#### TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.

COMPANY X COMM. PERSONAL

NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER 133-756851-6

EFFECTIVE DATE 06/17/2024

EXPIRATION DATE 06/17/2025

MAKE Cascadla 125 Freightliner 2015

VEHICLE IDENTIFICATION NUMBER 1FUGGED50FLGC1959

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

collicy provides at least the minimum amounts of liability insurance required by the Texas Vehicle Safety Responsibility Act for the specified vehicles and nameds insureds and may be coverage for other persons and vehicles as provided by the insurance 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 RESIDENT COUNTY: TARRANT PLATE NO: 1N15207 DOCUMENT NO: 00825045515093849

OWNER NAME AND ADDRESS AMCO TANSPORTATION COMPANY 4936 COLLINWOOD AVE FORT WORTH, TX 76107

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

VEHICLE CLASSIFICATION: TRK>1 PREVIOUS PLATE NO: 1N15207 VEHICLE CLASSIFICATION: TRIVER TO THE VEHICLE IDENTIFICATION NO: 1FUGGED50FLGC1959 VEHICLE IDENTIFICATION NO: 1FUGGED50FLGC1959 VEHICLE IDENTIFICATION NO: 006ABT BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0 BODY VEHICLE IDENTIFICATION NO:

INVENTORY ITEM(S) WINDSHIELD STICKER

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

TOTAL

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

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.

# PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

1N15207

92104085

TARRANT

**FLGC1959** 

WINDSHIELD STICKER CALCOMANIA DE PARABRISAS

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



PLATE STICKER CALCOMANIA DE PLACA

### 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

TAS Id: ES901831

Test Date: 09/27/2024 Test Start Time: 10:59:58

Test End Time: 11:00:36

Station Name: IFIX TIRE AND TRUCK SERVI

Test Type: Safety Only

Safety Result: Pass Emission Result:

Gas Cap Result:

Overall Result: Pass

TX DOT #:

Waiver Number:

Reg Fee Code: CW

Test Record No.: 1556

VIN: 1FUGGED50FLGC1959

Model Year: 2015

Vehicle Type: Truck/Van/Bus/Sports Utility

Engine Size: 0 GVWR Type: Heavy

Fuel Type: DIESEL

Make: FRHT

Body Style: Pickup/Truck Tractor

Trans. Type:

Act. GVWR: 52000

License Plate: 1N15207

License Type: Texas Plate

Model: CASCADIA

No. Cylinders:

Odometer: 611182

Ignition Type: **Dual Exhaust:** 

Decal No .:

Inject Carburetion:

Sticker No.:

Inspection Expiration Date: 09/30/2025

Gas Cap Result 1: Gas Cap Result 2:

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

Gas Cap 2 Missing:

Safety Test Information

Safety Test: Initial

Horn: Pass

Windshield Wipers: Pass

Mirrors: Pass

Steering System: Pass

Seat Belts: Pass

Service Brake System: Pass

Parking Brake System: Pass

Tires: Pass

Steering Axle Tires:

All Other Tires:

Wheel Assembly: Pass

Master Cylinder:

Type: FMCSR (Truck)

Exhaust: Pass

Emissions System: Pass

Beam Indicator: Pass

Tail Lamp: Pass

Stop Lamp: Pass

License Plate Lamp:

Rear Reflector: Pass

Turn Signals: Pass

Turn Sig/Ind Lamp: Pass

Headlamps: Pass

Clearance Lamps:

Side Marker Lamps:

Cab Lamps: Pass

Side Reflectors:

School Buses:

School Bus Signs:

Fire Extinguisher:

Hazard Warning Lights: Pass

Convex Crossover Mirror:

Mud Flaps/Safety Guards:

Window Tint/Sun Screen: Pass

Back-up Lamps:

Coupling Devices: Pass

Fuel System: Pass

Suspension: Pass

Frame: Pass

Windshield:

Reflective Tape:

Repair Information

Repair Group:

Repairs Performed:

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

Rep.ID: Safety VI30A:

## 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
	1FUGGED50FLGC1959
521759	IFUGGEDS01 LGG 1966

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).

this certificate does not con	fer rights 1	to the o	certificate holder in lieu	of such endorsem	ent(s).				
PRODUCER				NAME: Alondra H	oward				
Higginbotham Insurance Ag	ency, Inc.			PHONE (A/C, No, Ext):817	7-786-6961		(A/C. N	<b>o):</b> 817-:	347-6981
500 W. 13th Street Fort Worth TX 76102				ADDRESS: AHowa	rd@higginbo	tham.net	<u>(                                    </u>	-,	
1010 W01011 17 70102					SURER(S) AFFOR		SE .		NAIC#
			License#:2081754	INSURER A : The Nor	thRiverInsura	anceCompa	nv		21105 22945
INSURED			AMCOTRA-01	INSURER A : The Nor TexasM INSURER B :					
AMCO Transportat	ion			INSURER C : Progres	ssiveCasualty	InsuranceCo	)		24260
Company 4936 Collinwood Fort Worth TX 76107	Ave			INSURER D :					
Tore worth 1x 70107				INSURER E :					
				INSURER F :					
COVERAGES	CERTI	FICATE	E NUMBER: 2140706430			REVISION	NUMBER:		
THIS IS TO CERTIFY THAT THE P NOTWITHSTANDING ANY REQU ISSUED OR MAY PERTAIN, THE SUCH POLICIES. LIMITS SHOWN	IREMENT, TE INSURANCE MAY HAVE E	ERM OR AFFORI BEEN RE	CONDITION OF ANY CONTI DED BY THE POLICIES DESCI DUCED BY PAID CLAIMS.	RACT OR OTHER DO RIBED HEREIN IS SU	CUMENT WITI BJECT TO ALL	H RESPECT T	O WHICH THI	IS CERTI	FICATE MAY BE
INSR LTR TYPE OF INSURANCE	ŕ	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	)	LIMI	TS	
COMMERCIAL GENERAL LIAB	ILITY					EACH OCCUR		\$	
CLAIMS-MADE 00	CCUR					DAMAGE TO F PREMISES (Ea	occurrence)	\$	
						MED EXP (Any	one person)	\$	
						PERSONAL &	ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PI	ER:					GENERAL AGO	GREGATE	\$	
POLICY PRO- JECT	LOC					PRODUCTS - 0	OMP/OP AGG	\$	
OTHER:								\$	
A AUTOMOBILE LIABILITY C ANY AUTO			133-756851-6	6/17/202	6/17/202	(Ea accident)	NGLE LIMIT	<sub>\$</sub> 1,000	,000
ANY AUTO			9825295971	4 6/14/202	5 6/14/202	BODILY INJUR	Y (Per person)	\$	
OWNED X SCHEE	S NON-			4	5	_	Y (Per accident)	\$	
HIRED OWNE AUTOS ONLY AUTOS	ED S ONLY					(Per accident)	MAGL	\$	
								\$	
UMBRELLA LIAB OG	CCUR					EACH OCCUR	RENCE	\$	
EXCESS LIAB CL	AIMS-MADE					AGGREGATE			
DED RETENTION \$									
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			00021112259	6/17/2024	6/17/2025	X PER	OTH-		
ANYP ROPRIETOR/PARTNER/EXECUTINOFFICER/MEMBER EXCLUDED?	E Y/N	N/A				E.L. EACH ACC	IDENT	\$ 1,000	,000
(Mandatory in NH)		.,,				E.L. DISEASE -	EA EMPLOYEE\$	1,000	,000
lf yes, describe under DESCRIPTION OF OPERATIONS below	v					E.L. DISEASE -	POLICY LIMIT	\$ 1,000	
A Employment Practices Liab			133-756851-6	6/17/2024	6/17/2025	Limit 1,000,00	) ductible	Reter	
Physical Damage						Comp/Coll De	auctible	5,000 \$1,00	0/\$1,000
The Workers' Compensation pobetween the named insured an by written contract with the named insured and the contract with the named insured in	olicies included the certif	de a bla	anket waiver of subrogation	on endorsement to	the certifica State Bank i	te holder or	nly when the ss payee and d 2018Ford S	re is a v l lienhol see Atta	written contra der as require ched
	FDWE3FL0I I FT8W3BT9								
CERTIFICATE HOLDER				CANCELLATION					
Austin County St PO Box 1466 Bellville TX 77418				SHOULD ANY OF EXPIRATION DAT WITH THE POLICY	TE THEREOF,  PROVISIONS.	NOTICE WIL			

	ID:AMCOTRA-0	

LOC #:

	<b>-</b>
100	
ACC	KD

### ADDITIONAL REMARKS SCHEDULE

Page	1	οf	1

		EFFECTIVE DATE:	
CARRIER	NAIC CODE		
POLICY NUMBER	Company 4936 Collinwood Ave Fort Worth TX 76107		
Higginbotham Insurance Agency, Inc.		NAMED INSURED  AMCO Transportation Company 4936 Collinwood Ave	

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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 2015FreightlinerCascadia1FUGGED55FLGJ0010 \$50 2015 Freightliner Cascadia 1FUGGED57FLGC1960 \$79,000 2015 Freightliner Cascadia 1FUGGED57FLGJ0011 \$70,000 \$50,000 2015FreightlinerCascadia1FUJGBDV5FLGN0205 2015FreightlinerCascadia1FUJGBDV6FLGN0195 \$50,000 \$40,000 \$40,000 \$40,000 \$62,000 \$66,000 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5ESFZ2003 2014FreightlinerCascadia3AKJGBDV5ESFZ2079 2017FreightlinerCascadia3AKJGBDV5HSJG0993 2014FreightlinerCascadia3AKJGBDVXESFZ2076 \$40,000 \$50,000 \$60,000 \$50,000 2014FreightlinerCascadia3AKJGBDVXGSHG1365 \$52,000
2018FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62,2019FreightlinerCascadia3AKJHTDV3KSKF1402 \$62
2021FreightlinerCascadia3AKJHTDV6MSMP6405 \$70,000
2012VolvoVNL4V4NC9EG6CN554985 \$40, \$62,500 \$62,000 \$40,000 \$40,000 2012V0IVOVNL4V4NC9EG/CN5549// 2015V0IvoVNL4V4NC9EG8FN187463 2014V0IvoVNL4V4NC9EH4EN158856 2020V0IvoVNL4V4W19EG4LN245476 2020V0IvoVNL4V4W19EG5LN245504 \$40,000 \$50,000 \$42,000 \$42,000 2020VolvoVNR4V4WB9EG1LN245206 \$65,000 2020VolvoVNR4V4WC9EG0LN245856 \$60,000 2020VolvoVNR4V4WC9EG6LN245876 \$60,000 2020VolvoVNR4V4WC9EG7LN245854 \$65,000 2020VolvoVNR4V4WC9EG8LN245880 2022VolvoVNR4V4WC9EG9NN286053 \$48,500

\$60,000

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