



Cargo Liability Express Rating Solution

MTC Legal Liability Application

Submission Date: 10/11/2017

Requested Effective Date: 10/9/2017

Rating Number: 326498

Application For: ALEXSSAO LLC

Section 1 - Applicant Information

Applicant Name: ALEXSSAO LLC		DBA:		
Applicant Mailing Address: 1800 PLATEAU VISTA BLVD APT 16107	City: ROUND ROCK	State: TX	County: 	Zip Code: 78664-3792
Principal Garage Location: (if different) 1800 PLATEAU VISTA BLVD APT 16107	City: ROUND ROCK	State: TX	County: TRAVIS	Zip Code: 78664-3792
Business Owner: (first, last) ALEXANDER GONZALEZ		Title: (owner/officer/loss control/etc.)		
E-Mail Address: ALEXYDAYLI@YAHOO.COM		Phone Number: (512) 772-6378		

Business Type:

☐ Corporation/LLC ☐ Partnership ☒ Individual ☐ Other

Federal ID #: (if corporation)	Date of Authority: 1/25/2017	U.S. DOT Number: 2966719
MC Number:	State Docket #:	Current DOT Safety Rating: Not Rated
Operation Classification: (for-hire/private/other) Authorized For Hire	Carrier Operation: (interstate/intrastate/both) Intrastate Only (Non-HM)	Total Garage Locations: 1
Business Category(s): (i.e., dry van, flatbed, refrigerated, etc.) Flatbed		

Section 2a - Coverage Requested

Coverage Type:	Requested Limits:	Filings/Options/Coverage Forms:
Motor Truck Cargo (MTC) Legal Liability:	\$ 100,000 Any one vehicle	Filings: <input type="checkbox"/> ICC <input type="checkbox"/> Other States #
Occurrence/Disaster Maximum:	\$ 100,000 Any one occurrence	All coverage and endorsements combined
Deductible Amount:	\$ 1,000 Amount	

We must insure all vehicles owned or operated by the applicant to make an ICC or State Filing. No filings will be made until down payment is received and the risk is accepted by the insurance company.

If the ensuing insurance policy is cancelled, there will be a 3 Months Minimum Earned Premium retained by the insurance company.

Section 2b - Supplemental Coverage Requested

Coverage Type:	Requested Limits:	Filings/Options/Coverage Forms:
Scheduled Terminal(s): # 0	\$ N/A Amount	Per Scheduled Terminal Basis.
Unscheduled Terminal(s):	\$ N/A Amount	Total Limit for all Unscheduled
Trailer Interchange:	\$ No Coverage Amount	
Terrorism Coverage:	<input checked="" type="checkbox"/> Reject <input type="checkbox"/> Include	Terrorism Form required
Other Coverage:	\$ Amount	

Supplemental coverage, if required, may be issued under separate insurance policies and provided by separate insurance companies.

Section 3 - Radius and Area of Operations

The Percentage Hauled entered for the Average Distance must total 100%

Location Zip Code: <u>78664-3792</u>	<u>300</u> Maximum Radius (miles)	City/State/County: <u>ROUND ROCK, TX TRAVIS</u>
<u>0%</u> 0 - 25 miles	<u>0%</u> 25 - 50 miles	<u>0%</u> 50 - 100 miles
<u>0%</u> 100 - 200 miles	<u>100%</u> 200 - 300 miles	<u>0%</u> 300 - 500 miles
<u>0%</u> 500 - 1,000 miles	<u>0%</u> 1,000 - 1,500 miles	<u>0%</u> over 1,500 miles

States and Cities Traveled: Texas

Note: The radius is measured on a straight line from the street address of an auto's principal garaging to its farthest point of regular operations.

Section 4 - Commodity Information

% Revenue: Commodity Type:

% Revenue: Commodity Type:

<u>45%</u>	<u>Building Materials</u>		
<u>10%</u>	<u>Lumber, Pallets & Wood (processed)</u>		
<u>45%</u>	<u>Pipe (other than Copper)</u>		

- ☐ Yes ☒ No 1. Does the Applicant haul Hazardous Material or require Hazmat placards for any power units or trailers?
If yes, describe: N/A
- ☐ Yes ☒ No 2. Are commodities hauled owned by the Applicant?
- ☐ Yes ☒ No 3. Do operations involve intermodal shipments or marine port terminals that require a UIIA Agreement?
If yes, Limit of liability required \$ _____ Ded. Amount \$ _____ # of annual days _____

Section 5 - Scheduled Equipment

Year: <u>1996</u>	Make: <u>Freightliner</u>	Model: <u>FLD120</u>	Serial Number (VIN): <u>1FUYDCYB1TP854756</u>
Type: <u>Truck Tractor</u>	GVW Class: <u>Class 8: 33,001 lb And Over</u>	Garage Zip: <u>78664-3792</u>	Owned?: Value: (N/A if no PhysDam)

Coverage, if offered, will be provided for specifically described equipment scheduled with the insurance company.

Section 6 - Scheduled Driver(s)

Driver Name: (first, last) <u>ALEXANDER gonzalez</u>	DOB: <u>9/26/1985</u>	Married?: 	Date Hired:(mm/yyyy): <u>5/1/2016</u>	Driver Type: <u>Owner-Operator</u>
License Number: <u>40504629</u>	State: <u>TX</u>	Issue Year:(yyyy): <u>2014</u>	CDL?: (yes/no) <u>Yes</u>	MVR Pts. (MV/Acc): <u>No pts (0/0)</u>

Current MVRs are required on all drivers and must be dated within 60 days of the coverage effective date.

Section 7 - Loss History Information

Policy Term: _____ **Pwr Units:** _____ **#Claims:** _____ **Incurred Losses:** _____ **Insurance Company Name:** _____

No prior coverage

Applicant must submit verifiable Hard Copy Loss Runs for the policy periods entered.

Section 8 - General Questions

- ☐ Yes ☒ No 1. Has the Applicant ever operated a trucking business under a different Authority or Name?
If Yes, Please provide DOT#/MC# and Date of Operation (from/to): _____
- ☐ Yes ☒ No 2. Does the Applicant operate as a Freight Forwarder or Freight Broker or arrange loads for others?
- ☐ Yes ☒ No 3. Does the Applicant own or use any equipment not scheduled on this application?
If Yes, Please explain: _____
- ☐ Yes ☒ No 4. Are loaded trailers ever left overnight, unattended or detached from power units?
If Yes, Please explain: _____
- ☐ Yes ☒ No 5. Did the Applicant incur a net loss in the past three years?
- ☐ Yes ☒ No 6. Has the applicant ever filed for bankruptcy? If yes, enter date: N/A
- ☐ Yes ☒ No 7. Has the applicant's insurance been cancelled or non-renewed for any reason in the past 5 years?
If Yes, Please explain: _____

Section 9 - Average Units, Total Mileage and Gross Receipts

Year: _____ **Average # of Units:** _____ **Total Mileage:** _____ **Gross Receipts:** _____

Current Year: _____ **(Enter Projected Units, Mileage and Gross Receipts)**

2017	_____	_____	100
------	-------	-------	-----

Section 10 - Scheduled Terminal(s)

No scheduled terminals have been indicated.

Coverage, if offered, will be provided for specifically described terminals scheduled with the insurance company.

Section 11 - Billing Options and Payment Information

- ☐ **\$1,233.71** (Pay in Full with no premium financing)
- ☐ **\$426.56** Down Payment with Premium Finance Agreement

Note: You must select one payment type in order to request coverage.

Applicant Signature

Certification Statement: I Certify all particulars herein, attached to, provided with or submitted prior to completion of this application are warranted complete and no information has been withheld or suppressed. I agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Insurer and the Applicant. I hereby authorize the Insurer or an authorized representative of the Insurer to verify all of the information I have provided in order to procure the insurance policy I am making application for. I also understand that failure to report completely and accurately may result in sanctions including but limited to voidance of the insurance policy, denial of claims and in civil or criminal penalties.

MVR DISCLOSURE NOTICE: In accordance with the Fair Credit Reporting Act (FCRA) your administrator and/or insurance company(s) may request limited consumer report information for purposes solely related to the underwriting and rating of insurance. The administrator and/or insurance company(s) may request MVRs for you or your driver(s) for the sole purpose of determining the insurability of your motor truck cargo legal liability insurance program. The contents of your driver's MVR(s) will be compared to the underwriting criteria of the motor truck cargo legal liability insurance carrier(s). By law no consumer report information acquired will be disclosed or provided to additional parties.

FRAUD NOTICE: Please Read Carefully!

Texas: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

DISCLAIMER: THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

Applicant Signature: _____ Date: 10/19/2017

Applicant Printed Name: Alexander Gonzalez Title: Owner

Producers Information:

Contact: Juan Pereira
Agency: JLP Insurance Services LLC
Email: lp@jlpinsurancelc.com
Phone: 281-599-3741 **Fax:** 281-599-3840

Supplemental - Target Commodities Hauled and Ineligible Commodities**Target Commodities Hauled:**

If any of the commodities listed below are hauled, please select and enter the percentage of gross receipts.

☐ _____ % Copper and Copper Products (Flatbed)

☐ _____ % **Other** - Provide Details:

Target Commodities:

Limitation on Specific Commodities: In the event of "loss" by theft of any of the commodities listed as Target Commodities, we will not be liable for more than 10% of the Limit of Insurance applying to "vehicles" or "terminals" as respects such commodities.

Ineligible Commodities:

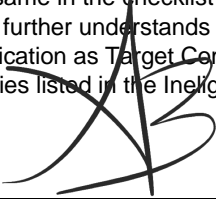
The following commodities are ineligible for coverage under this program under any circumstances.

Mobile Homes-- No Motor

Trailers (New for delivery)

Applicant Signature

By signing below, Applicant hereby represents and warrants that Applicant has read, and fully understands, the provisions above regarding Target Commodities Hauled and Ineligible Commodities. Applicant further warrants that it has fully and completely disclosed all Target Commodities Hauled and selected same in the checklist above, along with providing accurate percentages of gross receipts as indicated. By signing below, Applicant further understands and agrees that there may not be coverage for any commodities hauled which are not disclosed in this Application as Target Commodities Hauled. Applicant also understands and agrees that there will be NO coverage for any commodities listed in the Ineligible Commodities section above.

Applicant Signature:  Date: 10/19/2017

Supplemental - Prior Applicant Experience**Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is begin entered.)**

Name:	Position Title:	DOB: (mm/dd/yyyy)
Experience Type: <input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management		Starting: (mm/dd/yyyy)

Prior Experience History**Prior Experience: (List most recent first)**

Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				

If Prior Experience includes transportation management experience, please provide additional details below.

Prior Management Experience

Please provide a brief description of past trucking management experience and specific management position(s) held.

Applicant Signature

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the insurance company or its representative to verify the information provided above.

Applicant Signature:  Date: 10/19/2017

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>30.75</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.

Policyholder/Applicant's Signature

On behalf of Insurers

Alexander Gonzalez

Print Name

Policy Number

10/19/2017

Date

LMA9104

12 January 2015