



September 22, 2017

**Q U O T E # 287386 A**

Page 1 of 2

JLP Agency Services (4284)  
3719 N. Fry Rd., Suite C  
Katy, TX 77449

New Business

Attn: LOUIS

FAX #: 1(281)599-3840

PH #: (281)599-3741

We are pleased to offer the following quotation:

**INSURED: KS CAR HAULER LLC**

**COMPANY: Hallmark County Mutual Insurance Company (A- VIII)**

**COVERAGE: Commercial Auto Liability**

**LIMITS: 1,000,000 CSL - Liability**

**TERMS: Subject to signed company application upon binding coverage (attached), Inspection, Rejecting PIP/UM. Quote is based on 1 tractor. Subject to New venture/No prior losses/Clean mvr/exp per submission/Insured must own all units scheduled/No owner ops/No more than 2 units added throughout the policy period/no out of state dl's except for bordering states. Unlimited Radius, except for no more than 10% exposure in the northeastern states: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, West Virginia, Virginia.**

**\*\*\*Quote is only good until 9/30/17 and then Hallmark's new guidelines will apply\*\*\***

**\*\*\*No physical damage can be added throughout the policy term due to Hallmark's nv guidelines\*\*\***

\*\*\* We will make every effort to process filings in a timely manner. However, we will not be responsible for fines or fees unless we receive the binder request and completed application at least 72 hours prior to effective date. \*\*\*

**EXCLUSIONS: Per form**

**RATE: \$9543 Tractor Liab**

<b>PREMIUM:</b>	\$9,543.00
Company Fee	77.00
Broker Fee	75.00
<b>Total</b>	<b>\$9,695.00</b>

**COMMISSION: 10.00%**

**This quotation is valid for 8 days, or until the effective date, whichever comes first.**

**Please review this quote carefully, as it may not provide the coverage you requested.**



September 22, 2017

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Page 2 of 2

**FINANCING:** We can quickly arrange premium financing through Policy Pal Premium Billing, Inc. - at very competitive rates. Contact the finance department at (972) 961-8094 ext. 301 or (800) 442-7050

**FINANCE INFORMATION**

Down Payment:	3,492.05
Amt Financed:	6,202.95
Finance Chg:	404.95
10 Payments @:	662.79
APR:	14.00
Admin Fee:	20.00

**No coverage bound unless confirmed by us in writing.**

Regards,

Tammy McGregor Ext 154, [tammym@texasspecialty.com](mailto:tammym@texasspecialty.com)



## ESTIMATED ALLOCATION OF LOAN PROCEEDS AND QUOTE

Statement Date 9/29/2017

600 SW Jefferson  
Suite 204  
Lee's Summit, MO 64063  
(844) 292-9090  
triumph@triumphpf.com

Quote Number 56283  
Customer Name KS CAR HAULER LLC

Agent Name JLP Insurance Services LLC  
Agent Phone (281) 599-3741

We would like to take this opportunity to thank you for choosing Triumph Premium Finance for your insurance financing needs.

In order to assist you in allocating funding proceeds for Quote Number 56283, we are providing the schedule shown below.  
Please be advised of these important considerations:

1. The figures listed below are estimates based on the information entered into our system. If the default down payment was changed at the time of quoting or if our underwriting department determines that the above allocation is incorrect the figures listed below may change.
2. The figures listed below do not include any broker fees. They are related only to the policy premiums, taxes and fees.
3. Premium proceeds will only be funded after we have accepted the finance agreement.

Should you have any questions, please contact us at (844) 292-9090, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. CST.

Sincerely,

Triumph Premium Finance

a division of TBK Bank, SSB

Policy #	Carrier and GA	Eff Date	Coverage	Total Premium	Down Payment	To Be Funded
TBD	C00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc	9/29/2017	COMM A	9,695.00	2,060.60	7,634.40
TBD	C00033-Pennsylvania Manufacturers Assoc. Ins. Co. G00163-Scout Insurance Group	9/29/2017	CARGO	1,242.99	328.60	914.39



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

- ☐ Personal  
☒ Commercial  
☐ Additional Premium

AGENT / BROKER (NAME AND BUSINESS ADDRESS) (00073589) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) KS CAR HAULER LLC 12300 FLEMING DR APT 5 HOUSTON, TX 77013	
		PRODUCER CODE A00162	

PAYMENT SCHEDULE

A	TOTAL PREMIUMS	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE				
	10,937.99	10	886.54	FIRST INSTALLMENT DUE 10/29/2017		INSTALLMENT DUE DATES 29th (Monthly)		
B	DOWN PAYMENT	SCHEDULE OF POLICIES						
	2,389.20	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 8,548.79	TBD	9/29/2017	C00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc [CX:30] [FI, 90%PR]		COMM A	12	9,543.00
	Ernd. Taxes/Fees					152.00		
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 316.61	TBD	9/29/2017	C00033-Pennsylvania Manufacturers Assoc. Ins. Co. G00163-Scout Insurance Group [CX:0] [90%PR]		CARGO	12	1,142.99
						Ernd. Taxes/Fees		100.00
						Fin. Taxes/Fees		0.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 8,865.40							
F	A.P.R. The Cost of Your Credit as Yearly Rate 8.001 %	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>						10,937.99

Quote Number: 56283

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# 56283, PRN: 092917, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 79.76 Qtd For: A00162 Original

## 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 \$79.76 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.



September 22, 2017

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Page 1 of 2

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Admin Fee:	20.00

**No coverage bound unless confirmed by us in writing.**

Regards,

Tammy McGregor Ext 154, [tammym@texasspecialty.com](mailto:tammym@texasspecialty.com)

**4284 - JLP Agency Services**  
**3719 N Fry Rd, Suite C**  
**Katy, TX 77449**  
**281-599-3741**  
**281-599-3840**

**Texas Specialty Underwriters, Inc. - 0500**  
**Tammy McGregor**  
**510 Turtle Cove Ste 200**  
**Rockwall, Tx 75087**  
**972-771-5653**  
**972-722-5392**

**Hallmark County Mutual Insurance Company (A-Excellent VIII)**

**Auto Rating Version 0 - Texas Rating #4.46000**

☒ New Quote ☐ Renewal Quote

Quote Date: 09/22/2017  
 Quote Time: 13:00  
 Policy Effective Date: 09/22/2017  
 Policy Expiration Date: 09/22/2018  
 Term: **12 months**

Quote Number: 287386  
 Policy Number:  
 Expiring Policy Number:  
 Approval Code : HCM012017

Insured Name:  
 DBA / Name 2: KS CAR HAULER LLC  
 Mailing Address: 12300 FLEMING DR APT #5  
 City/State/Zip: HOUSTON, TX 77013

Primary Address: 12300 FLEMING DR APT #5  
 City/State/Zip: HOUSTON, TX 77013  
 Telephone Number:

State Filing:  
 ICC Filing:  
 DOT Number: 2905660

**REMARKS**

SUBJECT TO CURRENT MVRs  
 SUBJECT TO INSPECTION, SUBJECT TO COMPLETED AND SIGNED COMPANY APPLICATION

Previous Carrier: NEW VENTURE

Type of Cargo Hauled: BUILDING MATERIALS

**BUSINESS DESCRIPTION**

**TRUCKMAN**

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☒ Organization Other than Above

**Coverage:**

07	BODILY INJURY	1,000,000	\$	9543.00
	PROPERTY DAMAGE	INCLUDED	\$	0.00
	COMP (OTC)	NONE	\$	0.00
	COLLISION	NONE	\$	0.00
	PERSONAL INJURY PROTECTION	None	\$	0.00
	Uninsured/Underinsured Motorist	None	\$	0.00
	ADDITIONAL INSUREDS (FULLY EARNED)	0	\$	0.00
	WAIVER OF SUBROGATION (FULLY EARNED)	0	\$	0.00
	FILINGS REQUIRED : DOT	Yes	\$	
	MEXICO LIMITED COVERAGE	No		
08	Hired Auto	No	\$	0.00
09	Non Owned Auto	No	\$	0.00
	Bob Tail Liability Coverage	No		
	Trailer Interchange		\$	0.00
	Hired Car Physical Damage		\$	0.00
	Non Owned Trailer Physical Damage		\$	0.00
Employee Driving Records:		1.000	Subtotal	\$ 9543.00
Renewal Discount:		0%	MVR Fee	\$ 0.00
Total Applied Liability Factor:		1.25	Misc Fees (FULLY EARNED)	\$ 0.00
Total Applied Physical Damage Factor:		1.25	Policy Fee (FULLY EARNED)	\$ 150.00
			ATP Authority Fee	\$ 2.00
			<b>TOTAL</b>	<b>\$ 9695.00</b>



UNIT #	1			Unit Type	Trac	Terr S/C	No
Year	Make & Model			VIN		ACV	TERR
2005	FREIGHTLINER					0	999
Radius	Use		GVW	Age		Ded Comp/Coll	
1500	C		80000	10		N/A/N/A	
Code		SSC	Zone	Primary Factor		Phy Dam Rate	Sec Factor
50321			43/943	1.23			1.90
BI	PD	PIP	UMBI	UMPD	Comp	Coll	SUBTOTAL
\$9,543.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,543.00

**DRIVER INFORMATION**

Driver #	Driver Name	Date of Birth	License Number	State
1	YOSVEL QUINTANA ORTIZ	1/21/86		TX

1. Description of the applicant's operation: \_\_\_\_\_  
\_\_\_\_\_
2. Is the applicant a contract hauler? Y / N If Yes for who? \_\_\_\_\_
3. List all types of cargo transported: \_\_\_\_\_  
\_\_\_\_\_
4. How long has the applicant been in business? \_\_\_\_\_
5. If this is a new venture where did you get your experience (companies and dates)?  
\_\_\_\_\_  
\_\_\_\_\_

6. Define the normal area of operations.  
\_\_\_\_\_ 0-100 miles; \_\_\_\_\_ 101-200 miles; \_\_\_\_\_ 201-500 miles; \_\_\_\_\_ over 501miles.
7. IFTA reports are required on fleets with five or more power units. For accounts with less than five power units indicate all states entered and the percentage of time traveled in each.

Alabama		Arizona		Arkansas		California	
Colorado		Connecticut		Delaware		Florida	
Georgia		Idaho		Illinois		Indiana	
Iowa		Kansas		Kentucky		Louisiana	
Maine		Maryland		Massachusetts		Michigan	
Minnesota		Mississippi		Missouri		Montana	
Nebraska		Nevada		New Hampshire		New Jersey	
New Mexico		New York		North Carolina		North Dakota	
Ohio		Oklahoma		Oregon		Pennsylvania	
Rhode Island		South Carolina		South Dakota		Tennessee	
Texas		Utah		Vermont		Virginia	
Washington		West Virginia		Wisconsin		Wyoming	

8. Does the applicant follow FMCSA hiring procedures? Y / N If No explain:  
\_\_\_\_\_
9. Does the applicant have a written policy against allowing passengers ride in units? Y / N If No explain:  
\_\_\_\_\_
10. Are any vehicles rent or lease to others? Y / N If Yes explain:  
\_\_\_\_\_
11. Does the applicant hire any vehicles? Y / N If Yes what is the estimated annual cost of hire?  
\_\_\_\_\_
12. Are owner-operators' part of the fleet? Y / N If Yes how many units are owner -operators?  
\_\_\_\_\_
13. Is this insurance to cover all owned, leased and operated vehicles? Y / N If No explain:  
\_\_\_\_\_
14. Are any filings required? If Yes provide the State and /or Federal filings docket number(s).  
\_\_\_\_\_
15. Do other truckers operate under the applicant's filings? Y / N If Yes explain:  
\_\_\_\_\_
16. Does applicant haul for other truckers? Y / N If Yes explain:  
\_\_\_\_\_

17. Does the applicant have motor carrier brokerage (freight broker) authority? Y / N  
If Yes is the brokerage authority held under the same name and motor carrier number as your trucking operation?  
Y / N If Yes what is your estimated brokerage revenue of the next twelve months.

\_\_\_\_\_

18. How many units has the applicant operated in each of the past three years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Have there been any losses in the last three years? If yes please provide loss runs or give a description including payments and reserves.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/>	Any Losses Past 3 Years?
--------------------------	--------------------------

Date of Loss	Description of Loss
--------------	---------------------

1.

2.

3.

**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**

\_\_\_\_\_  
**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

\_\_\_\_\_  
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

\_\_\_\_\_  
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

	LIABILITY UNDERWRITING FACTORS:	PHYSICAL DAMAGE UNDERWRITING FACTORS:
Loss Experience	0.00	0.00
Safety Program	0.00	0.00
Equipment	0.00	0.00
Class Peculiarities	0.00	0.00
Mileage	0.00	0.00
Management and Financial	25.00	25.00
Size of Fleet	0.00	0.00
Total Factor	1.25	1.25