

TEXAS LIABILITY INSURANCE CARD 520773

COMPANY PHONE NO. COMPANY COMM'L 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 MAKE
2020 Volvo

MODEL
VNR

VEHICLE IDENTIFICATION NUMBER
4V4WB9EG1LN245206

AGENCY
Higginbotham Insurance Agency, Inc.
500 W. 13th Street
Fort Worth, TX 76102

AGENCY PHONE NO.
(800) 728-2374

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 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).

TITLE APPLICATION RECEIPT

PROCESSING COUNTY: DALLAS TAC NAME: JOHN R. AMES EFFECTIVE DATE: 05/14/2024
 RESIDENT COUNTY: TARRANT DATE: 05/14/2024 EXPIRATION DATE: 4/2025
 PLATE NO: 1N65385 TIME: 01:13PM EMPLOYEE ID: ER3199 TRANSACTION ID: 05739145424131302
 DOCUMENT NO: 05739145424131302 PREVIOUS DOC NO: 19504117000276-IN-05/14/2019 (P)

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

VEHICLE IDENTIFICATION NO: 4V4WB9EG1LN245206 VEHICLE CLASSIFICATION: TRK>1
 YR/MAKE: 2020/VOLV MODEL: VNR BODY STYLE: TR UNIT NO: 006ABT
 EMPTY WT: 18680 CARRYING CAPACITY: 61320 GROSS WT: 80000 TRAILER TYPE:
 BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"
 PREVIOUS OWNER NAME: CAMARENA AUTO INC PREVIOUS CITY/STATE: GRAND PRAIR, TX

INVENTORY ITEM(S) YR
 COMBINATION PLT 2025
 WINDSHIELD STICKER

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

ODOMETER READING: EXEMPT BRAND:
 OWNERSHIP EVIDENCE: OUT-OF-STATE TITLE
 1ST LIEN DATE: 05/13/2024
 AUSTIN COUNTY STATE BANK
 PO BOX 1466
 BELLVILLE, TX 77418

2ND LIEN

3RD LIEN

FEE TYPE	AMOUNT
TITLE APPLICATION FEE	\$ 13.00
TERP TITLE FEE	\$ 20.00
SALES TAX FEE	\$ 2,937.50
SALES TAX EMISSION FEE 1%	\$ 470.00
BUYERS TAG	\$ 5.00
COMBINATION PLT	\$ 840.00
REGISTRATION EMISSIONS FEE	\$ 64.00
REG FEE-DPS	\$ 1.00
CNTY ROAD BRIDGE ADD-ON FEE	\$ 10.00
CHILD SAFETY FUND	\$ 1.50
INSPECTION FEE-CW	\$ 22.00
PROCESSING AND HANDLING FEE	\$ 4.75
TOTAL	\$ 4,408.75

METHOD OF PAYMENT AND PAYMENT AMOUNT:
 CHECK #3976 \$ 4,408.75

TOTAL AMOUNT PAID \$ 4,408.75

SALES TAX CATEGORY: SALES/USE

Date of Assignment/Sales Tax Date:	05/13/2024
Sales Price	\$ 47,000.00
Less Trade In Allowance	\$ 0.00
Taxable Amount	\$ 47,000.00
Sales Tax Paid	\$ 2,937.50
Less Other State Tax Paid	\$ 0.00
Tax Penalty	\$ 0.00
TOTAL TAX PAID	\$ 2,937.50

Batch No: 3914542401 Batch Count: 5

CERTIFICATE OF TITLE WILL BE MAILED TO 1st LIENHOLDER.
 THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

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

1N65385
 80796218



04  **25**

TARRANT

LN245206

WINDSHIELD STICKER /
 CALCOMANIA DE PARABRISAS

OR

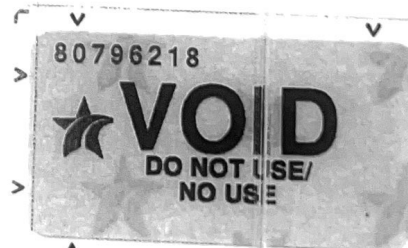


PLATE STICKER
 CALCOMANIA DE PLACA

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

TEXAS VEHICLE INSPECTION REPORT Safety Inspection

520773

Vehicle Identification

Test Date/Time: 07/16/2024, 15:53
 Test and Type: Initial - Safety Only
 Insp. Type/Exp. Dt.: CW - 07/31/2025
 Version/Test Number: 2103/997
 License Number: 1N65385
 Vehicle ID Number: 4V4WB9EG1LN245206
 Vehicle Make: OTHR
 Vehicle Model: VOLVO VNL
 Vehicle Year/Type: 2020/Truck/ Van/Bus/Sports Utility
 Engine Size/Cyl/Ign: //
 Authorization Number: 9GJ3V51T0A7WX
 Transmission/GVW: /52350
 Odometer/Fuel Type: 427332/DIESEL

Station Identification

Station Name: IFIX TIRE AND TRUCK SERVI
 Station #/Analyzer: 1P49215/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: Truck Tractor

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 procedures, 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.

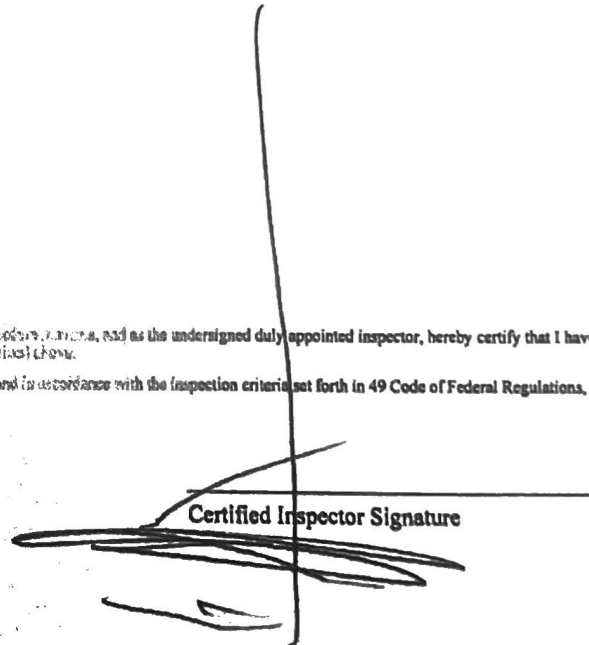
Plate Type: 1, Plate Number: 1N65385, TxDot:



VIN: 4V4WB9EG1LN245206



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
520773	4V4WB9EG1LN245206

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)

6/21/2024

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).

PRODUCER Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102 License#: 2081754 AMCOTRA-01	CONTACT NAME: Alondra Howard PHONE (A/C. No. Ext): 817-786-6961 E-MAIL ADDRESS: AHoward@higginbotham.net	FAX (A/C. No): 817-347-6981													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The North River Insurance Company</td> <td>21105</td> </tr> <tr> <td>INSURER B : Texas Mutual Insurance Company</td> <td>22945</td> </tr> <tr> <td>INSURER C : Progressive Casualty Insurance Co</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The North River Insurance Company	21105	INSURER B : Texas Mutual Insurance Company	22945	INSURER C : Progressive Casualty Insurance Co	24260	INSURER D :		INSURER E :		INSURER F :
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COVERAGES

CERTIFICATE NUMBER: 647134585

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
	COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Physical Dam <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> 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) \$ Comp/Coll Deductible \$ \$1,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	00021112259	6/17/2024	6/17/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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			133-756851-6	6/17/2024	6/17/2025	Limit 1,000,000 Retention 5,000


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.

Vehicle Schedule

2020 Volvo VNR 4V4WC9EG7LN245854
 2020 Volvo VNR 4V4WB9EG1LN245206

CERTIFICATE HOLDER**CANCELLATION**

Federal Express Corporation 1000 Fedex Drive Moon Township PA 15108	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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