



Agent Name: JUAN PEREIRA
Agent Fax Number: 1-281-599-3840
Agent Code: 16833

Policy number: 06311549-0

Policyholder:

LOADS UNLIMITED LLC

Policy period: Nov 16, 2017 - Nov 16, 2018

Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

☐ Signed Electronic Funds Transfer (EFT) Authorization

Fax to: Progressive
1-800-556-0014

Form Fax C/R (05/08)

Insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.



Insurance Company

State Farm Mutual Automobile Insurance Company

Phone: 800-STATE-FARM (800-782-8332)

Agent or Producer 2223-B4A

ODY MCCOWN

PHONE# (936)231-8703

Policy Number 163 0255-B05-53I

Renewal Effective Date AUG 05 2017 to
Renewal Expiration Date FEB 05 2018

Coverages

- /EH 1 A P2500 H U
- /EH 2 A P2500 D500 G500 H U
- /EH 3 A P2500 D500 G500 H U
- /EH 4 A P2500 D500 G500 H U

Vehicle - Year, Make, Model of Covered Vehicle, VIN

- 1 2000 INFINITI I30
JNKCA31A6YT108330
- 2 2005 CHEVROLET TRAILBLAZE
1GNES16S956106022
- 3 2005 TOYOTA COROLLA
1NXBR32E45Z476420
- 4 2013 RAM 3500
3C63RPJL8DG568185

Insured LAMPKINS, JOHNATHAN &
JAMILA E
19139 YELLOW THRUSH DR
CYPRESS TX 77433-2136

Drivers: JAMILA

JOHNATHAN

147867.1 03-25-2015 (o1b031mg)

KEEP THIS LIABILITY INSURANCE CARD IN YOUR VEHICLE OR POSSESSION

MUTL VOL

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other

The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

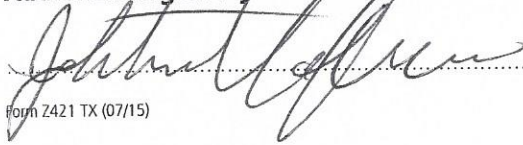
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

By signing below, I appoint the President of the Company, with full power of substitution, as my proxy and with authority to vote for me, in my absence, at any membership meeting. The authority granted to the President shall remain in effect for as long as I am a policyholder of the Company, provided that I may revoke the authority granted to the President at any time by providing written notice. I agree to be governed by the provisions of Chapter 912, Texas Insurance Code 2003.

**Signature of first named insured or
Authorized signatory of the named insured entity**

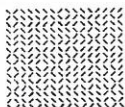
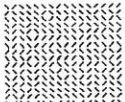
Date

X



11/8/17

Form Z421 TX (07/15)



Confirmation of authorization for your first installment payment

This is to confirm the authorization you gave for your first installment payment to be made by EFT. This authorization applies to your first installment only. After your first installment payment, we cannot withdraw funds from your checking account for future payments unless you provide us with another authorization. An authorization form is included in this package. The owner of the checking account or an authorized signer on the account must sign this form and mail or fax it to Progressive.

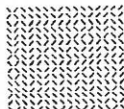
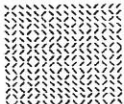
Name on account: JOHNATHAN LAMPKINS

Account number: *****4150

Payment amount authorized: \$725.45

Authorization date: November 8, 2017

Form 2686 (05/06)



Electronic funds transfer (EFT) authorization

I authorize Progressive County Mutual Ins Co and its corporate and mutual company affiliates ("Company") to initiate scheduled deductions from the bank account, identified below, for payment of premium on the insurance policy issued to me by Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand that this authorization allows Company to adjust the scheduled deductions to reflect any premium changes. Company agrees that it shall notify me at least ten (10) days prior to making any deduction that will be less than the previous deduction.

I understand that Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of ACH (Automated Clearing House) transactions to the account must comply with the provisions of U.S. law.

Bank information

Name on account: JOHNATHAN LAMPKINS

Account number: *****4150

Routing number: *****0659

This authorization will remain in effect until I notify Company of its termination, either in writing, electronically or by calling a Company representative, in such time and manner as to afford Company a reasonable opportunity to act on it.

Signature (must be a person authorized to sign on this account)

Date

X

Johnathan Lampkins

11/8/17

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for withdrawals.



Agent compensation disclosure

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive County Mutual Ins Co and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Form Z181 (05/05)

Policy number: 06311549-0

Policyholder:

LOADS UNLIMITED LLC

November 8, 2017

Policy period: Nov 16, 2017 - Nov 16, 2018

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Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount
Dec 16, 2017	\$725.45
Jan 16, 2018	\$725.45
Feb 16, 2018	\$725.45
Mar 16, 2018	\$725.45

Date of withdrawal	Amount
Apr 16, 2018	\$725.45
May 16, 2018	\$725.45
Jun 16, 2018	\$725.45
Jul 16, 2018	\$725.45

Date of withdrawal	Amount
Aug 16, 2018	\$725.40

Total Premium: \$8,109.00

Payment Option: 10 payments

An installment fee of \$5.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.

JUAN PEREIRA
JLP AGENCY SERVICES
3719 N FRY RD STE C
KATY, TX 77449

PROGRESSIVE
COMMERCIAL

LOADS UNLIMITED LLC
19139 YELLOW THRUSH DR
CYPRESS, TX 77433

Policy number: 06311549-0

Underwritten by:
Progressive County Mutual Ins Co
November 8, 2017
Policy Period: Nov 16, 2017 - Nov 16, 2018
Online Service
progressiveagent.com
Customer Service
1-800-444-4487

Payment Receipt for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$1,625.00
Payment Method: Credit Card
Card Type: Credit
Account number: ***** 8443
Merchant ID: Progressive County Mutual Ins Co
Form Payrec (08/09)