

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



08/01/17

Form Z421 TX (07/15)



### 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.

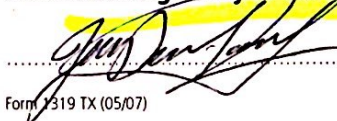
I understand and agree that this rejection of Uninsured/Underinsured Motorist Coverage shall be binding on all persons insured under the policy, and that this rejection shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any 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**

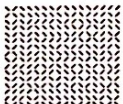
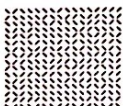
X



08/01/17

OWNER.

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.

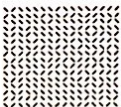
**Signature of first named insured or  
Authorized signatory of the named insured entity**

**Date**

X

Form 3055 TX (11/07)

08/01/17



**Electronic funds transfer (EFT) authorization for single deduction**


I authorize Progressive County Mutual Ins Co and its corporate and mutual company affiliates ("Company") to initiate a deduction from the bank account, identified below, for one payment of premium on the insurance policy issued to me by Company. I authorize the financial institution identified by the routing number below to accept and post this entry to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand it is my responsibility to ensure sufficient funds are in the account at the time of the scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of the ACH (Automated Clearing House) transaction to the account must comply with the provisions of U.S. law.

**Bank information**Name on account: BARBACHA TRUCKING LLCAccount number: \*\*\*\*\*4319Routing number: \*\*\*\*\*0659**Signature** (must be a person authorized to sign on this account)**Date**

X

08/01/17

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for this withdrawal.

Form 4933 (05/06)

