

298919

## TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. COMPANY  COMM.  PERSONAL  NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER  
133-756851-6EFFECTIVE DATE  
06/17/2024EXPIRATION DATE  
06/17/2025YEAR MAKE  
2015 FreightlinerMODEL  
Cascadia 113VEHICLE IDENTIFICATION NUMBER  
1FUJGBDV5FLGN0205AGENCY  
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 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 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).

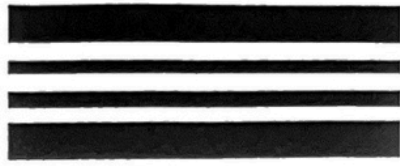
**Texas Liability Insurance Card**  
**Keep this card.**

**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).



DUPLICATE RECEIPT

PROCESSING COUNTY: TARRANT  
RESIDENT COUNTY: TARRANT  
PLATE NO: 1M87423  
DOCUMENT NO: 00825045515094016

TAC NAME: WENDY BURGESS  
DATE: 01/03/2025  
TIME: 04:39PM  
EMPLOYEE ID: 0616AS

EFFECTIVE DATE: 05/09/2024  
EXPIRATION DATE: 6/2025  
TRANSACTION ID: 22036345658163927

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

VEHICLE LOCATION ADDRESS  
3215 SPUR 482  
IRVING, TX 75062

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

PREVIOUS PLATE NO: 1M87423 PREVIOUS EXP MO/YR: 6/2024  
VEHICLE CLASSIFICATION: TRK>1 CUSTOMER REG FEES PAID: \$855.75  
VEHICLE IDENTIFICATION NO: 1FUJGBDV5FLGN0205  
YR/MAKE: 2015/FRHT MODEL: CAS BODY STYLE: TR UNIT NO:  
EMPTY WT: 16000 CARRYING CAPACITY: 64000 GROSS WT: 80000  
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

REGISTRATION ISSUE DATE: 05/09/2024 COUNTY OF REGISTRATION: 220

FEE ASSESSED	\$	2.00
DUPLICATE RECEIPT		
TOTAL	\$	2.00

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

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	Station Name: IFIX TIRE AND TRUCK SERVI	Overall Result: Pass
TAS Id: ES901831	Test Type: Safety Only	TX DOT #:
Test Date: 08/30/2024	Safety Result: Pass	Waiver Number:
Test Start Time: 15:05:37	Emission Result:	Reg Fee Code: CW
Test End Time: 15:06:22	Gas Cap Result:	Test Record No.: 1396

VIN: 1FUJGBDV5FLGN0205	Make: FRHT	License Plate: 1M87423
Model Year: 2015	Body Style: Pickup/Truck Tractor	License Type: Texas Plate
Vehicle Type: Truck/Van/Bus/Sports Utility	Trans. Type:	Model: CASCADIA
Engine Size: 0	Act. GVWR: 52000	No. Cylinders:
GVWR Type: Heavy		Odometer: 680523
Fuel Type: DIESEL		Ignition Type:
		Dual Exhaust:
		Decal No.:

Inject Carburetion:  
Sticker No.: Inspection Expiration Date: 08/31/2025

Gas Cap Result 1:	Gas Cap 1 Testable:	Gas Cap 1 Missing:
Gas Cap Result 2:	Gas Cap 2 Testable:	Gas Cap 2 Missing:

## Safety Test Information

Safety Test: Initial	Type: FMCSR (Truck)	School Buses:
Horn: Pass	Exhaust: Pass	School Bus Signs:
Windshield Wipers: Pass	Emissions System: Pass	Fire Extinguisher:
Mirrors: Pass	Beam Indicator: Pass	Hazard Warning Lights: Pass
Steering System: Pass	Tail Lamp: Pass	Convex Crossover Mirror:
Seat Belts: Pass	Stop Lamp: Pass	Mud Flaps/Safety Guards:
Service Brake System: Pass	License Plate Lamp:	Window Tint/Sun Screen: Pass
Parking Brake System: Pass	Rear Reflector: Pass	Back-up Lamps:
Tires: Pass	Turn Signals: Pass	Coupling Devices: Pass
Steering Axle Tires:	Turn Sig/Ind Lamp: Pass	Fuel System: Pass
All Other Tires:	Headlamps: Pass	Suspension: Pass
Wheel Assembly: Pass	Clearance Lamps:	Frame: Pass
Master Cylinder:	Side Marker Lamps:	Windshield:
	Cab Lamps: Pass	Reflective Tape:
	Side Reflectors:	

## Repair Information

Repair Group:	Rep.ID:
Repairs Performed:	Safety VI30A:
Repair Cost YIS: \$0.00	
Repair Cost NRF: \$0.00	
Repair Cost RRF: \$0.00	
Total Parts Cost MSP: \$0.00	
Overall Repair Costs: \$0.00	
Total Emission Costs: \$0.00	
Total Safety Costs: \$40.00	
Overall Costs: \$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**

Unit Number	VIN
298919	1FUJGBDV5FLGN0205

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	<b>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
<b>INSURED</b> AMCO Transportation Company 4936 Collinwood Ave Fort Worth TX 76107	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> TheNorthRiverInsuranceCompany <b>INSURER B :</b> TexasMutualInsuranceCompany <b>INSURER C :</b> ProgressiveCasualtyInsuranceCo <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
License#:2081754 AMCOTRA-01	<b>NAIC #</b> 21105 22945 24260

**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.

INSTR 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 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 OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			133-756851-6 9825295971	6/17/2024 6/14/2024	6/17/2025 6/14/2025	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"/> OCCUR <b>EXCESS LIAB</b> <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? <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	00021112259	6/17/2024	6/17/2025	X PER    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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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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 1FUJHTDV4KCLKH5817	\$62,000
2021 Kenworth T6801XKYA48X0MJ463625	\$66,000
2021 Kenworth T6801XKYA48X9MJ463624	\$68,000
2017 Peterbilt 5791XPBDDP9X8HD342417	\$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 3AKJHLDR7J5JJ0922	\$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