

TEXAS LIABILITY INSURANCE CARD

52118

COMPANY PHONE NO. COMPANY COMML PERSONAL NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER
133-756851-6EFFECTIVE DATE
06/17/2024EXPIRATION DATE
06/17/2025YEAR MAKE
2020 VolvoMODEL
VNRVEHICLE IDENTIFICATION NUMBER
4V4WC9EG6LN245876AGENCY
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.

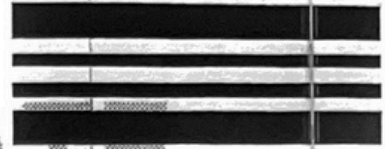
All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day).



Texas Department of Motor Vehicles

52118

TITLE APPLICATION RECEIPT



DUPLICATE



PROCESSING COUNTY: DALLAS TAC NAME: JOHN W. AMES
RESIDENT COUNTY: TARRANT DATE: 06/20/2024 EFFECTIVE DATE: 06/20/2024
PLATE NO: 1N65684 TIME: 11:12AM EXPIRATION DATE: 5/2025
DOCUMENT NO: 0573934546111232 EMPLOYEE ID: EB3159 TRANSACTION ID: 0573934546111232
PREV DOC NO: 18830145402090325-TX-04/30/2024 (P)

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 IDENTIFICATION NO: 4V4WC9EG6LN245876 VEHICLE CLASSIFICATION: TRK>1
YR/MAKE: 2020/VOLV MODEL: VNR BODY STYLE: TR UNIT NO: 006ABT
EMPTY WT: 18300 CARRYING CAPACITY: 61700 GROSS WT: 80000 TRAILER TYPE:
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"
PREV OWNER NAME: CAMARENA AUTO PREV CITY/STATE: GRAND PRA, TX

INVENTORY ITEM(S) YR
COMBINATION PLT
WINDSHIELD STICKER 2025

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

FEES ASSESSED
TITLE APPLICATION FEE \$ 13.00
TERP TITLE FEE \$ 20.00
SALES TAX FEE \$ 2,937.50
BUYERS TAG \$ 5.00
COMBINATION PLT \$ 840.00
REGISTRATION EMISSIONS FEE \$ 84.00
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 \$ 3,938.75

ODOMETER READING: EXEMPT BRAND:
OWNERSHIP EVIDENCE: TEXAS TITLE
1ST LIEN DATE: 06/19/2024
AUSTIN COUNTY STATE BANK
P.O. BOX 1466
BELLVILLE, TX 77418

METHOD OF PAYMENT AND PAYMENT AMOUNT:
CHECK #4178 \$ 3,938.75

TOTAL AMOUNT PAID \$ 3,938.75

2ND LIEN

3RD LIEN

SALES TAX CATEGORY: SALES/USE

Date of Assignment/Sales Tax Date: 06/19/2024
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: 3934546101 Batch Count: 11

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.

DUPLICATE

1N65684



05

25

TARRANT

LN245876

VOID
DO NOT USE/
NO USE

52118

Vehicle Inspection Connection (VIC)



Texas Department of Public Safety Vehicle Inspection Report

Authorization Code
7EH6W9VR.751V

PLEASE RETAIN FOR YOUR RECORDS

Federal Motor Carrier Safety Regulation Compliance

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

Overall Result:	Pass
Test Date/Time:	06/11/2024 04:01 PM
Inspection Class:	CW
Inspection Exp Date:	06/30/2025

Fees	
Inspection Fee:	\$40
Repair Cost:	\$0
Total:	\$40.

Vehicle Information

VIN:	4V4WC9EG6LN245876
License Number:	NONE
Registration County:	NONE
Vehicle Type:	Truck Tractor
Year:	2020
Make:	VOLVO
Model:	VNR
Fuel Type:	Diesel
Odometer Reading:	497835
Insurance Exp:	06/20/2024
Insurance Mileage Exp:	

Station Information

Station #:	130115
Station Name:	S & R TRUCK REPAIR
Station Address:	210 A SE 11TH ST GRAND PRAIRIE, TX 75050
Inspector Name:	RONALD ELTON

Inspection Information

Inspection Type:	COMMERCIAL/WINDSHIELD
Test Type:	NITA
Affidavit Type:	

I certify that I have properly performed the vehicle inspection according to the state regulations and procedural 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.

Ronald Elton
Certified Inspector Signature

6/11/24
Date

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
521118	4V4WC9EG6LN245876

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).

PRODUCER Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102		NAME: Alondra Howard PHONE: (A/C, No, Ext): 817-786-6961 E-MAIL: AHoward@higginbotham.net		FAX: (A/C, No): 817-347-6981	
License#: 2081754 AMCOTRA-01		INSURER(S) AFFORDING COVERAGE			
INSURED AMCO Transportation Company 4936 Collinwood Ave Fort Worth TX 76107		INSURER A: TheNorthRiverInsuranceCompany		NAIC # 21105	
		INSURER B: TexasMutualInsuranceCompany		22945	
		INSURER C: ProgressiveCasualtyInsuranceCo		24260	
		INSURER D:			
		INSURER E:			
		INSURER F:			

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
	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 <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	AUTOMOBILE LIABILITY <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) \$ \$ \$
	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			0002112259	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/Coil 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 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 3AKJHLD7J5JJ0922	\$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