

4284 - JLP Agency Services  
3719 N Fry Rd, Suite C  
Katy, TX 77449  
281-599-3741  
281-599-3840

Texas Specialty Underwriters, Inc. - 0500  
Tammy McGregor  
510 Turtle Cove Ste 200  
Rockwall, Tx 75087  
972-771-5653  
972-722-5392

Hallmark County Mutual Insurance Company (A-Excellent VIII)

Auto Rating Version 0 - Texas Rating #4.46000

☒ New Quote ☐ Renewal Quote

Quote Number: 287671  
Policy Number:  
Expiring Policy Number:  
Approval Code : HCM012017

Quote Date: 09/28/2017  
Quote Time: 20:29  
Policy Effective Date: 09/28/2017  
Policy Expiration Date: 09/28/2018  
Term: 12 months

Insured Name:  
DBA / Name 2: PRECISE TIME TRUCKING LLC  
Mailing Address: 13119 DAYWOOD DR  
City/State/Zip: HOUSTON, TX 77038

Primary Address: 13119 DAYWOOD DR  
City/State/Zip: HOUSTON, TX 77038  
Telephone Number:

State Filing: 772369 VOID  
ICC Filing: 50145  
DOT Number: 3051618

REMARKS

SUBJECT TO CURRENT MVRs  
SUBJECT TO INSPECTION, SUBJECT TO COMPLETED AND SIGNED COMPANY APPLICATION

Previous Carrier: NEW VENTURE

Type of Cargo Hauled: PIPE AND BUILDING MATERIALS

BUSINESS DESCRIPTION

TRUCKMAN

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☒ Organization Other than Above

Coverage:

07	BODILY INJURY	1,000,000	\$	9543.00
	PROPERTY DAMAGE	INCLUDED	\$	0.00
	COMP (OTC)	NONE	\$	0.00
	COLLISION	NONE	\$	0.00
	PERSONAL INJURY PROTECTION	None	\$	0.00
	Uninsured/Underinsured Motorist	None	\$	0.00
	ADDITIONAL INSUREDS (FULLY EARNED)	0	\$	0.00
	WAIVER OF SUBROGATION (FULLY EARNED)	0	\$	0.00
	FILINGS REQUIRED : DOT	Yes	\$	
	MEXICO LIMITED COVERAGE	No		
08	Hired Auto	No	\$	0.00
09	Non Owned Auto	No	\$	0.00
	Bob Tail Liability Coverage	No		
	Trailer Interchange		\$	0.00
	Hired Car Physical Damage		\$	0.00
	Non Owned Trailer Physical Damage		\$	0.00
Employee Driving Records:		1.000	Subtotal	\$ 9543.00
Renewal Discount:		0%	MVR Fee	\$ 0.00
Total Applied Liability Factor:		1.25	Misc Fees (FULLY EARNED)	\$ 0.00
Total Applied Physical Damage Factor:		1.25	Policy Fee (FULLY EARNED)	\$ 150.00
			ATP Authority Fee	\$ 2.00
			TOTAL	\$ 9695.00

**DRIVER INFORMATION**

Driver #	Driver Name	Date of Birth	License Number	State
1	ERNESTO PEREZ RAMIREZ	4/11/72	346 33215	TX



**TEXAS**

**COMMERCIAL  
DRIVER LICENSE**



*Steven C. McRae* DIRECTOR



*[Signature]*

4d CDL **34653215**

9 Class **A**

4a Iss **07/03/2017**

4b Exp **04/11/2021**

3 DOB **04/11/1972**

1 **PEREZ RAMIREZ**

2 **ERNESTO**

8 **17708 NORTH HAGEN DR  
HOUSTON TX 77084**

12 Restrictions **NONE**

9a End **NONE**

16 Hgt **5'-06"**

15 Sex **M**

18 Eyes **BLK**

5 DD **04211760176023467474**

**ATTENTION APPLICANT:**

**MANDATORY ENDORSEMENTS**

<input checked="" type="checkbox"/>	TXCA1A	Business Auto Coverage Form
<input checked="" type="checkbox"/>	TXCA100	Business Auto Schedule of Forms and Endorsements
<input checked="" type="checkbox"/>	IL0017 (11/98)	Common Policy Conditions
<input checked="" type="checkbox"/>	CA0001 (03/06)	Business Auto Coverage Form
<input checked="" type="checkbox"/>	IL0021 (09/08)	Nuclear Energy Liability Exclusion
<input checked="" type="checkbox"/>	CA2015 (12/04)	Mobile Equipment
<input checked="" type="checkbox"/>	CA0196 (03/06)	Texas Changes
<input checked="" type="checkbox"/>	CA0243 (03/01)	Texas Changes – Cancellation and Non Renewal
<input checked="" type="checkbox"/>	IL0003 (09/08)	Calculation of Premium

**OTHER ENDORSEMENTS**

<input type="checkbox"/>	TXCA1B	Business Auto Coverage Form Declarations Continued
<input type="checkbox"/>	TXCA1C	Business Auto Schedule of Covered Autos Extension
<input type="checkbox"/>	CA9903	Auto Medical Payments Coverage
<input type="checkbox"/>	CA9995	Texas Supplementary Death Benefit
<input type="checkbox"/>	CA0301	Deductible Liability Coverage
<input type="checkbox"/>	CA2264	Texas Personal Injury Protection
<input type="checkbox"/>	CA0121	Limited Mexico Coverage
<input type="checkbox"/>	CA2109	Texas Uninsured/Underinsured Motorists Coverage
<input type="checkbox"/>	CA3125	Texas Split Uninsured/Underinsured Motorists Coverage Limits
<input type="checkbox"/>	CA2046A (03/92)	Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)
<input type="checkbox"/>	CA2336	Texas Form F-1
<input type="checkbox"/>	CA9901T	Additional Insured
<input type="checkbox"/>	CA2076	Exclusion of Named Driver
<input type="checkbox"/>	CA9944	Loss Payable Clause
<input type="checkbox"/>	CA2309	Truckers – Insurance for Non Trucking Use
<input type="checkbox"/>	CA2333	Texas Truckers Endorsement
<input type="checkbox"/>	CA0401	Texas Stated Amount Insurance
<input type="checkbox"/>	CA0202A	Cancellation Provision or Coverage Change Endorsement
<input type="checkbox"/>	CA2037	Texas - Emergency Use Excluded
<input type="checkbox"/>	CA2018	Professional Services Not Covered
<input type="checkbox"/>	MCS-90	Motor Carrier Insurance for Public Liability

**NOTE:** Other Endorsements may apply. Refer to your policy for a complete listing.

**NOTICE: THE FOLLOWING PERTAINS TO THE FAIR CREDIT REPORTING ACT.**

In addition to routine verification of information pursuant to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested. If such a report is procured.

This application is not an insurance policy or an insurance contract. Your agreement to these terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage, and **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant warrants that the information provided on this application is true, complete and correct based on his/her records, knowledge, and willful concealment or misrepresentation of a material fact or circumstances shall void any policy issued.

X   
Signature of Applicant Position or Title

X 9/29/17  
Date



### Proxy Statement

I hereby appoint the President and Secretary of the Company, or their successors in office, with full power in either to appoint or substitute, to be the undersigned's lawful proxy and attorney in fact, and said attorney is hereby authorized and empowered to attend any policyholder meeting, or any adjournment or adjournments thereof, and to represent, vote and otherwise act for the undersigned in the same manner and with the same effect as if the undersigned were personally present. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoked by me in writing and shall be irrevocable for the full period permitted by law. I agree to be bound by the provisions of Chapter 912, Texas Insurance Code.

X

Signature of Named Insured

Date

9/29/17

### Uninsured/Underinsured Motorists Coverage Acceptance/Rejection From (Must Be Signed)

As required by Section 1952.105 of the Texas Insurance Code, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Bodily Injury Coverage and Uninsured/Underinsured Property Damage Coverage in the amount up to the automobile liability coverage limits I have on this policy.

- ☒ Option 1 - I hereby reject Uninsured/Underinsured Motorist Coverage in its entirety  
☐ Option 2 - I hereby reject Uninsured/Underinsured Motorist Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits indicated on this application.  
☐ Option 3 - I hereby accept Uninsured/Underinsured Motorist Coverage with limits for bodily injury and property damage as indicated on this application under Uninsured/Underinsured Motorists.  
☐ Option 4 - I hereby reject Uninsured/Underinsured Motorist Coverage as respects to bodily injury liability coverage in its entirety and accept property damage liability coverage as indicated on the application.

Before deciding whether to reject coverage, my Uninsured/Underinsured Motorists Coverage options were explained to me and I completely understand these options.

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicles or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

X

Signature of Named Insured

Date

9/29/17

### Rejection of Personal Injury Protection

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

X

Signature of Named Insured

Date

9/29/17

Signature of Agent

Date

9/29/17



Texas

TX

DRIVER LICENSE

Steven P. McRae DIRECTOR

4d DL **12610858**  
4a Iss **08/05/2016**  
3 DOB **08/09/1969**  
1 **PRUNEDA**  
2 **GLORIA**

9 Class **C**  
4b Exp **08/09/2022**

8 **17708 NORTHHAGEN DR**  
**HOUSTON TX 77084-0000**

12 Restrictions **NONE** 9a End **NONE**

16 Hgt **5-03** 15 Sex **F** 18 Eyes **BRO**

5 DD **40213610184045437262**



*Gloria Pruneda*