

ACCOUNT NUMBER

1073 - 3261070-2

Refer to this number on all correspondence

NOTICE OF ACCEPTANCE

SUBJECT TO VERIFICATION BY INSURANCE COMPANY(IES)



AFS/IBEX Financial Services LLC
 PO Box 224528
 Dallas, TX 75222-4528
 Phone: (877) 237-4239
 Fax: (214) 954-0537
 service@afsibex.com

NOTICE DATE

7/31/2025

Borrower

(10588840)

Halmark, LLC
 3103 Kurt Street
 Eustis, FL 32726

Agent or Broker

Hillcrest Ins Agency
 18500 US Hwy 441
 Mt Dora, FL 32757

CONTRACT INFORMATION

A	B	C	D	E	F	G
Total Premium	Down Payment	Doc Stamp Tax	Amount Financed (A minus B plus C)	Finance Charge	Total of Payments (D plus E)	Annual Percentage Rate
19,776.55	5,131.64	51.45	14,696.36	716.54	15,412.90	10.501
			The Amount of Credit to be Paid	The Amount the Credit will Cost	The Total Amount to be Paid	Cost of the Credit as a Yearly Rate

PAYMENT SCHEDULE (Monthly)

Number of Payments	Amount of Each Payment	Date First Payment is Due	Day of Month Due
10	1,541.29	9/1/2025	1st

SCHEDULE OF POLICIES

Policy Number	Effective Date	Insurance Company	Premium	Taxes/Fees
VBB183346	8/1/2025	Covington Specialty Ins Co-GA	18,581.00	1,195.55
Total Must Agree with Box "A" Above >>>			19,776.55	

TO THE INSURED

We are pleased to notify you that we have accepted your Premium Finance Agreement and it is now a binding contract subject to approval of the financing by the insurance company(ies).

Make a payment or check account status online!

www.afsibex.com

Your Username: 3261070

Your Password: b&Mv6M

Cost Free Recurring ACH Auto option available online
 Login and click Enroll in Autopay

