

Schedule of Financed Policies

Policy / Ins Co	Eff Date	Type	Term	Premium	Fees	Taxes	Total
TBD	3-4-17	LIABILITY W/FILINGS	12 Months	12,578.00	300.00	0.00	12,878.00
Qualitas Insurance Company Phone: []				Paramount General Agency Phone: []			

Policy / Ins Co	Eff Date	Type	Term	Premium	Fees	Taxes	Total
TBD	2-23-17	PHYSICAL DAMAGE	12 Months	2,043.00	393.00	61.28	2,497.28
Lloyd's of London Trinity Phone: []				Paramount General Agency Phone: []			

Total Premiums: \$15,375.28

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FROM Jorge ACC



Application For Coverage

Physical Damage / Motor Truck Cargo / Non-Trucking Liability

Bind Effective: 03 / 03 / 2017

Quote Needed by: / /

Insured Information:

US DOT#:

MC #

Insured's Name: Iosvany Guzman Gonzalez FEIN or SS#: 769 460106

Address: 35049 katy fwy City: brookshire ST: tx Zip: 77423

Phone: () - Fax: () - email:

Radius of operation: % 0-50, x % 50-200, % 200-500, % over 500

	% hauled	Minimum Value	Maximum Value
Commodities hauled:		\$ _____	\$ _____
<input type="checkbox"/> Refrigerated	<u>sand</u>	<u>50%</u>	\$ _____
<input type="checkbox"/> Dry Van	<u>gravel</u>	<u>50%</u>	\$ _____
<input type="checkbox"/> Flatbed		\$ _____	\$ _____

Number of years in business: 1 Number of years' experience operating like equipment:

Driver Information: (attach additional drivers list)

Driver Name	DOB	License #	ST	Yrs Exp	Moving Violations last 3 years	# of Accidents
iosvany guzman gonzalez	<u>01/25/1975</u>	<u>39629488</u>	<u>TX</u>	<u> </u>	<u> </u>	<u> </u>
william machado	<u>03/17/1969</u>	<u>20519870</u>	<u>TX</u>	<u> </u>	<u> </u>	<u> </u>

Driver's must be reported immediately upon hiring. Failure to do so could result in cancellation or an unpaid claim

Vehicle Information: (attach additional equipment list with values)

Year	Make	Type	GVW	VIN #	Stated Value	Radius
2001	<u>FRHT</u>	<u>TRK</u>	<u>80</u>	<u>1FUIBBBBD31LH71817</u>	\$ <u>15K</u>	<u> </u>
2003	<u>INT</u>	<u>TRK</u>	<u>80</u>	<u>2HSCEAER43C070214</u>	\$ <u>0</u>	<u> </u>
1985		<u>TRL</u>	<u>18</u>	<u>1A9A1EP26S11A9117</u>	\$ <u>13K</u>	<u> </u>
					\$ <u> </u>	<u> </u>

**Attach loss runs for any loss over \$25,000 for Physical Damage or Motor Truck Cargo past 3 years with explanation

Endorsement Requested: Loss Payee: Additional Insured:

Rate:

Physical Damage: \$1,000 deductible Total Values: \$ 28k % of stated values

Motor Truck Cargo Limit: \$100,000 \$150,000 \$250,000 \$ per power unit

Non-Trucking Liability: \$1,000,000 \$ per power unit

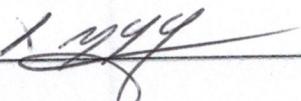
Trailer Interchange: \$40,000 \$ (3% X limit) \$

Please sign, indicating policy(s) is/are to be bound based on quoted coverage(s). Policy(s) are not bound until premium is received and insured has received a binder reflecting coverage(s) bound.

X

Date: 03 / 03 / 2017

TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
	03/03/2017
Company: Iosvany Guzman Gonzalez	Producer: JLP INSURANCE
Applicant/Named Insured: 	

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Bodily Injury Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Bodily Injury Uninsured/Underinsured Motorists Coverage and Property Damage Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$30,000 for each person, subject to \$60,000 for each accident with respect to bodily injury, and \$25,000 with respect to property damage; or (2) a combined single limit of \$85,000 for each accident, but you may select optional higher limits.

Please indicate your choice from either A., B., C. or D. as follows:

A. Selection Of BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage

By completing this section, you are selecting BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage in connection with your automobile liability policy. Please note that we only offer Bodily Injury Uninsured/Underinsured Motorists Coverage and Property Damage Uninsured/Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

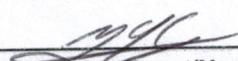
Please indicate your choice by initialing next to the appropriate item(s) and signing below.

(Initials) I select Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage at the following limit(s):

ZGG

(Choose one Split Limits Bodily Injury option AND one Property Damage limit option,
OR one Combined Single Limit option from the following):

(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit
	\$ 30,000/60,000		\$ 25,000			\$ 85,000
	50,000/100,000		50,000			100,000
	100,000/300,000		100,000			250,000
	250,000/500,000					350,000
	500,000/1,000,000					500,000
	(Other)		(Other)			1,000,000
						(Other)

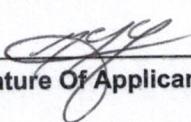

Signature Of Applicant/Named Insured

03 | 03 | 2017
Date

B. Rejection Of Property Damage Uninsured/Underinsured Motorists Coverage And Selection Of ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage

By completing this section you are rejecting Property Damage Uninsured/Underinsured Motorists Coverage and selecting ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage in connection with your automobile liability policy. Please note that we only offer Bodily Injury Uninsured/Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

Please indicate your choice by initialing next to the appropriate item(s) and signing below.

(Initials)	I reject Property Damage Uninsured/Underinsured Motorists Coverage and select ONLY Bodily Injury Uninsured/Underinsured Motorists Coverage at the following limit(s): <i>I 66</i>		
(Choose one:)			
(Initials)	Split Limits Bodily Injury	OR	Combined Single Limit
	\$ 30,000/60,000		\$ 60,000
	50,000/100,000		100,000
	100,000/300,000		250,000
	250,000/500,000		300,000
	500,000/1,000,000		350,000
			500,000
			1,000,000
	(Other)		(Other)
		03/03/2017	Date
Signature Of Applicant/Named Insured			

C. Rejection Of Bodily Injury Uninsured/Underinsured Motorists Coverage And Selection Of ONLY Property Damage Uninsured/Underinsured Motorists Coverage

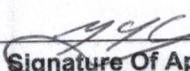
By completing this section, you are rejecting Bodily Injury Uninsured/Underinsured Motorists Coverage and selecting ONLY Property Damage Uninsured/Underinsured Motorists Coverage in connection with your automobile liability policy. Please note that we only offer Property Damage Uninsured/Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

Please indicate your choice by initialing next to the appropriate item(s) and signing below:

(Initials)	I reject Bodily Injury Uninsured/Underinsured Motorists Coverage and select ONLY Property Damage Uninsured/Underinsured Motorists Coverage at the following limit: <u>I GG</u>
(Choose one):	
(Initials)	Property Damage
	\$ 25,000
	50,000
	100,000
	(Other) _____
_____ Signature Of Applicant/Named Insured	
_____ Date	

D. Rejection Of BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage

By initialing and signing below, you are rejecting Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage in their entirety.

<u>I GG</u> (Initials)	I reject BOTH Bodily Injury Uninsured/Underinsured Motorists Coverage AND Property Damage Uninsured/Underinsured Motorists Coverage.
_____ 	_____ 03/03/2017 Date
_____ Signature Of Applicant/Named Insured	

QUALITAS INSURANCE COMPANY
Specialty Transportation Program
Commercial Motor Carrier Application for Insurance

(Note: Space is available on Page 7, if needed, to provide additional information.)

1. Name of Applicant: JOSEVAMY GUZMAN GONZALEZ Business Phone: _____
 2. Address: 35049 KATY FWY BROOKSHIRE City _____ Fax: _____
 Street _____ County _____ State _____ Zip Code TX 77423 Home Phone: _____

3. Garaging locations(s) if different than above: NO

Effective Dates:	Month	Day	Year 20 At 12:01 AM	To	Month	Day	Year 20 At 12:01 AM
4. Entity Type:	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	<input type="checkbox"/> L.L.C.		Other: _____
5. Type of Carrier:	<input checked="" type="checkbox"/> Common	<input type="checkbox"/> Contract		<input type="checkbox"/> Private	<input type="checkbox"/> Long-Term Lease		Other: _____
6. Is this a new policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(If Renewal, current policy #) <u>2064345</u>							
7. What is your DOT#?	<u>2064345</u>			MC#: _____			
8. Number of years in trucking industry:	<u>ONE</u>						
9. Time in business with insurance coverage under your current name?				years			
10. Are you a New Venture for insurance - Previously Leased to Another Motor Carrier or Restart?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(If yes, see Page 5 of this application and complete)							
11. Has this business operated under another name?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(If yes, explain) _____							
12. Have you ever filed for bankruptcy?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(If yes, explain) _____							
13. Has any company cancelled or non-renewed applicant's policy in the last three years? (MO and OH residents need not respond.)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(If yes, explain) _____							
14. Do you lease out your equipment?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(If yes, detail how often and to whom) _____							
15. a. Do you use rented, leased or borrowed equipment?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(If yes, explain) _____							
b. What is the estimated cost of hire?							

c. Do you use trip lessors?

Yes

No

(If yes, explain) _____

16. Number of Vehicles Operated:

Tractors 2 Semi-Trailers _____ Trucks _____ Full Trailers _____

17. Number of units in each radius group:

	100	300	301 - 600	Over 600
Tractors	<u>2</u>			
Trucks				

18. Mileage/Revenue: Estimated Annual Mileage: _____ miles Annual Gross Revenue: \$ _____

19. Type of Routes: Fixed/Regular: _____ % Controlled: _____ % Irregular: _____ %
(Out & back or loop) (4-6 drop/pick-up points) (7 or more drop/pick-up points)

20. Commodities transported (list specific commodities and percentages of time transported):

<u>Sand & Gravel</u>	<u>100</u> %	%	%
	%	%	%

21. During this policy period, will you transport any **hazardous or extra hazardous** materials as defined by the EPA and DOT?

(If yes, explain) _____

Radius of Operation and Destinations

22. Maximum distance you haul is: _____ miles

23. What is your average length of haul? _____ miles

24. Principal Haul: From: _____ To: _____
To: _____
To: _____

25. Cities you deliver into and pick up from:

Albuquerque	Chicago	Hartford	Los Angeles	New York City	Salt Lake City
Atlanta	Cincinnati	Houston	Louisville	Phoenix	San Diego
Baltimore	Cleveland	Indianapolis	Memphis	Philadelphia	San Francisco
Birmingham	Dallas/Ft W	Jacksonville	Milwaukee	Pittsburgh	Seattle
Boston	Denver	Kansas City	Mpls/St Paul	Portland	Tampa
Buffalo	Detroit	Las Vegas	Nashville	Richmond	Tulsa
Charlotte	D. C.	Little Rock	New Orleans	St Louis	

Fill in other cities or towns not listed: _____

26. States you travel into or through:

Alabama	Delaware	Kentucky	Nevada	Oklahoma	Utah
Arizona	Florida	Louisiana	New Hampshire	Oregon	Vermont
Arkansas	Georgia	Maryland	New Jersey	Rhode Island	Virginia
California	Idaho	Massachusetts	New Mexico	South Carolina	West Virginia
Colorado	Illinois	Mississippi	New York	Tennessee	Washington
Connecticut	Indiana	Missouri	North Carolina	Texas	Wyoming

(Complete Texas Route Info Below)

Texas Route Info – Identify the Interstate and US Highways Traveled On:

I-10	I-35	I-110	US-67	US-87	US-181
I-20	I-37	I-345	US-69	US-90	US-287
I-27	I-40	I-410	US-77	US-96	US-290
I-30	I-45	I-610	US-82	US-180	US-380

27. Do you own any vehicles that will not be covered under this policy? Yes No
 (If yes, describe other vehicles and liability insurance) _____
28. Do you plan on adding additional vehicles during the policy term? Yes No How Many? _____
29. Is brokerage authority held? Yes No
 (If yes, specify name and docket #) _____
30. Regulatory Filings (State/Federal) Are filings required? Yes No (If yes, complete Filing Supplement).
31. Do you need an MCS90? Yes No

Coverages	Limits Requested		Other Available Coverages (Check all that apply)
Liability Combined Single Limit (BI & PD)	\$ _____ Each Accident		<input type="checkbox"/> Motor Truck Cargo (Complete App.) <input type="checkbox"/> Combined Deductible Physical Damage <input type="checkbox"/> <input type="checkbox"/> Physical Damage and Cargo <input type="checkbox"/>
Uninsured & Underinsured Motorists Combined Single Limit (BI & PD)		\$ _____ Each Accident	<input type="checkbox"/> Truckers General Liability (Complete Supp.)
Uninsured/Underinsured Motorists – BI	\$ _____ Each Person	\$ _____ Each Accident	<input type="checkbox"/> Non-Trucking Liability
Uninsured/Underinsured Motorists – PD		\$ _____ Each Accident	<input type="checkbox"/> Hired Auto Liability
Comprehensive	<input type="checkbox"/> Stated Amount Less	\$ _____ Deductible	<input type="checkbox"/> Non-Owned Liability
Specified Cause of Loss	<input type="checkbox"/> Stated Amount Less	\$ _____ Deductible	<input type="checkbox"/> Trailer Interchange (Specify Limit under "Other Coverages")
Collision	<input type="checkbox"/> Stated Amount Less	\$ _____ Deductible	<input type="checkbox"/> Hired / Non-Owned Physical Damage (Specify Limit under "Other Coverages")
Medical payments	\$ _____ Each Person		
Personal Injury Protection	\$ _____ Each Person		
Other Coverages (Specify):	Deductible(s) if any:		

NOTICE REGARDING PIP AND UM/UIM COVERAGES: If required in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for uninsured/underinsured motorists and personal injury protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s), explains the options and advises you of the cost of your selection(s). ATTACH FORMS TO THIS APPLICATION.

32. Prior Insurance Carriers (Previous three years plus current)

Prior Carriers	Year	Policy No.	Premium	Reason Coverage Moved
----------------	------	------------	---------	-----------------------

		\$	
		\$	
		\$	
		\$	

Please Provide / Attach Loss Runs

33. Loss Experience

Period	Number of Vehicles	Liability		Auto Physical	
		# of Occurrences	Total Incurred	# of Occurrences	Total Incurred
Current			\$		\$
1 Year Prior			\$		\$
2 Year Prior			\$		\$
3 Year Prior			\$		\$
Total			\$		\$

34. Provide details of any loss in excess of \$25,000 by line of coverage (submit loss runs, if necessary):

Driver Information (Controls and Safety)

35. Do you comply with U.S. Dept of Transportation driver regulations (Driver Files, Drug Screening, Pre-Employment Check, MVRs, etc.)? Yes No
36. Number of drivers you employed last year? _____ Quit? _____ Released? _____
37. What is the basis for drivers' pay? Mileage Trip Hourly Other _____
38. Do you monitor your Safety Management Scores? Yes No
39. What are minimum years experience required for new hires? _____
40. Do you have a written safety program? Yes No
41. Does it address accident reporting procedures? Yes No
42. Do you have any team drivers? Yes No
43. Do you ever allow relatives or others to ride? Yes No
- (If yes, explain) _____
44. Are all employees covered by workers compensation? Yes No

Vehicle Maintenance/Safety Systems

45. Do you comply with U.S. DOT vehicle inspection requirements? Yes No
- a. Annual _____
- b. Daily _____
- c. Additional Controls – Explain: _____
46. Indicate what telemetric safety equipment is installed on your power units (check all which apply).
- | | |
|----------------------|---------------------------------|
| GPS Tracking | Event Recorders/Cameras |
| _____ | _____ |
| Electronic Log Books | Lane Deviation/Collision System |
| _____ | _____ |
| Speed Governors | Anti-Rollover System |
| _____ | _____ |
47. What percentage of your power units/fleet contain these safety systems?
- 0% _____ 100% Other (state percentage): _____

48. Please indicate the 3 shippers, brokers, or entities you haul the most for:

Name	Commodity	Percentage of Hauls

Additional Interests (Shippers, Brokers, Lessee, Loss Payee)

49. Are you required to add others for coverage under this policy? Yes No

Who and why? _____

Please list any of the following types of entities and unit number, if applicable:

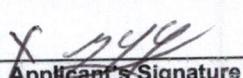
Name	Address	Additional Interest - Type	Unit #, If Applicable (See Page 6)

NEW VENTURE / PREVIOUSLY LEASED / RESTARTING

Truck Driving Previous Employment	Employment Date (Month/Year)	Type of Equipment	Commodities Hauled	Maximum Radius of Operation
Name: _____	From: To:			
Address: _____				
MC # / DOT #: _____	From: To:			
Name: _____				
Address: _____	From: To:			
MC # / DOT #: _____				
Name: _____	From: To:			
Address: _____				
MC # / DOT #: _____	Do you object to our verifying the above information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

50. While operating commercial vehicles for other motor carriers listed, did you have any accidents? Yes
(Provide details and amounts paid for each accident) _____

No. I certify that I did not have any accidents or losses while driving for other motor carriers listed.


Applicant's Signature

03/03/2017
Date

Restarting with new policy in own name.

Explanation: _____

Schedule of Vehicles

Schedule	Trade Name	Body	VIN Serial Number	INDICATE	Stated	Deductible Type

of Equip					OWNED (O) OR LEASED (L)	Amt of Ins/ Phys Dam	/Amount		
#	YR						Coll	SCOL	Comp
1.	2001	FRHT	TRK	1FUJBBD31LH71817					
2.	2003	INT	TRK	2HSCEER43C070214					
3.	1985		TRL	1A9IAJEPZ6S11A9117					
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

NOTE: If additional space is needed, use separate "Supplemental Schedule of Vehicles" document.

All Equipment is
garaged:

Location 1. 35049 ICATY FWY Broadshinw TEXAS
Address City State

Location 2.
Address City State

Trailer Type Legend:

CC	- Car Carrier	DE	- Dump End	IC	- Intermodal Container Chassis	LB	- Lowboy
CD	- Curtain Side	DS	- Dump Side	LW	- Live/Walking Floor	PP	- Pup
DL	- Dolly	FB	- Flat Bed	RF	- Reefer	TO	- Tanker Other
DV	- Dry Van	HP	- Hopper/Grain	TP	- Tanker	WT	- Wedge Trailer / 3 Car Hauler
					Pneumatic/Dry Bulk		

Power Unit Legend:

TR - Tractor TK - Truck PU - Pickup

51. Do you pull Double, Pup, or Triple Trailers? Yes No

52. Describe any special mounted/attached equipment and value _____

DRIVER INFORMATION

NOTES: Provide MVR copies on all drivers.

Drivers 65 years of age and over must submit DOT Medical Certification.
 All NEW drivers hired during the term of this policy must be **IMMEDIATELY REPORTED** to the company. Failure to report may result in termination of this policy. Report new drivers to your agent.

							Accidents and moving violations, past 3 yrs		
Name of Driver		Date of Birth	SSN	DL Number	State	Yrs Comm Driving	Hire Date	Number of Accidents	Number of Violations
1.	iosvany guzman	01/25/1975		39629488	TX				
2.	william machado	03/17/1969		20519870	TX				
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

INTERNATIONAL DRIVERS/OPERATORS							Accidents and moving violations, past 3 yrs	
Name of Driver		Date of Birth	DL Number	Country	Yrs Comm Driving	Hire Date	Number of Accidents	Number of Violations
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Please use space below, if, needed to provide additional information:

Item # or Category	Information

SIGNATURE SECTION AND AUTHORIZATION FOR INFORMATION

PLEASE READ

FRAUD WARNING

PLEASE READ

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigation which may include contacting credit references and others with knowledge of Applicant's affairs.

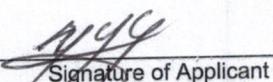
I hereby authorize the Company and/or the Producing Agent to obtain from the proper authority a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining such a report a consumer reporting agency may be used by insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on Page 7 of this application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting and I hereby certify that the information above is true. I also agree that if a policy is issued pursuant to this application and any restrictive and/or Exclusion Endorsement text, which included on the application and signed by me, shall become a part of such policy.

This Application shall not be binding unless and until a down payment is made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

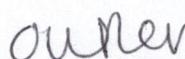
If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require any special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

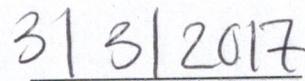
THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.



Signature of Applicant



Title



Date

PRODUCER/BROKER INFORMATION

Signature of Producer

Agency Name

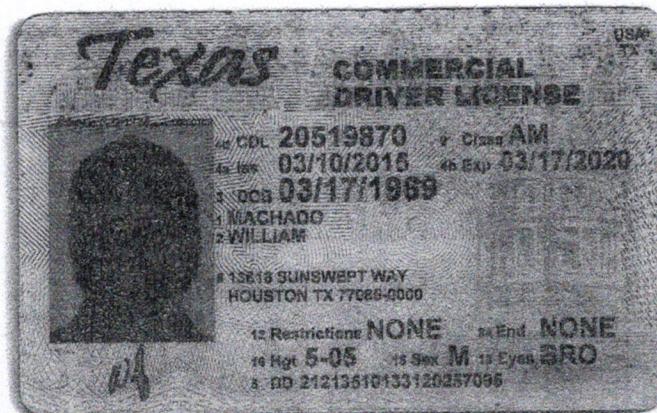
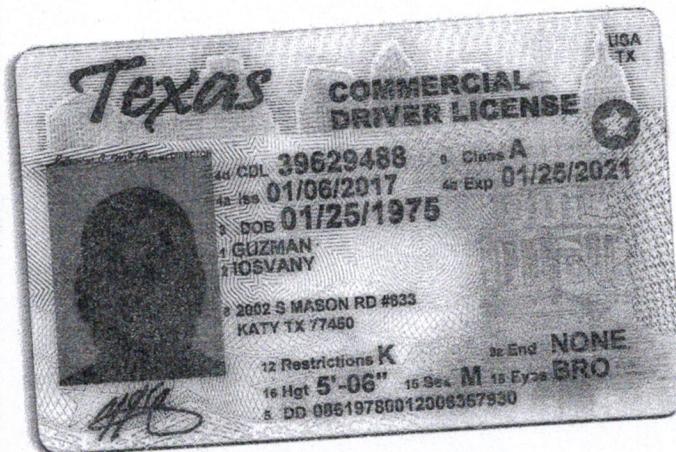
(Area Code) Phone Number

Address

City

State

Zip Code



Paramount Acceptance Corporation

PO Box 131447
 Tyler TX 75703
 Toll Free: 866-514-2200
 Local: 903-842-3098
 Fax: 866-514-2300

PREMIUM FINANCE AGREEMENT - Truth in Lending Disclosures

Borrower		Agent			
Guzman Express [Iosvany Guzman Gonzalez] 35049 Katy Hwy Brookshire TX 77423 Phone: Physical Address: 35049 Katy Hwy Brookshire TX 77423 Alt Phone:		JLP Agency Services 3719 Fry Road Ste C Katy TX 77449 SSN/TaxID: Phone: (281)599-3741 Fax: (281)599-3840			
		[0]			
TOTAL PREMIUMS	DOWN PAYMENT	AMOUNT FINANCED	FINANCE CHARGE	TOTAL OF PAYMENTS	APR
\$14,558.00	\$3,424.40	\$11,133.60	\$726.80	\$11,860.40	14.00 %
PAYMENT SCHEDULE	NUMBER OF PAYMENTS	PAYMENT FREQUENCY	AMOUNT OF EACH PAYMENT	FIRST PAYMENT DUE DATE	MONTHLY DUE DATE
	10	Monthly	\$ 1,186.04	3/23/2017	23rd

SECURITY: You are giving a security interest in unearned premiums and loss payments on the insurance policy being purchased.

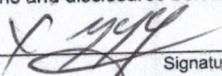
LATE CHARGE: If a payment is late 10 days or more, you will be charged 5½% for each \$1.00 of such payments.

PREPAYMENT: If you pay off early you may be entitled to a refund of part of the finance charge, but on loans of \$100 or less, you will not be entitled to a refund of any part of the finance charge called an "acquisition charge." See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

FOR VALUE RECEIVED, the undersigned INSURED, jointly and severally, if more than one, promises to pay to the order of the above identified LENDER at the address of LENDER stated above, the Total of Payments in consecutive monthly payments as shown herein, with any unpaid balance and all unpaid additional charges due on the same date on which the final installment is due, and authorizes LENDER to pay the insurance company or its authorized agent the premium set forth herein.

POWER OF ATTORNEY-NOTICE TO INSURER

INSURED hereby agrees to and acknowledges this combined Premium Finance Agreement and Truth-in-Lending Disclosure was completed as to all of its provisions and disclosures before it was signed by INSURED and a copy thereof was delivered to INSURED at the time of signing

X _____ Date _____

 Signature of INSURED

This is to inform you and to certify that the premium for this policy(ies) has been financed and to further state that in recognition of the several possibilities which might cause my inability or failure to pay any insurance premium installments when due, I do irrevocably make, constitute, and appoint PARAMOUNT PREMIUM FINANCE, P.O. Box 131447 TYLER TX 75703 (hereinafter called LENDER) and its assigns my true and lawful attorney for me to cancel and collect all returned premiums on the above listed insurance policy(ies); and LENDER and its assigns is further authorized and empowered to execute all necessary written instruments, lost policy releases, and notices in connection therewith and to do whatever is necessary in the cancellation of such policy(ies).

X _____ Date _____
 Signature of INSURED

AGENT'S AGREEMENT

THE UNDERSIGNED WARRANTS AND REPRESENTS THAT:

- (1) This agreement was completed as to all of its provisions and disclosures before it was signed by INSURED and a copy was delivered to INSURED upon signing
- (2) The signature of INSURED is genuine
- (3) LENDER will be notified of any and all changes in the terms of said policy(ies)
- (4) This contract is binding only when accepted and approved by LENDER
- (5) Undersigned is not the agent of the LENDER, and a payment to agent does not constitute a payment to the LENDER
- (6) Any refund of premium by the insurance company will be promptly endorsed and forwarded to LENDER
- (7) A copy of the insurance policy application(s) is attached hereto and a copy of the insurance policy(ies) will be forwarded promptly to LENDER
- (8) None of the insurance policies require the insurance company to give more than 10 days notice of cancellation after receiving notice of cancellation from LENDER [] (check if applicable) except policy no. _____ which requires _____ days notice
- (9) The insurance company [] is [] not admitted before the Texas Department of Insurance
- (10) The premiums on the policy(ies) are not subject to acceleration [] (check if applicable) except policy no. _____
- (11) The cash down payment has been paid by INSURED

X _____
 Signature of Agent