TEXAS LIABILITY INSURANCE CARD 166536

COMPANY PHONE NO.

COMPANY X COMM. PERSONAL NAMED DRIVER POLICY

The North River Insurance Company

EFFECTIVE DATE 06/17/2024

EXPIRATION DATE 06/17/2025

2015

MAKE Freightliner MODEL

Cascadia 125

VEHICLE IDENTIFICATION NUMBER 1FUGGED53FLGC1888

AGENCY

POLICY NUMBER

133-756851-6

Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth, TX 76102

AGENCY PHONE NO.

(800) 728-2374

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 56 TX (2015/05)

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166536

REGISTRATION RENEWAL RECEIPT

PROCESSING COUNTY: TARRANT RESIDENT COUNTY: TARRANT PLATE NO: 1N15244 DOCUMENT NO: 05739344580104109

TAC NAME: WENDY BURGESS DATE: 12/31/2024 TIME: 08:12AM EMPLOYEE ID: 6882RH6

EFFECTIVE DATE: 01/01/2025 EXPIRATION DATE: 12/2025 TRANSACTION ID: 22050045655081230

OWNER NAME AND ADDRESS AMCO TRANSPORTATION COMPANY 4936 COLLINWOOD AVE FORT WORTH, TX 76107

REGISTRATION CLASS: COMBINATION PLATE TYPE: COMBINATION PLT ORGANIZATION: STICKER TYPE: WS

PREVIOUS PLATE NO: 1N15244 VEHICLE CLASSIFICATION: TRK>1
VEHICLE IDENTIFICATION NO: 1FUGGED53FLGC1888
VR/MAKE: 2015/FRRT MODEL: CAS BODY STYLE: TR UNIT NO: 006ABT
EMPTY WT: 15400 CARRYING CAPACITY: 64600 GROSS WT: 80000
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

INVENTORY ITEM (S)
WINDSHIELD STICKER

2025
COMBINATION PLT
REGISTRATION EMISSIONS FEE
REG FEE-DPS
CHTY ROAD BRIDGE ADD-ON FEE
INSPECTION FEE-CW
PROCESSING AND HANDLING FEE

TOTAL

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VEHICLE RECORD NOTATIONS DIESEL HEAVY VEHICLE USE TAX VERIFIED PAPER TITLE MAJOR COLOR: WHITE FUEL TYPE: DIESEL

IMPORTANT DOCUMENT: Please retain for your records.
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.
Purchased registration remains with this vehicle and will not be refunded if the vehicle is sold.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

1N15244 92098391 **12**⁴**25**

TARRANT

FLGC1888

WINDSHIELD STICKER / CALCOMANIA DE PARABRISAS Peel sticker from any corner.

Despegue la calcomanía de cualquier esquina.



PLATE STICKER / CALCOMANIA DE PLACA

OR

<

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

TEXAS VEHICLE INSPECTION REPORT

66535

Safety Inspection

Vehicle Identification

Test Date/Time: Test and Type:

12/20/2024, 14:18 Initial - Safety Only

CW - 12/31/2025

Insp. Type/Exp. Dt.: Version/Test Number: 2408/2149

License Number:

Vehicle ID Number:

Vehicle Make:

Vehicle Model: Vehicle Year/Type:

Engine Size/Cyl/Ign: Authorization Number: GMKGUGWYXALWC

Transmission/GVW:

Odometer/Fuel Type: 567720/DIESEL

1N15244 1FUGGED53FLGC1888

FRHT CASCADIA

2015/Truck/Van/Bus/Sports Utility

/52000

Station Identification

Station Name:

IFIX TIRE AND TRUCK SERVI

1P049215/ES901831 Station #/Analyzer: 6310 SINGLETON BLVD Station Address:

DALLAS Station City: 75212 Station Zip Code: Inspector First Name: NADIA Inspector Last Name: ABBASIAN

\$40.00 Safety Inspection Fee: \$0.00 Safety Repair Cost:

\$0.00 **Emissions Test Fee:** \$0.00 Emissions Repair Cost: Total Inspection Cost:

\$40.00

Safety Test Results

Safety Sequence: Truck Tractor

All Items Passed

Gas Cap Integrity: N/A

Overall Result: PASS See Back for Recall Information

Safety Items: Pass

I certify that I have properly performed the emissions test according to state regulations and procedure manuals, and as the undersigned duly appointed inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above. I have performed an annual inspection of the above noted vehicle, which is accurate, complete, and in accordance with the inspection criteria set forth in 49 Code of Federal Regulations,

Chapter 396.17 through 396.21. Auth: GMKGUGWYXALWC

Certified Inspector Signature

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") 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

	VIN
Unit Number	
	1FUGGED53FLGC1888
166536	11 000
	T.

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights						y require an endo	rsement.	A statement o
PROL	UCER			NAMÉ: Alond	ra H	oward			
Hig	ginbotham Insurance Agency, Inc W. 13th Street			PHONE (A/C, No, Ext			FAX (A/	C, No): 817	7-347-6981
	t Worth TX 76102			ADDRESS: AH	lowa	rd@higginbo	tham.net		
					IN	SURER(S) AFFOR	DING COVERAGE		NAIC #
			License#:2081754	INSURER A : The	Nor	thRiverInsura	inceCompany		21105 22945
INSU			AMCOTRA-01						
AM	CO Transportation npany 4936 Collinwood Ave			INSURER C : Pro	gres	siveCasualtyl	nsuranceCo		24260
For	t Worth TX 76107			INSURER D:					
				INSURER E:					
				INSURER F:					
CO	'ERAGES CER'	TIFICAT	ENUMBER: 2140706430				REVISION NUMBE	R:	
ISS SU	DTWITHSTANDING ANY REQUIREMENT, LUED OR MAY PERTAIN, THE INSURANC CH POLICIES. LIMITS SHOWN MAY HAVE	E AFFOR BEEN RI	DED BY THE POLICIES DESCREDUCED BY PAID CLAIMS.	RIBED HEREIN I	s su	BJECT TO ALL	THE TERMS, EXCLUS		
NSR LTR	TYPE OF INSURANCE	INSD WV	D POLICY NUMBER	POLICY (MM/DD	YYYY	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	
							MED EXP (Any one perso	n) \$	
							PERSONAL & ADV INJURY	/ \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	¢	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP A	GG \$	
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY		133-756851-6	6/17/2	02	6/17/202	COMBINED SINGLE LIMIT (Ea accident)	1,00	0,000
С	ANY AUTO		9825295971	4 6/14/2	02	5 6/14/202	BODILY INJURY (Per pers	on) \$	
	OWNED X SCHEDULED AUTOS ONLY X AUTOS NON-			4		5	BODILY INJURY (Per accid	dent) \$	
	HIRED OWNED	1 1					PROPERTY DAMAGE	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

00021112259

133-756851-6

The Workers' Compensation policies include a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. Austin County State Bank is named loss payee and lienholder as required by written contract with the named insured, subject to policy terms and conditions on referenced units below: 2014Ford 2018Ford See Attached...

Econoline1FDWE3FL0EDA60838 \$18,500 F350 1FT8W3BT9JEC12314 **ACV**

N/A Ν

CERTIFICATE HOLDER	CANCELLATION

Austin County State Bank PO Box 1466 Bellville TX 77418

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

PROPERTY DAN (Per accident)

AGGREGATE

EACH OCCURRENCE

E.L. EACH ACCIDENT

Limit 1,000,000 Comp/Coll Deductible

E.L. DISEASE - EA EMPLOYEE\$

E.L. DISEASE - POLICY LIMIT

\$

\$

\$ 1,000,000

\$1,000,000

Retention

\$1,000/\$1,000

1,000,000

AUTHORIZED REPRESENTATIVE

6/17/2024

6/17/2024

6/17/2025

6/17/2025

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AUTOS ONLY

EXCESS LIAB

(Mandatory in NH)

Physical Damage

UMBRELLA LIAB

AND EMPLOYERS' LIABILITY ANYP ROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Employment Practices Liab

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$ COMPENSATION

AUTOS ONLY

OCCUR

CLAIMS-MADE

AGENICY	CHISTOMER	ID·AMCOTRA.	_∩1

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: CERTIFICATEOFLIABILITYINSURANCE 2015 Freightliner Cascadia 1FUGGED50FLGC1928 \$40,000 2015 Freightliner Cascadia 1FUGGED52FLGA0871 \$60,000 2015 Freightliner Cascadia 1FUGGED53FLGC1888 \$60,000 2015 Freightliner Cascadia 1FUGGED53FLGC1955 \$65,000 2015 Freightliner Cascadia 1FUGGED55FLGJ0010 \$50,000

2015 Freightliner Cascadia 1FUGGED57FLGJ0010 \$50 2015 Freightliner Cascadia 1FUGGED57FLGC1960 \$79,000 2015 Freightliner Cascadia 1FUGGED57FLGJ0011 \$70,000 2015FreightlinerCascadia1FUJGBDV5FLGN0205 \$50 2015FreightlinerCascadia1FUJGBDV6FLGN0195 \$40 \$50,000 \$40,000 2015FreightlinerCascadia1FUJGBDV6FLGN0200 \$40,000 2017 Freightliner Cascadia 1FUJGEDR2HLHN9129 \$62,500 2017 Freightliner Cascadia 1FUJGEDR3HLHN9074 \$60,000 2014FreightlinerCascadia1FUJGEDVXELFV9401 \$40 \$40,000 2019FreightlinerCascadia1FUJHTDV4KLKH5817 2021KenworthT6801XKYA48X0MJ463625 \$62,000 \$66,000 2021KenworthT6801XKYA48X9MJ463624 2017Peterbilt5791XPBDP9X8HD342417 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5ESFZ2003 2014FreightlinerCascadia3AKJGBDV5ESFZ2079 2017FreightlinerCascadia3AKJGBDV5ESFZ2079 2014FreightlinerCascadia3AKJGBDVXESFZ2076 \$40,000 \$50,000 \$60,000 \$50,000 2014FreightlinerCascadia3AKJGBDVXESF22076 \$50,000
2016FreightlinerCascadia3AKJGBDVXGSHG1365 \$52,000
2018FreightlinerCascadia3AKJHDR7JSJJ0922 \$62,500
2019FreightlinerCascadia3AKJHTDV3KSKF1402 \$62,000
2021FreightlinerCascadia3AKJHTDV6MSMP6405 \$70,000
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2012VolvoVNL4V4NC9EG7CN554977 \$40,000
2015VolvoVNL4V4NC9EG8FN187463 \$40,000
2015VolvoVNL4V4NC9EH4EN158856 \$50,000 \$62,000

2018FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62,2019FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62,2019FreightlinerCascadia3AKJHTDV3KSKF1402 \$62,2021FreightlinerCascadia3AKJHTDV6MSMP6405 \$70,000 2012VolvoVNL4V4NC9EG6CN554985 \$40,02012VolvoVNL4V4NC9EG7CN554977 \$40,02015VolvoVNL4V4NC9EG8FN187463 \$40,02015VolvoVNL4V4NC9EH4EN158856 \$50,000 2020VolvoVNL4V4W19EG4LN245476 \$42,000 2020VolvoVNL4V4W19EG5LN245504 \$42,000 2020VolvoVNR4V4WB9EG1LN245206 \$65,000 2020VolvoVNR4V4WC9EG0LN245856 \$60,000 2020VolvoVNR4V4WC9EG0LN245876 \$60,000 2020VolvoVNR4V4WC9EG7LN245854 \$65,000 2020VolvoVNR4V4WC9EG8LN245854 \$65,000 2020VolvoVNR4V4WC9EG8LN245850 \$48,500 2020VolvoVNR4V4WC9EG8LN245880 \$48,500 \$60,000

Additional Insured:

Austin County State Bank PO Box 1466 Bellville, TX 77418