



**Triumph Premium Finance
PREMIUM FINANCE AGREEMENT**

600 SW Jefferson
Suite 204

Lee's Summit, MO 64063(844) 292-9090 Fax (816) 246-2659

(50)

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) (00072835) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS) CMG FREIGHT TRANSPORTATION LLC 4210 KENDALL ROCK LN KATY, TX 77449					
		PRODUCER CODE A00162					
PAYMENT SCHEDULE							
A	TOTAL PREMIUMS 10,937.99	NUMBER OF INSTALLMENTS 10	AMOUNT OF EACH INSTALLMENT 886.53				
			FIRST INSTALLMENT DUE 10/27/2017	INSTALLMENT DUE DATES 27th (Monthly)			
SCHEDULE OF POLICIES							
B	DOWN PAYMENT 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	9/27/2017	C00002-Hallmark County Mutual Ins. Company G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:0] [90%PR]	CAUTO Ernd. Taxes/Fees Fin. Taxes/Fees	12 0.00	9,543.00 152.00 0.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 316.51	TBD	9/27/2017	C00033-Pennsylvania Manufacturers Assoc. Ins. Co. G00163-Scout Insurance Group [ME:20.000 %, CX:0] [SR]	CARGO Ernd. Taxes/Fees Fin. Taxes/Fees	12 100.00 0.00	1,142.99 100.00 0.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 8,865.30						
F	A.P.R. The Cost of Your Credit as Yearly Rate 7.998 %						
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>						10,937.99	

Quote Number: 55343

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.

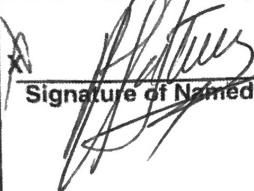
SIGNATURE OF AGENT OR BROKER
Q# 55343, PRN: 092717, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 79.66 Qtd For: A00162 Original

DATE

INPUT1 - TPFV01(08/15)

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.


Signature of Named Insured

Date

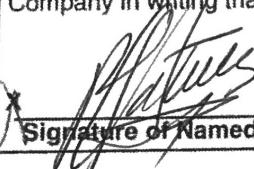
Uninsured/Underinsured Motorists Coverage Acceptance/Rejection Form (Must Be Signed)

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.

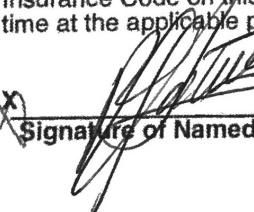
The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicles or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.


Signature of Named Insured

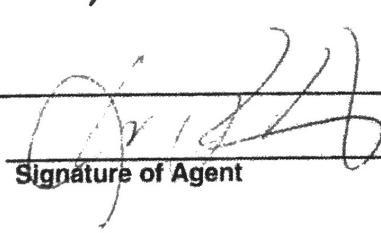
Date

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.


Signature of Named Insured

Date


Signature of Agent

Date

ATTENTION APPLICANT:

MANDATORY ENDORSEMENTS

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

- 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

- TXCA1B
- TXCA1C
- CA9903
- CA9995
- CA0301
- CA2264
- CA0121
- CA2109
- CA3125
- CA2046A (03/92)
- CA2336
- CA9901T
- CA2076
- CA9944
- CA2309
- CA2333
- CA0401
- CA0202A
- CA2037
- CA2018
- MCS-90

- Business Auto Coverage Form Declarations Continued
- Business Auto Schedule of Covered Autos Extension
- Auto Medical Payments Coverage
- Texas Supplementary Death Benefit
- Deductible Liability Coverage
- Texas Personal Injury Protection
- Limited Mexico Coverage
- Texas Uninsured/Underinsured Motorists Coverage
- Texas Split Uninsured/Underinsured Motorists Coverage Limits
- Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)
- Texas Form F-1
- Additional Insured
- Exclusion of Named Driver
- Loss Payable Clause
- Truckers – Insurance for Non Trucking Use
- Texas Truckers Endorsement
- Texas Stated Amount Insurance
- Cancellation Provision or Coverage Change Endorsement
- Texas Emergency Use Excluded
- Professional Services Not Covered
- Motor Carrier Insurance for Public Liability

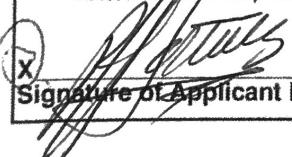
NOTE: Other Endorsements may apply. Refer to your policy for a complete listing.

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 _____



Cargo Liability Express Rating Solution

MTC Legal Liability Application

Submission Date: 9/27/2017

Requested Effective Date: 9/27/2017

Rating Number: 325194

Application For: CMG FREIGHT TRANSPORTATION**Section 1 - Applicant Information**

Applicant Name: CMG FREIGHT TRANSPORTATION		DBA:		
Applicant Mailing Address: 4210 KENDALL ROCK LN	City: KATY	State: TX	County:	Zip Code: 77449
Principal Garage Location: (if different) 4210 KENDALL ROCK LN	City: KATY	State: TX	County: HARRIS	Zip Code: 77449
Business Owner: (first, last) PEDRO MARTINEZ		Title: (owner/officer/loss control/etc.)		
E-Mail Address:		Phone Number:		

Business Type:

 Corporation/LLC Partnership Individual Other

Federal ID #: (if corporation)	Date of Authority: 9/27/2017	U.S. DOT Number: 3051407
MC Number:	State Docket #:	Current DOT Safety Rating:
Operation Classification: (for-hire/private/other)	Carrier Operation: (interstate/intrastate/both)	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):	\$ 0 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:	77449	2,000	Maximum Radius (miles)	City/State/County:
0%	0 - 25 miles	0%	25 - 50 miles	20% 50 - 100 miles
0%	100 - 200 miles	0%	200 - 300 miles	20% 300 - 500 miles
20%	500 - 1,000 miles	20%	1,000 - 1,500 miles	20% over 1,500 miles

States and Cities Traveled: Alabama (Birmingham), Georgia (Atlanta), Indiana (Indianapolis), Kentucky (Louisville), Louisiana (New Orleans), Mississippi (Jackson), Ohio (Cleveland), Texas (Austin, Carrollton, Corpus Christi, Houston)

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:

60%	Building Materials		
20%	Lumber, Pallets & Wood (processed)		
20%	Pipe (other than Copper)		

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: 2014	Make: Kenworth	Model: T680	Serial Number (VIN): 1XKYDP9X6EJ398790
Type: Truck Tractor	GVW Class: Class 8: 33,001 lb And Over	Garage Zip: 77449	Owned?: <input type="checkbox"/> 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) PEDRO MARTINEZ	DOB: 9/23/1970	Married?: <input type="checkbox"/>	Date Hired:(mm/yyyy): 6/1/2012	Driver Type: Owner-Operator
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License Number: 36432159	State: TX	Issue Year:(yyyy): 2008	CDL?: (yes/no) Yes	MVR Pts. (MV/Acc): No pts (0/0)
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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:
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No prior coverage

Accounts with 5 or more power units must submit Hard Copy Loss Runs.

Section 8 - General Questions

- | | |
|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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): _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Does the Applicant operate as a Freight Forwarder or Freight Broker or arrange loads for others? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3. Does the Applicant own or use any equipment not scheduled on this application?
If Yes, Please explain: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4. Are loaded trailers ever left overnight, unattended or detached from power units?
If Yes, Please explain: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5. Did the Applicant incur a net loss in the past three years? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. Has the applicant ever filed for bankruptcy? If yes, enter date: N/A |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:
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Current Year: **(Enter Projected Units, Mileage and Gross Receipts)**

2017	_____	_____	_____
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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

- \$1,242.99 (Pay in Full with no premium financing)
- \$385.75 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: _____

Applicant Printed Name: _____ Title: _____

Producers Information:

Contact: Juan Pereira
Agency: JLP Insurance Services LLC
Email: lp@jlpinsurancecc.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.

_____ % Cable & Wire-- Fiber Optics

_____ % Other - Provide Details:

Target Commodities:

These commodities (referred to as "target commodities") may be added back to the list of scheduled/covered commodities, by way of the special commodity inclusion endorsement.

Theft coverage for these items will be sub-limited to \$50,000 with a \$5,000 deductible.

Ineligible Commodities:

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

Agricultural Equipment	Oversized/Overweight Loads
Coiled Steel	Printing Presses
Contractors Equipment	Rigging (any property requiring)
Copper and Copper Products (Flatbed)	Swimming Pools, Spas & Hot Tubs
Machinery-- Heavy > 10,000 lbs (flatbed)	Trailers (New for delivery)
Machinery-- Light < 10,000 lbs (flatbed)	Transformers
Mobile Homes-- No Motor	Turbines
Oil Field-- Heavy Equipment	

Ineligible Commodities:

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

Automobiles, Airbags, Boats, Motorcycles, Radioactive Materials, Pharmaceuticals, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, furs, fresh seafood, horticulture, machinery, equipment, coiled metals, on hook cargo, hanging meat, cargo transported by rail or air or water.

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: _____

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:	Starting: (mm/dd/yyyy)	
<input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management		

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)				

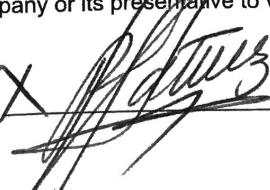
If Prior Experience includes transportation management experience, please provide additional details below.

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: _____