TEXAS LIABILITY INSURANCE CARD

166343

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COMPANY X COMML PERSONAL NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER 133-756851-6

AGENCY

EFFECTIVE DATE 06/17/2024

EXPIRATION DATE 06/17/2025

MODEL

VEHICLE IDENTIFICATION NUMBER

2014 Freightliner Cascadia 113 3AKJGBDV5ESFZ2003

Higginbotham Insurance Agency, Inc.

AGENCY PHONE NO. (800) 728-2374

500 W. 13th Street Fort Worth, TX 76102

NAME AND ADDRESS OF INSURED **AMCO Transportation Company** 4936 Collinwood Ave

Fort Worth, TX 76107

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and nameds insureds and may provide coverage for other persons and vehicles as provided by the insurance policy.

WARNING: A NAMED DRIVER POLICY DOES NOT PROVIDE COVERAGE FOR INDIVIDUALS RESIDING IN THE INSURED'S HOUSEHOLD THAT ARE NOT NAMED ON THE POLICY.

SPANISH TRANSLATION TRADUCCION DE ESPANOL

Tarjeta de Seguro de Responsabilidad Civil de Texas Guarde esta tarjeta.

IMPORTANTE: Usted debe mostrar esta tarjeta o una copia de su póliza de seguro cuando solicite o renueve su:

- (A) Registro del vehículo motorizado
- (B) Licencia de conducir
- (C) Etiqueta de inspección de segurida para su vehículo.

También se puede pedir que usted muestre esta tarjeta o su póliza si tiene un accidente o si se la pide un oficial de policía.

Todos los conductores en Texas deben tener un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).

Texas Liability Insurance Card Keep this card.

IMPORTANT: You must show this card or a copy of your insurance policy when you apply for or renew your:

- (A) Motor vehicle registration
- (B) Driver's License
- (C) Motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day).

ACORD 50 TX (2015/05)

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Vehicle Test Detail

I have performed the annual inspection of the referenced vehicle, which is accurate, complete and in accordance with the inspection criteria set forth in 49C.F.R. Chapter 396.17 through 396.21

Station ID: 1P49215

Station Name: IFIX TIRE AND TRUCK SERVI

Overall Result: Pass

TAS Id: ES901831

Test Type: Safety Only

TX DOT #:

Test Date: 06/28/2024

Safety Result: Pass

Waiver Number:

Test Start Time: 14:31:49

Emission Result:

Reg Fee Code: CW

Test End Time: 14:32:31

Gas Cap Result:

Test Record No.: 907

VIN: 3AKJGBDV5ESFZ2003

Model Year: 2014

Make: FRHT

License Plate: 1M97633

Vehicle Type: Truck/Van/Bus/Sports Utility

Body Style: Pickup/Truck Tractor

License Type: Texas Plate Model: CASCADIA

Engine Size: 0

Safety Test: Initial

Windshield Wipers: Pass

Service Brake System: Pass

Parking Brake System: Pass

Steering Axle Tires:

All Other Tires:

Master Cylinder:

Wheel Assembly: Pass

Steering System: Pass

Horn: Pass

Mirrors: Pass

Seat Belts: Pass

Tires: Pass

Trans. Type:

No. Cylinders:

GVWR Type: Heavy

Odometer: 573131 Ignition Type:

Fuel Type: DIESEL

Act. GVWR: 52000

Dual Exhaust: Decal No .:

Inject Carburetion:

Sticker No .:

Inspection Expiration Date: 06/30/2025

Gas Cap Result 1:

Gas Cap 1 Testable:

Gas Cap 1 Missing:

Gas Cap 2 Testable:

Gas Cap 2 Missing:

Gas Cap Result 2:

Safety Test Information

Type: FMCSR (Truck)

Exhaust: Pass

Emissions System: Pass

Beam Indicator: Pass

Tail Lamp: Pass

Stop Lamp: Pass

License Plate Lamp:

Rear Reflector: Pass

Turn Signals: Pass

Turn Sig/Ind Lamp: Pass

Headlamps: Pass

Clearance Lamps:

Side Marker Lamps:

Side Reflectors:

Cab Lamps: Pass

Fuel System: Pass Suspension: Pass

Coupling Devices: Pass

School Buses:

School Bus Signs:

Fire Extinguisher:

Hazard Warning Lights: Pass

Window Tint/Sun Screen: Pass

Back-up Lamps:

Convex Crossover Mirror:

Mud Flaps/Safety Guards:

Frame: Pass

Windshield:

Reflective Tape:

Repair Information

Repair Group:

Repairs Performed:

Repair Cost YIS: \$0.00

Repair Cost NRF: \$0.00

Repair Cost RRF: \$0.00

Total Parts Cost MSP: \$0.00

Overall Repair Costs: \$0.00

Total Emission Costs: \$0.00

Total Safety Costs: \$40.00

Overall Costs: \$40.00

Rep.ID: Safety VI30A:

STATEMENT OF LEASE

RECEIPT FOR POSSESSION OF LEASED EQUIPMENT

TRANSPORTATION SERVICE PROVIDER AGREEMENT

Federal Express Corporation ("FEC") has, pursuant to 49 CFR Part 376, Lease and Interchange of Vehicles, entered into a Transportation Service Provider Agreement ("Agreement" or "TSPA") with AMCO TRANSPORTATION COMPANY, whereby ATC has leased to FEC the vehicle(s) ("Equipment") identified below, and the Equipment is being operated by, or on behalf of, FEC to the extent provided for in the TSPA. ATC is the Equipment "owner" as that term is defined by 49 C.F.R. § 376.2(d). The TSPA includes no restrictions relative to the commodities to be transported.

The original TSPA is kept by FEC and may be viewed at Federal Express Corporation, 1000 FedEx Drive, Moon Twp., PA 15108. This Statement of Lease shall constitute the Receipt for Possession of the Leased Equipment as required under the Federal Motor Carrier Safety Administration ("FMCSA") Regulations and shall run from the TSPA Effective Date and shall remain in effect until this Agreement is terminated, the Equipment identified below is no longer leased to FEC, or this Statement of Lease is expressly revoked.

In accordance with the FMCSA Regulations, ATC agrees to ensure that a copy of this Statement of Lease, and any other applicable Statement of Lease, and receipt of Possession of Leased Equipment, is carried in the Equipment during all periods that, pursuant to the TSPA, the Equipment is being operated by, or on behalf of, FEC.

The Equipment listed in the table below was received on the date and at the time this document was signed electronically by FEC, as indicated below.

LEASED EQUIPMENT

Unit Number	VIN
166343	3AKJGBDV5ESFZ2003

This document has been signed electronically on 12/07/2024 at 12:14:10 AM by 8690772 - CHANCE OLIN for AMCO TRANSPORTATION COMPANY and by 1237590 - Joyce Johnson for FEC, and the electronic signatures shall for all purposes be considered the equivalent of manual signatures, as set forth in the Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act, and applicable state statutes.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)7/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PROD	IICER				E PATA	: Alondra Ho	award			
					PHONE			FAX		
Higginbotham Insurance Agency, Inc. 500 W. 13th Street				(A/C, No, Ext):817-786-6961 (A/C, No):817-347-6981						
	t Worth TX 76102				ADDR	ESS: AHowar				
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
				License#:2081754	INSURE	R A : <u>T</u> heNort	hRiverInsura	anceCompany iceCompany		21105 22945
INSUI				AMCOTRA-01	INSURE	R B : TEXASIVIL	itualii isurari	lcecompany		24260
AM	CO Transportation				INSURE	R C : Progress	siveCasuaity	InsuranceCo		24200
For	npany 4936 Collinwood Ave t Worth TX 76107				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
COV	ERAGES CERT	IFIC <i>F</i>	ATE N	UMBER: 2140706430				REVISION NUMBER:		
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NSR LTR	TYPE OF INSURANCE	ADDL S INSD V	NVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
f	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
f								MED EXP (Any one person)	\$	
=								PERSONAL & ADV INJURY	\$	
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	>	
-	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	
-	OTHER:								\$	
٨	AUTOMOBILE LIABILITY		4.	22.756054.6		6 14 7 12 02	6471000	COMBINED SINGLE LIMIT	1 000	000
A C	ANY AUTO			33-756851-6 825295971		6/17/202 4	6/17/202 5	(Ea accident) BODILY INJURY (Per person)	\$ 1,000 \$	1,000
-	OWNED SCHEDULED					6/14/202 4	6/14/202 5	BODILY INJURY (Per accident)	\$	
-	AUTOS ONLY X AUTOS NON- HIRED OWNED					·	3	PROPERTY DAMAGE	\$	
-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
	DED RETENTION \$ WORKERS COMPENSATION									
	AND EMPLOYERS' LIABILITY		0	0021112259		6/17/2024	6/17/2025	X PER OTH-		
	ANYP ROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,000	,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE\$	1,000	,000
	lf yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
Α	Employment Practices Liab		1:	33-756851-6		6/17/2024	6/17/2025	Limit 1,000,000 Comp/Coll Deductible	Reter	
	Physical Damage							Compressi Deductible	5,000 \$1,00	0/\$1,000
	Workers' Compensation policies inclused the named insured and the certivation contract with the named insured and Econoline 1FDWE3FLC F350 1FT8W3BT	ide a ficate ed, sul	blanke holde bject t						re is a v lienho ee Atta	written contra Ider as require ched
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Austin County State Bank				SHO EXPI WITI	ULD ANY OF	E THEREOF, I PROVISIONS.	ESCRIBED POLICIES BE CA NOTICE WILL BE DELIVER			
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ADDITIONAL REMARKS SCHEDULE

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AGENCY Higginbotham Insurance Agency, Inc.	NAMED INSURED AMCO Transportation Company 4936 Collinwood Ave	
POLICY NUMBER	Fort Worth TX 76107	
CARRIER NAIC CODE		
		EFFECTIVE DATE:
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATEOFLIABILITYINSURANCE FORM NUMBER: 2015 Freightliner Cascadia 1FUGGED50FLGC1928 \$40,000 2015 Freightliner Cascadia 1FUGGED52FLGA0871 \$60,000 2015 Freightliner Cascadia 1FUGGED53FLGC1888 \$60,000 2015 Freightliner Cascadia 1FUGGED53FLGC1955 \$65,000 2015FreightlinerCascadia1FUGGED55FLGJ0010 \$50,000 2015 FreightlinerCascadia1FUGGED55FLGJU010 \$50, 2015 Freightliner Cascadia 1FUGGED57FLGC1960 \$79,000 2015 Freightliner Cascadia 1FUGGED57FLG0011 \$70,000 2015FreightlinerCascadia1FUJGBDV5FLGN0205 \$50, 2015FreightlinerCascadia1FUJGBDV6FLGN0195 \$40, 2015FreightlinerCascadia1FUJGBDV6FLGN0200 \$40, 2017 Freightliner Cascadia 1FUJGEDR3HLHN9129 \$62,500 2017 Freightliner Cascadia1FUJGEDX8HLHN9074 \$60,000 2014FreightlinerCascadia1FUJGEDX8LFV9401 \$40, 2019FreightlinerCascadia1FUJGEDX4KLFV9401 \$40, 201 \$50,000 \$40,000 \$40,000 \$40,000 2019FreightlinerCascadia1FUJHTDV4KLKH5817 2021KenworthT6801XKYA48X0MJ463625 2021KenworthT6801XKYA48X9MJ463624 2017Peterbilt5791XPBDP9X8HD342417 \$62,000 \$66,000 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5ESFZ2003 2014FreightlinerCascadia3AKJGBDV5ESFZ2079 \$40,000 \$50,000 2017FreightlinerCascadia3AKJGBDV5HSJG0993 2014FreightlinerCascadia3AKJGBDVXESFZ2076 \$60,000 \$50,000 2016FreightlinerCascadia3AKJGBDVXGSHG1365 \$52,000 2018FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62 \$62,500 2019FreightlinerCascadia3AKJHTDV3K5KF1402 \$62 2021FreightlinerCascadia3AKJHTDV6MSMP6405 \$70,000 2012VolvoVNL4V4NC9EG6CN554985 \$40, 2012VolvoVNL4V4NC9EG7CN554977 \$40, 2015VolvoVNL4V4NC9EG8FN187463 \$40, \$62,000 \$40,000 \$40,000 \$40,000 2014VolvoVNL4V4NC9EH4EN158856 \$50,000 2020VolvoVNL4V4W19EG4LN245476 2020VolvoVNL4V4W19EG5LN245504 \$42,000 \$42,000 2020VolvoVNR4V4WB9EG1LN245206 2020VolvoVNR4V4WC9EG0LN245856 2020VolvoVNR4V4WC9EG6LN245876 2020VolvoVNR4V4WC9EG7LN245854 \$65,000 \$60,000 \$60,000 \$65,000 \$48,500 2020VolvoVNR4V4WC9EG8LN245880 2022VolvoVNR4V4WC9EG9NN286053 \$60,000

Additional Insured:

Austin County State Bank

PO Box 1466 Bellville, TX 77418