

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										YES	NO				
EPA#:															
POLLUTION LIABILITY															
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?										<input type="checkbox"/>	<input type="checkbox"/>				
21. INDICATE THE COVERAGES CARRIED:															
<input type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION						<input type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT							
<input type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY						<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE							
PRODUCT LIABILITY															
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?										<input type="checkbox"/>	<input type="checkbox"/>				
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)										<input type="checkbox"/>	<input type="checkbox"/>				
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)										<input type="checkbox"/>	<input type="checkbox"/>				
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$															
PROTECTIVE LIABILITY															
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach additional sheets if more space is required)															
WATERCRAFT LIABILITY															
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?										<input type="checkbox"/>	<input type="checkbox"/>				
# OWNED		LENGTH		HORSEPOWER		# OWNED		LENGTH		HORSEPOWER					
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS															
# STORIES		# UNITS		# SWMMING POOLS		# DIVING BOARDS		# STORIES		# UNITS		# SWMMING POOLS		# DIVING BOARDS	
REMARKS (Attach additional sheets if more space is required)															

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN GEORGIA, LOUISIANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

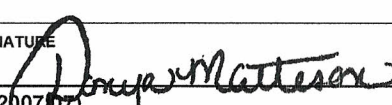
APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

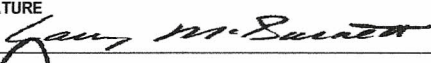
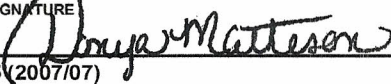
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE Donna Matteson DATE 5-15-14

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		<input checked="" type="checkbox"/> N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/> N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/> Y
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/> N
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/> N
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/> N
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/> N
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/> N
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input checked="" type="checkbox"/> N
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/> N
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input checked="" type="checkbox"/> N
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:		<input checked="" type="checkbox"/> N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input checked="" type="checkbox"/> N
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE 		DATE 5-15-14

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4. ANY CATASTROPHE EXPOSURE?		N
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		N
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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Larry McBurnett, CIC/SANDY	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE 		DATE 5-15-14

**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY
POLICY HOLDER DISCLOSURE**

**NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that the Terrorism Risk Insurance Act of 2002 has been extended until December 31, 2014 under the revised Act cited as "Terrorism Risk Insurance Program Reauthorization and Extension Act of 2007" (TRIPRA). Under this Act, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of 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; and that causes losses of at least \$100 million.

YOU SHOULD KNOW THAT COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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. THE PREMIUM CHARGED FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

TRIPRA 2007 will terminate on December 31, 2014 unless extended by the Federal Government. If your policy is in effect when the Federal program terminates, any terrorism coverage afforded by us in your policy for the Federal program will also cease as of that date.

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

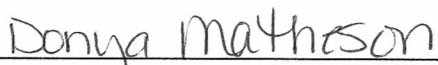
	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act for a premium of \$ _____ (plus applicable fees and taxes). Action: Please sign and return this form with your payment for premium to your insurance agent.
X	I decline to purchase the Terrorism Coverage required to be offered under the Act. Action: Please sign and return this form to your insurance agent.



Policy Holder/Applicant's Signature

Dynamic Recruiting Specialist, LLC

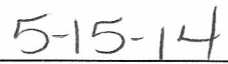
Named Insured/Firm



Print Name

CIP207166

Policy Number, if available



Date

PLEASE RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT.

TERRPHN – A (01/09)



**Western
Commerce
Bank**

**Western Commerce Bank
COMMERCIAL PREMIUM FINANCE AGREEMENT**

501 N. Canal Street
P O Box 5151
Carlsbad, NM 88221-5151
Phone (800) 922-9028 Fax (575) 887-6694

http://www.gotopbs.com/wcb/
View your client's account status online

Type of Loan

- ☒ COMMERCIAL
☐ ADDTN'L PREMIUM

AGENT / BROKER (NAME AND BUSINESS ADDRESS) TEDFORD & ASSOCIATES, LP 121 E. MAIN P O BOX 1050 JENKS, OK 74037 (918) 299-2345		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) Dynamic Recruiting Specialists, LLC 15 N. Main Sapulpa, OK 74066 (918) 224-2200	
		PRODUCER CODE A10055	
PAYMENT SCHEDULE			
A	TOTAL PREMIUMS 6,202.70	NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 453.87
		WHEN PAYMENTS ARE DUE First Installment Due: 6/8/2014 Installment Due Dates: 8th (Monthly)	
B	DOWN PAYMENT 1,854.42	SCHEDULE OF POLICIES	
C	AMOUNT FINANCED THE AMOUNT OF CREDIT PROVIDED ON YOUR BEHALF 4,348.28	Policy Prefix and Number CIP207166	Policy Effective Date 5/8/2014
D	FINANCE CHARGE THE DOLLAR AMOUNT THE CREDIT WILL COST YOU 190.42	Name of Insurance Carrier and Name of Managing General Agent C10580-Atain Specialty G10087-BURNS & WILCOX [ME:25.000 %, CX:0] [SR]	Type of Coverage GL 12 Ernd. Taxes/Fees 255.00 Fin. Taxes/Fees 139.50
E	TOTAL OF PAYMENTS AMOUNT PAID AFTER MAKING ALL SCHEDULED PAYMENTS 4,538.70	TBD	5/15/2014
F	A.P.R. THE COST OF YOUR CREDIT AS A YEARLY RATE 9.444 %	C10599-Torus Specialty Ins. Co G10023-BURNS & WILCOX [ME:25.000 %, CX:0] [SR]	UMB 12 Ernd. Taxes/Fees 150.00 Fin. Taxes/Fees 208.20
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>			6,202.70

Quote Number: 68205

TO THE BORROWER:

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies as outlined in this agreement. You also authorize LENDER to release any account information pertaining to this premium finance agreement to Agency or any Party to this premium finance agreement as may be deemed necessary in the normal course of business.

IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DATE TO THE ABOVE ADDRESS.

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

DATE

PRODUCERS WARRANTIES AND REPRESENTATIONS:

THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-In-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies hereon are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) To hold in trust for LENDER any payments made or credited to the Borrower through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower and that any lien the undersigned now has or hereafter may acquire on any returned premium arising out of the above listed insurance policies is subordinated to LENDER's lien or security interest therein, (5) There are no exceptions to the policies other than those indicated and the policies comply with LENDER's eligibility requirements, (6) 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 THE ANTICIPATED PREMIUMS TO BE EARNED FOR THE FULL TERM OF THE POLICIES, IF POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM IT IS _____, (7) The policies can be cancelled by the Borrower or the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. (8) The undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed. (9) Entering into this insurance premium finance agreement is not a condition of the purchase of any insurance policy.

SIGNATURE OF AGENT OR BROKER

DATE

Q# 68205, PRN: 051514, CFG: TEDFORD, RT: TEDFORD, DD: N/A, BM: Coupon, P/F: 40.71 Qtd For: A10055 Original

INPUT1 - PFAWCBV01(03/06)