

**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:**

AGC Express Inc

**Submission Number:** 23715

**Line of Business:**

Commercial Auto, Physical Damage

**Insurer:** Underwriters at Lloyds, London  
M.D Jensvold & Co., Inc.  
(PRGRM)

**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): \_\_\_\_\_

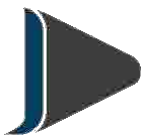
Base Binding Premium: \$\_\_\_\_\_ (If more than one option was quoted, please specify option binding.)

Optional Additional Premium Endorsements: \_\_\_\_\_  
(To be added to above Base Binding Premium)

X \_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**My signature above affirms that after a diligent effort, I have been unable to procure this insurance from an insurer authorized to write and actually writing this kind and class of insurance in this state.**



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: **23715**  
Proposal Date: **7/21/2017**  
Policy Effective Date: **7/21/2017**  
Policy Expiration Date: **7/21/2018**  
Previous Policy Number:

Named Insured: **AGC Express Inc**

DBA Name:

Mailing Address: **5751 Greenhouse Rd Apt 1331**

City/State/Zip: **Katy TX 77449**

Primary Address: **4314 Katy Hockley Rd**

City/State/Zip: **Katy TX 77493**

Phone Number:

MC #

USDOT / TXDMV #

**USDOT 3016636**

Business Description:

☒ Corporation

☐ Partnership

☐ LLC

☐ Individual

☐ Other

| SYMBOLS  | COVERAGES                             | COVERAGE LIMITS             | PREMIUMS           |
|--|---------------------------------------|-----------------------------|--------------------|
| 67   | Commercial Auto Liability (CSL)       | \$ <b>1,000,000</b>         | \$ <b>8043.00</b>  |
|  | Personal Injury Protection            | \$                          | \$                 |
|  | Uninsured/Underinsured Motorist (CSL) | \$                          | \$                 |
|  | Auto Medical Payments                 | \$                          | \$                 |
| 67   | Comprehensive (Other Than Collision)  | \$ <b>Yes</b>               | \$ <b>1314.00</b>  |
| 67   | Collision                             | \$ <b>Yes</b>               | \$ <b>1971.00</b>  |
|  | Additional Insured(s)                 | \$ <b>No</b>                | \$                 |
|  | Waiver of Subrogation(s)              | \$ <b>No</b>                | \$                 |
|  | Pollution Liability                   | \$ <b>No</b>                | \$                 |
|  | Hired Auto Liability (Cost of Hire)   | \$                          | \$                 |
|  | Non Owned Auto Liability              | \$                          | \$                 |
|  | Trailer Interchange                   | \$ <b>No</b>                | \$                 |
|  | Motor Truck Cargo                     | \$                          | \$ <b>0</b>        |
|  | Towing & Cleanup                      | \$ <b>5000</b>              | \$ <b>INCL</b>     |
| 10% commission   |                                       | Policy Fee & Inspection Fee | \$ <b>350.00</b>   |
| Subject to:<br>Written request to bind<br>Signed & Completed Application<br>Favorable MVR's w/ min 3+ yrs CDL experience<br>No prior losses; New Venture<br>Provide Contact Phone Number |                                       | Surplus Lines Tax           | \$ <b>566.38</b>   |
|  |                                       | Stamping Fee                | \$ <b>17.52</b>    |
|  |                                       | TOTAL PREMIUM:              | \$ <b>12261.90</b> |

In accordance with Chapter 981.004 of the Texas Insurance Code we have not been able to obtain the broad coverage offered within this insurance policy through a diligent search effort within the admitted market.

## 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 OF 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

\_\_\_\_\_  
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<br>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

\_\_\_\_\_  
Date

**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>1839.29</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. |

Liberty Syndicates 2623

\_\_\_\_\_  
Policyholder/Applicant's Signature

.....Syndicate on behalf of  
certain underwriters at Lloyd's

23715

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

LMA9104

12 January 2015

## 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 WARRANTS THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND CORRECT BASED ON THE APPLICANT'S RECORDS, KNOWLEDGE, AND WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL VOID ANY POLICY ISSUED.**

\_\_\_\_\_  
**Signature of Named Insured**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Agent**

\_\_\_\_\_  
**Date**

**Motor Truck Cargo Coverage****\*\*Not Covered\*\*****Deductible:**    ☐ \$1,000        ☐ \$2,500        ☐ \$5,000**Refrig. 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 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   |
| CA 04 01 10 13                       | TEXAS STATED AMOUNT INSURANCE   |
| LMA5021 0905                         | APPLICABLE LAW  |
| LSW 1001 08 94                       | SEVERAL LIABILITY NOTICE  |
| TOWING CLEANUP EXTENSION ENDORSEMENT | TOWING CLEANUP EXTENSION ENDORSEMENT  |
| LMA5020                              | SERVICE OF SUIT CLAUSE NAMING MENDES & MOUNT LLP  |

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



## COMMERCIAL AUTO FORMS & ENDORSEMENTS

NMA 2920 10 01  
LMA5218 01 15  
LMA5219 01 15

TERRORISM EXCLUSION ENDORSEMENT  
U.S. TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED NEW & RENEWAL BUSINESS ENDORSEMENT  
U.S. TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED NOT PURCHASED CLAUSE

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

|   |                     |  |  |   |   |  |  |
|---|---------------------|--|--|---|---|--|--|
| <u>Unit ID</u><br>TX1   | <u>Year</u><br>2006 | <u>Make/Model</u><br>KENWORTH TRACTOR                    |  | <u>VIN</u><br>1XKADB9X96J114526   |   | <u>Age</u>   |  |
| <u>Size</u><br>Extra-Heavy Truck-tractors   |                     | <u>Use</u><br>C  | <u>Radius</u><br>Long                  | <u>Terr./Zone</u><br>1  | <u>ISO Code</u><br>50321                    | <u>Stated Value</u><br>\$ 25000                        | <u>Cargo Value</u><br>\$               |
| <u>APD Comp. Ded.</u><br>\$ 1,000   |                     | <u>APD Coll. Ded.</u><br>\$ 1,000                        |  | <u>MTC Ded.</u><br>\$   |   | <u>Refer. Ded.</u><br>\$                               | <u>Debris Ded.</u><br>\$               |
| 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><br>(coverage applies if checked)   |                     | <u>Auto Liab.</u><br><input checked="" type="checkbox"/> | <u>PIP</u><br><input type="checkbox"/> | <u>UM/UIM</u><br><input type="checkbox"/>   | <u>Med.Pay.</u><br><input type="checkbox"/> | <u>Phy.Dmg.</u><br><input checked="" type="checkbox"/> | <u>MTC</u><br><input type="checkbox"/> |
| <u>COVERAGE PREMIUMS</u>  |                     | \$ 7289.00   | \$                                     | \$  | \$  | \$ 1800.00   | \$ 9089.00                             |

|   |                     |  |  |   |   |  |  |
|---|---------------------|--|--|---|---|--|--|
| <u>Unit ID</u><br>TX2   | <u>Year</u><br>2009 | <u>Make/Model</u><br>UTILITY TRAILER                     |  | <u>VIN</u><br>1UYVS25359U468229   |   | <u>Age</u>   |  |
| <u>Size</u><br>Semitrailers   |                     | <u>Use</u>   | <u>Radius</u><br>Long                  | <u>Terr./Zone</u><br>1  | <u>ISO Code</u><br>67321                    | <u>Stated Value</u><br>\$ 20000                        | <u>Cargo Value</u><br>\$               |
| <u>APD Comp. Ded.</u><br>\$ 1,000   |                     | <u>APD Coll. Ded.</u><br>\$ 1,000                        |  | <u>MTC Ded.</u><br>\$   |   | <u>Refer. Ded.</u><br>\$                               | <u>Debris Ded.</u><br>\$               |
| 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><br>(coverage applies if checked)   |                     | <u>Auto Liab.</u><br><input checked="" type="checkbox"/> | <u>PIP</u><br><input type="checkbox"/> | <u>UM/UIM</u><br><input type="checkbox"/>   | <u>Med.Pay.</u><br><input type="checkbox"/> | <u>Phy.Dmg.</u><br><input checked="" type="checkbox"/> | <u>MTC</u><br><input type="checkbox"/> |
| <u>COVERAGE PREMIUMS</u>  |                     | \$ 754.00  | \$                                     | \$  | \$  | \$ 1485.00   | \$ 2239.00                             |

|   |             |   |  |   |   |   |  |
|---|-------------|---|--|---|---|---|--|
| <u>Unit ID</u>  | <u>Year</u> | <u>Make/Model</u>                             |  | <u>VIN</u>  |   | <u>Age</u>                                  |  |
| <u>Size</u>   |             | <u>Use</u>                                    | <u>Radius</u>                          | <u>Terr./Zone</u>   | <u>ISO Code</u>                             | <u>Stated Value</u><br>\$                   | <u>Cargo Value</u><br>\$               |
| <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><br>(coverage applies if checked)   |             | <u>Auto Liab.</u><br><input type="checkbox"/> | <u>PIP</u><br><input type="checkbox"/> | <u>UM/UIM</u><br><input type="checkbox"/>   | <u>Med.Pay.</u><br><input type="checkbox"/> | <u>Phy.Dmg.</u><br><input type="checkbox"/> | <u>MTC</u><br><input type="checkbox"/> |
| <u>COVERAGE PREMIUMS</u>  |             | \$  | \$                                     | \$  | \$  | \$  | \$                                     |

|   |             |   |  |   |   |   |  |
|---|-------------|---|--|---|---|---|--|
| <u>Unit ID</u>  | <u>Year</u> | <u>Make/Model</u>                             |  | <u>VIN</u>  |   | <u>Age</u>                                  |  |
| <u>Size</u>   |             | <u>Use</u>                                    | <u>Radius</u>                          | <u>Terr./Zone</u>   | <u>ISO Code</u>                             | <u>Stated Value</u><br>\$                   | <u>Cargo Value</u><br>\$               |
| <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><br>(coverage applies if checked)   |             | <u>Auto Liab.</u><br><input type="checkbox"/> | <u>PIP</u><br><input type="checkbox"/> | <u>UM/UIM</u><br><input type="checkbox"/>   | <u>Med.Pay.</u><br><input type="checkbox"/> | <u>Phy.Dmg.</u><br><input type="checkbox"/> | <u>MTC</u><br><input type="checkbox"/> |
| <u>COVERAGE PREMIUMS</u>  |             | \$  | \$                                     | \$  | \$  | \$  | \$                                     |

[illegible]

## **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](mailto: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 numero 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](mailto: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.

## **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

## Towing and Cleanup Extension Coverage Selection / Rejection

Unless rejected, an additional sum of \$5,000 per occurrence in respect of Towing and/or Clean Up costs, which shall apply in excess of any Scheduled Vehicle limits and shall not be considered a sub limit. In addition \$5,000 per occurrence shall apply to any Scheduled auto with Liability coverage in excess of the scheduled physical damage limits or when no limits of physical damage are listed. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided. **NO DOWNTIME COVERAGE IS PROVIDED.**

☐ I select Towing and Cleanup Extension Coverage with the following limit:

☐ I reject Towing and Cleanup Extension Coverage.

| Towing and Cleanup<br>Limit / Premium |           |                  |
|---------------------------------------|-----------|------------------|
| <input type="checkbox"/>              | \$ 5,000  | INCL.            |
| <input type="checkbox"/>              | \$ 10,000 | USD 50 per Unit  |
| <input type="checkbox"/>              | \$ 15,000 | USD 100 per Unit |
| <input type="checkbox"/>              | \$ 20,000 | USD 150 per Unit |
| <input type="checkbox"/>              | \$ 25,000 | USD 200 per Unit |

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date