



**Triumph Premium Finance  
PREMIUM FINANCE AGREEMENT**

600 SW Jefferson  
Suite 204

Lee's Summit, MO 64063(844) 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 (NAME AND BUSINESS ADDRESS)</b> (00087747)		<b>BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS)</b>
JLP Insurance Services LLC 3719 Fry Road STE C Katy, TX 77449 (281) 599-3741		RRL EXPRESS LLC 5751 GREENHOUSE RD # 1432 KATY, TX 77449
		<b>PRODUCER CODE</b> A00162

<b>PAYMENT SCHEDULE</b>						
<b>A</b>	<b>TOTAL PREMIUMS</b> 11,181.24	<b>NUMBER OF INSTALLMENTS</b> 10	<b>AMOUNT OF EACH INSTALLMENT</b> 880.07	<b>WHEN PAYMENTS ARE DUE</b>		
				<b>FIRST INSTALLMENT DUE</b> 12/15/2017	<b>INSTALLMENT DUE DATES</b> 15th (Monthly)	
<b>B</b>	<b>DOWN PAYMENT</b> 2,694.85	<b>SCHEDULE OF POLICIES</b>				
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 8,486.39	TBD	11/15/2017	C00036-Lloyds of London G00353-MD Jensvold & Co Inc. [ME:20.000 %, CX:0] [SR]	CAUTO Ernd. Taxes/Fees Fin. Taxes/Fees	12 473.25 0.00
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 314.31	TBD	11/15/2017	C00033-Pennsylvania Manufacturers Assoc. Ins. Co. G00163-Scout Insurance Group [ME:20.000 %, CX:0] [90%PR]	CARGO Ernd. Taxes/Fees Fin. Taxes/Fees	12 1,142.99 100.00 0.00
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 8,800.70					
F	A.P.R. The Cost of Your Credit as Yearly Rate 8.001 %					
<b>TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE &gt;&gt;&gt;</b>					<b>11,181.24</b>	

Quote Number: 67611

**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.**

*RRej*  
SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED AGENT OF BORROWER(S)

11-15-2017

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 representations 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# 67611, PRN: 111517, CFG: 20/10 Monthly, RT: JLP Preferred, DD: N/A, BM: Coupon, P/F: 79.19 Qd For: A00162 Original

DATE

## PROVISIONS OF YOUR SECURITY AGREEMENT

1. PROMISE OF PAYMENT: The Borrower requests LENDER to pay the premiums on the policies shown in the schedule of policies, less the down payment. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
2. SECURITY INTEREST: The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and all loss payments which reduce the unearned premiums; subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
3. DEFAULT CHARGES: Borrower agrees that if any installment is more than 10 days past due it will pay to LENDER a delinquency charge in the amount equal 5% of the delinquent installment or the maximum permitted by applicable state law.
4. FINANCE CHARGE: The finance charge, shown in Box "D" on the front side of this Agreement, begins to accrue on the earliest policy effective date and continues until all funds are paid in full, notwithstanding any cancellation of coverage.
5. INSUFFICIENT FUNDS (NSF) CHARGES: If Borrower's check or electronic funding is dishonored for any reason, the Borrower will pay to Lender a fee of \$20.00 or the maximum amount permitted by law.
6. THIS AGREEMENT BECOMES A CONTRACT: This Agreement becomes a binding contract when LENDER mails a written acceptance to the Borrower. Borrower agrees this Agreement may be transmitted by electronic means to LENDER and such agreement, when accepted, becomes a valid contract. Borrower further agrees to and understands that the Agent is receiving a fee of \$79.19 for the preparation of this financing contract.
7. WARRANTY OF ACCURACY: The Borrower warrants to LENDER that: (a) the insurance policies listed in the above schedule have been issued to the Borrower and are in full force and effect and that the Borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees, (b) that the signatory is authorized to sign this Agreement on behalf of the Borrower, and (c) all parties responsible for payment of the premium are named and have authorized this Agreement.
8. REPRESENTATION OF SOLVENCY: The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
9. CANCELLATION: LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur: (a) The Borrower does not pay any installment according to the terms of this Agreement; (b) The Borrower does not comply with any of the terms of this Agreement; (c) The Borrower or the insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding; or (d) If the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
10. CANCELLATION CHARGES: If insurance policies cancel in accordance with the terms of this agreement, then the insured will pay Lender a cancellation charge equal to \$15.00 or the maximum amount permitted by law.
11. POWER OF ATTORNEY – COLLECTION EXPENSES: The Borrower irrevocably appoints LENDER its Attorney-in-Fact with full authority to cancel the insurance policies, receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principle balance, except if LENDER willfully fails to mail the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other costs in any collection action as a result thereof to the extent permitted by applicable state law. The insurance company, its agents, and its intermediaries and the agent/broker are authorized to provide LENDER with full information regarding all policies listed herein, including the status and calculation of referenced premiums.
12. MONEY RECEIVED AFTER NOTICE OF CANCELLATION: Any payments made to LENDER after LENDER's Notice of Cancellation of the insurance policies has been mailed may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on LENDER's part to request the reinstatement of the cancelled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid over to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate shown on this Agreement.
13. PREPAYMENT: Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or the actuarial method, as required or permitted by applicable law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collections costs under the terms and conditions hereof and to the extent and amount permitted by applicable state law.
14. INSURANCE AGENT OR BROKER: The insurance agent or broker named on this Agreement with whom the policies were solicited or issued is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing. The agent or broker named on this Agreement is not authorized by Lender to receive installment payments under this Agreement.
15. SPECIAL INSURANCE POLICIES: If the insurance policy issued to the Borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by LENDER which the insurance company retains.
16. SUCCESSORS AND ASSIGNS: All legal rights given to LENDER shall benefit LENDER's assigns. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
17. MISSING AND INCORRECT INFORMATION: If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorizes LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information on its written notice of acceptance.
18. ADDITIONAL PREMIUMS: The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premiums returned to LENDER.
19. SIGNER'S WARRANTIES: To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction; that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively, by any of the insurance companies and that he will pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower.
20. LIMITATION OF LIABILITY: The Borrower irrevocably waives and releases LENDER from any claims, lawsuits, causes of action, which may be related to any prior loans between the parties and to any act or failure to act prior to the time this Agreement becomes a binding contract. Lender's liability for breach of any of the terms of this Agreement or the wrongful exercise of any of its powers shall be limited to the amount of the principal balance outstanding, except in the event of gross negligence or willful misconduct. Any claims against LENDER shall be limited exclusively in the Circuit Court of Jackson County, Missouri.
21. NAMED INSURED: If the insurance policy provides that the first named insured shall be responsible for payment of premiums and shall act on behalf of all other insureds regarding the policy, the same shall apply to this Agreement, and the insured represents it is authorized to sign on behalf of all insured. If not, then all insureds must be shown in this Agreement unless a separate agreement appoints an insured to act for the others.
22. DOCUMENT AND GOVERNING LAW: This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
23. DEFINITIONS: The above-named Borrower is the insured in the policies listed in the Schedule above. "LENDER" means Triumph Premium Finance a division of TBK Bank, SSB. "insurance policy" or "policy" or "premium" refer to those items in the Schedule above. Singular words mean plural and vice-versa as may be required to give this Agreement meaning.



Cargo Liability Express Rating Solution

**MTC Legal Liability Application**

Submission Date: 11/15/2017  
 Requested Effective Date: 11/15/2017  
 Rating Number: 331739

Application For: RRL EXPRESS LLC

**Section 1 - Applicant Information**

Applicant Name: RRL EXPRESS LLC	DBA:			
Applicant Mailing Address: 5751 GREENHOUSE RD APT 1432	City: KATY	State: TX	County:	Zip Code: 77449-3478
Principal Garage Location: (if different) 5751 GREENHOUSE RD APT 1432	City: KATY	State: TX	County: HARRIS	Zip Code: 77449
Business Owner: (first, last) RAYDEL REGO	Title: (owner/officer/loss control/etc.)			
E-Mail Address:	Phone Number: 3058900278			

Business Type:

Corporation/LLC  Partnership  Individual  Other

Federal ID #: (if corporation)	Date of Authority: 11/15/2017	U.S. DOT Number: 3064965
MC Number: 57484	State Docket #:	Current DOT Safety Rating: Not Rated
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:	KATY, TX HARRIS
0%	0 - 25 miles	0%	25 - 50 miles	20%	50 - 100 miles
10%	100 - 200 miles	0%	200 - 300 miles	20%	300 - 500 miles
20%	500 - 1,000 miles	15%	1,000 - 1,500 miles	15%	over 1,500 miles

States and Cities Traveled: Arizona (Gilbert), Kentucky (Louisville), Louisiana (New Orleans), Mississippi (Jackson), Missouri (Kansas City), Ohio (Cleveland), Oklahoma (Oklahoma City), Tennessee (Knoxville, Memphis), Texas (Austin, Dallas, 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		
30%	Lumber, Pallets & Wood (processed)		
10%	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: 2005	Make: Freightliner	Model: ST120	Serial Number (VIN): 1FUJBBC65LN61857		
Type: Truck Tractor	GVW Class: Class 8: 33,001 lb And Over		Garage Zip: 77449	Owned?:	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) NOEL PINO	DOB: 5/30/1978	Married?:	Date Hired:(mm/yyyy): 6/1/2014	Driver Type: Owner-Operator
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License Number: 37663161	State: TX	Issue Year:(yyyy): 2009	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:

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?<br>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?<br>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?<br>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?<br>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

- |   |
|---|
| <input type="checkbox"/> \$1,242.99 (Pay in Full with no premium financing)   |
| <input type="checkbox"/> \$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: R Ray

Date: 11/15/2017

Applicant Printed Name: RAYDELL REGO

Title: OWNER

Producers Information:

**Contact:** Louis Pereira

**Agency:** JLP Insurance Services LLC

Email: [lp@jlpinsurancellc.com](mailto:lp@jlpinsurancellc.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.

<input type="checkbox"/> _____ %	Cable & Wire-- Fiber Optics
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<input type="checkbox"/> _____ %	Other - Provide Details:
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**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:

11/15/2017

**Supplemental - Prior Applicant Experience****Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is begin entered.)**

Name: <i>ECS Xpress LLC</i>	Position Title: <i>manager</i>	DOB: (mm/dd/yyyy) <i>07-24-1968</i>
Experience Type: <input type="checkbox"/> Driving Only <input checked="" type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management	Starting: (mm/dd/yyyy) <i>9-15-2016</i>	

**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: *R.R.J.*Date: *11/15/2017*

## IT IS NOT ALWAYS THE TRUCKERS FAULT

A significant percentage of no fault accidents involving a commercial vehicle result in unfavorable liability against the company or driver. In many instances where a trucker is not at fault the expenses and time it takes a company to defend themselves can be detrimental to a business. When you turn on the news, drive past a billboard or listen to the radio it is apparent you are undeniably a target because of the business you operate. It is not uncommon for criminal charges to be brought against a truck driver for an accident. We want to give you the tools you need to protect yourself and your business. The footage from a dash camera could prove you were not at fault for the accident. Please fill out the information below and we will send you a camera for all your vehicles.

It is your responsibility to preserve the evidence and provide the SD card to the adjuster following an accident. By utilizing the camera's provided it could save you time, money and possibly criminal charges.

Please indicate the # of power units you would like us to provide cameras for 1.

Your email address RRLExpressLLC@gmail.com

Take an extra copy of this form in the event you purchase a new power unit. You can email a new form requesting camera's to info@mdjensvold.com or mail the form to 16719 Huebner Rd. Bldg. 5, San Antonio TX 78248.

YOU MUST PROVIDE YOUR SHIPPING ADDRESS BELOW FOR CAMERA'S AND SIMPLE INSTRUCTION TO BE SHIPPED.

For Auto Liability policies written through Lloyd's of London only.

Company Name RRL Express LLC  
Attn Rayder Nego  
Street 5751 Greenhouse Rd # 1432  
City, State Zip Katy TX 77449

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

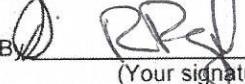
Name Of Excluded Driver

*Raydel Rego*

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

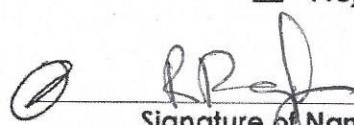
By   
(Your signature)

## **Texas Personal Injury Protection Coverage Selection / Rejection**

Texas law permits you to make certain decisions regarding 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. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

I select Personal Injury Protection Coverage.

I reject Personal Injury Protection Coverage.



Signature of Named Insured

11-15-201A

Date

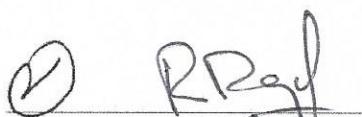
## **Texas Uninsured/Underinsured Motorists Coverage Selection / Rejection**

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits. No coverage is provided by this document. You should review your policy for complete information on the coverages you are provided.

I select Uninsured/Underinsured Motorists Coverage with the following limit:

I reject Uninsured/Underinsured Motorists Coverage.

Combined Single Limit
\$ 85,000
\$ 100,000
\$ 250,000
\$ 350,000
\$ 500,000
\$ 1,000,000



Signature of Named Insured

11-15-201A

Date

## NAMED INSURED QUESTIONNAIRE

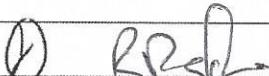
1. Description of Operation: \_\_\_\_\_
  2. List all Commodities Hauled: \_\_\_\_\_
  3. Are all owned commercial vehicles scheduled on this policy?  YES  NO
  4. Are ICC or Federal Filings Required?
- |                |            |                |
|----------------|------------|----------------|
| <b>TX DOT#</b> | <b>MC#</b> | <b>US DOT#</b> |
|----------------|------------|----------------|
5. Radius of operations: **0-50miles** % **50-200miles** % **200+** %
  6. How long has the insured been in business? \_\_\_\_\_
  7. Does the insured allow passengers to ride in units?  YES  NO
  8. Is there a vehicle maintenance program in operation?  YES  NO
  9. Are any vehicles lease to others?  YES  NO
  10. Do any units require placards?  YES  NO
  11. Any Hold Harmless agreements?  YES  NO
  12. Does the insured maintain MVR's on all drivers?  YES  NO

## Hired and Non Owned Auto Coverage (If Requested)

1. Type of operation: \_\_\_\_\_
2. Annual cost of hired autos \_\_\_\_\_
3. Does any individual or company lease autos in the insured's name?  YES  NO
4. Does the insured use owner operators or subcontractors?  YES  NO
5. Types of Autos hired: \_\_\_\_\_
6. What is the average term of lease \_\_\_\_\_
7. Does the insured own or have controlling interest in any other entity?  YES  NO
8. How often are non-owned autos used in insured's business? \_\_\_\_\_
9. Do employee's lease autos on insured's behalf?  YES  NO
10. Why is hired and or non-owned coverage being requested? \_\_\_\_\_
11. Do your employee's use their personal autos for business purposes?  YES  NO

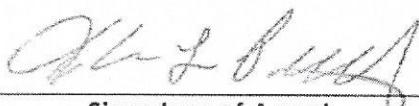
**COVERAGE CAN ONLY BE BOUND BY AN AUTHORIZED REPRESENTATIVE OF M. D. JENSVOLD & CO., INC.  
BINDER IS AUTOMATICALLY CANCELLED WHEN POLICY OR CERTIFICATE IS ISSUED.**

**THE APPLICANT HEREBY ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE "DRIVER ELIGIBILITY STANDARDS" LISTED IN THIS APPLICATION AND HEREBY AGREES THAT THE INSURANCE COVERAGE, IF PROVIDED, WILL APPLY ONLY TO THOSE DRIVERS AND VEHICLES STATED IN THE ATTACHED SCHEDULES UNLESS OTHERWISE PROVIDED FOR IN WRITING AS REQUIRED UNDER THE INSURANCE POLICY.**



Signature of Named Insured

Date



Signature of Agent

Date