

CNB

Ephrata National Bank  
AGREEMENT TO PROVIDE INSURANCE

DATE AND PARTIES, The date of this Agreement to Provide Insurance (Agreement) is October 26, 2023. The

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

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

1. LOAN DESCRIPTION (Loan).

- A, Date. October 26, 2023
- B. Loan Number. 1004558
- C. Loan Amount. \$ 150,601.00

2. AGREEMENT TO PROVIDE INSURANCE. As part of my Loan, I agree to do all of the following.

- A. I will insure the Property as listed and with the coverages shown in the DESCRIPTION OF PROPERTY
- B. I will have you named on the policy, with the status listed under the STATUS section.
- C. I will arrange for the insurance company to notify you that the policy is in effect and your status has been
- D. I will pay for this insurance, including any fee for this endorsement.
- E. I will keep the insurance in effect until the Property is no longer subject to your security Interest. (I understand in addition to any listed in the LOAN DESCRIPTION section.)

3. DESCRIPTION OF PROPERTY. The Property subject to this Agreement 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