



Motor Truck Cargo

Date: September 26, 2017

INSURED: USA Ferrand LLC

Coverage: Motor Truck Cargo (Carriers' Liability)

Policy Term: 09/26/2017 to 09/26/2018

Type: Quote

Coverage

Limit of Insurance Per Power Unit	\$	100,000
Per Occurrence Limit	\$	100,000

Vehicle Schedule: As Per Schedule Below

Model Year	Vehicle Description	VIN Number
2006	FREIGHTLINER CONVENTIONAL	1FUJA6CK76LN72491

Additional Coverages:

Earned Freight Charges	\$	2,500
Reloading Expense	\$	5,000
Debris Removal	10% of Applicable Limit / \$5,000 Max Per Occurrence	

Optional Coverages

90% Coinsurance Applies

Deductibles

All Covered Losses	\$	1,000
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Premium(s)/Rate(s)

Annual Rate Per Power Unit	\$	1,808.00
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Coverage**Premium**

Motor Truck Cargo	\$	1,808.00
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Terrorism	\$	0.00
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Total Term Premium:	\$	1,808.00
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If you or your agency becomes aware of any additional losses or claims activity on this account, please notify us prior to the effective date of this coverage so that we may re-evaluate the terms of this quote. Failure to do so may constitute misrepresentation. Loss or claims activity includes but is not limited to: losses not yet reported, losses not covered by their current policy, self-insured losses or losses below the deductible amount.

This proposal provides a summary of coverage. For a complete description and all terms, conditions and exclusions, please refer to our policy forms which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail.

ATTENTION APPLICANT:

- ☒ TXCA1A
- ☒ TXCA100
- ☒ IL0017 (11/98)
- ☒ CA0001 (03/06)
- ☒ IL0021 (09/08)
- ☒ CA2015 (12/04)
- ☒ CA0196 (03/06)
- ☒ CA0243 (03/01)
- ☒ IL0003 (09/08)

MANDATORY ENDORSEMENTS

Business Auto Coverage Form
Business Auto Schedule of Forms and Endorsements
Common Policy Conditions
Business Auto Coverage Form
Nuclear Energy Liability Exclusion
Mobile Equipment
Texas Changes
Texas Changes – Cancellation and Non Renewal
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 | Additional 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 |

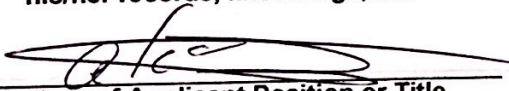
NOTE: Other Endorsements may apply. Refer to your policy for a complete listing.

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

10-30-17
Date

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

10-30-17
Date

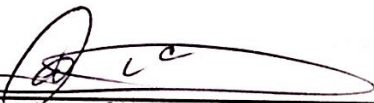
Uninsured/Underinsured Motorists Coverage Acceptance/Rejection From (Must Be Signed)

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

10-30-17
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

10-30-17
Date

Signature of Agent

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		(00078729)		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) USA FERRAND LLC 12203 OLD WALTERS RD 1018 HOUSTON, TX 77014			
		PRODUCER CODE A00162					
PAYMENT SCHEDULE							
A	TOTAL PREMIUMS	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE			
	13,604.00	10	1,113.33	FIRST INSTALLMENT DUE 10/27/2017	INSTALLMENT DUE DATES 27th (Monthly)		
B	DOWN PAYMENT	SCHEDULE OF POLICIES					
	2,844.00	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 10,760.00	TBD	9/27/2017	G00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc [CX:30] [FI, 90%PR]	COMM A	12	11,642.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 373.30	TBD	9/27/2017	G00176-Great American Insurance Company G00353-MD Jensvold & Co Inc. [CX:0] [90%PR]	CARGO	12	1,808.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 11,133.30						
F	A.P.R. The Cost of Your Credit as Yearly Rate 7.499 %						
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>							13,604.00

Quote Number: 55475

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 representation 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# 55475, PRN: 101417, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 100.20 Qtd For: A00162 Original

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