TEXAS LIABILITY INSURANCE CARD

295485

COMPANY PHONE NO.

COMPANY X COMMIL PERSONAL NAMED DRIVER POLICY

POLICY NUMBER 133-756851-6

06/17/2024

EFFECTIVE DATE

EXPIRATION DATE 06/17/2025

YEAR 2018

Freightliner

MODEL

The North River Insurance Company

VEHICLE IDENTIFICATION NUMBER Cascadia NextGen 113 3AKJHLDR7JSJJ0922

AGENCY

AGENCY PHONE NO.

Higginbotham Insurance Agency, Inc. 500 W. 13th Street

(800) 728-2374

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.

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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DUPLICATE RECEIPT

S. T. PROCESSING COUNTY: TARRANT RESIDENT COUNTY: TARRANT PLATE NO: 1854557

DOCUMENT NO: 00830145518115850

TAC NAME: WENDY BURGESS DATE: 01/03/2025

TIME: 04:36PM EMPLOYEE ID: 0616AS EFFECTIVE DATE: 08/16/2024 EXPIRATION DATE: 7/2025 TRANSACTION ID: 22036345658163656

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: 1N54557 PREVIOUS EXP MO/YR: 7/2024 VEHICLE CLASSIFICATION: TRK>1 CUSTOMER REG FI CUSTOMER REG FEES PAID: \$877.75 VEHICLE IDENTIFICATION NO: 3AKJHLDR7JSJJ0922
VR/MAKE: 2018/FRHT MODEL: CSC BODY STYLE: TR
EMPTY WT: 13760 CARRYING CAPACITY: 66240 GF UNIT NO: 006IC GROSS WT: 80000 TRAVEL TRLR LENGTH: 0 BODY VEHICLE IDENTIFICATION NO:

COUNTY OF REGISTRATION: 220 REGISTRATION ISSUE DATE: 07/30/2024

> FEES ASSESSED 2.00 \$ DUPLICATE RECEIPT 2.00 \$ TOTAL

VEHICLE RECORD NOTATIONS DIESEL PAPER TITLE
MAJOR COLOR: WHITE
FUEL TYPE: DIESEL
DOCUMENT TYPE : REGULAR TITLE

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.







Vehicle Test Detail

Back To Inquiry List | Printer Friendly Page

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

TAS Id: ES901831

Test Date: 07/25/2024

Test Start Time: 16:19:27

Test End Time: 16:20:03

Station Name: IFIX TIRE AND TRUCK SERVI

Test Type: Safety Only

Safety Result: Pass

Emission Result:

Gas Cap Result:

Overall Result: Pass

TX DOT #:

Waiver Number:

Reg Fee Code: CW

Test Record No.: 1143

VIN: 3AKJHLDR7JSJJ0922

Model Year: 2018

Vehicle Type: Truck/Van/Bus/Sports Utility

Engine Size: 0

GVWR Type: Heavy

Fuel Type: DIESEL

Make: FRHT

Body Style: Pickup/Truck Tractor

Trans. Type:

Act. GVWR: 52350

License Plate: 1N54557

License Type: Texas Plate

Model: CASCADIA

No. Cylinders:

Odometer: 529563

Ignition Type: **Dual Exhaust:**

Decal No .:

Inject Carburetion:

Sticker No .:

Inspection Expiration Date: 07/31/2025

Gas Cap Result 1:

Gas Cap Result 2:

Gas Cap 1 Testable:

Gas Cap 2 Testable:

Gas Cap 1 Missing:

Gas Cap 2 Missing:

Safety Test Information

Safety Test: Initial

Horn: Pass

Windshield Wipers: Pass

Mirrors: Pass

Steering System: Pass

Seat Belts: Pass

Service Brake System: Pass

Parking Brake System: Pass

Tires: Pass

Steering Axle Tires:

All Other Tires:

Wheel Assembly: Pass

Master Cylinder:

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:

Cab Lamps: Pass

Side Reflectors:

School Buses:

School Bus Signs:

Fire Extinguisher:

Hazard Warning Lights: Pass

Convex Crossover Mirror:

Mud Flaps/Safety Guards:

Window Tint/Sun Screen: Pass Back-up Lamps:

Coupling Devices: Pass

Fuel System: Pass

Suspension: Pass

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

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 below, and the Equipment "owner" as that term is defined by 49 C.F.R. § 376.2(d). The TSPA TSPA. ATC is the Equipment "owner" as that term is defined by 49 C.F.R. § 376.2(d).

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 Moon Twp., PA 15108. This Statement of Lease shall constitute the Receipt for Possession of the Moon Twp., PA 15108. This Statement of Lease shall constitute the Receipt for Possession of the Moon Twp., PA 15108. This Statement of Lease shall constitute the Receipt for Possession of the Moon Twp., PA 15108. This Statement is 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	1000
	3AKJHLDR7JSJJ0922
295485	SARGILLET

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 PRODUCED, AND THE CERTIFICATE HOLDER

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 dn this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). NAME: Alondra Howard Higginbotham Insurance Agency, Inc. (A/C, No, Ext):817-786-6961 (A/C, No):817-347-6981 500 W. 13th Street ADDRESS: AHoward@higginbotham.net Fort Worth TX 76102 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: TheNorthRiverInsuranceCompany
INSURER B: License#:2081754 <u> 21195</u> INSURED AMCOTRA-01 INSURER c : ProgressiveCasualtyInsuranceCo 24260 **AMCO** Transportation Company 4936 Collinwood Ave INSURER D : Fort Worth TX 76107 INSURER E : INSURER F: **CERTIFICATE NUMBER:** 2140706430 COVERAGES REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INIURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT PRODUCTS - COMP/OP AGG POLICY \$ OTHER: AUTOMOBILE LIABILITY (Ea accident) 133-756851-6 6/17/202 6/17/202 1,000,000 ANY AUTO 9825295971 BODILY INIURY (Per person) 6/14/202 6/14/202 SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION 6/17/2024 6/17/2025 AND EMPLOYERS' LIABILITY
ANYP ROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? 00021112259 Y/N FI FACH ACCIDENT \$1,000,000 N N/A (Mandatory in NH) E.L. DISEASE - FA EMPLOYEE\$ 1,000,000 lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 Employment Practices Liab Limit 1,000,000 Comp/Coll Deductible Retention 133-756851-6 6/17/2024 6/17/2025 5,000 \$1,000/\$1,000 Physical Damage DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 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 1FT8W3BT9JEC12314 ACV CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Austin County State Bank PO Box 1466 AUTHORIZED REPRESENTATIVE Bellville TX 77418

AGENCY CUSTOMER ID:AMCOTRA	∩1	

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page __1_ of __1_

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED AMCO Transportation			
POLICY NUMBER		Company 4936 Collinwood Ave Fort Worth TX 76107			
CARRIER	NAIC CODE				
ADDITIONAL DEMARKS		EFFECTIVE DATE:			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM				
25 FORM TITLE CERTIFICATE OF LARIE TVINCE					
FORM NUMBER: 25	00	INCE			