

The applicant agrees to promptly furnish current and accurate driver data for every driver engaged in business under and during the applicant's policy period. Any proposed changes in driver (s) and vehicle(s) during the policy period must be confirmed in writing by the Company prior to any changes. The applicant understands and agrees that in the event any loss occurs while any driver(s) and or vehicle(s) not confirmed in writing by the Company is engaged in the insured's business, such failure to obtain confirmation in writing by the Company shall be considered to constitute a material misrepresentation entitling the Company to rescind the policy. Premium will be subject to change upon review of such changes. Applicant and Broker understand and hereby agree that no flat cancellations of the policy are permitted.

Applicant agrees that this policy does not protect the applicant from claims for injury, damage, or loss sustained by any person (s) or vehicle (s) not specified in the said policy. Applicant further agrees that in the event the Company shall be obliged to pay any claim that it would not be obliged to pay if said endorsements were attached to the policy, the applicant will reimburse the Company for the amount paid, including the cost and expense to extinguish the applicant's exposure in such claims.

Applicant further understands the insurance producer assisting with the placement of this insurance policy does not have the authority to bind coverage. Applicant agrees upon approval of the application, the Company will bind coverage at the home office in Alameda County, CA.

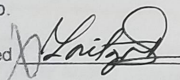
Notice of Insurance Information Practices:

Personal information may be obtained from persons other than you. Such information may be disclosed to third parties without your authorization. You have the right to review your personal information contained in our files, and request corrections in the event of incorrect data.

A more detailed description of your rights regarding such information is available. Please contact your Broker for additional information.

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to some or all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your Risk Retention Group.

Signature of the Insured



DATE

Print Insured Name

FIRST

MIDDLE

LAST

Signature of the Producer

Print Producer Name LOUIS PEREIRA

DATE

FIRST

MIDDLE

LAST

(Broker / Agent) Company Name JLP INSURANCE

Address 3719 N FRY RD STE C

City KATY

State TX Zip 77449

Phone 281-599-3741

Fax 281-599-3840