

ENB

Ephrata National Bank  
NOTICE TO PROVIDE EVIDENCE OF INSURANCE

DATE AND PARTIES. The date of this Notice to Provide Evidence of Insurance (Notice) is October 26, 2023. The parties and their addresses are:

OWNER:

A. W. FOX TRUCKING, INC.  
a Pennsylvania Corporation  
835 MAPLE STREET, PO BOX 141  
HOPELAND, PA 17533

SECURED PARTY:

THE EPHRATA NATIONAL BANK  
31 East Main Street PO Box 457  
Ephrata, PA 17522-0457

INSURANCE COMPANY:

SENTRY SELECT INSURANCE COMPANY

1800 Northpoint Drive  
Stevens Point, WI 54481  
715-346-6000

The pronouns "you" and "your" refer to the Secured Party. The pronouns "I," "me" and "my" refer to the Owner.

1. EVIDENCE OF INSURANCE. I have obtained a loan that is being secured by the Property described below provide the indicated coverage, and list you on the policy with the indicated status. I also request the insurance confirm that the policy is in effect by forwarding a copy of the policy. Insurance Company will notify you not less

2. STATUS. Your status shall be listed on the insurance policy as Lienholder. The current lien position of the S

3. MAILING ADDRESS. Evidence of insurance and all correspondence or documentation shall be delivered to the AND PARTIES section.

4. DESCRIPTION OF PROPERTY. The Property subject to this Notice is described as follows.

A Motor Vehicle of Make: GREAT DANE, Year: 2024, Model: REEFER TRAILER, VIN: 1GR1A0629RW54453

I agree to insure this Property according to the following described risks, amount of coverage, and maximum coverage on the Property. The insurable value of this Property is full replacement value. The term of coverage allowed is

Effective Date: February 28, 2023

INSURANCE COMPANY. The insurance policy covering the Property and the insurance company issuing the Policy Number. A0213488001

Insurance Company Name, Address, and Phone Number.

Sentry Select Insurance Company  
1800 Northpoint Drive  
Stevens Point, WI 54481  
715-346-6000

INSURANCE AGENCY AND AGENT. The insurance agency through which I have purchased, or intend to purchase Agent Name.

Agency Name, Address, and Phone Number.

Good's Insurance Agency Inc  
20 Trinity Drive, Suite 100  
Leola, PA 17540  
800-699-7120

Other coverages required: Fire, Theft, Collision, Comprehensive and Liability