

Global Hawk Insurance Company (RRG)
Texas Notice of Uninsured Motorists Coverage

Named Insured/DBA:	Quote Number:
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Texas law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact your insurance representative if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

UNINSURED MOTORISTS COVERAGE

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

UNINSURED MOTORISTS BODILY INJURY COVERAGE SELECTION:

<input type="checkbox"/>	Insured hereby <u>selects</u> Uninsured Motorists Coverage for bodily injury limits of \$30,000 each person, \$60,000 each accident.
<input type="checkbox"/>	Insured hereby <u>rejects</u> Uninsured Motorists Coverage afforded in the policy for bodily injury in its entirety.

I understand the protection afforded by Uninsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selections will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, unless I make a written request to change my selections, and such a request is received and approved by the Company. All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date:	Authorized Signature of Named Insured:
Date Signed:	Name and Title:

Global Hawk Insurance Company (RRG)
Texas Personal Injury Protection Coverage Selection/Rejection

Named Insured/DBA:	Quote Number:
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Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact your insurance representative if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage.

PERSONAL INJURY PROTECTION COVERAGE

Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident.

PERSONAL INJURY PROTECTION COVERAGE SELECTION:

<input type="checkbox"/>	Insured hereby <u>selects</u> Personal Injury Protection Coverage with a limit of \$2,500
<input type="checkbox"/>	Insured hereby <u>rejects</u> Personal Injury Protection Coverage.

I understand the protection afforded by Personal Injury Protection Coverage and the selections I have made on this Notice regarding Personal Injury Protection Coverage. I further understand and agree that my selections will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, unless I make a written request to change my selections, and such a request is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date:	Authorized Signature of Named Insured:
Date Signed:	Name and Title:

GLOBAL HAWK INSURANCE COMPANY (RRG)
PRIOR CARRIER SUPPLEMENT FORM

(Named Insured/DBA)

We must have a hard copy (not older than 60 days) of the loss history for the past three years. Police reports in case of accident/s. Please provide the following

1. Name of Ins. Co. _____ Tel _____

Policy number _____

Address _____ City _____ State _____ Zip _____

GA/ MGA Name _____ Tel _____

Retail Broker/Agent Name _____ Tel _____

From _____ To _____ Coverage _____

2. Name of Ins. Co. _____ Tel _____

Policy number _____

Address _____ City _____ State _____ Zip _____

GA/ MGA Name _____ Tel _____

Retail Broker/Agent Name _____ Tel _____

From _____ To _____ Coverage _____

3. Name of Ins. Co. _____ Tel _____

Policy number _____

Address _____ City _____ State _____ Zip _____

GA/ MGA Name _____ Tel _____

Retail Broker/Agent Name _____ Tel _____

From _____ To _____ Coverage _____

(signature)

(date)

8. Are you currently, or have you ever been, under probation by any regulatory authority?
☐ Yes ☒ No

9. Have you ever been fined by any authority?
☐ Yes ☒ No

10. Do you have any oversized/overweight permits?
☐ Yes ☒ No

If yes, from which jurisdiction. Please list City, State and provide a copy of the permit.

11. Does the applicant act as a truck Broker?
☐ Yes ☒ No

12. Does the applicant have Broker authority?
☐ Yes ☒ No

If Yes, please give amount derived from broker expense \$ _____.

13. Are there any special requirements needed for any permits or filings?
☐ Yes ☒ No

If Yes, explain: _____

14. To comply with single-state registration, what state have you chosen for your Base State?

TEXAS

A copy of your RS-1 and RS-2 forms must be attached.

(If your answer to any above question is yes, explain in detail. Provide supporting documents and use separate sheet if required.)

 _____
(signature)

(date)

The applicant agrees to promptly furnish current and accurate driver data for every driver engaged in business under and during the applicant's policy period. Any proposed changes in driver (s) and vehicle(s) during the policy period must be confirmed in writing by the Company prior to any changes. The applicant understands and agrees that in the event any loss occurs while any driver(s) and or vehicle(s) not confirmed in writing by the Company is engaged in the insured's business, such failure to obtain confirmation in writing by the Company shall be considered to constitute a material misrepresentation entitling the Company to rescind the policy. Premium will be subject to change upon review of such changes. Applicant and Broker understand and hereby agree that no flat cancellations of the policy are permitted.

Applicant agrees that this policy does not protect the applicant from claims for injury, damage, or loss sustained by any person (s) or vehicle (s) not specified in the said policy. Applicant further agrees that in the event the Company shall be obliged to pay any claim that it would not be obliged to pay if said endorsements were attached to the policy, the applicant will reimburse the Company for the amount paid, including the cost and expense to extinguish the applicant's exposure in such claims.

Applicant further understands the insurance producer assisting with the placement of this insurance policy does not have the authority to bind coverage. Applicant agrees upon approval of the application, the Company will bind coverage at the home office in Alameda County, CA.

Notice of Insurance Information Practices:

Personal information may be obtained from persons other than you. Such information may be disclosed to third parties without your authorization. You have the right to review your personal information contained in our files, and request corrections in the event of incorrect data.

A more detailed description of your rights regarding such information is available. Please contact your Broker for additional information.

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to some or all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your Risk Retention Group.

Signature of the Insured [Signature] _____ DATE _____

Print Insured Name _____
FIRST MIDDLE LAST

Signature of the Producer _____ DATE _____

Print Producer Name LOUIS PEREIRA _____
FIRST MIDDLE LAST

(Broker / Agent) Company Name JLP INSURANCE _____

Address 3719 N FRY RD STE C City KATY State TX Zip 77449

Phone 281-599-3741 Fax 281-599-3840

SCHEDULE OF EQUIPMENT

THIS IS NOT A BINDER CHECK COVERAGE DESIRED:

☐ FIRE
 ☐ THEFT
 ☐ COMBINED ADDITIONAL COVERAGES
 ☐ COLLISION
 DEDUCTIBLE: \$ _____
 ☐ OTHER _____

UNIT NO.	YEAR MODEL	TRADE NAME - DESCRIPTION TRAILER - FULL OR SEMI REFRIGERATED UNIT**	SERIAL NUMBER	STATED AMOUNT*	PERCENT FACTOR	PREMIUM	LOSS PAYEE AND FULL ADDRESS

*STATED AMOUNT INCLUDES COST OF SPECIAL EQUIPMENT, (LIST SEPARATELY), IF ANY ATTACHED TO VEHICLE.

** REFRIGERATED UNITS LIST SEPARATELY FROM TRAILER GIVING SERIAL NUMBER.

STATED AMOUNT VALUES \$

SCHEDULE OF DRIVERS	ADDRESS	DRIVERS LICENSE NUMBER	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

 _____
 Insured's Signature

I hereby certify that after diligent effort I have been unable to procure the insurance applied from the authorized insurers.

Producer's Name: _____

Address: _____

By: _____ Date: _____

PREMIUM	\$	_____
POLICY FEE	\$	_____
	\$	_____
TAX	\$	_____
TOTAL	\$	_____