



Agency Name and Mailing Address  
**BEN SPURGIN INSURANCE AGENCY**  
**2521 CEDAR SPRINGS RD**  
**DALLAS TX 75201-1460**

Agent No. **1052**  
Producer No. **8**  
UW Name and No.  
**STEVEN CROWDER**  
**SO**

Agency Phone No. **214-871-3322**

Other Codes

I (we) hereby make application to Great West Casualty Company for the insurance coverages indicated below. I (we) understand that this insurance will not become effective until accepted by the Company. I (we) certify that the following statements are true and that my (our) policy will be issued based on this information. **Any person who knowingly or intentionally presents, files or provides false, misleading, deceptive or otherwise materially inaccurate information to an insurer in submitting an application and/or claim, may be found guilty of insurance fraud.**

## COMMERCIAL INSURANCE APPLICATION

Issue  Quote  0 - 4 Units  5 or more **4932972**

Proposed Effective Date: **07/22/2024**

New  Renewal - Previous Policy No.: \_\_\_\_\_

Workers Compensation Application is attached.

Commercial Umbrella Application is attached.

Reporting Policy?  Revenue  Mileage  Value  Units

### APPLICANT INFORMATION

Individual  Corporation  Partnership  LLC  Joint Venture  Other:

Named Insured: **INTERSTATE LOGISTICS LLC DBA INTERSTATE LOGISTICS GROUP** **3912523**  
(IF PARTNERSHIP, LIST ALL PARTNERS' NAMES)

**2305 W INTERSTATE 20 STE 140 P** **GRAND PRAIRIE, TX 75052-3940** **TARRANT** FMCSA Number

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

City/Co Tax Codes(if applicable): \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Phone: **702-550-2947** Cell Phone: **682-812-0664** After Hours Phone: **682-812-0664** Fax: \_\_\_\_\_

E-mail \_\_\_\_\_ Contact \_\_\_\_\_ Address: **FLEET@INTERSTATELOGISTICSLLC.COM** Person **MONOROM KIV** Federal ID / Soc Sec No: **320-68-6582**

If application is for a SINGLE FULL-TIME REVENUE GENERATING POWER UNIT, please provide the following on the individual owner:  
Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

### DRIVER INFORMATION - List all part-time, full-time, family or occasional drivers (See attached GWC2597 if more than 8 drivers)

Last Name	First Name	MI	Gender	License No.	State	Pending Hire	Date of Hire	Date of Birth	No. of Years Comm'l Driving	% of Total Miles Driven
HOLLEY	JAMES	M	37304854	TX	08/01/22	10/19/94	8			
KIV	MONOROM	M	13344933	TX	07/01/22	09/24/80	18			
POPE	CHESERICK	M	19085383	TX	08/07/23	02/07/80	20			
TRAN	JOHN	M	00221872	TX	07/01/22	01/01/85	15			

### COMMERCIAL AUTO COVERAGE and LIMITS OF INSURANCE (If no limit or deductible entered, no coverage provided):

LIABILITY: <b>1000/CSL/CSL</b>	UM: <b>85/CSL</b>	Yes <input type="checkbox"/> CHOICE COVERAGE	Yes <input type="checkbox"/> TERRORISM
MED PAY: _____	UIM: _____	<input checked="" type="checkbox"/> CHOICE PLUS COVERAGE	
PIP: <b>BASIC</b>	UM/UIM PD: <b>CSL</b>	<input checked="" type="checkbox"/> HIRED AUTO LIABILITY (est. cost of hire): \$ _____	
ADDED PIP: _____	UM/UIM PD DED: <b>250</b>	<input checked="" type="checkbox"/> BAILEE (est. cost of hire): \$ <b>1,000</b>	BAILEE LIMIT: <b>150,000</b>
(attach SIGNED/DATED UM forms)			
PHYSICAL DAMAGE: <input checked="" type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> SPECIFIED PERILS	BAILEE DEDUCTIBLE: <input checked="" type="checkbox"/> COMP	<input type="checkbox"/> SP: <b>1,000</b>
DEDUCTIBLE: COMP / SP	COLLISION	COLLISION:	<b>1,000</b>
TRACTOR: <b>1,000</b>	<b>1,000</b>	Non-Owned Trailers (56)	<input type="checkbox"/> Comprehensive
TRAILER: <b>1,000</b>	<b>1,000</b>	Owned Trailers (57)	<input type="checkbox"/> Comprehensive
TRUCK: <b>1,000</b>	<b>1,000</b>	TRAILER INTERCHANGE: LIMIT:	DEDUCTIBLE:
OTHER: <b>1,000</b>	<b>1,000</b>	Gross Revenue <input type="checkbox"/>	Mileage <input type="checkbox"/>
		Per Auto <input type="checkbox"/>	Oral Agreement <input type="checkbox"/>
		Excess <input type="checkbox"/>	

**CARGO AND INLAND MARINE COVERAGE and LIMITS OF INSURANCE (If no limit or ded entered, no coverage provided):**

BROAD FORM CARGO: see 1,000 DEDUCTIBLE  Yes  No Increased Cargo Limits Needed?  
 Declarations page Per Loss Limit \_\_\_\_\_ when \_\_\_\_\_ (name shipper, auto or commodity)

HIRED AUTO CARGO: 100,000 DEDUCTIBLE 1,000 Per Loss Limit \_\_\_\_\_ when \_\_\_\_\_ (name shipper, auto or commodity)

**DESCRIPTION OF PROPERTY**

INLAND MARINE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL LIABILITY COVERAGE and LIMITS OF INSURANCE (If no limit entered, no coverage provided):**

General Aggregate: 2,000,000 Products & Completed Operations Aggregate: 2,000,000  
 Each Occurrence: 1,000,000 Personal & Advertising Injury: 1,000,000  
 Employee Benefit Liability \_\_\_\_\_ / Damage to Premises Rented to You: \$100,000  
 Estimated Number of Employees: \_\_\_\_\_ Medical Expense (Any one Person): \$5,000  
 Stop Gap Coverage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List any entities or operations to be excluded from this coverage part. (If none, state none.)

**NONE**  
 List all products sold, handled or distributed by all companies to be insured, including their intended use. (If none, state none)  
 Product \_\_\_\_\_ Use \_\_\_\_\_ Annual Sales \_\_\_\_\_  
**NONE**

**SCHEDULE OF HAZARDS**

Location (Address, City, State, Zip)	Classification	Class Code	Terr.	Prem Basis	Exposure
<b>2305 W INTERSTATE 20 STE 140 GRAND PRAIRIE TX, 75052-3940</b>	<b>TRUCK TERMINAL OPERATIONS</b>	<b>99793</b>	<b>01</b>	<b>R</b>	<b>1,200,000</b>

Percent of time you pick up and deliver within: (Must total 100%) 75mi <u>72</u> 76 to 150 mi <u>26</u> 151 to 300 mi <u>1</u> 301 to 500 mi <u>1</u> Zone 1 _____ Zone 2 _____ Zone 3 _____ Zone 4 _____
States/areas selected in zones: _____
List the metropolitan areas into which you pick up or deliver <b>SEE REMARKS-1</b> (Please attach copies of most recent Pro Rate Sheets/IFTA miles)

**ZONE DESCRIPTIONS**

Zone 1	CT, DE, DC, FL, LA, ME, MD, MA, MS, NH, NJ, NY, RI, VT, WV <i>*Zone 1 includes metropolitan areas of: Riverside, CA and Austin, Beaumont, Corpus Christi, Dallas, El Paso, Ft. Worth, Galveston, Houston and San Antonio, TX. Zone 01 also includes the counties of: Alameda, Los Angeles, Orange, San Diego, San Francisco and San Mateo, CA</i>
Zone 2	AL, AZ, AR, CA(*), GA, IL, IN, MI, MO, OH, PA, TX(*), VA, WA
Zone 3	CO, KY, MN, NV, NC, OK, OR, SC, TN, WI
Zone 4	ID, IA, KS, MT, NE, NM, ND, SD, UT, WY

**COMMODITIES**

Complete the commodity category hauled with the <b>maximum</b> load value and the percentage of each commodity category hauled.								
Commodity Category	Max Value Per Load	%	Commodity Category	Max Value Per Load	%	Commodity Category	Max Value Per Load	%
Agricultural Products			Food - Frozen			Mobile/Modular Homes		
Auto/Machinery Parts			Food - Refrigerated			Motorized Vehicles		
Beverages	<u>50000</u>	<u>25</u>	Food - All Other	<u>50000</u>	<u>25</u>	Nursery Stock		
Building Materials			Generators/AC Units			Paper/Plastic Products	<u>50000</u>	<u>50</u>
Chemical/Petroleum			Grain, Feed, Hay, Cotton			Pharmaceuticals		
Construction Aggregate			Hazardous Materials			Scrap Metal		
Containers			Livestock			Wood		
Dry Freight			Mail			Other*		
Electronics/Appliances			Mobile Equipment					

\*If Other, list commodities hauled:

## BODY TYPE SYMBOLS

TRACTOR (T)		TRAILER (ST)				TANK TRAILER (ST)			TRUCK (TRK)			OTHER		
Cab-Over	T	Auto Transport	ATT	Grain Trailer	GRT	Compressed Gas	CST	Insulated Single	STI	Car	PP			
Conventional	CT	Belly Dump	BDT	Jeep	JST	Gasoline	GST	Insulated Tandem	TTI	Van	UTV			
Hot Shot	HT	Booster	BOT	Live Bottom	LBT	Insulated Tank	ITT	Sgl Axle Dump	SDT	Lgt Trk 5th Wheel	LTF			
Shag	SHT	Cage	CGT	Livestock	LST	Pneumatic	PST	Sgl Axle Lined Trk	SLT	Lgt Trk Comm'l	LTC			
Single Axle	SAT	Chassis	CBT	Logging	LOG	Stainless Steel	SST	Single Axle	S	Lgt Trk Gsneck	LTG			
Spare	SPT	Curtain Side	CRT	Low Boy	BST	Misc. Tanker	MST	Spare Tandem	STA	Lgt Trk Service	LTS			
Tri-Axle	TAT	Cotton	CNT	Mulch	MLH			Spare Truck	STR	Van (Comm'l)	UTC			
Yard	YDT	Dolly	DOL	Pole	PLT	Side Dump	TSD	Tandem Axle	TA	Van (non Comm'l)	VAN			
VA policies only:		End Dump	DST	Pup	PT	Walking Floor	WFT	Tandem Dump	DT					
Coal Tractor	COT	Flatbed	FST	Pup End Dump	PDT	Wind Blade	WBT	Tank	TT	VA policies only:				
		Flip Axle	FAX	Pup Tandem	PTA	Van	VST	Tri-Axle Dump	TDT	Multi Axle Coal	CMT			
		Gooseneck	GNL	Reefer	RST	VA policies only:			Tri-Axle Lined Dump	TLT	Sgl Axle Coal	SCT		
		Grain Hopper	HST	Roll Off Flatbed	ROF	Coal Trailer	CAT							

**SCHEDULE OF AUTOS - IMPORTANT** - Values are constantly changing. Be sure values reflect the actual current value of the units.

(if more than 20 units, see attached GWC2599)

\*Check box if power unit is primarily driven by the owner of the unit. \*\*Check box if Current Value includes the value of any APU (auxiliary power unit).

(To add Lease/Finance value, please attach Lease/Sales agreement & Amortization Schedules.)

(To add more units and/or Additional Interests, attach GWC2599)

**QUESTIONNAIRE****Primary Liability questions**

Completed full years in business with own authority: 2 My DOT rating is: **NONE**

Yes  No

Do you transport any hazardous commodities/waste? If yes, explain: \_\_\_\_\_

Have you had any bodily injury, property damage or collision losses in the past 2 years?

Have you had any other losses in the past 2 years?

Has your insurance ever been cancelled / non-renewed? If yes, explain: \_\_\_\_\_  
(DO NOT answer if you are a Missouri applicant)

Do you pull doubles?

Do you pull triples?

Do you use any subhaulers to haul freight?

Do you loan, lease or rent vehicles to others with or without drivers? If yes, explain: \_\_\_\_\_

Do you lease onto another motor carrier? If yes, list name of motor carrier: \_\_\_\_\_

N/A Does the lease agreement require you to provide primary liability insurance?

Do you permanently lease owner/operators? If yes, how many? \_\_\_\_\_

N/A Does the lease agreement require the owner/operator to provide primary liability insurance? Limits required: \_\_\_\_\_

N/A If yes, do you want excess coverage over the owner/operator insurance?

Do you operate as a broker or freight forwarder? (if yes, complete Brokerage/Freight Forwarder Coverage Application)

N/A Are all employees covered by work comp?

Name of current Work Comp carrier? \_\_\_\_\_

Are there any other operations under your control or authority? (i.e., garage, truck wash, farm, towing operations, freight forwarders, brokers). If yes, explain: \_\_\_\_\_

Any moving or non-moving violation for any driver in the past 3 years?

Do you participate in a drug testing program?

Do your driver files conform to DOT requirements?

Do you utilize PSP (Pre-Employment Screening) as part of your hiring process?

Do you allow passengers? If yes, explain: \_\_\_\_\_

Is all commercial or mobile equipment that you own or operate under your authority described in this application? If no, explain: \_\_\_\_\_

**General Liability questions**

Do operations involve distributing, storing, treating, discharging, applying, disposing or transporting of hazardous or radioactive material? (e.g. landfills, waste, fuel, tanks, etc.)  
If yes, explain: \_\_\_\_\_

Were any operations sold, acquired or discontinued in last 5 years? If yes, explain: \_\_\_\_\_

Were any of your employees covered under State Fund policies in MT, ND, OH, WA or WY?  
If yes, list states: \_\_\_\_\_

Do you operate a trailer washout facility? If yes, explain: \_\_\_\_\_

**Complete following Primary Liability questions only for 5+ unit accounts.**Name of Safety Director: **MONOROM KIV**

Average number of loaded trailers on premises owned, leased or rented by you? \_\_\_\_\_

List special equipment mounted or attached. \_\_\_\_\_

Describe your vehicle maintenance program. \_\_\_\_\_

Has there been a significant change in operation the last 12 months?  Yes  No  
If yes, explain: \_\_\_\_\_Does management review all incidents resulting in a loss?  Yes  No. If yes, what do your reviews include? \_\_\_\_\_**PAYMENT PLAN**Terms of Payment  Annual  Installments - Number: \_\_\_\_\_ Downpayment \_\_\_\_\_  Continuous  Direct Bill

**EXPERIENCE** (1 - 9) Unit Applicants only need complete Next Year and Current Year)

	Revenue	Mileage	Units
Next Year	<b>1,200,000</b>	<b>120,000</b>	<b>2</b>
Current Year	<b>1,200,000</b>	<b>120,000</b>	<b>2</b>
1st Previous Year			
2nd Previous Year			
3rd Previous Year			
4th Previous Year			

**OTHER COVERAGES - (If no limit or deductible entered or coverage checked, no coverage is provided):**

Coverage	Limits	Deductible	Per day	No. of days			
Motor Carrier Reimbursement*			Rental Reimbursement	<input type="checkbox"/> Comp	<input type="checkbox"/> SP		
<input type="checkbox"/> All	<input type="checkbox"/> Units**		<input type="checkbox"/> All	<input type="checkbox"/> Units**	<input type="checkbox"/> Coll		
Physical Damage			<input type="checkbox"/> Commercial Auto Extension*				
Cargo			<input type="checkbox"/> Broadened PIP				
Liability			<input type="checkbox"/> Leasing/Rental - Contingent Limit:				
			<input type="checkbox"/> Leasing/Rental - Physical Damage				
			<input type="checkbox"/> Physical Damage - Mexico				
			<input type="checkbox"/> Miscellaneous Equipment Limit:				
Limited Silica Coverage							

**\* Attach copy of Agreement**      **\*\* If coverage is not on all units, list individual Units covered below or on GWC2598 Optional Coverages Supplement**

**Check to add any coverage below, and complete GWC2560, Optional Coverage Application:**

Garagekeepers       Drive Other Car       Physical Damage Location  
 Cargo Location       Electronic Equipment       Shipping Container Coverage

#### Waiver of Subrogation

## LOCATIONS

Location No.	Address, City, State & Zip	Terminal	Yes	No
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	

**REMARKS****1. METRO AREAS: GRAND PRAIRIE, TX****2. TRUCK COMMODITIES HAULED: PAPER GOODS PLASTICS CANNED FOOD BEVERAGES**

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**FAILURE TO SUBMIT ALL CURRENT MVR'S AND ALL SIGNED AND DATED ADDITIONAL SIGNATURE FORMS (UM, ETC.),  
ON OR PRIOR TO THE INCEPTION DATE, WILL RESULT IN THE REQUESTED COVERAGES NOT BEING BOUND.**

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**INSURED AGREEMENT**

Applicant understands and agrees to guarantee payment of earned premium to final termination date of policy and authorizes us to obtain the Motor Vehicle Report and CSA information for all drivers listed on this Application as needed for rating/underwriting purposes.

By checking this box, I, the undersigned, authorize Great West Casualty Company to obtain my individual credit-based insurance score for purposes of rating/underwriting a commercial insurance policy. I understand that my individual credit-based insurance score will only be used for purposes of rating/underwriting this application for insurance and any future renewal of a commercial insurance policy underwritten by Great West Casualty Company or its affiliates.

Yes, I would like to receive an electronic copy of my insurance policy and, where permitted by law, all other insurance forms, including but not limited to, notices of cancellation and nonrenewal, rather than a paper copy and affirm that I have reviewed the **E-Delivery Disclosure**.

I hereby certify that to the best of my knowledge, the above statements and answers are true and complete and are made as the basis and condition of the insurance applied for in this Application. **Any person who knowingly or intentionally presents, files or provides false, misleading, deceptive or otherwise materially inaccurate information to an insurer in submitting an application and/or claim may be found guilty of insurance fraud.**

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INSURED SIGNATURE

Monrom Kiv

Printed Name of Signature

7/22/24

DATE

President

Title

**RALPH E FRENCH**

PRODUCER



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## FILING INFORMATION SCHEDULE COMMERCIAL INSURANCE

NAMED INSURED: **INTERSTATE LOGISTICS LLC**

FILINGS MUST BE MADE UNDER THE EXACT NAME & ADDRESS FILED WITH EACH STATE IN WHICH THE INSURED HAS APPLIED FOR AUTHORITY. COMPLETE SEPARATE FILING INFORMATION SCHEDULE FOR EACH ENTITY.

DBA Name: **INTERSTATE LOGISTICS GROUP**

Address: **2305 W INTERSTATE 20 STE 140 PMB 527**  
City, State Zip: **GRAND PRAIRIE, TX 75052-3940**

### FMCSA FILING INFORMATION

FMCSA No.: **01444748**

Type of Authority:

- |  |   |
|--|---|
| <input type="checkbox"/> Motor Carrier, Property                 | <input type="checkbox"/> For-Hire Property Motor Carrier Exempt Commodities |
| <input type="checkbox"/> Broker, Property                        | <input type="checkbox"/> Freight Forwarder, Property                        |
| <input type="checkbox"/> Motor Carrier, Property Household Goods | <input type="checkbox"/> Private Property Motor Carrier Hazardous Materials |
| <input type="checkbox"/> Broker, Household Goods                 | <input type="checkbox"/> Freight Forwarder, Household Goods                 |
| <input type="checkbox"/>   |   |

### EXEMPT, PRIVATE OR INTRASTATE FILING INFORMATION

Intrastate Common Carrier     Intrastate Contract Carrier     Private     Exempt

**LIABILITY:** "X" states requiring filings. Indicate Permit Numbers. (\*Mandatory)

St	Permit No.	St	Permit No.	St	Permit No.	St	Permit No.	St	Permit No.
<input type="checkbox"/> AL	_____	<input type="checkbox"/> IN	_____	<input type="checkbox"/> MO	_____	<input type="checkbox"/> NY	_____	<input type="checkbox"/> TN	_____
<input type="checkbox"/> AR	_____	<input type="checkbox"/> KS	_____	<input type="checkbox"/> MS	_____	<input type="checkbox"/> OH	_____	<input type="checkbox"/> TX	_____
<input type="checkbox"/> CA*	_____	<input type="checkbox"/> KY	_____	<input type="checkbox"/> MT	_____	<input type="checkbox"/> OK*	_____	<input type="checkbox"/> VA*	_____
<input type="checkbox"/> CO	_____	<input type="checkbox"/> LA	_____	<input type="checkbox"/> NC	_____	<input type="checkbox"/> OR	_____	<input type="checkbox"/> WA	_____
<input type="checkbox"/> GA	_____	<input type="checkbox"/> ME	_____	<input type="checkbox"/> NH	_____	<input type="checkbox"/> PA*	_____	<input type="checkbox"/> WI*	_____
<input type="checkbox"/> IA*	_____	<input type="checkbox"/> MI	_____	<input type="checkbox"/> NM*	_____	<input type="checkbox"/> RI	_____	<input type="checkbox"/> WV	_____
<input type="checkbox"/> IL	_____	<input type="checkbox"/> MN	_____	<input type="checkbox"/> NV	_____	<input type="checkbox"/> SC	_____	<input type="checkbox"/> WY	_____

**CARGO:** "X" states requiring filings. Indicate Permit Numbers. (\*Mandatory)

St	Permit No.	St	Permit No.	St	Permit No.	St	Permit No.
<input type="checkbox"/> AL	_____	<input type="checkbox"/> KS	_____	<input type="checkbox"/> PA*	_____	<input type="checkbox"/> VA*	_____
<input type="checkbox"/> IL	_____	<input type="checkbox"/> OR	_____	<input type="checkbox"/> SC	_____	<input type="checkbox"/> WY	_____

### CANADIAN FILING INFORMATION

All Canadian provinces require \$1 Million CSL Liability limit.

Prov  
 BC\*

OVERSIZE/OVERWEIGHT: \_\_\_\_\_

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## E-Delivery Disclosure

By checking the box on the Application, you are giving consent for Great West Casualty Company and its affiliated companies ("Great West") to electronically deliver documents related to your insurance policy. These include but are not limited to, the policy, any endorsements, certificates, invoice statements, and driver ID cards. This will apply to all documents throughout the course of your relationship with Great West.

Where allowed, you are also agreeing to electronically receive any notices related to your policy, such as notices of changes to your policy, notices of premium increase, and notice of cancellation or nonrenewal. This will apply to all notices related to your policy throughout the course of your relationship with Great West.

The hardware and software requirements to receive documents electronically include a current web browser and ability to view PDF documents in that browser. Other functions of the Portal may require additional functionality, such as Adobe Flash Player.

You have the option to receive a physical copy of any document at your request, and to withdraw your consent to receive all documents electronically. You may also update your contact information with Great West at any time by contacting your agent or the Great West Service Center at 888-603-6063 or [service@gwccnet.com](mailto:service@gwccnet.com). You are encouraged to be diligent in updating your contact information with Great West on a regular basis in order to ensure you receive the above listed notices.

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Policy Number: \_\_\_\_\_

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## TEXAS UNINSURED AND UNDERINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE SELECTION FORM

### UNINSURED AND UNDERINSURED MOTORISTS COVERAGE:

According to Texas Insurance Code (Article 5.06-1), Uninsured (UM) and Underinsured (UIM) Motorists Coverage must be provided at minimum limits of \$30,000 per person/\$60,000 per accident for bodily injury and \$25,000 for property damage, or \$85,000 Combined Single Limit. UM and UIM Coverage provides for the protection of any person insured under the policy who is legally entitled to recover from the owners or operators of uninsured and underinsured motor vehicles because of bodily injury caused by accident. You have the right to reject this coverage by a signed, written rejection.

Selection of Uninsured and Underinsured Motorists Coverage is as follows: (Please indicate by an X)

- Uninsured and Underinsured Motorists Coverage is **REJECTED**.
- Uninsured and Underinsured Motorists Coverage is **SELECTED** at minimum limits of \$30,000 per person, \$60,000 for each accident for bodily injury, \$25,000 for property damage.
- Uninsured and Underinsured Motorists Coverage is **SELECTED** at a Combined Single Limit of \$85,000.
- Uninsured and Underinsured Motorists Coverage is **SELECTED** at higher limits of:  
\$ \_\_\_\_\_ per person/\$ \_\_\_\_\_ per accident and  
\$ \_\_\_\_\_ for property damage; or \$ \_\_\_\_\_ Combined Single Limit  
(not to exceed auto liability policy limits).

### PERSONAL INJURY PROTECTION:

Texas Insurance Code (Section 1952.153) mandates Personal Injury Protection (PIP) coverage at a basic limit of \$2,500. PIP Coverage consists of provisions in an auto liability policy which provide for payment of reasonable medical expenses and loss of income as the result of the accident. PIP benefits are payable without regard to fault in causing or contributing to the accident. This coverage may be **REJECTED**.

Selection of Personal Injury Protection Coverage is as follows: (Please indicate by an X)

- Personal Injury Protection Coverage is **REJECTED**.
- Personal Injury Protection Coverage is **SELECTED**.

**The undersigned understands that the selection made for Uninsured/Underinsured Motorists and Personal Injury Protection Coverages will apply to this policy, any future renewals of this policy, and all replacement policies issued by Great West Casualty Company or any of its affiliates until you notify us in writing to change your selection. Every applicant/named insured must be listed separately and sign this form. If the Applicant/Named Insured is not an individual, an authorized representative must sign this form.**

Applicant/Named Insured (print):		Interstate Logistics, LLC.	
Signature:			Date:
Printed Name of Signature:	Monorom Kiv		Title: President
Applicant/Named Insured (print):			
Signature:			Date:
Printed Name of Signature:			Title:

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# GREAT WEST CASUALTY COMPANY

*The Difference is Service®*

Old Republic Life Ins. Co. \* Old Republic Union Ins. Co. \* American Business & Mercantile Ins. Mutual

## ACH AUTHORIZATION FORM FOR RECURRING AUTOMATIC PAYMENTS

Policy No.: **GRT26185A**

Policy Date: **07/22/2024**

Policyholder Name: **INTERSTATE LOGISTICS GROUP**

Agency: **BEN SPURGIN INSURANCE AGENCY**

Bank Name, Address and Phone:

Name on Bank Account:

Bank Routing No: \_\_\_\_\_ Bank Account No: \_\_\_\_\_ Checking  Savings

If you'd like to get the freedom offered by our ACH Program, please complete all information requested OR return with your voided, unsigned check.

NAME ADDRESS CITY, STATE, ZIP	123
PAY TO THE ORDER OF:	DATE
<b>SAMPLE</b>	
DOLLARS	\$
BANK NAME BANK ADDRESS	
FOR: 125108366	12 3456789
123	

Routing Number

Account Number

Check Number

### Please read the following and authorize us to enroll you in the ACH Program for automatic payments.

I request and authorize the electronic transfer from my account at the financial institution named above all regularly scheduled premium and related payments, including applicable late fees, NSF fees, or other such fees as allowed by law, on policies which are now or in the future will be placed under the ACH payment option. The date and amount of withdrawals will be as specified in an installment payment schedule provided to me, or the prior business day if such scheduled date is a weekend or holiday.

This authorization may be revoked by either party at any time PROVIDED that revocation received less than five (5) business days in advance may not be effective for any withdrawal pending at that time. I also authorize automatic withdrawal of late fees and/or NSF fees as allowed by law if a payment authorized under this agreement is not honored for any reason, or the amount due is not paid as required. I authorize you to resubmit any withdrawal at any time if the original withdrawal is not honored for any reason, but agree you are under no obligation to do so. I understand that my policy may be cancelled for nonpayment of premium if I do not have sufficient funds in my account to cover the amount of the schedule withdrawal, as allowed by law.

\_\_\_\_\_  
Account Holder's/Policyholder's Signature

\_\_\_\_\_  
Date

**RETURN ONE SIGNED ORIGINAL COPY OF THIS FORM TO US AND KEEP ONE COPY FOR YOUR FILES.**

Great West Casualty Company  
ATTN: Direct Bill Assistants  
P. O. Box 277, South Sioux City NE 68776

E-mail: [billing@gwccnet.com](mailto:billing@gwccnet.com)  
Contact Number: 1 (800) 552-9130  
Fax Number: 1(402) 494-7480

*NOTE TO AGENTS: This form is ONLY to be used to authorize automatic recurring payments. Use a Bind Order for down payment or other special instructions.*

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