

2490 - JLP INSURANCE SERVICES LLC
3719 FRY ROAD STE C
KATY, TX 77449
281-599-3741

MD Jensvold & Company - 0450 Tamica
King
910 Pierremont Rd Suite 221
Shreveport, LA 71106
713-939-8585
713-939-0560

Hallmark County Mutual Insurance Company (A-Excellent VIII)

Auto Rating Version 0 - Texas Rating #4.46000

☒ New Quote ☐ Renewal Quote

Quote Date: 09/26/2017
 Quote Time: 2:22 PM
 Policy Effective Date: 09/26/2017
 Policy Expiration Date: 09/26/2018
 Term: **12 months**

Quote Number:
 Policy Number:
 Expiring Policy Number:
 Approval Code : HCM012017

Insured Name:
 DBA / Name 2: USA Ferrand LLC
 Mailing Address: 12203 Old Walters Rd 1018
 City/State/Zip: Houston , TX 77014

Primary Address: 12203 Old Walters Rd 1018
 City/State/Zip: Houston , TX 77014
 Telephone Number: 832-457-2326

State Filing:
 ICC Filing:
 DOT Number: 3046559

REMARKS

SUBJECT TO CURRENT MVRs
 SUBJECT TO INSPECTION, SUBJECT TO COMPLETED AND SIGNED COMPANY APPLICATION
 Quote contingent on no sand/gravel hauling.

Previous Carrier: New Venture

Type of Cargo Hauled: Steel pipes, Building materials

BUSINESS DESCRIPTION

Trucker- For Hire

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☒ Organization Other than Above

Coverage:

07	BODILY INJURY	1,000,000	\$	9715.00
	PROPERTY DAMAGE	INCLUDED	\$	0.00
	COMP (OTC)	NONE	\$	0.00
	COLLISION	NONE	\$	0.00
	PERSONAL INJURY PROTECTION	None	\$	0.00
	Uninsured/Underinsured Motorist	None	\$	0.00
	ADDITIONAL INSUREDS (FULLY EARNED)	0	\$	0.00
	WAIVER OF SUBROGATION (FULLY EARNED)	0	\$	0.00
	FILINGS REQUIRED : DOT	Yes	\$	
	MEXICO LIMITED COVERAGE	No		
08	Hired Auto	No	\$	0.00
09	Non Owned Auto	No	\$	0.00
	Bob Tail Liability Coverage	No		
	Trailer Interchange		\$	0.00
	Hired Car Physical Damage		\$	0.00
	Non Owned Trailer Physical Damage		\$	0.00
Employee Driving Records:		1.000	Subtotal	\$ 9715.00
Renewal Discount:		0%	MVR Fee	\$ 8.00
Total Applied Liability Factor:		1.25	Misc Fees (FULLY EARNED)	\$ 0.00
Total Applied Physical Damage Factor:		1.25	Policy Fee (FULLY EARNED)	\$ 150.00
			ATP Authority Fee	\$ 4.00
			TOTAL	\$ 9877.00

UNIT #	1			Unit Type	Trac	Terr S/C	No
Year	Make & Model			VIN		ACV	TERR
2006	FREIGHTLINER			1FUJA6CK76LN72491		0	999
Radius	Use		GVW	Age		Ded Comp/Coll	
1500	C		80000	10		N/A/N/A	
Code		SSC	Zone	Primary Factor		Phy Dam Rate	Sec Factor
50321			43/947	1.23			1.90
BI	PD	PIP	UMBI	UMPD	Comp	Coll	SUBTOTAL
\$9,543.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,543.00

UNIT #	2			Unit Type	Sm.Tr	Terr S/C	No
Year	Make & Model			VIN		ACV	TERR
2001	GREAT DANE			1GRDM02261M029801		0	999
Radius	Use		GVW	Age		Ded Comp/Coll	
1500	C		80000	10		N/A/N/A	
Code		SSC	Zone	Primary Factor		Phy Dam Rate	Sec Factor
67321			43/947	0.02			1.90
BI	PD	PIP	UMBI	UMPD	Comp	Coll	SUBTOTAL
\$172.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.00

DRIVER INFORMATION

Driver #	Driver Name	Date of Birth	License Number	State
1	Alcides Ferrand Gomez	02/12/1979	0041221690	TX

1. Description of the applicant's operation: _____

2. Is the applicant a contract hauler? Y / N If Yes for who? _____
3. List all types of cargo transported: _____

4. How long has the applicant been in business? _____
5. If this is a new venture where did you get your experience (companies and dates)?

6. Define the normal area of operations.
_____ 0-100 miles; _____ 101-200 miles; _____ 201-500 miles; _____ over 501miles.
7. IFTA reports are required on fleets with five or more power units. For accounts with less than five power units indicate all states entered and the percentage of time traveled in each.

Alabama		Arizona		Arkansas		California	
Colorado		Connecticut		Delaware		Florida	
Georgia		Idaho		Illinois		Indiana	
Iowa		Kansas		Kentucky		Louisiana	
Maine		Maryland		Massachusetts		Michigan	
Minnesota		Mississippi		Missouri		Montana	
Nebraska		Nevada		New Hampshire		New Jersey	
New Mexico		New York		North Carolina		North Dakota	
Ohio		Oklahoma		Oregon		Pennsylvania	
Rhode Island		South Carolina		South Dakota		Tennessee	
Texas		Utah		Vermont		Virginia	
Washington		West Virginia		Wisconsin		Wyoming	

8. Does the applicant follow FMCSA hiring procedures? Y / N If No explain:

9. Does the applicant have a written policy against allowing passengers ride in units? Y / N If No explain:

10. Are any vehicles rent or lease to others? Y / N If Yes explain:

11. Does the applicant hire any vehicles? Y / N If Yes what is the estimated annual cost of hire?

12. Are owner-operators' part of the fleet? Y / N If Yes how many units are owner -operators?

13. Is this insurance to cover all owned, leased and operated vehicles? Y / N If No explain:

14. Are any filings required? If Yes provide the State and /or Federal filings docket number(s).

15. Do other truckers operate under the applicant's filings? Y / N If Yes explain:

16. Does applicant haul for other truckers? Y / N If Yes explain:

17. Does the applicant have motor carrier brokerage (freight broker) authority? Y / N
If Yes is the brokerage authority held under the same name and motor carrier number as your trucking operation?
Y / N If Yes what is your estimated brokerage revenue of the next twelve months.

18. How many units has the applicant operated in each of the past three years

19. Have there been any losses in the last three years? If yes please provide loss runs or give a description including payments and reserves.

<input type="checkbox"/>	Any Losses Past 3 Years?
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Date of Loss	Description of Loss
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1.

2.

3.

ATTENTION APPLICANT:

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

MANDATORY ENDORSEMENTS

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

- | | | |
|-------------------------------------|-----------------|--|
| <input checked="" type="checkbox"/> | TXCA1B | Business Auto Coverage Form Declarations Continued |
| <input checked="" type="checkbox"/> | TXCA1C | Business Auto Schedule of Covered Autos Extension |
| <input type="checkbox"/> | CA9903 | Auto Medical Payments Coverage |
| <input type="checkbox"/> | CA9995 | Texas Supplementary Death Benefit |
| <input type="checkbox"/> | CA0301 | Deductible Liability Coverage |
| <input type="checkbox"/> | CA2264 | Texas Personal Injury Protection |
| <input type="checkbox"/> | CA0121 | Limited Mexico Coverage |
| <input type="checkbox"/> | CA2109 | Texas Uninsured/Underinsured Motorists Coverage |
| <input type="checkbox"/> | CA3125 | Texas Split Uninsured/Underinsured Motorists Coverage Limits |
| <input type="checkbox"/> | CA2046A (03/92) | Changes in Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation) |
| <input type="checkbox"/> | CA2336 | Texas Form F-1 |
| <input type="checkbox"/> | CA9901T | Additional Insured |
| <input type="checkbox"/> | CA2076 | Exclusion of Named Driver |
| <input type="checkbox"/> | CA9944 | Loss Payable Clause |
| <input type="checkbox"/> | CA2309 | Truckers – Insurance for Non Trucking Use |
| <input type="checkbox"/> | CA2333 | Texas Truckers Endorsement |
| <input type="checkbox"/> | CA0401 | Texas Stated Amount Insurance |
| <input type="checkbox"/> | CA0202A | Cancellation Provision or Coverage Change Endorsement |
| <input type="checkbox"/> | CA2037 | Texas - Emergency Use Excluded |
| <input type="checkbox"/> | CA2018 | Professional Services Not Covered |
| <input type="checkbox"/> | MCS-90 | 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

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.

X

Signature of Named Insured

Date

Uninsured/Underinsured Motorists Coverage Acceptance/Rejection From (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.

X

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.

X

Signature of Named Insured

Date

Signature of Agent

Date

	LIABILITY UNDERWRITING FACTORS:	PHYSICAL DAMAGE UNDERWRITING FACTORS:
Loss Experience	0.00	0.00
Safety Program	0.00	0.00
Equipment	0.00	0.00
Class Peculiarities	0.00	0.00
Mileage	0.00	0.00
Management and Financial	25.00	25.00
Size of Fleet	0.00	0.00
Total Factor	1.25	1.25