

## TEXAS LIABILITY INSURANCE CARD

297444

COMPANY PHONE NO. COMPANY  COMM.  PERSONAL  NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER  
133-766851-6EFFECTIVE DATE  
06/17/2024EXPIRATION DATE  
06/17/2025YEAR MAKE  
2021 KenworthMODEL  
T680VEHICLE IDENTIFICATION NUMBER  
1XKYA48X9MJ463624AGENCY  
Higginbotham Insurance Agency, Inc.  
500 W. 13th Street  
Fort Worth, TX 76102AGENCY PHONE NO.  
(800) 728-2374NAME 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 named 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 ESPANOLTarjeta 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 seguridad 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:

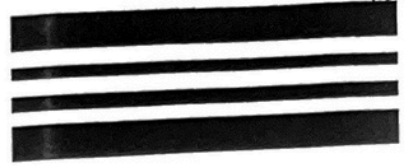
- (A) Motor vehicle registration
- (B) Driver's License
- (C) Motor vehicle safety inspection sticker.

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).



277477



DUPLICATE RECEIPT

PROCESSING COUNTY: TARRANT  
RESIDENT COUNTY: TARRANT  
PLATE NO: 1N20546  
DOCUMENT NO: 00825045515101202

TAC NAME: WENDY BURGESS  
DATE: 01/03/2025  
TIME: 04:38PM  
EMPLOYEE ID: 0616AS

EFFECTIVE DATE: 02/20/2024  
EXPIRATION DATE: 1/2025  
TRANSACTION ID: 22036345658163800

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

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

PREVIOUS PLATE NO: /  
VEHICLE CLASSIFICATION: TRK>1  
VEHICLE IDENTIFICATION NO: 1XKYA48X9MJ463624  
YR/MAKE: 2021/KW MODEL: BODY STYLE: TR UNIT NO:  
EMPTY WT: 13500 CARRYING CAPACITY: 66500 GROSS WT: 80000 TRAVEL TRLR LENGTH: 0  
BODY VEHICLE IDENTIFICATION NO:

REGISTRATION ISSUE DATE: 02/20/2024 COUNTY OF REGISTRATION: 220

FEE ASSESSED	\$	2.00
DUPLICATE RECEIPT		
TOTAL	\$	2.00

VEHICLE RECORD NOTATIONS  
DIESEL  
PAPER TITLE  
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.

# SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

## TEXAS VEHICLE INSPECTION REPORT

Safety Inspection

297444

**Vehicle Identification**  
Test Date/Time: **01/16/2025, 10:01**  
Test and Type: **Initial - Safety Only**  
Insp. Type/Exp. Dt.: **CW - 01/31/2026**  
Version/Test Number: **2408/2237**  
License Number: **1N20646**  
Vehicle ID Number: **1XKYA48X9MJ463624**  
Vehicle Make: **KW**  
Vehicle Model: **T680**  
Vehicle Year/Type: **2021/Truck/Van/Bus/Sports Utility**  
Engine Size/Cyl/Ign: **//**  
Authorization Number: **5ED3P7WRT27WU**  
Transmission/GVW: **/33000**  
Odometer/Fuel Type: **309485/DIESEL**

**Station Identification**  
Station Name: **IFIX TIRE AND TRUCK SERVI**  
Station #/Analyzer: **1P049215/ES901831**  
Station Address: **6310 SINGLETON BLVD**  
Station City: **DALLAS**  
Station Zip Code: **75212**  
Inspector First Name: **NADIA**  
Inspector Last Name: **ABBASIAN**  
Safety Inspection Fee: **\$40.00**  
Safety Repair Cost: **\$0.00**  
Emissions Test Fee: **\$0.00**  
Emissions Repair Cost: **\$0.00**  
Total Inspection Cost: **\$40.00**

### Safety Test Results

Safety Sequence: FMCSR Vehicles

All Items Passed

Gas Cap Integrity: N/A

Safety Items: Pass

**Overall Result: PASS**  
**See Back for Recall**  
**Information**



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.

Plate Type: **1**, Plate Number: **1N20646**, TxDot: , Auth: **5ED3P7WRT27WU**



VIN: **1XKYA48X9MJ463624**



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") 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
297444	1XKYA48X9MJ463624

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).

<b>PRODUCER</b> Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102  License#:2081754 AMCOTRA-01	<b>CONTACT NAME:</b> Alondra Howard <b>PHONE:</b> <b>(A/C, No, Ext):</b> 817-786-6961 <b>FAX:</b> <b>(A/C, No):</b> 817-347-6981 <b>E-MAIL:</b> <b>ADDRESS:</b> AHoward@higginbotham.net													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : TheNorthRiverInsuranceCompany</td> <td>21105</td> </tr> <tr> <td>INSURER B : TexasMutualInsuranceCompany</td> <td>22945</td> </tr> <tr> <td>INSURER C : ProgressiveCasualtyInsuranceCo</td> <td>24260</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : TheNorthRiverInsuranceCompany	21105	INSURER B : TexasMutualInsuranceCompany	22945	INSURER C : ProgressiveCasualtyInsuranceCo	24260	INSURER D :		INSURER E :		INSURER F :
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**COVERAGES****CERTIFICATE NUMBER:** 2140706430**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.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ \$
A C	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> AUTOS ONLY			133-756851-6 9825295971	6/17/2024 4 6/14/2024 4	6/17/2025 5 6/14/2025 5	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			00021112259	6/17/2024	6/17/2025	<input checked="" type="checkbox"/> PER <input type="checkbox"/> OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Employment Practices Liab Physical Damage			133-756851-6	6/17/2024	6/17/2025	Limit 1,000,000 Comp/Coll Deductible Retention 5,000 \$1,000/\$1,000

**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  
 F350 1FT8W3BT9JEC12314 ACV

**CERTIFICATE HOLDER****CANCELLATION**

Austin County State Bank PO Box 1466 Bellville TX 77418	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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**ADDITIONAL REMARKS SCHEDULE**

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

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

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 1FUGGED57FLGC1960	\$79,000
2015 Freightliner Cascadia 1FUGGED57FLGJ0011	\$70,000
2015 Freightliner Cascadia 1FUJGBDV5FLGN0205	\$50,000
2015 Freightliner Cascadia 1FUJGBDV6FLGN0195	\$40,000
2015 Freightliner Cascadia 1FUJGBDV6FLGN0200	\$40,000
2017 Freightliner Cascadia 1FUJGEDR2HLHN9129	\$62,500
2017 Freightliner Cascadia 1FUJGEDR3HLHN9074	\$60,000
2014 Freightliner Cascadia 1FUJGEDVXELFV9401	\$40,000
2019 Freightliner Cascadia 1FUJHTDV4KLKH5817	\$62,000
2021 Kenworth T6801XKYA48X0MJ463625	\$66,000
2021 Kenworth T6801XKYA48X9MJ463624	\$68,000
2017 Peterbilt 5791XPBDP9X8HD342417	\$50,000
2014 Freightliner Cascadia 3AKJGBDV5ESFZ2003	\$40,000
2014 Freightliner Cascadia 3AKJGBDV5ESFZ2079	\$50,000
2017 Freightliner Cascadia 3AKJGBDV5HSJG0993	\$60,000
2014 Freightliner Cascadia 3AKJGBDVXESFZ2076	\$50,000
2016 Freightliner Cascadia 3AKJGBDVXGSHG1365	\$52,000
2018 Freightliner Cascadia 3AKJHLDR7SJJ0922	\$62,500
2019 Freightliner Cascadia 3AKJHTDV3KSKF1402	\$62,000
2021 Freightliner Cascadia 3AKJHTDV6MSMP6405	\$70,000
2012 Volvo VNL4V4NC9EG6CN554985	\$40,000
2012 Volvo VNL4V4NC9EG7CN554977	\$40,000
2015 Volvo VNL4V4NC9EG8FN187463	\$40,000
2014 Volvo VNL4V4NC9EH4EN158856	\$50,000
2020 Volvo VNL4V4W19EG4LN245476	\$42,000
2020 Volvo VNL4V4W19EG5LN245504	\$42,000
2020 Volvo VNR4V4WB9EG1LN245206	\$65,000
2020 Volvo VNR4V4WC9EG0LN245856	\$60,000
2020 Volvo VNR4V4WC9EG6LN245876	\$60,000
2020 Volvo VNR4V4WC9EG7LN245854	\$65,000
2020 Volvo VNR4V4WC9EG8LN245880	\$48,500
2022 Volvo VNR4V4WC9EG9NN286053	\$60,000

Additional Insured:

Austin County State Bank  
PO Box 1466  
Bellville, TX 77418