298117 TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.

COMPANY X DOMML PERSONAL NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER 133-756851-6

EFFECTIVE DATE 06/17/2024

EXPIRATION DATE 06/17/2025

YEAR 2017

MAKE Peterbilt MODEL

VEHICLE IDENTIFICATION NUMBER 1XPBDP9X8HD342417

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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REGISTRATION RENEWAL RECEIPT

PROCESSING COUNTY: TARRANT RESISSING COUNTY: TARRANT PLAT :0: 1M92023 DOCUMENT NO: 00825045515094833

TAC NAME: WENDY BURGESS
DATE: 09/27/2024
TIME: 08:07AM
EMPLOYEE ID: 6882RH6
TRANSACTION ID: 22050045560080733

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

VEHICLE CLASSIFICATION: TRK>1 PREVIOUS PLATE NO: 1M92023 VEHICLE CLASSIFICATION: TREVENCE IDENTIFICATION NO: 1XPBDP9X8HD342417
VEHICLE IDENTIFICATION NO: 1XPBDP9X8HD342417
VEHICLE IDENTIFICATION NO: 579 BODY STYLE: TT UNIT NO: 80000 ENTY WT: 16800 CARRYING CAPACITY: 63200 GROSS WT: 80000 TRAVEL TRLR LENGTH: 0

INVENTORY ITEM(S) WINDSHIELD STICKER

YR 2025

FEES ASSESSED
COMBINATION PLT
REGISTRATION EMISSIONS FEE
REG FEE-DPS
CNTY ROAD BRIDGE ADD-ON FEE
INSPECTION FEE-CW
PROCESSING AND HANDLING FEE

METHOD OF PAYMENT AND PAYMENT AMOUNT: 961.75

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

TOTAL AMOUNT PAID \$

961.75

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

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

1M92023

58136804

TARRANT

HD342417

WINDSHIELD STICKER CAI COMANIA DE PARABRISAS

DO NOT USE NO USE

Peel sticker from any corner. Despegue la calcomanía de cualquier esquina.

PLATE STICKER

CALCOMANIA DE PLACA

Pat. No. 8,700,176

, 4

OR

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

TEXAS VEHICLE INSPECTION REPORT

Safety Inspection

Vehicle Identification

Test Date/Time:

09/24/2024, 10:27 Initial - Safety Only Test and Type: CW - 09/30/2025

Insp. Type/Exp. Dt.: Version/Test Number: 2401/1540

1M92023 License Number: 1XPBDP9X8HD342417 Vehicle ID Number:

PTRB Vehicle Make:

579 Vehicle Model:

2017/Truck/Van/Bus/Sports Utility Vehicle Year/Type: Engine Size/Cyl/Ign:

Authorization Number: ELD8PBUXSGBWT

Transmission/GVW: /50000

Odometer/Fuel Type: 884849/DIESEL

Station Identification

Station Name:

IFIX TIRE AND TRUCK SERVI

1P49215/ES901831 Station #/Analyzer: Station Address:

6310 SINGLETON BLVD DALLAS

Station City: Station Zip Code:

75212 Inspector First Name: NADIA

Inspector Last Name:

ABBASIAN

Safety Inspection Fee: Safety Repair Cost:

\$0.00 \$0.00

Emissions Test Fce: Emissions Repair Cost:

\$0.00

\$40.00

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.

Plate Type: 1, Plate Number: 1M92023, TxDot



VIN: 1XPBDP9X8HD342417

or 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
298117	1XPBDP9X8HD342417



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).

th	nis certificate does not confer rights	to th	ne ce	rtificate holder in lieu				,			
	DUCER				NAME	Alondra Ho	ward				
Higginbotham Insurance Agency, Inc.			PHONE FAX (A/C, No, Ext):817-786-6961 (A/C, No):817-347-6981								
	OW. 13th Street Towns TX 76102				É-MAIL ADDRI	SS: AHowar	d@higginbo	tham.net	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
. 01								DING COVERAGE			NAIC#
				License#:2081754	INSURER	A:TheNort	hRiverInsura	nceCompany			21105 22945
INSU				AMCOTRA-01	INSURER	в: TexasMu	utualinsuran	nceCompany ceCompany			
AN	ICO Transportation				INSURER	c: Progress	siveCasualtyl	nsuranceCo			24260
For	mpany 4936 Collinwood Ave rt Worth TX 76107				INSURER	D:					
					INSURER	E:					
					INSURER	F:					
				NUMBER: 2140706430				REVISION NUM			
N IS Sl	HIS IS TO CERTIFY THAT THE POLICIES OF OTWITHSTANDING ANY REQUIREMENT, T SUED OR MAY PERTAIN, THE INSURANCE JCH POLICIES. LIMITS SHOWN MAY HAVE	TERM E AFF BEEN	OR C ORDE I RED	CONDITION OF ANY CONTE	RACT OR RIBED H	OTHER DOC EREIN IS SUB	UMENT WITH	RESPECT TO W	HICH THIS	S CERTI	FICATE MAY BE
INSR LTR	TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY		Ĭ					EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	rence)	\$	
								MED EXP (Any one p	person)	\$	
								PERSONAL & ADV IN	-	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	.ΤΕ	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMPA	OP AGG	\$	
	OTHER:									\$	
A C	AUTOMOBILE LIABILITY			133-756851-6		6/17/202	6/17/202	(Ea accident)		1,000	,000
	ANY AUTO			9825295971		4 6/14/202	5 6/14/202	BODILY INJURY (Per		\$	
	OWNED X SCHEDULED AUTOS NON-					4	5	BODILY INJURY (Per PROPERTY DAMAGE	-	\$	
	HIRED OWNED AUTOS ONLY							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION \$										
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND DESCRIPTION OF A DESCRIP			00021112259		6/17/2024	6/17/2025	X PER	OTH-		
	ANYP ROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	Г	\$ 1,000	,000
	(Mandatory in NH)							E.L. DISEASE - EA EN	IPLOYEE\$	1,000	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$ 1,000	,000
Α	Employment Practices Liab Physical Damage			133-756851-6		6/17/2024	6/17/2025	Limit 1,000,000 Comp/Coll Deductib	le	Reten 5,000 \$1,00	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE										
The bet	e Workers' Compensation policies incluween the named insured and the certiwritten contract with the named insure Econoline1FDWE3FLC F350 1FT8W3BT)EDA(6083	8 \$18,500	on endo atus. Au ditions d	rsement to t stin County on reference	the certificat State Bank i d units belo	e holder only w s named loss pa w: 2014Ford 201	when ther layee and laFord Se	re is a v lienhol ee Atta	vritten contra der as require ched
CEF		J	-2314	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CANC	ELL ATION					
CER	Austin County State Bank PO Box 1466 Bellville TX 77418				SHOU EXPIF WITH	RATION DATE	THEREOF, I PROVISIONS.	ESCRIBED POLICI NOTICE WILL BE			

AGENCY CUSTOMER ID:AMCOTRA	∩1	

LOC #:

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100	®
ACC	JKD

ADDITIONAL REMARKS SCHEDULE

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Page	- 1	ot	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 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 2015 FreightlinerCascadia1FUGGED57FLGC1960 \$79,000 2015 Freightliner Cascadia 1FUGGED57FLGJ0011 \$70,000 \$50,000 2015 Freightliner Cascadia 1FUJGED57FLGJ0011 \$70,000
2015FreightlinerCascadia1FUJGBDV5FLGN0205 \$50
2015FreightlinerCascadia1FUJGBDV6FLGN0200 \$40
2015FreightlinerCascadia1FUJGBDV6FLGN0200 \$40
2017 Freightliner Cascadia 1FUJGEDR2HLHN9129 \$62,500
2017 Freightliner Cascadia 1FUJGEDR3HLHN9074 \$60,000
2014FreightlinerCascadia1FUJGEDX3HLHN9074 \$60,000
2014FreightlinerCascadia1FUJGEDX2LFV9401 \$40,
2019FreightlinerCascadia1FUJHTDV4KLKH5817 \$62,
2021KenworthT6801XKYA48X0MJ463625 \$66,
2021KenworthT6801XKYA48X9MJ463624 \$50
2011FereightlinerCascadia32AKJGRDV5FSF72003 \$50,000 \$40,000 \$40,000 \$40,000 \$62,000 \$66,000 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5ESFZ2003 2014FreightlinerCascadia3AKJGBDV5ESFZ2079 \$40,000 \$50,000 2017FreightlinerCascadia3AKJGBDV5HSJG0993 2014FreightlinerCascadia3AKJGBDVXESFZ2076 \$60,000 \$50,000 2016FreightlinerCascadia3AKJGBDVXGSHG1365 \$52,000 2018FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62,500 2019FreightlinerCascadia3AKJHTDV3K5KF1402 \$62 2021FreightlinerCascadia3AKJHTDV6MSMP6405 \$70,000 2012VolvoVNL4V4NC9EG6CN554985 \$40, 2012VolvoVNL4V4NC9EG7CN554977 \$40, \$62,000 \$40,000 \$40,000 2015VolvoVNL4V4NC9EG8FN187463 2014VolvoVNL4V4NC9EH4EN158856 \$40,000 \$50,000 2020VolvoVNL4V4W19EG4LN245476 2020VolvoVNL4V4W19EG5LN245504 \$42,000 \$42,000 2020VolvoVNR4V4WB9EG1LN245206 \$65,000 2020VolvoVNR4V4WC9EG0LN245856 \$60,000 2020VolvoVNR4V4WC9EG6LN245856 2020VolvoVNR4V4WC9EG7LN245854 \$60,000 \$65,000 2020VolvoVNR4V4WC9EG8LN245880 2022VolvoVNR4V4WC9EG9NN286053

\$48,500 \$60,000

Additional Insured: Austin County State Bank PO Box 1466 Bellville, TX 77418