- fact with full power and sole authority; to sign or otherwise execute any and all policies, papers, lost policy releases, and notices necessary to effect cancellation of the policy(ies) herein described, and to collect and receive unearned premiums which may become payable under said policy(ies).

6. **CANCELLATION:** If INSURED fails to make the payments at the time and in the amount provided in this agreement, or there is any other default under the terms of this agreement, LENDER may cancel the insurance policy(ies) as hereinafter provided. Before such cancellation occurs, LENDER shall first mail a written notice to INSURED of the intent of LENDER to cancel the policy(ies) unless the default is cured within 10 days after the date the written notice is mailed. A copy of such notice of intent to cancel shall also be mailed to the above referenced insurance agent or broker. After the expiration of the 10 day period given to cure the default, LENDER may cancel the insurance policy(ies) by mailing a notice of cancellation to the insurance company and the insurance policy(ies) shall be canceled as if the notice of cancellation had been submitted by INSURED. Copies of such notice of cancellation shall also be mailed to INSURED at INSURED'S last known address and to the above referenced insurance agent or broker. When any such insurance policy(ies) is canceled, LENDER shall receive the return of any unearned premiums and loss payments and credit such amounts on the unpaid balance of this loan, and any surplus of \$1.00 or more shall be refunded to INSURED.

7. **LENDER'S & AGENT'S STATUS:** It is agreed that LENDER is not acting as an insurance carrier, agent, or broker, and shall have no liability as such. INSURED understands and agrees that INSURED'S insurance agent or broker is not the agent of LENDER; that the insurance agent or broker has no power or authority to make agreements or enter into contracts for LENDER; and that this agreement has no force or effect until accepted in writing by LENDER.

8. **NOTIFICATION OF INSURANCE COMPANIES:** INSURED authorizes LENDER, at its option, to notify any and all insurance companies issuing insurance policies covered by this agreement of the terms of this agreement, and INSURED directs said insurance companies to honor all provisions of this agreement.

9. **TEXAS LAW TO GOVERN:** INSURED and LENDER agree that this agreement is made subject to and shall be governed by and construed under the applicable laws of the State of Texas and the United States, and any provision of this agreement contrary to such laws shall be ineffective without invalidating the remaining provisions. Under no circumstances shall INSURED have to pay more interest than is allowed under applicable law for this type of loan, and if LENDER inadvertently contracts for charges or receives more interest than allowed, LENDER will either refund the excess to INSURED or apply it to the unpaid balance of the loan.

10. **ASSIGNMENT:** INSURED warrants that the insurance policy(ies) set forth above, or a binder for such policy(ies), has been issued to INSURED and is in full force and effect, and that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to LENDER provided herein, and except for the interests of mortgagees and loss payees. INSURED agrees not to assign the insurance policy(ies), except for the interest of mortgagees and loss payees, without the written consent of LENDER, but if such approved assignment by INSURED is made, this agreement shall inure to the benefit of and be binding on such assignee. INSURED agrees that LENDER may assign this agreement, and in such event this agreement shall inure to the benefit of and be binding on such assignee.

Signature _____ Date _____

POLICY	Insurance Company	General Agent	Amount Financed