



Triumph Premium Finance  
PREMIUM FINANCE AGREEMENT

600 SW Jefferson  
Suite 204  
Lee's Summit, MO 64063(344) 292-9090 Fax (816) 246-2659

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

<b>AGENT / BROKER</b> (NAME AND BUSINESS ADDRESS) JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		<b>BORROWER</b> (NAME AND RESIDENCE OR BUSINESS ADDRESS) BE EXPRESS LLC 6037 N FRY RD 126 KATY, TX 77449					
		<b>PRODUCER CODE</b> A00162					
<b>PAYMENT SCHEDULE</b>							
<b>A</b>	<b>TOTAL PREMIUMS</b> 10,945.75	<b>NUMBER OF INSTALLMENTS</b> 10	<b>AMOUNT OF EACH INSTALLMENT</b> 882.36	<b>WHEN PAYMENTS ARE DUE</b>			
				<b>FIRST INSTALLMENT DUE</b> 9/8/2017	<b>INSTALLMENT DUE DATES</b> 8th (Monthly)		
<b>DOWN PAYMENT</b> 2,437.15				<b>SCHEDULE OF POLICIES</b>			
<b>B</b>	<b>AMOUNT FINANCED</b> The Amount of Credit Provided on Your Behalf 8,508.60	<b>Policy Prefix and Number</b> TBD	<b>Effective Date</b> 8/8/2017	<b>Name of Insurance Carrier and Name of Managing General Agent</b> C00002-Hallmark County Mutual Ins. Company G00255-Texas Specialty Underwriters Inc [ME:20.000 %, CX:0] [90%PR]	<b>Type of Coverage</b> CAUTO	<b>Policy Term</b> 12	<b>Gross Premium</b> 9,543.00
					<b>Ernd. Taxes/Fees</b> 160.00		
<b>C</b>	<b>FINANCE CHARGE</b> The Dollar Amount the Credit Will Cost You 315.00	<b>TBD</b>	<b>8/8/2017</b>	<b>C00033-Pennsylvania Manufacturers Assoc. Ins. Co G00163-Scout Insurance Group [ME:20.000 %, CX:0] [90%PR]</b>	<b>CARGO</b>	<b>12</b>	<b>1,033.63</b>
					<b>Ernd. Taxes/Fees</b> 150.00		
<b>D</b>	<b>TOTAL OF PAYMENTS</b> Amount Paid After Making All Scheduled Payments 8,823.60				<b>Fin. Taxes/Fees</b> 59.12		
<b>E</b>	<b>A.P.R.</b> The Cost of Your Credit as Yearly Rate 7.998 %				<b>TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE &gt;&gt;&gt;&gt;</b>		<b>10,945.75</b>

Quote Number: 43562

**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

DATE

Q# 43562, PRN: 080917, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 79.26 Old For: A00162 Original

INPUT 1 - EPREV(10/01/15)

Page 1 of 2

**ATTENTION APPLICANT:**

**MANDATORY ENDORSEMENTS**

<input checked="" type="checkbox"/>	TXCA1A	Business Auto Coverage Form
<input checked="" type="checkbox"/>	TXCA100	Business Auto Schedule of Forms and Endorsements
<input checked="" type="checkbox"/>	IL0017 (11/98)	Common Policy Conditions
<input checked="" type="checkbox"/>	CA0001 (03/06)	Business Auto Coverage Form
<input checked="" type="checkbox"/>	IL0021 (09/08)	Nuclear Energy Liability Exclusion
<input checked="" type="checkbox"/>	CA2015 (12/04)	Mobile Equipment
<input checked="" type="checkbox"/>	CA0196 (03/06)	Texas Changes
<input checked="" type="checkbox"/>	CA0243 (03/01)	Texas Changes – Cancellation and Non Renewal
<input checked="" type="checkbox"/>	IL0003 (09/08)	Calculation of Premium

**OTHER ENDORSEMENTS**

<input type="checkbox"/>	TXCA1B	Business Auto Coverage Form Declarations Continued
<input 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 checked="" 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 checked="" 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.**

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

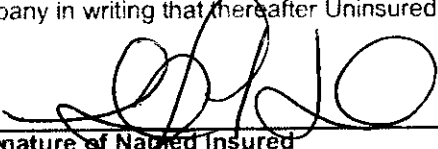
### Uninsured/Underinsured Motorists Coverage Acceptance/Rejection From (Must Be Signed)

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.

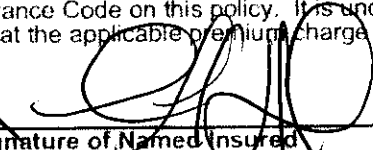
Before deciding whether to reject coverage, my Uninsured/Underinsured Motorists Coverage options were explained to me and I completely understand these options.

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

POLICY NUMBER:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS – EXCLUSION OF NAMED DRIVER AND PARTIAL  
REJECTION OF COVERAGES**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

**WARNING**

**THIS ACKNOWLEDGMENT AND REJECTION IS APPLICABLE TO ALL RENEWALS ISSUED BY US OR ANY AFFILIATED INSURER. HOWEVER, WE MUST PROVIDE A NOTICE WITH EACH RENEWAL AS FOLLOWS: "THIS POLICY CONTAINS A NAMED DRIVER EXCLUSION."**


**SCHEDULE**

Name Of Excluded Driver
-------------------------

You agree that none of the insurance coverages afforded by this policy shall apply while the excluded driver listed in the Schedule is operating a covered "auto" or any other motor vehicle.

You further agree that this endorsement will also serve as a rejection of uninsured/underinsured motorists coverage and personal injury protection coverage while a covered "auto" or any other motor vehicle is operated by the excluded driver.

Acknowledged

By  (Your signature)

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ <u>398.00</u>
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

  
Policyholder/Applicant's Signature

Bricia Herosillo

Print Name

Liberty Syndicates 4477

.....Syndicate on behalf of  
certain underwriters at Lloyd's

Policy Number

Date

LMA9104

12 January 2015

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD\$ 31.01
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

  
Policyholder/Applicant's Signature

On behalf of Insurers

Bricia Hermosillo  
Print Name

Policy Number

Date

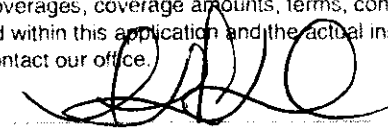
terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Insurer and the Applicant. I hereby authorize the Insurer or an authorized representative of the Insurer to verify all of the information I have provided in order to procure the insurance policy I am making application for. I also understand that failure to report completely and accurately may result in sanctions including but not 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: Britcia Hermosillo

Title: Owner

**Producers Information:**

**Contact:** Juan Pereira

**Agency:** JLP Insurance Services LLC

**Email:** jp@jlpinsurancelic.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.

☐ % Copper and Copper Products (Flatbed)

☐ % Other - Provide Details:

**Target Commodities:**

Limitation on Target Commodities: In the event of loss by theft of any of the target commodities listed on the application, we will not be liable for more than 10% of the Limit of Insurance applying to "vehicles" as respects such commodities.

**Ineligible Commodities:**

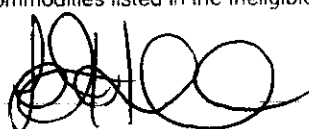
The following commodities are ineligible for coverage under this program under any circumstances.

Mobile Homes-- No Motor

Trailers (New for delivery)

**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)				

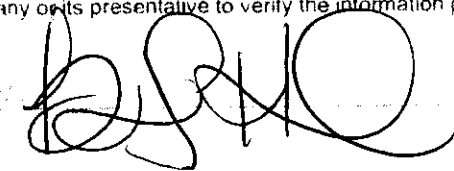
If Prior Experience includes transportation management experience, please provide additional details below.

**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: