297446 TEXAS LIABILITY INSURANCE CARD

COMPANY X DOMML PERSONAL

NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER 133-756851-6

COMPANY PHONE NO.

EFFECTIVE DATE 06/17/2024

EXPIRATION DATE 06/17/2025

2016

Freightliner

MODEL Cascadia 113 VEHICLE IDENTIFICATION NUMBER 3AKJGBDVXGSHG1365

AGENCY 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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DUPLICATE RECEIPT

PROCESSING COUNTY: TARRANT RESIDENT COUNTY: TARRANT PLATE NO: 1N20647 DOCUMENT NO: 00825045515100822

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

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: 22036345658163821

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

PREVIOUS PLATE NO: PREVIOUS EXP MO/YOUR CUSTOMER CONTINUE TRK<=1 CUSTOMER C PREVIOUS EXP MO/YR: /
CUSTOMER REG FEES PAID: \$877.75 YR/MAKE: 2016/FRHT MODEL: BODY STYLE: EMPTY WT: 17100 CARRYING CAPACITY: 62900 BODY VEHICLE IDENTIFICATION NO: UNIT NO: BODY STYLE: TR GROSS WT: 80000 TRAVEL TRLR LENGTH: 0

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

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

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.

Vehicle Test Detail

Test End Date/Time: 2/8/2024 11:36:18 AM

Inspection Expiration Date: 02/28/2025

Affidavit: None

Overal Result: Pass Certificate Number: Inspection Type: CW

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

		C	_
Station	In	formatio	П

Station ID: 6P037356

Inspector Name: RICHARD IRA NONAMAKER Street Address 1: 1247 SUN VALLEY BLVD

City: ROBINSON

Vehicle Information

Vehicle Type: Truck - Tractor

Year: 2016

Station Name: RUSH TRUCK CENTER, WACO

License Plate: 3028687 Insurance Expiration: 02/29/2024

Beam Indicator: Pass

Cab Lamps:

Exhaust System: Pass

Gas Cap: Pass

Mirror:

Reflector: Pass

Seat Belts: Pass

Suspension: Pass

Pass

Horn: Pass

Exhaust Emiss. Sys.: Pass

Side Marker Lamps:

Rear Red Reflectors:

Turn Signal Lamps: Pass

Make: FREIGHTLINER

LP State: Out-of-State

Odometer Reading: 478392

VIN: 3AKJGBDVXGSHG1365

Model: CASCADIA

Fuel Type: DIESEL

Inspection Items

Backup Lamp: Pass Clearance Lamps: Pass

Frame: Pass

Exterior X-Over Mirror:

Identification Lamps: Pass

Parking Brakes: Pass School Bus Sign:

Service Brake:

Stop Lamps: Pass

Tail Lamps: Pass

Wheel Assembly: Pass

Windshield Wipers: Pass

Red Warning Lamps:

Brake System:

Coupling Devices: Pass

Fuel System: Pass

Rear Lamp:

License Plate Lamp: Pass

Reflective Sheeting Tape:

Safety Guards or Flaps:

Side Reflectors:

Steering:

Tires:

Windshield: Pass

Window Tint or Coat:

Fees

Repair Cost: \$0.00

Inspection Cost: \$40.00 State Fee: \$22.00 Total Cost: \$40.00

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

	VIN
Unit Number	
	3AKJGBDVXGSHG1365
297446	SAKJGBBVXCCITCTO

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ics) 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).

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	DUCER				PHONE	: Alondra Ho	oward	FAV		
Higginbotham Insurance Agency, Inc. 500 W. 13th Street			(A/C, No, Ext):817-786-6961 (A/C, No):817-347-6981							
500 W. 13th Street Fort Worth TX 76102			ADDRESS: AHoward@higginbotham.net							
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
				License#:2081754	INSURE	R A : <u>T</u> heNort	hRiverInsura	nceCompany		21105 22945
INSU				AMCOTRA-01	INSURE	RB: TEXASIVII	utuaiinsuran	ceCompany		
ΑN	ICO Transportation mpany 4936 Collinwood Ave rt Worth TX 76107				INSURE	R C : Progress	siveCasualty	nsuranceCo		24260
LO Fo	mpany 4936 Collinwood Ave ct Worth TX 76107				INSURE	RD:				
1 01	t Worth 1X 70107				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: 2140706430				REVISION NUMBER:	<u> </u>	
N IS Sl	HIS IS TO CERTIFY THAT THE POLICIES O OTWITHSTANDING ANY REQUIREMENT, SUED OR MAY PERTAIN, THE INSURANO JCH POLICIES. LIMITS SHOWN MAY HAVI	TERM E AFI E BEE	1 OR FORD N RED	CONDITION OF ANY CONTI ED BY THE POLICIES DESCI DUCED BY PAID CLAIMS.	RACT O	R OTHER DOO HEREIN IS SUE	CUMENT WITH BJECT TO ALL	RESPECT TO WHICH THIS THE TERMS, EXCLUSIONS	S CERTI	FICATE MAY BE
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
A C	AUTOMOBILE LIABILITY			133-756851-6		6/17/202	6/17/202	COMBINED SINGLE LIMIT (Ea accident)	£ 1,000	,000
C	ANY AUTO			9825295971		4 6/14/202	5 6/14/202	BODILY INJURY (Per person)	\$	
	OWNED X SCHEDULED AUTOS ONLY X AUTOS NON-					4	5	BODILY INJURY (Per accident)	\$	
	HIRED OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
	DED RETENTION \$									
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			00021112259		6/17/2024	6/17/2025	X PER OTH-		
	ANYP ROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	000
	(Mandatory in NH)	IN / A						E.L. DISEASE - EA EMPLOYEE\$	1,000	
	lf yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	
Α	Employment Practices Liab Physical Damage			133-756851-6		6/17/2024	6/17/2025	Limit 1,000,000 Comp/Coll Deductible	Reter 5,000	ition
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC /AC	OPD 4	01 Additional Remarks Sebadula	mauka	attached if was	e enace le recui	rad)		
The bet	e Workers' Compensation policies inc ween the named insured and the cer written contract with the named insur	lude tificat	a bla e ho	nket waiver of subrogation	n endo atus. A	orsement to ustin County	the certificat State Bank i	te holder only when ther s named loss pavee and	lienhol	der as require
	Econoline 1 FD MESE	0ED 4		00 \$10,500						
	Econoline1FDWE3FL F350 1FT8W3B	оер <i>д</i> Г9ЈЕС	1231	38 \$18,500 4 ACV						
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Auctin County State People				EXP		E THEREOF,	ESCRIBED POLICIES BE CAN NOTICE WILL BE DELIVER		
	Austin County State Bank PO Box 1466				ΔΗΤΗΛ	RIZED REPRESEN	TATIVE			
	Bellville TX 77418				12121	\wedge	IAIIVE			
	Denvine IXXII III			10	weter.	_				

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LOC #: _____

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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	Company 4936 Collinwood Ave Fort Worth TX 76107		
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

2015 Freightliner Cascadia 1FUGGED50FLGC1928 \$40,000 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
2015 Freightliner Cascadia 1FUGGED57FLGJ0011 \$70,000
2015 Freightliner Cascadia 1FUJGBDV5FLGN0205 \$50
2015 Freightliner Cascadia 1FUJGBDV6FLGN0205 \$40
2015 Freightliner Cascadia 1FUJGBDV6FLGN0200 \$40 \$50,000 \$50,000 \$40,000 \$40,000 \$40,000 \$62,000 \$66,000 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5ESFZ2003 2014FreightlinerCascadia3AKJGBDV5ESFZ2079 2017FreightlinerCascadia3AKJGBDV5HSJG0993 2014FreightlinerCascadia3AKJGBDV5HSJG0993 \$40,000 \$50,000 \$60,000 \$50,000 2016FreightlinerCascadia3AKJGBDVXGSHG1365 \$52,000 2018FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62, 2019FreightlinerCascadia3AKJHTDV3KSKF1402 \$62 2021FreightlinerCascadia3AKJHTDV6MSMP6405 \$70,000 \$62,500 \$62,000 \$40,000 \$40,000 2012VolvoVNL4V4NC9EG6CN554985 2012VolvoVNL4V4NC9EG7CN554977 2012V0IVOVNL4V4NC9EG7CN334377 2015VolvoVNL4V4NC9EG8FN187463 2014VolvoVNL4V4NC9EH4EN158856 2020VolvoVNL4V4W19EG4LN245476 2020VolvoVNL4V4W19EG5LN245504 \$40,000 \$50,000 \$42,000 \$42,000 2020VolvoVNR4V4WB9EG1LN245206 2020VolvoVNR4V4WC9EG0LN245856 \$65,000 \$60,000 2020VolvoVNR4V4WC9EG6LN245876 \$60,000 \$65,000 2020VolvoVNR4V4WC9EG7LN245854 2020VolvoVNR4V4WC9EG8LN245880 \$48,500 2022VolvoVNR4V4WC9EG9NN286053 \$60,000

Additional Insured:

Austin County State Bank PO Box 1466

Bellville, TX 77418