

M D Jensvold & Co Inc
(713) 939-8585 / (800) 635-7406

BIND REQUEST FORM
(ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN ORDER TO BIND)

Return Completed form TO:

Attn:	Agency Name:	
Email bind@mdjensvold.com	Email Address:	
Fax:	Return Phone #:	

Named Insured:
Fern & Bros Trucking LLC

Submission Number: 30652

Line of Business:
Commercial Auto

Insurer: Underwriters at Lloyds, London

BINDING COVERAGE:

Please indicate the coverage details to be bound in the below sections and by signing the bottom of this form. If there are any final changes to the quotation please attach a written request.

Bind Effective Date: _____ Binding Term (in months): _____
Base Binding Premium: \$_____ (If more than one option was quoted, please specify option binding.)
Optional Additional Premium Endorsements: _____
(To be added to above Base Binding Premium)

X _____
Agent's Signature

_____ Date

My signature above affirms that the named insured qualifies as an "Industrial Insured" as defined by Texas Insurance Code §981.0033, and I have complied with the disclosure requirements of Texas Insurance Code §981.004(d).

IT IS NOT ALWAYS THE TRUCKERS FAULT

A significant percentage of no fault accidents involving a commercial vehicle result in unfavorable liability against the company or driver. In many instances where a trucker is not at fault the expenses and time it takes a company to defend themselves can be detrimental to a business. When you turn on the news, drive past a billboard or listen to the radio it is apparent you are undeniably a target because of the business you operate. It is not uncommon for criminal charges to be brought against a truck driver for an accident. We want to give you the tools you need to protect yourself and your business. The footage from a dash camera could prove you were not at fault for the accident. Please fill out the information below and we will send you a camera for all your vehicles.

It is your responsibility to preserve the evidence and provide the SD card to the adjuster following an accident. By utilizing the camera's provided it could save you time, money and possibly criminal charges.

Please indicate the # of power units you would like us to provide cameras for 4.

Your email address FERN_BROS@TRUCKING11C@hotmail.com

Take an extra copy of this form in the event you purchase a new power unit. You can email a new form requesting camera's to info@mdjensvold.com or mail the form to 16719 Huebner Rd. Bldg. 5, San Antonio TX 78248.

YOU MUST PROVIDE YOUR SHIPPING ADDRESS BELOW FOR CAMERA'S AND SIMPLE INSTRUCTION TO BE SHIPPED.

For Auto Liability policies written through Lloyd's of London only.

Company Name FERN & BROS TRUCKING LLC
Attn MARIA CARMELITA HENRIGUEZ
Street 14906 EVERO DR
City, State Zip HARVESTTY 77083

POLICY NUMBER:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS – EXCLUSION OF NAMED DRIVER AND PARTIAL
REJECTION OF COVERAGES**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

WARNING

THIS ACKNOWLEDGMENT AND REJECTION IS APPLICABLE TO ALL RENEWALS ISSUED BY US OR ANY AFFILIATED INSURER. HOWEVER, WE MUST PROVIDE A NOTICE WITH EACH RENEWAL AS FOLLOWS: "THIS POLICY CONTAINS A NAMED DRIVER EXCLUSION."

SCHEDULE

Name Of Excluded Driver

MARIA PARMEIJER HENIGER

You agree that none of the insurance coverages afforded by this policy shall apply while the excluded driver listed in the Schedule is operating a covered "auto" or any other motor vehicle.

You further agree that this endorsement will also serve as a rejection of uninsured/underinsured motorists coverage and personal injury protection coverage while a covered "auto" or any other motor vehicle is operated by the excluded driver.

Acknowledged

By

[Signature]
(Your signature)



**Triumph Premium Finance
PREMIUM FINANCE AGREEMENT**

600 SW Jefferson
Suite 204

Lee's Summit, MO 64063(844) 292-9090 Fax (816) 246-2659

www.triumphpf.com

View your client's account status online

Type of Loan
<input type="checkbox"/> Personal
<input checked="" type="checkbox"/> Commercial
<input type="checkbox"/> Additional Premium

AGENT / BROKER (NAME AND BUSINESS ADDRESS) (00090419) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) FERN & BROS TRUCKING LLC 14906 ENERO DR HOUSTON, TX 77083
		PRODUCER CODE A00162

PAYMENT SCHEDULE

A	TOTAL PREMIUMS 45,451.25	NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 3,747.77	WHEN PAYMENTS ARE DUE	
				FIRST INSTALLMENT DUE 12/27/2017	INSTALLMENT DUE DATES 27th (Monthly)

SCHEDULE OF POLICIES

B	Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage	Policy Term	Gross Premium
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 36,221.00	TBD	C00036-Lloyds of London G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:0] [SR]	CAUTO	12	38,664.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 1,256.70	TBD	11/27/2017 C00115-Great Lakes Reinsurance (UK) G00163-Scout Insurance Group [ME:20.000 %, CX:0] [90%PR]	Ernd. Taxes/Fees Fin. Taxes/Fees	0.00 1,952.00	0.00 4,430.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 37,477.70			CARGO	12	175.00
F	A.P.R. The Cost of Your Credit as Yearly Rate 7.500 %			Ernd. Taxes/Fees Fin. Taxes/Fees		230.25
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>						45,451.25

Quote Number: 69625

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies as outlined in this agreement. The Borrower requests LENDER to pay the premiums on the policies shown in the schedule of policies, less the down payment. In order to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who obtains a loan. What this means for you: When you apply for a loan, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if you are a business entity.

**IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE,
YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DATE TO THE ABOVE ADDRESS.**

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED AGENT OF BORROWER(S)

PRODUCERS WARRANTIES AND REPRESENTATIONS:

THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-In-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies listed herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) To hold in trust for LENDER any payments made or credited to the Borrower through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower and that any lien the undersigned now has or hereafter may acquire on any premium arising out of the above listed insurance policies is subordinated to LENDER's lien or security interest therein, (5) There are no exceptions to the policies other than those indicated and the policies included on this finance agreement are in full force and effect and comply with LENDER's eligibility requirements, (6) No direct company bill, audit or reporting form policies, policies subject to retrospective rating, or policies subject to minimum earned premiums are included except as indicated, and that the deposit or provisional premiums are not less than the anticipated premiums to be earned for the full term of the policies if policy is subject to a minimum earned premium, it is _____. (7) The policies can be cancelled by the Borrower or the Insurance Company on 10 days' notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (8) A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed, (9) To hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of the agent/broker in preparing this agreement, (10) To pay the down payment and any funding amounts received from the Lender under this Agreement to the insurance company or general agent (less commissions), (11) No term or provision of any financed policy requires the lender to notify or get the consent of any third party to effect cancellation of such policy, (12) To promptly notify Lender in writing of any information on the Agreement becomes inaccurate.

11/29/2017
DATE

SIGNATURE OF AGENT OR BROKER

Q# 69625, PRN: 112717, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 337.37 Qtd For: A00162 Original

DATE

INPUT1 - TPFV01(08/15)

PROVISIONS OF YOUR SECURITY AGREEMENT

1. PROMISE OF PAYMENT: The Borrower requests LENDER to pay the premiums on the policies shown in the schedule of policies, less the down payment. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
2. SECURITY INTEREST: The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and all loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
3. DEFAULT CHARGES: Borrower agrees that if any installment is more than 10 days past due it will pay to LENDER a delinquency charge in the amount equal 5% of the delinquent installment or the maximum permitted by applicable state law.
4. FINANCE CHARGE: The finance charge, shown in Box "D" on the front side of this Agreement, begins to accrue on the earliest policy effective date and continues until all funds are paid in full, notwithstanding any cancellation of coverage.
5. INSUFFICIENT FUNDS (NSF) CHARGES: If Borrower's check or electronic funding is dishonored for any reason, the Borrower will pay to Lender a fee of \$20.00 or the maximum amount permitted by law.
6. THIS AGREEMENT BECOMES A CONTRACT: This Agreement becomes a binding contract when LENDER mails a written acceptance to the Borrower. Borrower agrees this Agreement may be transmitted by electronic means to LENDER and such agreement, when accepted, becomes a valid contract. Borrower further agrees to and understands that the Agent is receiving a fee of \$337.37 for the preparation of this financing contract.
7. WARRANTY OF ACCURACY: The Borrower warrants to LENDER that: (a) the insurance policies listed in the above schedule have been issued to the Borrower and are in full force and effect and that the Borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees, (b) that the signatory is authorized to sign this Agreement on behalf of the Borrower, and (c) all parties responsible for payment of the premium are named and have authorized this Agreement.
8. REPRESENTATION OF SOLVENCY: The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
9. CANCELLATION: LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur: (a) The Borrower does not pay any installment according to the terms of this Agreement; (b) The Borrower does not comply with any of the terms of this Agreement; (c) The Borrower or the insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding; or (d) If the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
10. CANCELLATION CHARGES: If insurance policies cancel in accordance with the terms of this agreement, then the insured will pay Lender a cancellation charge equal to \$15.00 or the maximum amount permitted by law.
11. POWER OF ATTORNEY – COLLECTION EXPENSES: The Borrower irrevocably appoints LENDER its Attorney-in-Fact with full authority to cancel the insurance policies, receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principle balance, except if LENDER willfully fails to mail the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other costs in any collection action as a result thereof to the extent permitted by applicable state law. The insurance company, its agents, and its intermediaries and the agent/broker are authorized to provide LENDER with full information regarding all policies listed herein, including the status and calculation of referenced premiums.
12. MONEY RECEIVED AFTER NOTICE OF CANCELLATION: Any payments made to LENDER after LENDER's Notice of Cancellation of the insurance policies has been mailed may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on LENDER's part to request the reinstatement of the cancelled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid over to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate shown on this Agreement.
13. PREPAYMENT: Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or the actuarial method, as required or permitted by applicable law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collections costs under the terms and conditions hereof and to the extent and amount permitted by applicable state law.
14. INSURANCE AGENT OR BROKER: The insurance agent or broker named on this Agreement with whom the policies were solicited or issued is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing. The agent or broker named on this Agreement is not authorized by Lender to receive installment payments under this Agreement.
15. SPECIAL INSURANCE POLICIES: If the insurance policy issued to the Borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by LENDER which the insurance company retains.
16. SUCCESSORS AND ASSIGNS: All legal rights given to LENDER shall benefit LENDER's assigns. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
17. MISSING AND INCORRECT INFORMATION: If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorizes LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information on its written notice of acceptance.
18. ADDITIONAL PREMIUMS: The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premiums returned to LENDER.
19. SIGNER'S WARRANTIES: To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction; that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively, by any of the insurance companies and that he will pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower.
20. LIMITATION OF LIABILITY: The Borrower irrevocably waives and releases LENDER from any claims, lawsuits, causes of action, which may be related to any prior loans between the parties and to any act or failure to act prior to the time this Agreement becomes a binding contract. Lender's liability for breach of any of the terms of this Agreement or the wrongful exercise of any of its powers shall be limited to the amount of the principal balance outstanding, except in the event of gross negligence or willful misconduct. Any claims against LENDER shall be limited exclusively in the Circuit Court of Jackson County, Missouri.
21. NAMED INSURED: If the insurance policy provides that the first named insured shall be responsible for payment of premiums and shall act on behalf of all other insureds regarding the policy, the same shall apply to this Agreement, and the insured represents it is authorized to sign on behalf of all insured. If not, then all insureds must be shown in this Agreement unless a separate agreement appoints an insured to act for the others.
22. DOCUMENT AND GOVERNING LAW: This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
23. DEFINITIONS: The above-named Borrower is the insured in the policies listed in the Schedule above. "LENDER" means Triumph Premium Finance a division of TBK Bank, SSB. "insurance policy" or "policy" or "premium" refer to those items in the Schedule above. Singular words mean plural and vice-versa as may be required to give this Agreement meaning.



M.D. Jensvold & Co., Inc.
Commercial Auto Insurance Proposal & Application

Underwriters at Lloyds, London

Authority Reference No.
B0429BA1703901

New Proposal Renewal Proposal

JLP Insurance Services
3719 Fry Rd Ste C
Katy TX 77449

2490

Proposal Number: **30652**
Proposal Date: **11/29/2017**
Policy Effective Date: **11/29/2017**
Policy Expiration Date: **11/29/2018**
Previous Policy Number:

Named Insured:

Fern & Bros Trucking LLC

DBA Name:

MC #

Mailing Address:

14906 Enero Dr

56977

City/State/Zip:

Houston TX 77083

Primary Address:

14906 Enero Dr

USDOT / TXDMV #

City/State/Zip:

Houston TX 77083

832780VOID

Phone Number:

Business Description:

Corporation

Partnership

LLC

Individual

Other

SYMBOLS	COVERAGES	COVERAGE LIMITS	PREMIUMS
67	Commercial Auto Liability (CSL)	\$ 1,000,000	\$ 35744.00
	Personal Injury Protection	\$	\$
	Uninsured/Underinsured Motorist (CSL)	\$	\$
	Auto Medical Payments	\$	\$
	Comprehensive (Other Than Collision)	\$ No	\$
	Collision	\$ No	\$
	Additional Insured(s)	\$ No	\$
	Waiver of Subrogation(s)	\$ No	\$
	Pollution Liability	\$ No	\$
	Hired Auto Liability (Cost of Hire)	\$	\$
	Non Owned Auto Liability	\$	\$
	Trailer Interchange	\$ No	\$
	Motor Truck Cargo	\$	\$ 0
	Towing & Cleanup	\$	\$

SUBJECT TO:

Written request to bind
Signed & Completed Company Application
Favorable MVR's w/ min 3+ yrs CDL experience
No prior losses; New Venture
Provide Contact Phone Number
Signed Driver Exclusion for Maria Henriquez

Policy Fee & Inspection Fee	\$ 350.00
Service Fee	\$ 715.00
Surplus Lines Tax	\$ 1785.24
Stamping Fee	\$ 55.21
TOTAL PREMIUM:	\$ 38,649.45

Terms & Conditions

- CURRENT MVRs TO BE PROVIDED FOR ALL DRIVERS INCLUDING NEW HIRES DURING POLICY TERM
- COOPERATION WITH INSPECTIONS AND COMPLIANCE WITH REASONABLE RECOMMENDATIONS
- COMPLETED COMPANY APPLICATION SIGNED BY OWNER OR OFFICER
- MAXIMUM OF 2 CANCELLATIONS ALLOWED PER POLICY TERM
- MINIMUM 24 HOUR NOTICE FOR FILINGS

Driver Eligibility Standards

Driver Age, Experience, and other Qualifications

- AT LEAST 3 YEARS DRIVING AN INTERMEDIATE OR LONG HAUL TRACTOR-TRAILER UNIT
- AT LEAST 2 YEARS DRIVING A LOCAL TRACTOR-TRAILER UNIT
- MUST BE DOT/FMCSA COMPLIANT
- DRIVERS UNDER 23 ARE NOT ELIGIBLE
- DRIVERS OVER 70 MUST BE **SUBMITTED**

Ineligible Drivers:

Minor Violations: DRIVERS WITH THREE (3) OR MORE MINOR VIOLATIONS IN THE PAST TWELVE (12) MONTHS.

Major Violations: DRIVERS CONVICTED OF ANY MAJOR FELONIES WITHIN THE LAST THIRTY-SIX (36) MONTHS.

Chargeable Accidents: DRIVERS WITH MORE THAN 2 AT FAULT ACCIDENTS IN A THIRTY-SIX (36) MONTH PERIOD.

Revoked or Suspended Licenses

Age of Drivers:

DRIVERS OF ANY VEHICLE OR EQUIPMENT IF UNDER THE AGE OF 23.

DRIVERS OF ANY VEHICLES OR EQUIPMENT IF OVER THE AGE OF 70 (EXCEPT WITH UNDERWRITER APPROVAL)

Drivers with less than two (2) years CDL License

Drivers that do not meet underwriting requirements must be placed in non-driving duties.

Submit any requests for exception to above standards to underwriters along with current MVR and reason for exception.

Texas Personal Injury Protection Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

I select Personal Injury Protection Coverage.

I reject Personal Injury Protection Coverage.



Signature of Named Insured

11-29-17

Date

Texas Uninsured/Underinsured Motorists Coverage Selection / Rejection

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

I select Uninsured/Underinsured Motorists Coverage
with the following limit:

I reject Uninsured/Underinsured Motorists Coverage.

Combined Single Limit	
<input type="checkbox"/>	\$ 85,000
<input type="checkbox"/>	\$ 100,000
<input type="checkbox"/>	\$ 250,000
<input type="checkbox"/>	\$ 350,000
<input type="checkbox"/>	\$ 500,000
<input type="checkbox"/>	\$ 1,000,000



Signature of Named Insured

11-29-17

Date

NAMED INSURED QUESTIONNAIRE

1. Description of Operation: _____
 2. List all Commodities Hauled: _____
 3. Are all owned commercial vehicles scheduled on this policy? YES NO
 4. Are ICC or Federal Filings Required?
- TX DOT# _____ MC# _____ US DOT# _____
5. Radius of operations: 0-50miles _____ % 50-200miles _____ % 200+ _____ %
 6. How long has the insured been in business? _____
 7. Does the insured allow passengers to ride in units? YES NO
 8. Is there a vehicle maintenance program in operation? YES NO
 9. Are any vehicles lease to others? YES NO
 10. Do any units require placards? YES NO
 11. Any Hold Harmless agreements? YES NO
 12. Does the insured maintain MVR's on all drivers? YES NO

Hired and Non Owned Auto Coverage (If Requested)

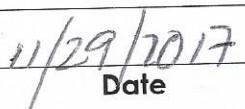
1. Type of operation: _____
2. Annual cost of hired autos: _____
3. Does any individual or company lease autos in the insured's name? YES NO
4. Does the insured use owner operators or subcontractors? YES NO
5. Types of Autos hired: _____
6. What is the average term of lease: _____
7. Does the insured own or have controlling interest in any other entity? YES NO
8. How often are non-owned autos used in insured's business? _____
9. Do employee's lease autos on insured's behalf? YES NO
10. Why is hired and or non-owned coverage being requested? _____
11. Do your employee's use their personal autos for business purposes? YES NO

COVERAGE CAN ONLY BE BOUND BY AN AUTHORIZED REPRESENTATIVE OF M. D. JENSVOLD & CO., INC.
BINDER IS AUTOMATICALLY CANCELLED WHEN POLICY OR CERTIFICATE IS ISSUED.

THE APPLICANT HEREBY ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE "DRIVER ELIGIBILITY STANDARDS" LISTED IN THIS APPLICATION AND HEREBY AGREES THAT THE INSURANCE COVERAGE, IF PROVIDED, WILL APPLY ONLY TO THOSE DRIVERS AND VEHICLES STATED IN THE ATTACHED SCHEDULES UNLESS OTHERWISE PROVIDED FOR IN WRITING AS REQUIRED UNDER THE INSURANCE POLICY.



Signature of Named Insured



Date

Signature of Agent

Date

Motor Truck Cargo CoverageDeductible: \$1,000 \$2,500 \$5,000Refrig. Breakdown Deductible: _____ (Minimum \$2,500)

Commodities	Avg / Max Amount Per Load	Percentage

Terminal Location Address	Limit
	\$
	\$
	\$
	\$
	\$

COMMERCIAL AUTO FORMS & ENDORSEMENTS

LLOYDS POLICY COVER PAGE	LLOYDS POLICY COVER PAGE
YORK CLAIMS	YORK CLAIMS
IL 00 01 12 16	PRIVACY NOTICE
ML DS 01 00 10 14	COMMON POLICY DECLARATIONS
ML DS 02 00 01 14	SCHEDULE OF FORMS AND ENDORSEMENTS
CA DS 21 00 09 14	MOTOR CARRIER DECLARATIONS
CN 00 01 44 09 14	TX NOTICE
IL N 101 08 11	TEXAS NOTICE TO INSURANCE CLAIMANTS FOR MOTOR VEHICLE REPAIRS
CA 70 03 00 08 13	DRIVER SCHEDULE
CA 70 04 00 11 13	NAMED DRIVER EXCLUSION ENDORSEMENT
CA 00 20 10 13	MOTOR CARRIER COVERAGE FORM
IL 00 17 11 98	COMMON POLICY CONDITIONS
CA 70 01 00 08 13	CHANGES - WHO IS AN INSURED
CA 70 02 00 08 13	CHANGES - BROKER LIABILITY EXCLUSION
CA 23 01 10 13	EXPLOSIVES
CA 23 05 10 13	WRONG DELIVERY OF LIQUID PRODUCTS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 00 03 09 08	CALCULATION OF PREMIUM
IL N 001 09 09	FRAUD STATEMENT
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
TEXAS SURPLUS LINES NOTICE	TEXAS SURPLUS LINES NOTICE
CA 01 96 10 13	TEXAS CHANGES
CA 02 43 11 13	TEXAS CHANGES - CANCELLATION AND NONRENEWAL
MCS-90	MCS-90
IL 70 04 00 11 13	PUNITIVE, EXEMPLARY, AND EXTRA CONTRACTUAL DAMAGE EXCLUSION
LMA5021 0905	APPLICABLE LAW
LSW 1001 08 94	SEVERAL LIABILITY NOTICE

NOTE: OTHER ENDORSEMENTS MAY APPLY. REFER TO YOUR POLICY FOR A COMPLETE LISTING.

COMMERCIAL AUTO FORMS & ENDORSEMENTS

LMA5020	SERVICE OF SUIT CLAUSE NAMING MENDES & MOUNT LLP
NMA 2920 10 01	TERRORISM EXCLUSION ENDORSEMENT
LMA5218 01 15	U.S. TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED NEW & RENEWAL BUSINESS ENDORSEMENT
LMA5219 01 15	U.S. TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED NOT PURCHASED CLAUSE
MDJ-ML-7001	GRADUATED DEDUCTIBLE ENDORSEMENT

NOTE: OTHER ENDORSEMENTS MAY APPLY. REFER TO YOUR POLICY FOR A COMPLETE LISTING.

<u>Unit ID</u> TX1	<u>Year</u> 2003	<u>Make/Model</u> FREIGHTLINER			<u>VIN</u> 1FUJA6CG33LL10281			<u>Age</u>
		Columbia						
<u>Size</u> Extra-Heavy Truck-Tractors		<u>Use</u> C	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 50321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$	
<u>APD Comp. Ded.</u> \$		<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN								
<u>Cargo Hauled:</u>								
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 8098.00
<u>COVERAGE PREMIUMS</u>		\$ 8098.00	\$	\$	\$	\$ 0	\$	\$ 8098.00

<u>Unit ID</u> TX2	<u>Year</u> 1997	<u>Make/Model</u> FREIGHTLINER			<u>VIN</u> 1FUYDZYB3VP752753			<u>Age</u>
		USF-1E						
<u>Size</u> Extra-Heavy Truck-Tractors		<u>Use</u> C	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 50321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$	
<u>APD Comp. Ded.</u> \$		<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN								
<u>Cargo Hauled:</u>								
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 8098.00
<u>COVERAGE PREMIUMS</u>		\$ 8098.00	\$	\$	\$	\$ 0	\$	\$ 8098.00

<u>Unit ID</u> TX3	<u>Year</u> 2007	<u>Make/Model</u> FREIGHTLINER			<u>VIN</u> 1FUJBAVX7LY53320			<u>Age</u>
		CST120						
<u>Size</u> Extra-Heavy Truck-Tractors		<u>Use</u> C	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 50321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$	
<u>APD Comp. Ded.</u> \$		<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN								
<u>Cargo Hauled:</u>								
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 8098.00
<u>COVERAGE PREMIUMS</u>		\$ 8098.00	\$	\$	\$	\$ 0	\$	\$ 8098.00

<u>Unit ID</u> TX4	<u>Year</u> 1996	<u>Make/Model</u> VOLVO TRUCK			<u>VIN</u> 4V4JDBRF7TN841014			<u>Age</u>
		WG						
<u>Size</u> Extra-Heavy Truck-Tractors		<u>Use</u> C	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 50321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$	
<u>APD Comp. Ded.</u> \$		<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN								
<u>Cargo Hauled:</u>								
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 8098.00
<u>COVERAGE PREMIUMS</u>		\$ 8098.00	\$	\$	\$	\$ 0	\$	\$ 8098.00

<u>Unit ID</u> TX5	<u>Year</u> 0	<u>Make/Model</u> NONOWNED TRAILER			<u>VIN</u>			<u>Age</u>	
<u>Size</u> Semitrailers		<u>Use</u>	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 67321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u> \$			<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 838.00	
<u>COVERAGE PREMIUMS</u>		\$ 838.00	\$	\$	\$ 0	\$	\$	\$ 838.00	

<u>Unit ID</u> TX6	<u>Year</u> 0	<u>Make/Model</u> NONOWNED TRAILER			<u>VIN</u>			<u>Age</u>	
<u>Size</u> Semitrailers		<u>Use</u>	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 67321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u> \$			<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 838.00	
<u>COVERAGE PREMIUMS</u>		\$ 838.00	\$	\$	\$ 0	\$	\$	\$ 838.00	

<u>Unit ID</u> TX7	<u>Year</u> 0	<u>Make/Model</u> NONOWNED TRAILER			<u>VIN</u>			<u>Age</u>	
<u>Size</u> Semitrailers		<u>Use</u>	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 67321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u> \$			<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 838.00	
<u>COVERAGE PREMIUMS</u>		\$ 838.00	\$	\$	\$ 0	\$	\$	\$ 838.00	

<u>Unit ID</u> TX8	<u>Year</u> 0	<u>Make/Model</u> NONOWNED TRAILER			<u>VIN</u>			<u>Age</u>	
<u>Size</u> Semitrailers		<u>Use</u>	<u>Radius</u> Long	<u>Terr./Zone</u> 1	<u>ISO Code</u> 67321	<u>Stated Value</u> \$	<u>Cargo Value</u> \$		
<u>APD Comp. Ded.</u> \$			<u>APD Coll. Ded.</u> \$		<u>MTC Ded.</u> \$		<u>Refer. Ded.</u> \$	<u>Debris Ded.</u> \$	
MINIMUM USD \$2,000 IN RESPECT OF OVERTURN DURNING LOADING OR UNLOADING OF END DUMP AUTOMOBILE(S) PLUS USD \$1,000 IF EQUIPMENT MORE THAN 10 YEARS OLD, IN RESPECT TO REFRIGERATION BREAKDOWN									
<u>Cargo Hauled:</u>									
<u>UNIT COVERAGE</u> (coverage applies if checked)		<u>Auto Liab.</u> <input checked="" type="checkbox"/>	<u>PIP</u> <input type="checkbox"/>	<u>UM/UIM</u> <input type="checkbox"/>	<u>Med.Pay.</u> <input type="checkbox"/>	<u>Phy.Dmg.</u> <input type="checkbox"/>	<u>MTC</u> <input type="checkbox"/>	<u>UNIT TOTAL</u> 838.00	
<u>COVERAGE PREMIUMS</u>		\$ 838.00	\$	\$	\$ 0	\$	\$	\$ 838.00	

Schedule of Drivers

TEXAS SURPLUS LINES NOTICE

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

01/09/13

LMA9079

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call M.D. Jensvold's toll-free telephone number for information or to make a complaint at:

1-800-635-7406

You may also write to M.D. Jensvold at:

13105 Northwest Fwy.
Suite 790
Houston, TX 77040

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complains at:

1-800-252-3439

You may write the Texas Department of Insurance at:

PO Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact M.D. Jensvold first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY OR CERTIFICATE: This notice is for information only and does not become part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratis de M.D. Jensvold para información o para someter una queja al:

1-800-635-7406

Usted también puede escribir a M.D. Jensvold:

13105 Northwest Fwy.
Suite 790
Houston, TX 77040

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías coberturas, derechos, o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

PO Box 149104
Austin, TX 78714-9104
FAX: (512) 475-1771
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con M.D. Jensvold primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA O CERTIFICADO: Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

Applicant Signature:

Applicant Printed Name:

Date:

11/29/17

Title:

OWNER

Producers Information:

Contact: Louis Pereira

Agency: JLP Insurance Services LLC

Email: lp@jlpinsurancellc.com

Phone: 281-599-3741 Fax: 281-599-3840

Supplemental - Target Commodities Hauled and Ineligible Commodities**Target Commodities Hauled:**

If any of the commodities listed below are hauled, please select and enter the percentage of gross receipts.

_____ % Copper and Copper Products (Flatbed)

_____ % Other - Provide Details:

Target Commodities:

Limitation on Target Commodities: In the event of loss by theft of any of the target commodities listed on the application, we will not be liable for more than 10% of the Limit of Insurance applying to "vehicles" as respects such commodities.

Ineligible Commodities:

The following commodities are ineligible for coverage under this program under any circumstances.

Mobile Homes-- No Motor

Trailers (New for delivery)

Applicant Signature

By signing below, Applicant hereby represents and warrants that Applicant has read, and fully understands, the provisions above regarding Target Commodities Hauled and Ineligible Commodities. Applicant further warrants that it has fully and completely disclosed all Target Commodities Hauled and selected same in the checklist above, along with providing accurate percentages of gross receipts as indicated. By signing below, Applicant further understands and agrees that there may not be coverage for any commodities hauled which are not disclosed in this Application as Target Commodities Hauled. Applicant also understands and agrees that there will be NO coverage for any commodities listed in the Ineligible Commodities section above.

Applicant Signature:

Date: 11/29/17

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

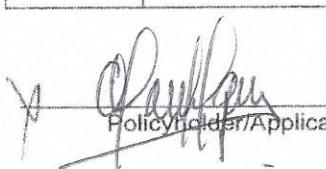
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended**: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

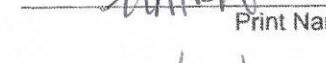
<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD\$ <u>132.90</u>
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.


Policyholder/Applicant's Signature

On behalf of Insurers


Print Name

Policy Number


Date

Supplemental - Prior Applicant Experience

Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is being entered.)

Name:	Position Title:	DOB: (mm/dd/yyyy)
		Starting: (mm/dd/yyyy)
Experience Type:	<input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management	

Prior Experience History

Prior Experience: (List most recent first)

PROFESSIONAL EXPERIENCE (List most recent at top) /
Company Name: DOT or MC#: Position Title: Starting: (mm/dd/yyyy) Ending: (mm/dd/yyyy)

Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)

Company Name: _____ DOT or MC#: _____ Position Title: _____ Starting: (mm/dd/yyyy) _____ Ending: (mm/dd/yyyy) _____

Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)

Company Name: _____ DOT or MC#: _____ Position Title: _____ Starting: (mm/dd/yyyy) _____ Ending: (mm/dd/yyyy) _____

Comments: _____

2. Ingested commodities varied, specific dietary

DOT or MCH: Position Title: Starting: (mm/dd/yyyy) Ending: (mm/dd/yyyy)

— 18 —

Description of Work: Chemical Engg., Spec. 1

If Prior Experience includes transportation management experience, please provide details.

Prior Management Experience

Please provide a brief description of past trucking management experience and specific management position(s) held.

Applicant Signature

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the insurance company or its representative to verify the information provided above.

Applicant Signature:

Date: 11/29/17