

United States Bankruptcy Court for the Northern District of Georgia, Newnan Division

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> XX AFH Air Pros, LLC (Case No. 25-10356) | <input type="checkbox"/> Air Pros Solutions Holdings, LLC (Case No. 25-10363) | <input type="checkbox"/> Dallas Plumbing Air Pros, LLC (Case No. 25-10370) |
| <input type="checkbox"/> Air Pros Atlanta LLC (Case No. 25-10357)            | <input type="checkbox"/> Air Pros Solutions, LLC (Case No. 25-10364)          | <input type="checkbox"/> Doug's Service Air Pros, LLC (Case No. 25-10371)  |
| <input type="checkbox"/> Air Pros Blue Star, LLC (Case No. 25-10358)         | <input type="checkbox"/> Air Pros Texas LLC (Case No. 25-10365)               | <input type="checkbox"/> Dream Team Air Pros, LLC (Case No. 25-10372)      |
| <input type="checkbox"/> Air Pros Boca LLC (Case No. 25-10359)               | <input type="checkbox"/> Air Pros Washington, LLP (Case No. 25-10366)         | <input type="checkbox"/> East Coast Mechanical, LLC (Case No. 25-10373)    |
| <input type="checkbox"/> Air Pros Colorado LLC (Case No. 25-10360)           | <input type="checkbox"/> Air Pros West LLC (Case No. 25-10367)                | <input type="checkbox"/> Hansen Air Pros, LLC (Case No. 25-10374)          |
| <input type="checkbox"/> Air Pros Dallas L.L.C. (Case No. 25-10361)          | <input type="checkbox"/> Air Pros, LLC (Case No. 25-10368)                    | <input type="checkbox"/> Mauzy Air Pros, LLC (Case No. 25-10375)           |
| <input type="checkbox"/> Air Pros One Source LLC (Case No. 25-10362)         | <input type="checkbox"/> CM Air Pros, LLC (Case No. 25-10369)                 |  |

## Modified Official Form 410

### Proof of Claim

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

#### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Doug Tauzin Holdings, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  <u>Douglas Tauzin</u> Name <u>181 Choctaw Road</u> Number Street <u>Thibodaux</u> <u>LA</u> <u>70301</u> City State ZIP Code <u>USA</u> Country Contact phone <u>(985) 856-0026</u> Contact email <u>chackbay181@gmail.com</u>	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____ Country _____ Contact phone _____ Contact email _____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  RECEIVED JUL 09 2025 VERITAGLOBA		
Uniform claim identifier (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

☒ Date Stamped Copy Returned

Modified Official Form 410 ☐ No self addressed stamped envelope of Claim

☐ No copy to return

page 1



2510356250612000000000003

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim?

\$7,401.65

Does this amount include interest or other charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Lease - Insurance and Property Taxes

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

**Nature of property:**

☐ Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** \$ \_\_\_\_\_

**Amount of the claim that is secured:** \$ \_\_\_\_\_

**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)

**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_

**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☐ No

☒ Yes. Amount necessary to cure any default as of the date of the petition. \$7,401.65

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

### Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

06/30/2025  
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Douglas

First name

Middle name

Tauzin

Last name

Title

Member/Manager

Company

Doug Tauzin Holdings, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

181 Choctaw Road

Number Street

Thibodaux

City

LA

State

70301

ZIP Code

USA

Country

Contact phone

(985) 856-0026

Email chackbay181@gmail.com



**LAFOURCHE PARISH SHERIFF'S OFFICE**  
**SHERIFF CRAIG WEBRE**  
**EX-OFFICIO TAX COLLECTOR**

PHONE: (985) 449-4430

**2024**  
**TAX STATEMENT**

11098[1]

PLEASE WRITE TAX NOTICE NUMBER 63327 ON YOUR CHECK.  
VERIFY ADDRESS & PHONE # ON CHECK PRIOR TO MAILING.

\* PAYMENT INFORMATION CAN BE FOUND ON THE BACK OF  
THIS TAX STATEMENT

193097



11098

DOUG TAUZIN HOLDINGS, L.L.C.  
C/O DOUG TAUZIN  
181 CHOCTAW RD  
THIBODAUX LA 70301-7228

TAX NOTICE #: 63327  
ASSESSMENT #: 0010181664

CLASS OF PROPERTY	ASSESSED VALUE	HOMESTEAD	EXPLANATION	MILLAGE	TAX DUE
COUNTRY LOTS	2,700	0	BAYOU LAFOURCHE FRESH WAT	2.11	5.70
			CONSOLIDATED	85.45	230.72
TOTALS:	2,700	0	FIRE DIST 6	7.37	19.90
			NORTH LAFOURCHE LEVEE RB	10.58	28.57
			PARISH COUNCIL	2.74	7.40
			SPECIAL SERVICE #1	1.85	5.00
			WATER DISTRICT #1	3.67	9.91

*Paid: 12/27/2024*  
*Bank: B1 Bank*  
*Check: 1378*

**TOTAL TAXES DUE: \$307.20**

Property Description: Parcel#0010181664: LOT 4, ALGIERS COMMERCIAL SD., ADD. 1 (MEAS. 125' X 154.31' X 156.33' X 125.01')

For a complete property description, you can contact the Lafourche Parish Clerk of Court by phone at 985-447-4841 or by mail at 303 West 3rd Street Thibodaux, La 70301

PLEASE RETURN THE STUB BELOW WITH YOUR PAYMENT.



**LAFOURCHE PARISH SHERIFF'S OFFICE**  
**SHERIFF CRAIG WEBRE**  
**EX-OFFICIO TAX COLLECTOR**

PHONE: (985) 449-4430

**2024**  
**TAX STATEMENT**

8701|1|1

\* PAYMENT INFORMATION CAN BE FOUND ON THE BACK OF  
THIS TAX STATEMENT

PLEASE WRITE TAX NOTICE NUMBER 10083 ON YOUR CHECK.  
VERIFY ADDRESS & PHONE # ON CHECK PRIOR TO MAILING.

186229



DOUG TAUZIN HOLDINGS, LLC  
181 CHOCTAW RD  
THIBODAUX LA 70301-7228

8701

TAX NOTICE #: 10083  
ASSESSMENT #: 0010181663

CLASS OF PROPERTY	ASSESSED VALUE	HOMESTEAD	EXPLANATION	MILLAGE	TAX DUE
COUNTRY LOTS	1,090	0	BAYOU LAFOURCHE FRESH WAT	2.11	85.41
COMM IMP-CTRY	39,390	0	CONSOLIDATED	85.45	3,459.02
			FIRE DIST 6	7.37	298.33
TOTALS:	40,480	0	NORTH LAFOURCHE LEVEE RB	10.58	428.28
			PARISH COUNCIL	2.74	110.92
			SPECIAL SERVICE #1	1.85	74.89
			WATER DISTRICT #1	3.67	148.56

*Paid: 12/27/2024*  
*Bank: B2 Bank*  
*Check: 1378*  
*Total Tax Amt: \$4,912.61*

PHYSICAL ADDRESS: 1459 TIGER DR.

**TOTAL TAXES DUE: \$4,605.41**

**Property Description:** Parcel#0010181663: LOT 3 OF ALGIERS COMMERCIAL SD. ADD. 1 (MEASURES: 125' X 158.38' X 125.01' X 156.33')

For a complete property description, you can contact the Lafourche Parish Clerk of Court by phone at 985-447-4841 or by mail at 303 West 3rd Street Thibodaux, La 70301

PLEASE RETURN THE STUB BELOW WITH YOUR PAYMENT.

2/18/2025


FIRST Insurance Funding  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
(800) 837-3707

Doug Tauzin Holdings, LLC  
181 Choctaw Rd  
Thibodaux, LA 70301-7228

**ACH DEBIT ENROLLMENT CONFIRMATION**  
XXX-103357562 - Doug Tauzin Holdings, LLC

Thank you for enrolling in our recurring ACH Debit payment program! The enrollment process is now complete.

**ACH Debit Start Date: 3/27/2025**

**Bank Account Number: \*\*\*\*\*** 

The above-referenced premium finance loan's Current Amount Due will be automatically deducted from the **Bank Account Number** on the business day following the **ACH Debit Start Date** indicated above. Subsequent payments for the Current Amount Due will be charged to your bank account on the business day following each payment due date. If the payment due date falls on a non-business day, your bank account will be charged on the second business day after the payment due date. Please refer to a copy of your Premium Finance Agreement for your payment amounts and payment due dates. You may also access your payment schedule and confirm that your Billing Method is set to ACH by logging into your loan at [www.firstinsurancefunding.com](http://www.firstinsurancefunding.com).

If you did not enroll in this program or wish to cancel your enrollment, please contact our Customer Service department at (800) 837-3707 or [csr@firstinsurancefunding.com](mailto:csr@firstinsurancefunding.com).

**IMPORTANT: If any ACH Debit payment is returned by your bank for any reason, FIRST Insurance Funding reserves the right to remove your loan from the ACH Debit payment program and will notify you accordingly.**

Thank you for choosing FIRST Insurance Funding!

Sincerely,

FIRST Insurance Funding



<b>LOAN NUMBER</b>
<b>XXX - 103357562</b>
Refer to this number on all correspondence
<b>CUSTOMER ID</b>
DOUGTAU-01

## BILLING STATEMENT

**FIRST INSURANCE<sup>®</sup>**  
FUNDING  
A WINTRUST COMPANY

FIRST Insurance Funding  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
Phone: (800) 837-3707 Fax: (800) 837-3709  
www.firstinsurancefunding.com

<b>NOTICE DATE</b>
4/9/2025
<b>INSTALLMENT DUE DATE</b>
4/27/2025

Insured
<b>DOUG TAUZIN HOLDINGS, LLC</b> <b>181 CHOCTAW RD</b> <b>THIBODAUX, LA 70301-7228</b>

Previous Account Balance	\$	8,296.80
Payments/Adjustments	\$	(829.68)
Current Account Balance	\$	7,467.12
Past Due Amount	\$	0.00
Current Installment Amount	\$	829.68
<b>Total Amount Due</b>	<b>\$</b>	<b>829.68</b>

Agent/Broker Arthur J. Gallagher Risk Management Services, LLC  
Phone: 630-773-3800

As of the date of this notice, you are enrolled in ACH Debit.

Any Past Due Amount is due immediately.

- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, please contact your agent or broker listed above.
- If you mail your payment, please allow 7-10 days mailing time to ensure timely application of your payment.
- **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments by mail should be sent to the address listed on the Remittance Stub.**
- **AUTOPAY** – If you are enrolled in ACH Debit, the amount due on your loan will be deducted from your bank account 1-2 business days following the Installment Due Date. If you are enrolled in Credit Card, the amount due on your loan will be charged to your credit card on the Installment Due Date or next business day.
- You may also pay online or by phone. Convenience fees may apply. Our contact information is listed at the top of this statement.

Please visit our website to check your loan, make a payment, change your address and view documents online!

To access your account online you will need your loan number and temporary password located on the Welcome Letter/Notice of Acceptance. If you already changed the temporary password, you can reset your password by clicking the Forgot Password link.

132011648

FIFBILL0921

**FIRST INSURANCE<sup>®</sup>**  
FUNDING

### REMITTANCE STUB

A WINTRUST COMPANY

**Please make checks payable and mail to:**  
FIRST Insurance Funding  
PO Box 7000  
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

☐

<b>NOTICE DATE</b>	4/9/2025
<b>LOAN NUMBER</b>	<b>XXX - 103357562</b>
<b>CURRENT INSTALLMENT DUE DATE:</b>	4/27/2025

Insured
<b>DOUG TAUZIN HOLDINGS, LLC</b> <b>181 CHOCTAW RD</b> <b>THIBODAUX, LA 70301-7228</b>

Your loan is set up on AutoPay – ACH Debit





# GeneralStar®

Beyond Security

#6797bfef07dcd

January 27, 2025

Property

Agent Name  
Agency Name Insurance Services  
Street Name  
City, State, Zip Code

Underwriters Name  
Street Name  
City, State, Zip Code  
Telephone # & Fax #  
Underwriters email

We are pleased to offer the following quotation for insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

Policy Period:	02/27/2025 to 02/27/2026	Premium:	\$ 9,373.00
Carrier:	General Star Indemnity Company (AMBest A++)	Policy Fee:	\$ 450.00
		Taxes:	\$ 476.42
Applicant:	Doug Tauzin Holdings, LLC	Inspection Fee:	\$ 0.00
	1459 Tiger Dr	Stamp Fee:	\$ 0.00
	THIBODAU, LA 70301	Other:	\$ 0.00
Commission:	11.00%	Total:	\$ 10,299.42
Minimum Earned Premium	25.00%		

**Quote Conditions:** SIGNED AND COMPLETED ACORD/TRIA

Condition A:

Condition B:

**Warranties:** CP 0411 - OPERATIONAL SMOKE DETECTORS AND FIRE EXTINGUISHERS.

## Terms and Conditions:

The premium for optional Terrorism Risk Insurance Act (TRIA) coverage is \$250 Flat for packaged policies, and \$150 Flat for a monoline policy. If elected, the TRIA premium is fully earned at inception and in addition to the Premium quoted above.

As a condition of binding coverage, the applicant must accept or reject Terrorism Risk Insurance Act (TRIA) coverage by marking the appropriate box and signing the attached Policyholder Disclosure - Notice of Terrorism Insurance Coverage, form IC 09 20 01 08 attached at the conclusion of this Quote. The completed form must accompany your request to bind.

*Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.*

LENDER:

# PREMIUM FINANCE AGREEMENT

450 Skokie Blvd, Ste 1000

☐ Personal ☒ Commercial ☐ Additional Premium

Northbrook, IL 60062-7917  
P:(800) 837-3707 F:(800) 837-3709  
www.firstinsurancefunding.com

**FIRST INSURANCE**  
FUNDING

A WINTRUST COMPANY

Quote #: 76875145

<b>INSURED/BORROWER</b> (Name and Address as shown on Policy) Doug Tauzin Holdings, LLC 181 Choctaw Rd Thibodaux, LA 70301-7228	<b>Customer ID:</b> DOUGTAU-01	<b>AGENT or BROKER</b> (Name and Business Address) Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd. Rolling Meadows, IL 60008
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## LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
11,265.09	3,378.77	7,886.32	0.00	7,886.32	410.48	8,296.80	11.200 %

**YOUR PAYMENT SCHEDULE WILL BE:** Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000

Number of Payments	Amount of Each Payment	First Installment Due	3/27/2025
10	829.68	Installment Due Dates	27th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

### INSURED'S AGREEMENT:

- SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.
- FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge is computed using a 365-day calendar year.
- LATE PAYMENT.** For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of \$10 or 5% of the delinquent installment.
- PREPAYMENT.** If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

### SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
BDG307766902	C00208-MAXUM INDEMNITY COMPANY G03459-AMWINS ACCESS INSURANCE SERVICES LLC [ME:25.000 %, CX:10] [90%PR]	CGL	12	2/27/2025 ERN TXS/FEES FIN TXS/FEES	621.00 300.00 44.67
TMA431059A	C00174-GENERAL STAR INDEMNITY CO G03459-AMWINS ACCESS INSURANCE SERVICES LLC [ME:25.000 %, CX:0] [90%PR]	PROP	12	2/27/2025 ERN TXS/FEES FIN TXS/FEES	9,373.00 450.00 476.42
				TOTAL	11,265.09

Q# 76875145, PRN: 021825, CFG: GSBC 6-26-2020, RT: AJG, DD: N/A, BM: Invoice, Qtd For: A28117 Original, Memo 0

- PROMISE TO PAY.** In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.
  - POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.
  - SIGNATURE & ACKNOWLEDGEMENT.** Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insured named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.
- NOTICE TO INSURED:** (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

Signed by:

*Doug Tauzin*

F09593FD743740C...

Signature of Insured or Authorized Agent

2/18/2025

Date

*Gino Bonacci*

Signature of Agent

2/18/2025

Date

May 21, 2025

Clerk,  
U. S. Bankruptcy Court  
2<sup>nd</sup> Floor Courtroom  
Lewis R. Morgan Federal Bldg. and  
United States Courthouse  
18 Greenville Street  
Newnan, Georgia 30263

RE: IN THE UNITED STATES  
BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
NEWNAN DIVISION

Chapter 11  
AFH AIR PROS, LLC, et al  
Case No. 25-10356 (PMB)

Clerk, U. S. Bankruptcy Court:

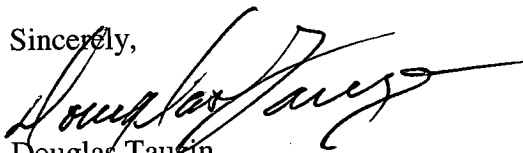
I, Douglas Tauzin, am the Lessee of the building and parking located at 1457 and 1459 Tiger Drive, Louisiana 70301.

Under the terms of the lease, my company, Doug Tauzin Holdings, L.L.C., is supposed to be paid the sum of \$4,900 per month.

In addition, pursuant to Section 3 and Section 14 of the lease, the tenants are supposed to reimburse me for the insurance and property taxes in this matter. I enclose herewith a copy of my 2024 tax notice and my insurance.

To date, I am owed the sum of \$7,401.65 for insurance for the months of March, April and May and the property taxes. I would appreciate it if you would include this in any monthly statements made to my office.

Sincerely,

  
Douglas Tauzin  
181 Choctaw Road  
Thibodaux, LA 70301

cc: David B. Kurzweil, Greenberg Traurig, LLC  
[kurzweild@gtlaw.com](mailto:kurzweild@gtlaw.com)  
Matthew A. Petrie, Greenberg Traurig, LLC  
[petriem@gtlaw.com](mailto:petriem@gtlaw.com)

**RECEIVED**

**JUN 12 2025**

**ERITA GLOBAL**



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**LAFOURCHE PARISH SHERIFF'S OFFICE**  
**SHERIFF CRAIG WEBRE**  
**EX-OFFICIO TAX COLLECTOR**

PHONE: (985) 449-4430

**2024**  
**TAX STATEMENT**

11098[1]1

\* PAYMENT INFORMATION CAN BE FOUND ON THE BACK OF  
THIS TAX STATEMENT

PLEASE WRITE TAX NOTICE NUMBER 63327 ON YOUR CHECK.  
VERIFY ADDRESS & PHONE # ON CHECK PRIOR TO MAILING.

193097



11098  
DOUG TAUZIN HOLDINGS, L.L.C.  
C/O DOUG TAUZIN  
181 CHOCTAW RD  
THIBODAUX LA 70301-7228

TAX NOTICE #: 63327  
ASSESSMENT #: 0010181664

CLASS OF PROPERTY	ASSESSED VALUE	HOMESTEAD	EXPLANATION	MILLAGE	TAX DUE
COUNTRY LOTS	2,700	0	BAYOU LAFOURCHE FRESH WAT	2.11	5.70
			CONSOLIDATED	85.45	230.72
			FIRE DIST 6	7.37	19.90
			NORTH LAFOURCHE LEVEE RB	10.58	28.57
			PARISH COUNCIL	2.74	7.40
			SPECIAL SERVICE #1	1.85	5.00
			WATER DISTRICT #1	3.67	9.91
<b>TOTALS:</b>	<b>2,700</b>	<b>0</b>			
<b>TOTAL TAXES DUE:</b>					<b>\$307.20</b>

Property Description: Parcel#0010181664: LOT 4, ALGIERS COMMERCIAL SD., ADD. 1 (MEAS. 125' X 154.31' X 156.33' X 125.01')

For a complete property description, you can contact the Lafourche Parish Clerk of Court by phone at 985-447-4841 or by mail at 303 West 3rd Street Thibodaux, La 70301

PLEASE RETURN THE STUB BELOW WITH YOUR PAYMENT.



**LAFOURCHE PARISH SHERIFF'S OFFICE**  
**SHERIFF CRAIG WEBRE**  
**EX-OFFICIO TAX COLLECTOR**

PHONE: (985) 449-4430

**2024**  
**TAX STATEMENT**

8701|1|1

\* PAYMENT INFORMATION CAN BE FOUND ON THE BACK OF  
THIS TAX STATEMENT

PLEASE WRITE TAX NOTICE NUMBER 10083 ON YOUR CHECK.  
VERIFY ADDRESS & PHONE # ON CHECK PRIOR TO MAILING.

186229



DOUG TAUZIN HOLDINGS, LLC  
181 CHOCTAW RD  
THIBODAUX LA 70301-7228

8701

TAX NOTICE #: 10083  
ASSESSMENT #: 0010181663

CLASS OF PROPERTY	ASSESSED VALUE	HOMESTEAD	EXPLANATION	MILLAGE	TAX DUE
COUNTRY LOTS	1,090	0	BAYOU LAFOURCHE FRESH WAT	2.11	85.41
COMM IMP-CTRY	39,390	0	CONSOLIDATED	85.45	3,459.02
			FIRE DIST 6	7.37	298.33
<b>TOTALS:</b>	<b>40,480</b>	<b>0</b>	NORTH LAFOURCHE LEVEE RB	10.58	428.28
			PARISH COUNCIL	2.74	110.92
			SPECIAL SERVICE #1	1.85	74.89
			WATER DISTRICT #1	3.67	148.56

*Paid: 12/27/2024*  
*Bank: B2 Bank*  
*Check: 1378*  
*Total Tax Amt: \$4,912.61*

PHYSICAL ADDRESS: 1459 TIGER DR.

**TOTAL TAXES DUE: \$4,605.41**

**Property Description:** Parcel#0010181663: LOT 3 OF ALGIERS COMMERCIAL SD. ADD. 1 (MEASURES: 125' X 158.38' X 125.01' X 156.33')

For a complete property description, you can contact the Lafourche Parish Clerk of Court by phone at 985-447-4841 or by mail at 303 West 3rd Street Thibodaux, La 70301

PLEASE RETURN THE STUB BELOW WITH YOUR PAYMENT.

2/18/2025

FIRST Insurance Funding  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
(800) 837-3707


Doug Tauzin Holdings, LLC  
181 Choctaw Rd  
Thibodaux, LA 70301-7228

**ACH DEBIT ENROLLMENT CONFIRMATION**

XXX-103357562 - Doug Tauzin Holdings, LLC

Thank you for enrolling in our recurring ACH Debit payment program! The enrollment process is now complete.

**ACH Debit Start Date: 3/27/2025**

**Bank Account Number:** \*\*\*\*\*

The above-referenced premium finance loan's Current Amount Due will be automatically deducted from the **Bank Account Number** on the business day following the **ACH Debit Start Date** indicated above. Subsequent payments for the Current Amount Due will be charged to your bank account on the business day following each payment due date. If the payment due date falls on a non-business day, your bank account will be charged on the second business day after the payment due date. Please refer to a copy of your Premium Finance Agreement for your payment amounts and payment due dates. You may also access your payment schedule and confirm that your Billing Method is set to ACH by logging into your loan at [www.firstinsurancefunding.com](http://www.firstinsurancefunding.com).

If you did not enroll in this program or wish to cancel your enrollment, please contact our Customer Service department at (800) 837-3707 or [csr@firstinsurancefunding.com](mailto:csr@firstinsurancefunding.com).

**IMPORTANT: If any ACH Debit payment is returned by your bank for any reason, FIRST Insurance Funding reserves the right to remove your loan from the ACH Debit payment program and will notify you accordingly.**

Thank you for choosing FIRST Insurance Funding!

Sincerely,

FIRST Insurance Funding

<b>LOAN NUMBER</b>
<b>XXX - 103357562</b>
Refer to this number on all correspondence
<b>CUSTOMER ID</b>
<b>DOUGTAU-01</b>

## BILLING STATEMENT

**FIRST INSURANCE<sup>®</sup>**  
FUNDING  
A WINTRUST COMPANY

FIRST Insurance Funding  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
Phone: (800) 837-3707 Fax: (800) 837-3709  
www.firstinsurancefunding.com

<b>NOTICE DATE</b>
<b>3/7/2025</b>
<b>INSTALLMENT DUE DATE</b>
<b>3/27/2025</b>

Insured
<b>DOUG TAUZIN HOLDINGS, LLC</b> <b>181 CHOCTAW RD</b> <b>THIBODAU, LA 70301-7228</b>

Previous Account Balance	\$	11,675.57
Payments/Adjustments	\$	(3,378.77)
Current Account Balance	\$	8,296.80
Past Due Amount	\$	0.00
Current Installment Amount	\$	829.68
<b>Total Amount Due</b>	<b>\$</b>	<b>829.68</b>

Agent/Broker Arthur J. Gallagher Risk Management Services, LLC  
Phone: 630-773-3800

As of the date of this notice, you are enrolled in ACH Debit.

Any Past Due Amount is due immediately.

- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, please contact your agent or broker listed above.
- If you mail your payment, please allow 7-10 days mailing time to ensure timely application of your payment.
- **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments by mail should be sent to the address listed on the Remittance Stub.**
- **AUTOPAY**  
– If you are enrolled in ACH Debit, the amount due on your loan will be deducted from your bank account 1-2 business days following the Installment Due Date. If you are enrolled in Credit Card, the amount due on your loan will be charged to your credit card on the Installment Due Date or next business day.
- You may also pay online or by phone. Convenience fees may apply. Our contact information is listed at the top of this statement.

Please visit our website to check your loan, make a payment, change your address and view documents online!

To access your account online you will need your loan number and temporary password located on the Welcome Letter/Notice of Acceptance. If you already changed the temporary password, you can reset your password by clicking the Forgot Password link.

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**FIRST INSURANCE<sup>®</sup>**  
FUNDING

A WINTRUST COMPANY

### REMITTANCE STUB

Please make checks payable and mail to:  
FIRST Insurance Funding  
PO Box 7000  
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

☐

<b>NOTICE DATE</b>	<b>3/7/2025</b>
<b>LOAN NUMBER</b>	<b>XXX - 103357562</b>
<b>CURRENT INSTALLMENT DUE DATE:</b>	<b>3/27/2025</b>

Insured
<b>DOUG TAUZIN HOLDINGS, LLC</b> <b>181 CHOCTAW RD</b> <b>THIBODAU, LA 70301-7228</b>

Your loan is set up on AutoPay – ACH Debit

9000000103357562000000082968



<b>LOAN NUMBER</b>
<b>XXX - 103357562</b>
Refer to this number on all correspondence
<b>CUSTOMER ID</b>
<b>DOUGTAU-01</b>

## BILLING STATEMENT

**FIRST INSURANCE\***  
FUNDING  
A WINTRUST COMPANY

FIRST Insurance Funding  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
Phone: (800) 837-3707 Fax: (800) 837-3709  
www.firstinsurancefunding.com

<b>NOTICE DATE</b>
<b>4/9/2025</b>
<b>INSTALLMENT DUE DATE</b>
<b>4/27/2025</b>

Insured
<b>DOUG TAUZIN HOLDINGS, LLC</b> <b>181 CHOCTAW RD</b> <b>THIBODAU, LA 70301-7228</b>

Previous Account Balance	\$	8,296.80
Payments/Adjustments	\$	(829.68)
Current Account Balance	\$	7,467.12
<b>Past Due Amount</b>	\$	<b>0.00</b>
Current Installment Amount	\$	829.68
<b>Total Amount Due</b>	\$	<b>829.68</b>

Agent/Broker Arthur J. Gallagher Risk Management Services, LLC  
Phone: 630-773-3800

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**Any Past Due Amount is due immediately.**

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- If you have any questions concerning your insurance coverage, please contact your agent or broker listed above.
- If you mail your payment, please allow 7-10 days mailing time to ensure timely application of your payment.
- **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments by mail should be sent to the address listed on the Remittance Stub.**
- **AUTOPAY** – If you are enrolled in ACH Debit, the amount due on your loan will be deducted from your bank account 1-2 business days following the Installment Due Date. If you are enrolled in Credit Card, the amount due on your loan will be charged to your credit card on the Installment Due Date or next business day.
- You may also pay online or by phone. Convenience fees may apply. Our contact information is listed at the top of this statement.

Please visit our website to check your loan, make a payment, change your address and view documents online!

To access your account online you will need your loan number and temporary password located on the Welcome Letter/Notice of Acceptance. If you already changed the temporary password, you can reset your password by clicking the Forgot Password link.

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**FIRST INSURANCE\***  
FUNDING

## REMITTANCE STUB

A WINTRUST COMPANY

Please make checks payable and mail to:  
FIRST Insurance Funding  
PO Box 7000  
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

☐

Insured
<b>DOUG TAUZIN HOLDINGS, LLC</b> <b>181 CHOCTAW RD</b> <b>THIBODAU, LA 70301-7228</b>

<b>NOTICE DATE</b>	<b>4/9/2025</b>
<b>LOAN NUMBER</b>	<b>XXX - 103357562</b>
<b>CURRENT INSTALLMENT DUE DATE:</b>	<b>4/27/2025</b>

Your loan is set up on AutoPay – ACH Debit

90000001.033575620000000082968

LOAN NUMBER
<b>XXX - 103357562</b>
Refer to this number on all correspondence
CUSTOMER ID
DOUGTAU-01

**FIRST Insurance Funding**  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
Phone: (800) 837-3707 Fax: (800) 837-3709  
[www.firstinsurancefunding.com](http://www.firstinsurancefunding.com)

5/9/2025

**5/27/2025**

**DOUG TAUZIN HOLDINGS, LLC**  
181 CHOCTAW RD  
THIBODAUX, LA 70301-7228

Agent/Broker Arthur J. Gallagher Risk Management Services, LLC  
Phone: 630-773-3800

Previous Account Balance	\$	7,467.12
Payments/Adjustments	\$	(829.68)
Current Account Balance	\$	6,637.44
<b>Past Due Amount</b>	\$	<b>0.00</b>
Current Installment Amount	\$	829.68
<b>Total Amount Due</b>	\$	<b>829.68</b>

As of the date of this notice, you are enrolled in ACH Debit.

**Any Past Due Amount is due immediately.**

- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, please contact your agent or broker listed above.
- If you mail your payment, please allow 7-10 days mailing time to ensure timely application of your payment.
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- You may also pay online or by phone. Convenience fees may apply. Our contact information is listed at the top of this statement.

Please visit our website to check your loan, make a payment, change your address and view documents online!

To access your account online you will need your loan number and temporary password located on the Welcome Letter/Notice of Acceptance. If you already changed the temporary password, you can reset your password by clicking the Forgot Password link.

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REMITTANCE STUB

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# FIRST INSURANCE<sup>®</sup>

A WINTRUST COMPANY

**Please make checks payable and mail to:**  
FIRST Insurance Funding  
PO Box 7000  
Carol Stream, IL 60197-7000

Have you moved? Please check this box and print your new address on the back.

11

**Insured**

DOUG TAUZIN HOLDINGS, LLC  
181 CHOCTAW RD  
THIBODAUX, LA 70301-7228

NOTICE DATE

5/9/2025

LOAN NUMBER

**XXX - 103357562**

CURRENT INSTALLMENT  
DUE DATE:

5/27/2025

Your loan is set up on AutoPay – ACH Debit

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Beyond Security

#6797bfef07dcd

Property

January 27, 2025

Agent Name  
Agency Name Insurance Services  
Street Name  
City, State, Zip Code

Underwriters Name  
Street Name  
City, State, Zip Code  
Telephone # & Fax #  
Underwriters email

We are pleased to offer the following quotation for insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

Policy Period:	02/27/2025 to 02/27/2026	Premium:	\$ 9,373.00
Carrier:	General Star Indemnity Company (AMBest A++)	Policy Fee:	\$ 450.00
		Taxes:	\$ 476.42
Applicant:	Doug Tauzin Holdings, LLC	Inspection Fee:	\$ 0.00
	1459 Tiger Dr	Stamp Fee:	\$ 0.00
	THIBODAUX, LA 70301	Other:	\$ 0.00
Commission:	11.00%	Total:	\$ 10,299.42
Minimum Earned Premium	25.00%		

**Quote Conditions:** SIGNED AND COMPLETED ACORD/TRIA

Condition A:

Condition B:

**Warranties:** CP 0411 - OPERATIONAL SMOKE DETECTORS AND FIRE EXTINGUISHERS.

#### Terms and Conditions:

The premium for optional Terrorism Risk Insurance Act (TRIA) coverage is \$250 Flat for packaged policies, and \$150 Flat for a monoline policy. If elected, the TRIA premium is fully earned at inception and in addition to the Premium quoted above.

As a condition of binding coverage, the applicant must accept or reject Terrorism Risk Insurance Act (TRIA) coverage by marking the appropriate box and signing the attached Policyholder Disclosure - Notice of Terrorism Insurance Coverage, form IC 09 20 01 08 attached at the conclusion of this Quote. The completed form must accompany your request to bind.

*Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.*

LENDER:

**PREMIUM FINANCE AGREEMENT**

450 Skokie Blvd, Ste 1000

Northbrook, IL 60062-7917

P:(800) 837-3707 F:(800) 837-3709

www.firstinsurancefunding.com

**FIRST INSURANCE<sup>®</sup>**  
FUNDING

A WINTRUST COMPANY

Quote #: 76875145

<b>INSURED/BORROWER</b> (Name and Address as shown on Policy) Doug Tauzin Holdings, LLC 181 Choctaw Rd Thibodaux, LA 70301-7228	Customer ID: DOUGTAU-01	<b>AGENT or BROKER</b> (Name and Business Address) Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd. Rolling Meadows, IL 60008
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**LOAN DISCLOSURE**

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
11,265.09	3,378.77	7,886.32	0.00	7,886.32	410.48	8,296.80	11.200 %

**YOUR PAYMENT SCHEDULE WILL BE:**

Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000

Number of Payments	Amount of Each Payment	First Installment Due	3/27/2025
10	829.68	Installment Due Dates	27th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

**INSURED'S AGREEMENT:**

- 1. SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.
- 2. FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge is computed using a 365-day calendar year.
- 3. LATE PAYMENT.** For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of \$10 or 5% of the delinquent installment.
- 4. PREPAYMENT.** If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

**SCHEDULE OF POLICIES**

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
BDG307766902	C00208-MAXUM INDEMNITY COMPANY G03459-AMWINS ACCESS INSURANCE SERVICES LLC [ME:25.000 %, CX:10] [90%PR]	CGL	12	2/27/2025 ERN TXS/FEES FIN TXS/FEES	621.00 300.00 44.67
IMA431059A	C00174-GENERAL STAR INDEMNITY CO G03459-AMWINS ACCESS INSURANCE SERVICES LLC [ME:25.000 %, CX:0] [90%PR]	PROP	12	2/27/2025 ERN TXS/FEES FIN TXS/FEES	9,373.00 450.00 476.42
TOTAL					11,265.09

Q# 76875145, PRN: 021825, CFG: GSBC 6-26-2020, RT: AJG, DD: N/A, BM: Invoice, Qtd For: A28117 Original, Memo 0

**5. PROMISE TO PAY.** In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.

**6. POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.

**7. SIGNATURE & ACKNOWLEDGEMENT.** Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.

**NOTICE TO INSURED:** (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.

Signed by:

Doug Tauzin

F09593FD743740C...

Signature of Insured or Authorized Agent

2/18/2025

Date

Gino Bonacci

Signature of Agent

2/18/2025

Date