

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

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

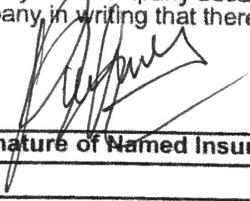
As required by Section 1952.105 of the Texas Insurance Code, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Bodily Injury Coverage and Uninsured/Underinsured Property Damage Coverage in the amount up to the automobile liability coverage limits I have on this policy.

- 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

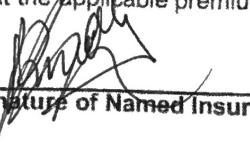

Signature of Named Insured

Date

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


Signature of Agent

Date

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 | Additiohal 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

Date



**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) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		(00073989)	BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) RAYLER TRUCKING LLC 70881 RICHMOND AVE # 314 HOUSTON, TX 77042
		PRODUCER CODE A00162	

PAYMENT SCHEDULE

A	TOTAL PREMIUMS 9,695.00	NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 791.71	WHEN PAYMENTS ARE DUE	
				FIRST INSTALLMENT DUE 11/2/2017	INSTALLMENT DUE DATES 2nd (Monthly)

SCHEDULE OF POLICIES

B	DOWN PAYMENT 2,060.60	Policy Prefix and Number TBD	Effective Date 10/2/2017	Name of Insurance Carrier and Name of Managing General Agent C00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc [ME:20.000 %, CX:0] [90%PR]	Type of Coverage CAUTO	Policy Term 12	Gross Premium 9,543.00
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 7,634.40				Ernd. Taxes/Fees		152.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 282.70				Fin. Taxes/Fees		0.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 7,917.10						
F	A.P.R. The Cost of Your Credit as Yearly Rate 7.999 %						

TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>

9,695.00

NOTICE TO THE BORROWER:

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)

DATE

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 returned 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.

SIGNATURE OF AGENT OR BROKER

DATE

Q# 56275, PRN: 092917, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 71.18 Qtd For: A00162 Original