Bind Request Checklist

Broker Name: **Sunde Ngoh Nyah**

Applicant Name: **Alex Santana**

Application ID: **3811201**

Thank you for your business. In order to expedite your request efficiently, we will need you to submit the following documents:

- [ ] Signed Application
- [ ] Signed Loss Warranty Letter
- [ ] Signed Buyback Acknowledgments (2)
- [ ] Signed Terrorism Coverage Disclosure Notice
- [ ] Signed Surplus Lines Affidavit
- [ ] Copy of Applicant Contractor License (If Applicable)
- [ ] Signed Invoice Statement
- [ ] Signed Finance Agreement

Please submit complete and approved apps by visiting the application detail page for App 3811201 and uploading the above documents.

All documents must be submitted to be bound by Integrated Specialty Coverages, LLC, no binds are in effect until Broker receives confirmation from Integrated Specialty Coverages, LLC via email.

3811201

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Producer

Insurance Application

Sunde Ngoh Nyah
Derrick Laday
2175 Hillsdale Ave St. Paul , MN 55119
(951) 228-2254
email: umm2u.snn@gmail.com

General Liability Application ID: 3811201

Date	Insured Information	Quote Information
12/19/2025	**Alex Santana** Alejandro Santana Jimenez 1005 East First, Bellville, TX 77418 (979) 270-2607 email: alejandrosantana1975@gmail.com	General Liability Third Coast Insurance Company Manuscript Claims Made Desired Coverage Dates: 12/19/2025 - 12/19/2026

APPLICANT INFORMATION

Mailing Address: **1005 East First, Bellville, TX 77418**
SSN: **N/A**
Entity of Company: **Individual**
Years in Business: **4**
Years of experience in the Trades for which you are applying for insurance: **6**
States in which you do business that for which you are currently applying for insurance: **Texas**
Will any of your work be performed in the 5 boroughs: **No**
Are there any other business names which you have used in the past or are currently using in addition to that for which you're currently applying for insurance?**No**
Payment Option Details: **Jump Premium Funding (IPFC)**

GENERAL LIABILITY COVERAGES

Aggregate:	**$1,000,000**
Occurrence:	**$1,000,000**
Products/Completed Operations:	**$1,000,000**
Personal/Advertising Injury:	**$1,000,000**
Fire Legal:	**$50,000**
Med Pay:	**$5,000**
Self-Insured Retention:	**$2,500**

CLASS CODE	GROSS RECEIPTS
General Contractor (Remodel Residential)	**$70,000**

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Applicant

CURRENT EXPOSURES

Estimated Total Gross Receipts: **$70,000**
Estimated Sub Contracting Costs: **$25,000**
Estimated Material Costs: **$0**
Estimated Total Payroll: **0**
Number of Field Employees*: Owner + **0**
* For purposes of this application, "Employee" is defined as an individual working for you (the applicant), which receives a W-2 tax form or you withhold & pay employment related taxes for that individual.

WORK PERFORMED

Complete Descriptions of operations that for which you are currently applying for insurance:
Repair/remodel/additions to residential structures.

Percentage of Residential work performed: **100%**
Percentage of Commercial work performed: **0%**
Percentage of New (Ground Up) work performed: **0%**
Percentage of Remodel/Service/Repair work performed: **100%**
Maximum # of Interior Stories: **2**
Maximum # of Exterior Stories: **2**
Maximum Exterior Depth Below Grade in Feet: **0**
Will you perform OCIP (Wrap-up) work: Yes **No**
If "Yes", what are the estimated receipts for work covered separately under OCIP/Wrap-up:
Estimated Receipts for non-Wrap/OCIP:
Number of losses in the last 5 years: **0**

WORK EXPERIENCE

Will you or do you perform or subcontract any work involving the following: blasting operations, hazardous waste, asbestos, mold, PCBs, oil fields, dams/levees, bridges, quarries, railroads, earthquake retrofitting, fuel tanks, pipelines, or foundation repair?	Yes	**No**
If "Yes", please explain:		
Will you or do you perform or subcontract any work involving the following: medical facilities (including new construction), hospitals (including new construction), churches or other house of worship, museums, historic buildings, airports, schools/playgrounds/recreational facilities (including new construction)?	Yes	**No**
If "Yes", please explain:		
Will you perform structural work?	**Yes**	No
Will you perform work in new tract home developments of 25 or more units?	Yes	**No**
If "Yes", please explain:		
Will any of your work involve the construction of or be for new condominiums/townhouses/multi-unit residences?:	Yes	**No**
Will you perform repair only for individual unit owners of condominiums/townhouses/multi-unit residences?:	Yes	**No**

WORK EXPERIENCE - CONT.

Will you perform or subcontract any roofing operations, work on the roof or deck work on roofs? Yes **No**

If "Yes", please explain:

Does your company perform any waterproofing? Yes **No**

If "Yes", please explain:

Do you use motorized or heavy equipment in any of your operations? Yes **No**

If "Yes", please explain:

Will you perform work (new/remodel) on single family residences, in which the dwelling exceeds 5,000 square feet? Yes **No**

If "Yes", please explain:

What percentage of your work will be on homes over 5,000 square feet:

Will you perform work on commercial buildings over 20,000 square feet? Yes **No**

If "Yes", please explain:

What percentage of your work will be on commercial buildings over 20,000 square feet:

Has any licensing authority taken any action against you, your company or any affiliates? Yes **No**

If "Yes", please explain:

Have you allowed or will you allow your license to be used by any other contractor? Yes **No**

If "Yes", please explain:

Has the applicant or business owner ever had any judgements or liens filed against them or filed for bankruptcy? Yes **No**

If "Yes", please explain:

Has any lawsuit ever been filed or any claim otherwise been made against your company (including any partnership or any joint venture of which you have been a member of, any of your company's predecessors, or any person, company or entities on whose behalf your company has assumed liability)? *(For the purposes of this application, a claim means a receipt of a demand for money, services or arbitration.)* Yes **No**

If "Yes", please explain:

Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? *(For the purposes of this application, a claim means a receipt of a demand for money, services or arbitration.)* Yes **No**

If "Yes", please explain:

Insurance Application

WRITTEN CONTRACT

Do you have a written contract for all work you perform? If "Yes", answer the following questions:	**Yes**	No
Does the contract identify a start date for the work? If "No", please explain:	**Yes**	No
Does the contract identify a precise scope of work? If "No", please explain:	**Yes**	No
Does the contract identify all subcontracted trades (if any)? If "No", please explain:	**Yes**	No
Does the contract provide a set price? If "No", please explain:	**Yes**	No
Is the contract signed by all parties to the contract? If "No", please explain:	**Yes**	No
Do you subcontract work? If "Yes", answer the following questions:	**Yes**	No
Do you always collect certificates of insurance from subcontractors? If "No", please explain:	**Yes**	No
Do you require subcontractors to have insurance limits equal to your own? If "No", please explain:	**Yes**	No
Do you always require subcontractors to name you as additional insured? If "No", please explain:	**Yes**	No
Do you have a standard formal agreement with subcontractors? If "No", please explain:	**Yes**	No
If "Yes", does it have a hold harmless/indemnification agreement in your favor? If "No", please explain:	**Yes**	No
Do you require subcontractors to carry Worker's Compensation? If "No", please explain:	**Yes**	No

POLICY ENDORSEMENTS

General Contractor Limitation of Roofing Operations Exclusion For Remodeling Work
Blanket AI + PW + WOS

NOTICE

This is a quotation only. No coverage is in effect until an application is approved and policy binder is received. This policy is issued by your insurance company. Nothing is bound until final underwriting approval. Your insurance company may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds may not available. Therefore please consult with your insurance agent for further information.

Please note that your policy is subject to audit. Audits are routinely performed and specifically provided for in the policy. The initial premium is regarded as a deposit premium only since the underwriters are relying on the accuracy of the information provided by the insured. This includes the estimated gross receipts. Thus, the audit is necessary to verify the financial information provided since the premium is based upon these representations. Third Coast Insurance Company policies are audited by Zoom Professional Services. Zoom is the authorized representative in regard to your policy audit. We appreciate your anticipated cooperation.

Initial _____

POLICY EXCLUSIONS

Section I – Coverages, Coverage A – Bodily Injury and Property Damage Liability: Expected or Intended Injury; Action Over; Worker's Compensation and Similar Laws; Aircraft, Auto or Watercraft; Mobile Equipment; Drywall Manufactured in China; Exterior Insulation and Finish Systems ("EIFS"); Assault and Battery; Professional Services; Damage to Property; Damage to Your Product; Damage to Your Work; Damage to Impaired Property or Property Not Physically Injured; Recall of Products; Work or Impaired Property; Personal and Advertising Injury; Subsidence, Movement, or Vibration of Land; School or Recreational Facility; Deleterious Substances; Open Structure "Water" Damage; Heating Devices; Explosives; Communicable Disease; Abuse or Molestation; Prior Work and Prior Products; Wrap Up. Common Policy Exclusions: Past Work or Construction Projects; Buildings and Structures Exceeding Three Stories; Water or Fire Damage Liability; Hospital, Medical or Care Facilities; Physical or Mental Disability or Impairment; Material Misrepresentation; Overspray; House/Structure Raising; Fall from Heights; Animals; Independent Contractors/Subcontractors Sublimit; Airports; House of Worship; Underground Utility Location; Fire Suppression Systems; Collapse; Injury or Damage to Day Laborers; Undisclosed Waterproofing Operations; Abandoned Work; Urethane or Spray Roofing; Museums and Historic Buildings and Structures; Tract Home Project. **Coverage B – Personal and Advertising Injury**: Knowing Violation of Rights of Another; Material Published with Knowledge of Falsity; Material Published Prior to Policy Period; Insureds in Media and Internet Type Business; Electronic Chat Rooms, Bulletin Boards, or Social Media; Unauthorized Use of Another's Name or Product; "Bodily Injury" and "Property Damage" ; Quality or Performance of Goods – Failure to Conform to Statements; Wrong Description of Prices; Infringement of Copyright, Patent, Trademark or Trade Secret; Expected or Intended Injury or Damage; Common Policy Exclusions. **Coverage C – Medical Payments**: Any Insured; Hired Person; Injury on Normally Occupied Premises; Workers Compensation and Similar Laws; Athletic Activities; Products-Completed Operations Hazard, Coverage A and B Exclusions. **Section II. Common Policy Exclusions**: Breach of Contract/Contractual Liability; Employer's Liability; Pollution; Residential Project/Structure Size Restriction Exclusion; Commercial or Mixed Use Building/Project Size Restriction Exclusion; Multi-Unit Structures; War or Terrorism; Employment Practices; Cross Suits; Fraudulent, Intentional, or Criminal Acts; Unlicensed Contractors; Non-Compliance with Safety Regulations; Prior Litigation; Prior Knowledge; Ongoing Operations; Unsolicited Communications; Punitive Damages, Fines or Penalties; Attorney, Expert, and Vendor Fees and Costs of Others; Classification Limitation Exclusion; Social and Entertainment Activities and Events; Force Majeure or Acts of God; Liquor Liability; State Specific Operations; Electronic Data; Mental Injury; Roofing Operations; Louisiana Operations; Slip and Fall, Underground Horizontal Drilling, Cyber.

Please refer to the policy for a complete list of exclusions. This list is subject to change and may differ from prior policy years.

*** I have read and understand the policy exclusions identified above. Initial** _____

Insurance Application

APPLICATION AGREEMENT

The purpose of this application is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. The undersigned Applicant warrants that the representations and information supplied in each of the above sections entitled Applicant Information, Entity of Company, Additional Business Names, Description of Operations, Estimated Exposures, Previous Exposures, Work Experience and related information are specifically relied upon in the determination of insurability, are material to the risk to be insured, and will be a part of any policy issued. The undersigned Applicant understands that any misrepresentation or omission of any information in any part of this Application shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given. The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application. The Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy and any false information provided on this application will result in the nullification of such policy. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

For your protection, this information is provided as required by applicable State and Federal law. Any person who knowingly presents false, fraudulent, misleading, incomplete or misleading facts or information or aids, abets, solicits, or conspires with any person to do so, for the purpose of obtaining insurance coverage, amending insurance coverage, seeking insurance benefits or to make a claim for the payment of a loss, is unlawful and is guilty of a crime and may be subject to fines and confinement in state or federal prison.

Initial _____

The applicant acknowledges that explanation of the terms, conditions and provisions of the policy of insurance, including but not limited to coverage being afforded, amendments, endorsements, exclusions and any other such information effecting the policy of insurance are provided solely by the applicant`s agent, broker or producer and NOT the Company. The coverage type, nature, amounts and insurance needs of the applicant are the sole responsibility of the applicant and its agent/ broker or producer. The applicant understands the agent/ broker or producer has no authority to act on behalf of the insurance company.

Initial _____

Applicant acknowledges that this policy is subject to a self-insured retention. The total limit of liability as stated in the policy declarations shall apply in excess of the self-insured retention. The limits of insurance applicable to such coverages will not be reduced by the amount of such self-insured retention. This policy applies only to the amount excess of the self-insured retention. Complete satisfaction of the SIR by the applicant is a "condition precedent" to Company`s duty to defend and/or indemnity. Please note that Company is not obligated to defend and/or indemnify the applicant until the SIR is paid in full. The self-insured retention shall remain applicable even if you file for bankruptcy, discontinues business or otherwise becomes unable to unwilling to pay the self-insured retention. The risk of insolvency is retained by you and is not transferrable. Please consult your policy for the full terms and conditions of the SIR.

Initial _____

If you are applying for a "claims made" policy then please note that policy provides coverage only for "claims made" and reported to the company in writing during the policy period. Thus there is NO retroactive coverage. Please consult your policy and or agent/broker for further information.

Initial _____

The coverage provided by your policy may also be subject to other limitations including, but not limited to, sublimits of liability and/or, per- project shared aggregate limits of liability. In addition, defense costs and claim expenses are included within the applicable limits of liability. This means that the limits of liability available to pay indemnity, settlements, judgments and "claim expenses" will be reduced, and may be exhausted, by payment of "claim expenses" including payment of any defense fees and costs. Please consult your policy and or agent/broker for further information.

Initial _____

Applicants must strictly comply with all applicable state and/or other governmental licensing requirements and regulations. Should an applicant`s license become suspended, revoked or inactive at any time during the policy period, then NO coverage will be afforded under the policy.

Initial _____

*** Deposit Premium & Fees are fully earned.**

We will compute all premiums for this policy in accordance with our rules and rates. Premium shown in this policy as advance premium is a deposit premium only and is based upon the information provided by the applicant and or its agent. This information is subject to audit.

Please note that issuance of the policy includes membership in Preferred Contractors Association (PCA). For a complete list of benefits and information, visit the website at www.pcamembers.com

_____ _____

Signature of Applicant Date

_____

Title (Owner, Officer, Partner)

_____

Signature of Producer (Agent or Broker)

THIRD COAST INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

THIRD COAST INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY

TERRORISM COVERAGE DISCLOSURE NOTICE

TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 and amendments thereto (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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.

In accordance with the Act we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. **This offer does not include coverage for incidents of nuclear, biological, chemical, or radiological terrorism which will be excluded from your policy.** Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as stated in the section of this Notice titled DISCLOSURE OF PREMIUM.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States government 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 the formula, the United States government generally reimburses 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

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 Insured Losses For All Insurers Exceed $100 Billion, Your Coverage May Be Reduced.

Acknowledgment

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Applicant

THIRD COAST INSURANCE COMPANY

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is: $125.00
Premium charged is for the policy period up to your policy expiration.
(This charge/amount is applied to obtain the final premium.)
You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Member/Insured: **Alex Santana**

Member/Insured Signature: _____ Date: _____

Printed Name/Title: _____

Acknowledgment

3811201

0030560636P2

Applicant

THIRD COAST INSURANCE COMPANY

BUYBACK ACKNOWLEDGEMENT FORM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

THIRD COAST INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY

GENERAL CONTRACTOR LIMITATION OF ROOFING OPERATIONS EXCLUSION

FOR REMODELING WORK AND SUBLIMIT ($25,000)

This endorsement modifies insurance provided under the Policy:

As of the date and time listed below, in consideration of additional premium it is acknowledged and agreed that the **"Roofing Operations" Exclusion (Section II - Common Policy Exclusions - Exclusion "ah")** which reads as follows:

ah. Roofing Operations

"Bodily injury", "property damage" or "personal and advertising injury" caused by, arising out of, or resulting from, in whole or in part, any roofing operations performed by or on behalf of any insured. As used in this exclusion, "roofing operations" includes all work and services performed on or in connection with any roof or covering of any structure or structures, and/or products provided in connection with any roof or covering of any structure.

Is hereby amended by adding the following provision thereto:

Notwithstanding the foregoing, this policy will extend coverage for liability for "bodily injury" or "property damage" within the above-cited exclusion for "Roofing Operations" provided that (1) the Named Insured is classified as and acted as the general contractor, and (2) the subject project was limited to the remodel of an existing residence or a room addition. Satisfaction of these conditions is a condition precedent to the coverage extended by this endorsement.

Such coverage as may be provided hereunder (including indemnity and defense fees and costs) shall be subject to a maximum per-occurrence and maximum aggregate limit of **$25,000**.

To be clear, the $25,000 maximum limit identified above includes any and all "claim expenses" as that term is defined in the policy.

Except as set forth above, all of the terms, conditions and exclusions of this policy apply and remain in effect, including but not limited to the **"Open Structure 'water' Damage"** and **"Urethane or Spray Roofing"** exclusions.

Member/Insured: **Alex Santana**

Member/Insured Signature: _____ Date: _____

Printed Name/Title: _____

Acknowledgment

3811201

0030560637P1

Applicant

THIRD COAST INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

THIRD COAST INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY

CLAIMS-MADE AND REPORTED LIMITATION

THIS ENDORSEMENT PROVIDES THAT THE POLICY PROVIDES COVERAGE ONLY ON A CLAIMS-MADE AND REPORTED BASIS. READ THE POLICY AND THIS ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.

To the extent that any provision of the policy conflicts or varies from this Endorsement, the terms, conditions, and provisions set forth in this Endorsement shall control, govern, and supersede the conflicting or varying provision(s) of the policy.

This policy does not provide continuous coverage for any insured. A renewal policy may be issued, but each policy will be deemed to stand alone as a single policy, affording no continuous coverage.

The INSURING AGREEMENT of this policy is hereby amended as follows:

The following Paragraph "d" is added to the Insuring Agreement, **SECTION I – COVERAGES, COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY:**

d. In addition to the foregoing, this policy shall apply only to "claims" first made against any insured and reported to us in writing during the policy period. Coverage under this policy will only apply to "claims" made against any insured and reported to us on or after the policy inception date and prior to the policy expiration date as shown on the Declarations page(s), subject to the extended reporting period provided below. If prior to the effective date of this policy, any insured had a reasonable basis to believe a claim may arise, then this policy shall not apply to such "claim" or any related "claim".

As a condition precedent to any coverage (defense or indemnity) under this Policy, You must give written notice to the Company of any "claim" as soon as practicable, but in all events no later than:

(a) the end of the Policy Period; or
(b) 60 days after the end of the Policy Period so long as such "claim" is made within the last 60 days of such Policy Period.

The following Paragraph "d" is added to the Insuring Agreement, **SECTION I – COVERAGES, COVERAGE B - PERSONAL AND ADVERTISING INJURY:**

d. In addition to the foregoing, this policy shall apply only to claims first made against any insured and reported to us in writing during the policy period. Coverage under this policy will only apply to claims made against any insured and reported to us on or after the policy inception date and prior to the policy expiration date as shown on the Declarations page(s), subject to the extended reporting period provided below. If prior to the effective date of this policy, any insured had a reasonable basis to believe a claim may arise, then this policy shall not apply to such claim or any related claim.

As a condition precedent to any coverage (defense or indemnity) under this Policy, You must give written notice to the Company of any claim as soon as practicable, but in all events no later than:

(a) the end of the Policy Period; or
(b) 60 days after the end of the Policy Period so long as such "claim" is made within the last 60 days of such Policy Period.

Except as set forth above, all of the terms, conditions and exclusions of this policy apply and remain in effect.

Member/Insured: **Alex Santana**

Member/Insured Signature: _____ Date: _____

Printed Name/Title: _____

Acknowledgment

3811201

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Applicant

SURPLUS LINES COMPLIANCE CERTIFICATION

I, the retail or producing resident or non-resident licensed producer/agent/broker, affirm I have expressly advised the insured prior to placement of the insurance that I was unable to obtain the full amount or kind of insurance necessary to protect the desired risk(s) from authorized insurers, as required by the risk state, currently writing this type of coverage in this State.

In addition, I confirm that coverage was not procured for the purpose of securing a lower premium rate than would be accepted by an authorized insurer nor to secure any other competitive advantage.

Under the penalty of suspension or revocation of my producer/agent/broker's license, the facts contained in this certification are true and correct.

TBD-AppID 3811201

Policy Number

Signature of Licensed Retail/Producing Agent/Broker

Date

Loss Warranty Letter

Alex Santana
1005 East First, Bellville, TX 77418
(979) 270-2607
email: alejandrosantana1975@gmail.com
Quote ID: 3811201

During the last Five (5) years, we warrant that with respect to the insurance being applied for:

1. I/ we have not sustained a loss
2. Have not had a claim made against us
3. Have not been denied coverage or had coverage canceled by an insurance company
4. Have no knowledge or a reason to anticipate a claims or loss.

If my business is less than five (5) years old, the above referenced warranty applies to work performed through all my prior business entities whether as an owner or an employee. The undersigned Applicant understands and agrees that all of the statements, information and responses provided in the Application for this policy are material to the risk sought to be insured, and that the entirety of the information provided in the Application forms a basis for the insurer to provide the requested insurance, and that said insurance is provided in reliance on such material representations.

The undersigned Applicant further authorizes the Insurer or its representative to obtain directly or on Applicant's behalf, any and all loss runs or other such information identifying any claim, action or loss against the undersigned Applicant or the denial of coverage or cancelation of insurance. This authorization shall also include and encompass any prior business entity as provided above. The Insurer or its representative may contact the undersigned Applicant's Insurance Brokers, Agents, Insurers, Attorneys or other such individuals for this information and its release.

I understand that this warranty and authorization for release of information as provided above will be incorporated into the insurance contract.

Alex Santana _____ _____
Company/ Member — Date

_____ _____
Signature of Partner, Officer, Principal or Owner — Title

Warranty: The purpose of this no loss letter is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.

3811201

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Applicant

Invoice Statement

Program: **Standard GL A-Rated**
Applicant Name: **Alex Santana**
Application ID: **3811201**

TOTAL COST OF POLICY*

Premium	$559.88
State Tax	$50.48
Association Dues	$237.13
Policy Fee	$117.65
Inspection Fee	$117.65
TOTAL COST OF POLICY*	**$1,082.79**

TOTAL DEPOSIT*

15% Premium	$83.99
15% Association Dues	$35.57
15% State Tax	$7.58
15% Policy Fee	$17.65
15% Inspection Fee	$17.65
15% AI Processing Fee	$0.00
TOTAL DEPOSIT*	**$162.42**

TOTAL TO RETAIN*

15% Commission on Total ($1,082.79)	$162.42
TOTAL TO RETAIN*	**$162.42**

TOTAL TO BE SENT

MAKE CHECK PAYABLE FOR	**$0.00**

Payment Option: **Jump Premium Funding (IPFC)**

The binding of this insurance policy is an agreement to the above-referenced prices and its terms and conditions

Signature of Producer (Agent or Broker):_____

*Please note that any added agency broker fee or other charge, fee or cost assessed to the insured is your sole responsibility. All such amounts added in connection with this policy shall be in compliance with all applicable state and federal law.

3811201

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Producer

Integrated Premium Funding Corp
3200 Troup Hwy, Suite 336, Tyler, TX 75701
Phone: 760-509-9830

INSURANCE PREMIUM FINANCE AND SECURITY AGREEMENT

983333.1

This is an agreement between you, the undersigned, and Integrated Premium Funding Corp ("IPFC") concerning the financing of the premium(s) for one or more insurance policies. The terms of this agreement are stated below and on page two (2) of this document. The undersigned, jointly and severally promise to pay to IPFC at 3200 Troup Hwy, Suite 336, Tyler TX 75701 the total of payments in accordance with the payment schedule provided below.

Insured Name and Address of (Exactly as shown on Policy) ("Insured")	**Agent** Name and Address (of Insured's "Agent")
Alex Santana 1005 East First Bellville, TX 77418	Sunde Ngoh Nyah 2175 Hillsdale Ave Saint Paul, MN 55119
Telephone Number: 979-270-2607 FEIN or SSN NO:	Telephone Number: 951-228-2254

SCHEDULE OF POLICIES ("Policies")

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY MO/DAY/YEAR	NAME & ADDRESS OF INSURANCE COMPANY AND NAME & ADDRESS OF GENERAL AGENT OR COMPANY OFFICE TO WHICH PREMIUM IS PAID	TYPE OF COVERAGE	TERM IN MONTHS COVERED	PREMIUM DETAILS
TBD App#3811201	12/19/2025	Third Coast Insurance Company Integrated Specialty Coverages, LLC 1811 Aston Ave. Carlsbad, CA 92008	General Liability	12	Premium: $1,082.79 Policy Fee: $0.00 Tax/Stamp: $0.00 Inspection: $0.00 Broker Fee: $200.00
Additional Policies are listed on the attached Schedule of Policies			**Total from Page 3**		
			TOTAL PREMIUMS		$1,282.79

TOTAL PREMIUMS	DOWN PAYMENT	UNPAID BALANCE	AMOUNT FINANCED Amount of Credit provided to you or on your behalf.	FINANCE CHARGE The dollar amount the credit will cost you.	TOTAL OF PAYMENTS Amount you will have paid after you have made all the scheduled payments.
$1,282.79	$362.42	$920.37	$920.37	$116.53	$1,036.90

Annual Percentage Rate	Number of Payments	Amount of Payments	When Payments are Due	
			First Due Date	Due Date*
26.74%	10	$103.69	1/19/2026	19th

*Subsequent payments are due on the same day of each succeeding month.

Prepayment: The insured may prepay in full at any time subject to the maximum, non-refundable service fee(s) permitted by applicable law and pursuant to Texas law. See terms and conditions on page 2.

Security Interest: The Insured assigns to IPFC as security for payment of this Agreement, all sums payable to the Insured with reference to the Policies listed above including, among other things, any gross return premiums and any payment on account of loss which results in reduction of unearned premium in accordance with the term(s) of said Policies.

Delinquency Charge: A delinquency charge will be assessed on any payment not received by IPFC within ten (10) days of its due date, unless a longer period is specified under applicable law, in which case the delinquency charge will be imposed on any payment not received by IPFC within this longer period. The delinquency charge will be a minimum of one dollar ($1) up to a maximum of 5 percent of the delinquent installment or (2) the maximum delinquency charge allowed by applicable law. An NSF fee shall also be instituted in the sum not to exceed $15.00.

Cancellation Charge: If a default results in cancellation of a Policy, the Insured agrees to pay a cancellation charge in the maximum amount permitted by applicable law.

Additional Charges: For additional information on charges please consult page 2 of this agreement and applicable law, including TX Insurance Code.

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT: To help the Federal government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity that opens an account with the financial institution, including any extension of credit or other financial services product. We will require such information as we deem reasonably necessary to allow us to properly identify you, such as your name, address, FEIN or SSN.

NOTICE TO INSURED: **1. DO NOT SIGN THIS AGREEMENT UNTIL YOU READ BOTH PAGES OF THE AGREEMENT OR IF IT CONTAINS ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS. 4. 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 CHARGE. 5. SEE PAGE TWO FOR ADDITIONAL TERMS AND IMPORTANT INFORMATION.**

REPRESENTATIONS AND WARRANTIES:
The undersigned Agent and Insured have read the Representations and Warranties on page two and make all such representations and warranties recited therein and agree to be bound by the terms of this Agreement.

All Insureds must sign as named in policies. If corporation, authorized officers must sign; if partnership, partner should sign as such; signatory acting in representative capacity represents that all insureds have authorized this transaction and have authorized signatory to receive all notices hereunder. By signing below each insured jointly and severally agrees to make all payments required by this Agreement and to be bound by all provisions of this Agreement, including those on page two. You are not required to enter into an insurance premium financing arrangement as a condition to the purchase of any insurance policy.

(Signature of Agent)

(Signature of Insured or Authorized Agent)

(Title) (Date)

(Printed Name & Title) (Date)

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by The Finance Company to the respective insurance company(ies), or their agents, of the balance of the premiums upon the policy(ies) of insurance herein before described above (which policy(ies) have been issued and delivered to the Insured at his/her request), the Insured promises to pay to The Finance Company the amount shown in the completed schedule on page 1 under the caption "Total of Payments," with Finance Charge (service charge) thereon as in said Schedule provided; and the Insured agrees with The Finance Company as follows:

1. The Insured assigns as security for the total amount payable hereunder any and all unearned premiums and dividends which may become payable under the policy(ies) listed on page 1.
2. The Insured hereby irrevocably appoints The Finance Company as its attorney-in-fact with respect to the policy(ies) listed on page 1 and grants The Finance Company full authority to cancel all insurance policy(ies) listed in the event of non-payment. The insurance company(ies) listed on page 1 are hereby authorized and directed, upon the request of The Finance Company, to cancel said policy(ies) and to pay the Finance Company the unearned or return premium(s) thereon without proof of default hereunder or breach hereof or of the amount owing hereunder. Unpaid balances due to The Finance Company shall be immediately payable by the Insured if any of the following occur: a) The Insured does not pay any installment according to the terms of this agreement; b) The Insured does not comply with any of the terms of this agreement; c) The Insured or the Insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding; d) if the Insured is a business and stops doing business or ceases to be qualified to do business. The Finance Company at its option may enforce payment of this debt without recourse to the security given to The Finance Company. In addition, the Insured appoints The Finance Company its attorney-in-fact to endorse its name to any check or draft for all monies that may become due from the insuring company(ies) and any sum received from an insurance company shall be credited to the balance due hereunder and if there is any excess of at least one dollar ($1.00) over the balance due, it should be paid to the Insured. The Insured shall remain liable for any deficiency together with interest thereon at the highest allowable legal rate.
3. If policy is not issued at the time this agreement is executed, the Insured gives The Finance Company authority to fill in the name of the insuring company, policy number and the due date of the first payment. The Insured understands and agrees that if the actual premiums are other than as indicated, this agreement may be amended to reflect the actual premiums, amount financed and finance charge, and that the Insured will make an additional down payment, if required, with ten (10) days' notice thereof.
4. The Insured agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed a default in the contract, and the total amount due under the contract shall be due and payable. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to any attorney not a salaried employee of The Finance Company.
5. No waiver by The Finance Company of any default shall be construed as a waiver for any other subsequent default nor impair or affect any rights or for non-payment.
6. Time being the essence of this contract, upon default in any payment hereunder, and such default continuing for ten (10) days, the Insured agrees to pay a delinquency and collection charge of 5% of scheduled payment, but never less than one dollar ($1.00) on each installment in default. The Insured understands and agrees that default in payment of any installment hereof for a period of twenty (20) days shall be deemed to be a request for cancellation of the policy(ies) listed on page 1.
7. The Insured will receive a refund credit of part of the finance charge if the Insured voluntarily prepays the outstanding debt in full before the last installment due date (as permitted by Texas state laws). The Insured may also receive a refund credit of part of the finance charge if the maturity of the loan is accelerated for any reason (according to Texas state laws). The methods for computing these refund credits are stated below.
a) Voluntary Prepayment -
(i) If prepayment in full is made during the first three months and 15 days after the earliest insurance policy effective date as shown on the front of the contract, The Finance Company will compute a finance charge by multiplying the agreed rate of charge as stated at the end of this Agreement by the unpaid principal balances for the number of days from the earliest policy effective date to the date of prepayment in full. The Finance Company will apply each payment made by the Insured first to finance charge then to principal. The Finance Company will then subtract this actual finance charge from the finance charge shown in the finance charge box on page 1 of this agreement to obtain a refund credit.
(ii) If prepayment in full is made more than three months and 15 days after the earliest insurance policy effective date, the refund credit shall be computed by the Actuarial Method.
(iii) All contracts shall be subject to a minimum finance charge of $25.00.
(b) Acceleration of Maturity -
If payment of the unpaid balance of the loan to The Finance Company is accelerated for any reason, The Finance Company shall make the same refund as if this loan contract was paid in full on the date of acceleration. Paragraph 7(a) states the method of computing the refund or credit. The unpaid balance remaining after subtracting the refund or credit shall be treated as the unpaid principal balance. The Insured agrees to pay The Finance Company on the unpaid principal balance interest computed at the agreed rate of charge stated at the end of this Agreement until The Finance Company is actually paid in full.
8. The Insured hereby releases and discharges and agrees to hold harmless The Finance Company and each holder hereof, their officers, agents and employees from any liability or cause of action by reason of any cancellation, when such cancellation is in conformance with the provisions of the Statutes of the State in which the Insured resides. Under no circumstances shall the Finance Company be subject to any liability in excess of the principal balance, except for Finance Company's willful acts. The Insured agrees that any payment received after cancellation will be applied to reduce the indebtedness and will not reinstate the policy where cancellation notice has been mailed by The Finance Company. The Finance Company, at its option, may request reinstatement of the policies when such payments are received, however reinstatement is up to the insurance company, at its sole discretion.
9. In the event that a payment made by check, ACH, or draft is returned because of insufficient funds to pay it, the Insured agrees to pay The Finance Company a charge of fifteen dollars ($15.00) if permitted by law, or the maximum permitted by law, and such amount will be added to the stated amount of the contract and shall become subject to all provisions herein.
10. This contract is subject to approval and acceptance by The Finance Company and if not approved and accepted it is to be promptly returned. Issuing checks for the policy(ies) listed on page 1 to the agent or insurer or paying a draft will be considered acceptance.
11. This contract may be assigned and the holder or assignee has the same rights as The Finance Company.
12. Please take notice that The Premium Finance Company named on the front of the contract, in consideration of premium advances made or to be made, holds an assignment of all unearned premiums on the above described policy(ies), including power of attorney to cancel if The Finance Company is not notified within five (5) days by Insurance Company. The Finance Company assumes that this Notice of Assignment is acceptable and the information on the front of the contract is correct.
13. Privacy Statement: This agreement will conform to the privacy policy of The Finance Company. No applicant information will be shared with non-affiliated third parties for purposes other than to those to which this agreement applies.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, sex or marital status. The Federal agency which administers compliance with this law concerning this premium finance company is the Federal Trade Commission. You should also consult state regulatory agencies governing premium finance companies in your state. 5/17/22