

YARITZA SANTA CRUZ
DBA: YARITZA PACHECO TRUCKING
15626 LOMA VERDE DR
HOUSTON, TX 77083

Underwritten by:
Progressive County Mutual Ins Co
April 23, 2017
Policy Period: Apr 23, 2017 - Apr 23, 2018
Page 1 of 1

Dear YARITZA SANTA CRUZ,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressiveagent.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

Receipt of initial payment for the policy

This is receipt of \$1,617.40 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call me at 1-281-599-3741.

Form WELLTR (05/06)

Policy number: 06108337-0

Policyholder:

YARITZA SANTA CRUZ

April 23, 2017

Policy period: Apr 23, 2017 - Apr 23, 2018

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- ☐ Your application
- ☐ Request to exclude a driver
- ☐ Signed Rejection of Uninsured/Underinsured Motorist Coverage Form
- ☐ Signed Rejection of Personal Injury Protection Coverage Form

Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
 - Auto Liability Limits
 - Named Insured
 - Inception and Expiration Dates
 - Prior Policy Number

Return to: JUAN PEREIRA
JLP AGENCY SERVICES
3719 N FRY RD STE C
KATY, TX 77449
Fax: 1-281-599-3840

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 06108337-0

Named Insured: YARITZA SANTA CRUZ

DBA: YARITZA PACHECO TRUCKING

April 23, 2017

Page 1 of 5

Policy and premium information for policy number 06108337-0

Insurance company:	Progressive County Mutual Ins Co P.O. BOX 94739 Cleveland, OH 44101
Agent:	JUAN PEREIRA JLP AGENCY SERVICES 3719 N FRY RD STE C KATY, TX 77449 16833 1-281-599-3741
Named Insured:	YARITZA SANTA CRUZ DBA: YARITZA PACHECO TRUCKING 15626 LOMA VERDE DR HOUSTON, TX 77083 e-mail address: INS@FIRSTCALLINTERMODAL.COM Phone Number: 1-786-886-6531
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Apr 23, 2017 - Apr 23, 2018
Effective date and time:	Apr 23, 2017 at 06:40PM ET
Total policy premium:	\$7,939.00
Initial payment required:	\$1,617.40
Initial payment received:	\$1,617.40
Payment plan:	10 payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
YARITZA SANTA CRUZ	09/28/1970	46	Married	****UDED	TX	4	Excluded		
OSDANY RODRIGUEZ	06/27/1973	43	Married	****5834	TX	0		Yes	2010

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
YARITZA SANTA CRUZ		
Unverifiable Driver Record	11/11/1911	APP

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$7,902
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		

Subtotal policy premium	\$7,902
Automobile Burglary/Theft Prevention Authority Fee	2.00
PUC Filing Fee	35.00
Total 12 month policy premium and fees	\$7,939.00

Auto coverage schedule

1. 1999 FRHT FC2

VIN: **1FUYSSEB8XL969341** Garaging Zip Code: 78962 Territory: 4 Radius: 100 miles

Personal use: N Body type: Tractor Use class: H

Liability Premium	Liability	Auto Total
	\$7553	\$7,553

Vehicle questions

NONE

2. 2030 Non Owned Attached Trlr **

VIN: **NONE** Garaging Zip Code: 78962 Territory: 4 Radius: 100

Personal use: N Body type: 20 Use class: H

Liability Premium	Liability	Auto Total
	\$349	\$349

Vehicle questions

NONE

**Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

Financial responsibility information

Name	Home address	Age	Date of birth
YARITZA SANTA CRUZ	15626 LOMA VERDE DR HOUSTON, TX 77083-0000	46	09/28/1970

Business information

Business type	Sub business type	Other
Trucking For-Hire	Dirt, Sand & Gravel	
Applicant	Employer ID number	
Individual/Sole Proprietor		

Does the applicant have a USDOT Number? Yes

What is the USDOT Number? 2997161

We may use USDOT data collected by the Federal Motor Carrier Safety Administration to rate the policy.

Additional policy questions

1. Year the current business was established: Unknown
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
3. Premise type your tow business operates from: Unknown

Prior insurance questions

Prior insurance: Yes

Policy number:

Effective dates of coverage: Jan 1, 2017 to Aug 8, 2017

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: State Min

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Do we insure all commercial vehicles the insured owns? Yes

Do we insure all vehicles that the insured uses in their business? Yes

How long has the insured's current federal/Texas DMV operating authority been active? Less than 1 year

Does applicant require a State Filing? Yes How many? 1

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

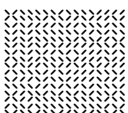
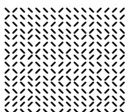
The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan.



The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

By signing below, I appoint the President of the Company, with full power of substitution, as my proxy and with authority to vote for me, in my absence, at any membership meeting. The authority granted to the President shall remain in effect for as long as I am a policyholder of the Company, provided that I may revoke the authority granted to the President at any time by providing written notice. I agree to be governed by the provisions of Chapter 912, Texas Insurance Code 2003.

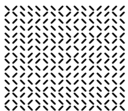
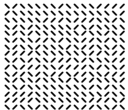
**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X

.....

Form Z421 TX (07/15)



Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Exclusion Of Named Driver And Partial Rejection Of Coverages

Except as specifically modified by this endorsement, all provisions of the Commercial Auto Policy apply.

We agree with **you** that the insurance provided under **your** Commercial Auto Policy is modified as follows:

Warning - Read This Endorsement Carefully

This acknowledgement and rejection is applicable to all renewals issued by **us** or any affiliated insurer. However, **we** must provide a notice with each renewal stating: "This policy contains a named driver exclusion."

You agree that none of the insurance coverages afforded by this policy, or any related endorsements, shall apply while an **insured auto** or any other motor vehicle is operated by the following driver(s):

YARITZA SANTA CRUZ

You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorists Coverage and Personal Injury Protection Coverage while an **insured auto** or any other motor vehicle is operated by the excluded driver or drivers.

Signature of Named Insured or

Authorized signatory of the Named Insured entity

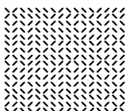
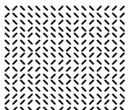
Date

X

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ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

Form 1303 TX (03/07)



Rejection of Uninsured/Underinsured Motorist Coverage

I have been offered Uninsured/Underinsured Motorist Coverage in an amount equal to the limits of Liability Coverage and I reject the option to purchase any Uninsured/Underinsured Motorist Coverage. I understand that Uninsured/Underinsured Motorist Bodily Injury Coverage protects insureds under the policy who sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist). I understand that Uninsured/Underinsured Motorist Property Damage Coverage would have protected me if my auto sustained property damage in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist). Insureds for purposes of this coverage include any occupant of an insured auto, and when the named insured is a person, the named insured and named insured's resident relatives.

I understand and agree that this rejection of Uninsured/Underinsured Motorist Coverage shall be binding on all persons insured under the policy, and that this rejection shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless the first named insured, or authorized representative of the first named insured, submits a request to add the coverage and pays the additional premium.

Signature of first Named Insured or

Authorized signatory of the Named Insured entity

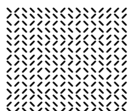
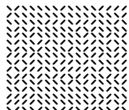
Date

Title

X

.....

Form 1319 TX (05/07)



Rejection of Personal Injury Protection Coverage

I have been offered Personal Injury Protection Coverage as part of my commercial auto policy. I reject the option to purchase Personal Injury Protection Coverage. I understand that Personal Injury Protection Coverage would have provided protection for persons insured under the policy who are injured while occupying or when struck by a motor vehicle designed for use mainly on public roads or a trailer of any type. I understand that Personal Injury Protection Coverage would have provided coverage for necessary medical and funeral services, loss of income, and reasonable expenses incurred from obtaining replacement services incurred within three years of the date of the accident.

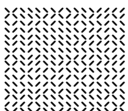
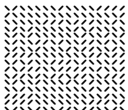
I understand and agree that this rejection of Personal Injury Protection Coverage shall be binding on all persons insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X

Form 3055 TX (11/07)



Agent compensation disclosure

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive County Mutual Ins Co and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Form Z181 (05/05)

Policy number: 06108337-0

Policyholder:

YARITZA SANTA CRUZ

April 23, 2017

Policy period: Apr 23, 2017 - Apr 23, 2018

Page 1 of 1

Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
May 23, 2017	\$714.40	Sep 23, 2017	\$714.40	Jan 23, 2018.....	\$714.40
Jun 23, 2017	\$714.40	Oct 23, 2017	\$714.40		
Jul 23, 2017	\$714.40	Nov 23, 2017	\$714.40		
Aug 23, 2017	\$714.40	Dec 23, 2017	\$714.40		

Total Premium: \$7,939.00

Payment Option: 10 payments

An installment fee of \$12.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

JUAN PEREIRA
JLP AGENCY SERVICES
3719 N FRY RD STE C
KATY, TX 77449

PROGRESSIVE[®]
COMMERCIAL

YARITZA SANTA CRUZ
DBA: YARITZA PACHECO TRUCKING
15626 LOMA VERDE DR
HOUSTON, TX 77083

Policy number: 06108337-0

Underwritten by:
Progressive County Mutual Ins Co
April 23, 2017
Policy Period: Apr 23, 2017 - Apr 23, 2018
Online Service
progressiveagent.com
Customer Service
1-800-444-4487

Payment Receipt for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$1,617.40
Payment Method: Credit Card
Card Type: Credit
Account number: ***** 7892
Merchant ID: Progressive County Mutual Ins Co
Form Payrec (08/09)

Texas Liability Insurance Card

Progressive County Mutual Ins Co
1-800-444-4487
(se habla español)

Policy period: Apr 23, 2017 to Apr 23, 2018

Policy number: 06108337-0

Agent: JLP AGENCY SERVICES
1-281-599-3741

PROGRESSIVE®

Name of Insured

YARITZA SANTA CRUZ
DBA: YARITZA PACHECO TRUCKING
15626 LOMA VERDE DR
HOUSTON, TX 77083

Vehicle

Year	Make	Model	Vehicle Identification No.
1999	FRHT	FC2	1FUYSSEB8XL969341

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Texas Liability Insurance Card

Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker

You may also be asked to show this card or your policy if you have an accident or a peace officer asks to see it. All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

Tarjeta de Seguro de Responsabilidad de Texas

Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide. Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

Our claims service number is **1-800-274-4499**. We are available 24 hours a day, 7 days a week to begin working to resolve your claim.

Agent Name: JUAN PEREIRA
Agent Fax Number: 1-281-599-3840
Agent Code: 16833

Policy number: 06108337-0

Policyholder:

YARITZA SANTA CRUZ

Policy period: Apr 23, 2017 - Apr 23, 2018

Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

Failure to submit acceptable form(s) with the following information will result in a premium increase.

☐

For Proof of Current Insurance please submit:

- Auto Liability Limits
- Named Insured
- Inception and Expiration Dates
- Prior Policy Number

Fax to:

Progressive
1-800-556-0014

Form Fax CVR (05/08)