AGENCY Terrebonne Insurance Agency, Inc. 4752 Hwy 311 Suite 112 Houma LA 70360 POLICY NUMBER 19-20 CONTACT Katrina A Darcey PHONE (A/C, No, Ext): PAX (A/C, No; (985) 851-3080 FAX (A/C, No; (985) 851-0304 E-MAIL ADDRESS: katrina@terrebonneinsurance.com CODE: 254 SUBCODE: CARRIER NAIC COMPANY POLICY OR PROGRAM NAME PROGRAM CO COMPANY POLICY OR PROGRAM NAME POLICY NUMBER 19-20 UNDERWRITER UNDERWRITER STATUS OF TRANSACTION CHANGE DATE TIME ADDRESS: CHANGE DATE TIME VALUE COMPANY POLICY OR PROGRAM NAME PROGRAM CO COMPANY POLICY OR PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO COMPANY POLICY OR PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO STATUS OF TRANSACTION CHANGE DATE TIME X A ADDRESS: CHANGE DATE TIME X A COMPANY POLICY OR PROGRAM NAME PROGRAM CO COMPANY POLICY OR PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO COMPANY POLICY OR PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO COMPANY POLICY OR PROGRAM NAME PROGRAM CO SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM NAME SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM NAME SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM NAME SOURCE PROGRAM NAME PROGRAM CO SOURCE PROGRAM CO SOURCE PROGRAM NAME SOURCE PROGRAM NAME SOURCE PROGRAM CO SOURCE PROGRAM NAME SOURCE PROGRAM CO SOURCE PROGRAM NAME S	A	CORD	Ð		CC				INSURA					AT	ON				E (MM/DI	
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APPLICANT INFORMATION NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Bodin Oil Recovery, Inc. 18101 W. LA Hwy 330 Abbeville LA 70510 WRISTITE ADDRESS WWW.bodinoilrecovery.com WRISTITE ADDRESS WWW.bodinoilrecovery.com WRISTITE ADDRESS WWW.bodinoilrecovery.com ROL CORPORATION INDIVIDUAL LC NO. OF MEMBERS PARTNERSHIP ROL CODE SIC NAICS FEIN OR SOC 3 720935671 RUSS FEIN OR SOC 3 FEIN OR		02/01/2019	02/01/2020		Н	DIRECT 🔀	AGEI	NCY							\$		l .		\$ 0.00)
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ACORD 125 (2016/03) Page 1 of 4 © 1993-2015 ACORD CORPORATION. All rights res	AC	ORD 125 /2014		4147					Paga	1 04			@ 11	103-30	15 ACOP	D COP	ORATION	AII -	rights -	00000

AGENCY CUSTOMER ID: 00007465 **CONTACT INFORMATION** Accounting Records Claims Info CONTACT TYPE: CONTACT TYPE: Melanie Robillard Melanie Robillard CONTACT NAME: CONTACT NAME: SECONDARY PHONE # PRIMARY PHONE # PRIMARY PHONE # ☐ HOME ☑ BUS ☐ CELL SECONDARY PHONE # ☐ HOME ⊠ BUS ☐ CELL HOME BUS CELL HOME BUS CELL (337) 893-3972 (337) 893-3972 melanie@bodinoilrecovery.com melanie@bodinoilrecovery.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) LOC# STREET 18101 W. LA Hwy 330 CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: S INSIDE OWNER SQ FT OCCUPIED AREA: BLD# CITY: Abbeville STATE: LA OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: 70510 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET 30026 B. Industrial Drive LOC# CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Walker STATE: LA OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: 70726 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE # PART TIME EMPL TENANT OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST ANNUAL REVENUES: \$ # FULL TIME EMPL INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: # PART TIME EMPL OPEN TO PUBLIC AREA: OUTSIDE TENANT SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N **NATURE OF BUSINESS** APARTMENTS CONTRACTOR MANUFACTURING RESTAURANT SERVICE STARTED (MM/DD/YYYY) 01/01/1981 CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE DESCRIPTION OF PRIMARY OPERATIONS Bodin Oil Recovery, Inc. Bodin Oil Recovery, Inc. - 72-0935671 Picks up, processes and delivers used oil fuel. Not hazardous. Pick up from places within 300 mile radius Delivers to Channelview, TX daily. Works with bulk, tanker loads. LA Filter Recycling, LLC - 42-1654443 Picks up used oil filters in drums and filter boxes around LA, Delivers disposables to dump. Action Oil Recovery, Inc. - 72-1469743 Small scale used oil pickups. Stores oil in a tank in Walker, LA for Bodin Oil to pick up in bulk tanker loads. OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE POLICY SEND BILL INTEREST IN ITEM NUMBER ADDITIONAL INSURED BREACH OF WARRANTY LIENHOLDER LOCATION: BUILDING: LOSS PAYEE VEHICLE: BOAT: CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: EMPLOYEE OWNER ITEM CLASS: ITEM: AS LESSOF LEASEBACK REGISTRANT ITEM DESCRIPTION OWNER LENDER'S LOSS PAYABLE TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C. No. Ext): FAX (A/C. No): REASON FOR INTEREST: E-MAIL ADDRESS:

GE	NERAL INFOR	RMATION			AGENCY	05 TOMER ID:			
EXPL	AIN ALL "YES" R	ESPONSES							Y/N
1a.	IS THE APPLIC	ANT A SUBSIDIA	RY OF ANOTHER ENTITY ?						N
	PARENT COMPA	ANY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED	
1h	DOES THE ASS	NICANT HAVE A	NY SUBSIDIARIES?						N
10,	SUBSIDIARY CO		INT SUBSIDIARIES!			DEL ATIONEUID D	CODIDTION	l e oumen	"
	SUBSIDIART CO	MPANT NAME				RELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL S	AFETY PROGRA	AM IN OPERATION?						Y
	SAFETY MA	ANUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA				
3.	ANY EXPOSUR	E TO FLAMMAB	LES, EXPLOSIVES, CHEMIC	ALS?					N
4.	ANY OTHER IN	SURANCE WITH	THIS COMPANY? (List police	cy numbers)					N
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINESS		POLICY NUMBER		
			ECLINED, CANCELLED OR I		ING THE PRIOR THR	REE (3) YEARS FO	R ANY PREMISES OR		N
			cants - Do not answer this c						
	NON-PAYM		AGENT NO LONGER REPRESEN						
	NON-RENE			ONDITION CORRECTED	`				
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SEXUAL AB	USE OR MOLESTATION	ON ALLEGATIONS, D	ISCRIMINATION (OR NEGLIGENT HIRING?		N
			(TEN IN RI), HAS ANY APP					RAUD,	
			IER ARSON-RELATED CRIM						N
	(in rki, this quest by a sentence of	ion must be answ f up to one year o	vered by any applicant for pro f imprisonment).	perty insurance. Fallur	e to disclose the exist	ence or an arson c	onviction is a misdemeanor p	punisnable	
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8.			D/OR SAFETY CODE VIOLAT	IUN5?				71	N
	OCCUR DATE	EXPLANATION			R	ESOLUTION		RESOLVE DATE	
9,	HAS APPLICAN	T HAD A FOREC	LOSURE, REPOSSESSION,	BANKRUPTCY OR FI	LED FOR BANKRUP	TCY DURING THE	LAST FIVE (5) YEARS?		
	OCCUR DATE	EXPLANATION			R	ESOLUTION		RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JUDGE	MENT OR LIEN DURING TH	E LAST FIVE (5) YEAR	RS?				
	OCCUR DATE	EXPLANATION			R	ESOLUTION		RESOLVE DATE	
11	LAC DI ICINICO	PEEN DI ACED	IN A TRUST? NAME OF TR	liet,					N.
- 22			OREIGN PRODUCTS DISTR		IS DECELLED SOLE	7 / DISTRIBUTED	N FOREICN COUNTRIES		N
			Liability Exposure and/or ACC			J / DISTRIBUTED	IN FOREIGIN COUNTRIES?		N
-			R BUSINESS VENTURES FO		·	ED?			\neg
14	DOES ADDITION	NT OWN / LEAS	E / OPERATE ANY DRONES	2 (If "VES" describe	100)				_
14.	DOLO AI I LIOA	IN OWN LLAS	L/OI LIVATE ANT DIVONE	r: (II TEO , describe t	196)				
45	DOEG ADDI 10A	NT LUDE OTHER	20 TO ODED TE DOONEOU	(15 II) (FOIL 1	·				
15.	DOES APPLICA	NI HIRE OTHER	RS TO OPERATE DRONES?	(If "YES", describe us	9)				
REN	MARKS / PRO	CESSING INST	FRUCTIONS (ACORD 10	1, Additional Rema	rks Schedule, ma	y be attached it	more space is required	d) .	
_									
PRI		INFORMATIO	N						
YEAR			GENERAL LIABILITY	AUTOI	MOBILE	PROP	ERTY OTHER:		
	CARRIER								
	POLICY NUME	BER							
	PREMIUM	\$		\$		\$	\$		
	EFFECTIVE D	ATE							
	EXPIRATION	DATE							

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY	1	Check if none	(Attach Loss Summary for	Additional Loss Inf	formation)			
ENTER ALL CLAIMS	OR LOSSES (REC	GARDLESS OF FAULT AND W	HETHER OR NOT INSURED) OR OCC	CURRENCES THAT MAY GIV	VE RISE TO CLAIMS			
FOR THE LAST	YEARS					TOTAL LOSSES: \$		
DATE OF COCCURRENCE LINE		TYPE / DESCRIPTIO	ON OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION, CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED, WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES, YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES, PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
Agdress willing	Katrina A Darcey/KATRIN		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

	CONTACT NAMES	
Name	Responsibility	Phone Number
Melanie Robillard	Inspection	(337)893-3972
OFCONINF		Copyright 2001, AMS Serivces, Inc

LOC #:

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ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Terrebonne Insurance Agency, I	nc.	NAMED INSURED
-		Bodin Oil Recovery, Inc.
POLICY NUMBER		1
19-20		
CARRIER	NAIC CODE	7
		EFFECTIVE DATE: 2/1/2019
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEE	NII E TO ACOPD FORM	

ADDITIONAL REMARKS							
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: 125 FORM TITLE: Commercial Application							
Business Auto							
Filings are required							
MSAs typical to industry							
One vehicle will be quoted separately with one driver due to driver excluded on current policy (Brandon							
Landry)							

AGENCY CUSTOMER ID: 00007465 LOUISIANA COMMERCIAL AUTO DATE (MM/DD/YYYY) **COVERAGES / LIMITS SECTION** 01/23/2019 AGENCY NAMED INSURED(S) Terrebonne Insurance Agency, Inc. Bodin Oil Recovery, Inc. POLICY NUMBER EFFECTIVE DATE CARRIER NAIC CODE 19-20 02/01/2019 **BUSINESS AUTO SECTION** COVERAGES **COVERED AUTO SYMBOLS** LIMITS COVERAGES **COVERED AUTO SYMBOLS** LIMITS \$ 1,000,000 X CSL LIABILITY 2 7 BI EACH ACCIDENT S PROPERTY DAMAGE PHYSICAL DAMAGE 3 TOWING & LABOR 2 8 COMP / OTC

EACH PERSON

CSL

COST OF HIRE

GROUP TYPE

EMPLOYEES

VOLUNTEERS PARTNERS

BI EACH ACCIDENT

PROPERTY DAMAGE

S

\$

X IF ANY BASIS

NUMBER OF

2

2

DAYS

COVERAGE IS:

STATES

SPECIFIED

COLLISION

HIRED PHYSICAL

DAMAGE

CAUSES OF LOSS

4

4

8

а

VEH

COVERAGE / DEDUCTIBLE

SECONDARY

COMP

SPEC C OF L

COLL

PRIMARY

COVERED (1) ANY AUTO (2) OWNED AUTOS ONLY (5) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) OWNED AUTOS ONLY (9) OWNED AUTOS ONLY (9) OWNED AUTOS ONLY (9) OWNED AUTOS ONLY (9) NON-OWNED AUTOS ONLY (9) NON-OW

ACORD 137 LA (2015/12)

APPLICANT'S SIGNATURE

AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING

SIGNATURE

MEDICAL PAYMENTS

UNINSURED MOTORIST

HIRED / BORROWED LIABILITY

NON-OWNED

LIABILITY

2

3

YES

YES

NO LA

NO LA

STATES

STATES

Page 1 of 5

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS

INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

DATE

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NATIONAL PRODUCER NUMBER

PRODUCER'S SIGNATURE

COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE COVERED AUTO SYMBOLS 46 CSL EA PER COVERAGES LIMITS DEDUCTIBLE \$ LIABILITY 42 47 BI EACH ACCIDENT \$ 42 COMP / OTC 43 50 PROPERTY DAMAGE 43 46 42 LSF 47 SPECIFIED 43 S CAUSES OF LOSS 46 42 46 42 MEDICAL 47 EACH PERSON \$ PAYMENTS COLLISION 43 43 42 46 46 BI EAPER \$ 43 CSL 46 UNINSURED **TOWING** MOTORIST 45 BI EACH ACCIDENT \$ & LABOR PROPERTY DAMAGE TRAILER INTERCHANGE # TRAILERS FARTH # DAYS RADIUS COVERAGES SYMBOL DEDUCTIBLE 48 COMP / OTC YES STATES COST OF HIRE IF ANY BASIS NON-TRUCKERS 49 HIRED / BORROWED NO 48 SPECIFIED TRUCKERS HIRED / BORROWED STATES CAUSES OF LOSS YES COST OF HIRE IF ANY BASIS 49 NO LIABILITY 48 COLLISION \$ YES STATES **GROUP TYPE** NUMBER OF NON-OWNED NO TRAILER VALUE \$ **EMPLOYEES** AUTO STATES # DAYS # VEH LIABILITY **VOLUNTEERS** PARTNERS OTHER HIRED PHYSICAL DAMAGE COVERAGE IS: PRIMARY SECONDARY OTHER **COVERED AUTO SYMBOLS** (44) OWNED AUTOS SUBJECT TO NO FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER COMPULSORY UNINSURED (42) OWNED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SIGNATURE ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. APPLICANT'S SIGNATURE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

MOTOR CARRIER SECTION **COVERAGES COVERED AUTO SYMBOLS** LIMITS PHYSICAL DAMAGE COVERED AUTO SYMBOLS 67 CSL BI EA PER 61 **COVERAGES** LIMITS DEDUCTIBLE 62 68 BI EACH ACCIDENT \$ 62 67 LIABILITY COMP / OTC 63 71 PROPERTY DAMAGE s 63 68 64 62 67 FT LSF SPECIFIED 63 FTW CAUSES OF LOSS 64 62 67 COLLISION 63 66 S 64 62 64 63 MEDICAL TOWING EACH PERSON S \$ PAYMENTS & LABOR 63 67 67 ECONOMIC & NON ECONOMIC LOSSES 62 66 TRAILER INTERCHANGE # TRAILERS FARTH # DAYS RADIUS 63 67 EA PER CSL **COVERAGES** SYMBOL DEDUCTIBLE UNINSURED MOTORIST 64 BI EACH ACCIDENT \$ 69 COMP / OTC PROPERTY DAMAGE S 70 69 SPECIFIED CAUSES OF LOSS 70 YES STATES NON-TRUCKERS COST OF HIRE IF ANY BASIS 69 COLLISION HIRED / BORROWED \$ NO 70 TRUCKERS YES STATES TRAILER VALUE \$ COST OF HIRE IF ANY BASIS HIRED / BORROWED NO LIABILITY STATES # DAYS # VFH YES STATES GROUP TYPE NUMBER OF NON-OWNED NO **EMPLOYEES** HIRED PHYSICAL VOLUNTEERS LIABILITY DAMAGE PARTNERS OTHER COVERAGE IS: PRIMARY SECONDARY OTHER COVERED AUTO SYMBOLS (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPUL-(61) ANY AUTO (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (62) OWNED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW (71) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **SIGNATURE** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. APPLICANT'S SIGNATURE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured / Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE
You may select one of the following UMBI Coverage options (initial only one option):
1. Iselect UMBI Coverage which provides compensation for economic and non-economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy:
\$each person \$each accident / occurrence OR
2 I select Economic-Only UMBI Coverage, which provides compensation for economic losses with the same limits as the Bodily Injury Liability Coverage indicated on the policy.
3 I select Economic-Only UMBI Coverage, which provides compensation for economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy:
\$each person OR \$each accident / occurrence
4 I do not want UMBI Coverage. I understand that I will not be compensated through UMBI coverage for losses arising from an accident caused by an uninsured / underinsured motorist.
SIGNATURE
The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.
Signature of Named Insured or Legal Representative
Optional Information for Policy Identification Purposes Only
Print Name

Issued per LDOI Bulletin 08-02 08/29/08

Individual Company Name; Group Name and/or Logo

UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

<u>Uninsured Motorists Property Damage Coverage</u> pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Uninsured Motorists Property Damage Coverage is available only:

- 1, If you have not rejected Uninsured Motorists Bodily Injury Coverage, and
- 2. For autos for which you have not purchased Collision Coverage.

I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) coverage has been offered to me.

I have indicated my choice by initialing next to the appropriate item below (inital only one option).

I select U	ninsured Motorists Property Damage (Coverage at a limit of \$		_
for each	accident for the vehicles listed below:			
YEAR	MAKE		MODEL	=
YEAR	MAKE	<i>/</i>	MODEL	
YEAR	MAKE		MODEL	-
YEAR	MAKE		MODEL	=
I reject U	ninsured Motorists Property Damage C	coverage entirely.		
Coverage is generally de	scribed here. Only the policy provides	a complete description of the c	overages and their limitations.	
Applicant's Signature		Date	Effective Date	e

ACORD®	BUSINESS AU	TO SECTION	l '	MM/DD/YYYY) 23/2019
AGENCY		CARRIER		NAIC CODE
Terrebonne Insurance Agency, Inc.		RISCOM		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		-
19-20 RISCOM	02/01/2019	Bodin Oil Recovery, Inc.		

COVERAGES / LIMITS **USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION** DRIVER INFORMATION ACORD 163 attached for additional drivers LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS. NAME CITY, STATE AND ZIP CODE DRIVER SEX STAT NO FAULT DOC DATE OF BIRTH attached 1 * MARITAL STATUS / CIVIL UNION (if applicable) **GENERAL INFORMATION** Y/N **EXPLAIN ALL "YES" RESPONSES** WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? Ν VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER 2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed) N 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? Υ ARE ANY VEHICLES LEASED TO OTHERS? Ν 5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) N VEH# DESCRIPTION COST VEH# DESCRIPTION COST 6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? Υ (If "YES", attach ACORD 194) (no explanation needed) DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? Ν

AGENCY CUSTOMER ID: 00007465 **GENERAL INFORMATION (continued) EXPLAIN ALL "YES" RESPONSES** Y/N 8. ANY HOLD HARMLESS AGREEMENTS? 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. N 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? Υ 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? Υ 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? Ν 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? Υ 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? N APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE) # YRS REV 15. HAS AGENT INSPECTED VEHICLES? 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? 17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? $_{\%}$ Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION Describe: DESCRIPTION OF GARAGE / STORAGE LOCATIONS MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST EVIDENCE: CERTIFICATE NAME AND ADDRESS RANK: INTEREST IN ITEM NUMBER ADDITIONAL LOSS PAYEE INSURED EMPLOYEE AS LESSOR VEHICLE: LOCATION OWNER LENDER'S LOSS REGISTRANT PAYABLE LIENHOLDER REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LENDER'S LOSS REGISTRANT LIENHOLDER REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Filings are required MSAs typical to industry One vehicle will be quoted separately with one driver due to driver excluded on current policy (Brandon Landry)

AGENCY CUSTOMER ID: 00007465 VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles VEH# YEAR See attached schedule VEHICLE TYPE COMP / OTC SYM MAKE: SYM / AGE MODEL: V.I.N.: PP SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS STATE TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP RADIUS FARTHEST TERMINAL COST NEW 51-200 CHECK USE ADD'L NO-FAULT UNDRINS MOTOR RENT REIMB COMM'L FOR HIRE F LSP DEDUCTIBLES SPEC C OF ACV PLEASURE TOWING & LABOR COMP/ OTC RETAIL X LIAB FG MED PAY ST AMT NO-FAULT NET VEH DR/CR: SPEC C OF I FARM SERVICE FTW COLL COL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ VEH# YEAR SYM / AGE COMP / MAKE: VEHICLE TYPE V.I.N.: SPEC COML MODEL: STREET (Required in KY) CITY COUNTY GARAGING STATE ZIP **ADDRESS** TERR GVW / GCW CLASS STATE SIC FACTOR SEAT CP RADIUS **FARTHEST TERMINAL** COST NEW \$ CHECK COVERAGES USE COMM'L FOR HIRE UNDRINS MOTOR DEDUCTIBLES LSP ACV REIMB COMP TOWING & LABOR PLEASURE RETAIL FG LIAB MED PAY ST AMT NO-FAULT NET VEH DR/CR: UNINS MOTOR FARM SERVICE FTW COLL COLI DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ VEH# YEAR VEHICLE TYPE COLL SYM SYM / AGE MAKE: MODEL: V.I.N.: PΡ SPEC COML STREET (Required in KY) CITY COUNTY ZIP STATE GARAGING ADDRESS LIC STATE TERR GVW / GCW CLASS FACTOR SEAT CP RADIUS **FARTHEST TERMINAL** COST NEW CHECK COVERAGES COMP USE COMM'L FOR HIRE ADD'L NO-FAULT UNDRINS MOTOR LSP RENT DEDUCTIBLES SPEC C OF ACV OTC COMP PLEASURE RETAIL LIAB MED PAY FT FG ST AMT \$ UNINS MOTOR FARM SERVICE SPEC C OF FTW COLL NET VEH DR/CR: \$ COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: SPEC MODEL: V.I.N.: PP COMI STREET (Required in KY) GARAGING CITY COUNTY STATE ZIP **ADDRESS** LIC STATE TERR GVW / GCW CLASS **FACTOR** SEAT CP **FARTHEST TERMINAL** SIC **RADIUS COST NEW** ADD'L NO-FAULT USE CHECK RENT REIMB COMM'L FOR HIRE UNDRINS MOTOR DEDUCTIBLES LSP SPEC C OF AC\ PLEASURE RETAIL TOWING & LABOR COMP OTC FT FG LIAB MED PAY ST AMT FARM SERVICE FTW COLL COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only...

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties,

Applicable in OF

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
	Kol in Lawy	Katrina A Darcey/KATRIN		
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER

	ADDITIONAL VEHICLE COVERAGES											
Veh #	Cov Co	ode	Description Collision	1	Type of Co	verage	Foi	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim		Limit 3	Ded 1 5,000	Deductible Type 1 Per accident		Ded 2	Deduc	tible Type 2		Premium
Veh#			Description		TT							
ven#	Cov C	oae	Description		Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1	COMP	Lim	Comprehens it 2	Limit 3	Ded 1 5,000	Deductible Type 1 Per accident	Т	Ded 2	Deduc	tible Type 2		Premium
					0,000	T CI BOOIGENE			-			
Veh #	Cov Co		Description		Type of Co		For	rm No.	Edition Dat		Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Veh #	Cov Co	ode	Description	1	Type of Co	verage	Foi	rm No.	Edition Dat	e Rate	Optic	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	l tible Type 2		Premium
Veh #	Cov Co	ode	Description	,	Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1	l	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Н	Ded 2	Deduc	tible Type 2	L	Premium
			- V			X						
Veh #	Cov Co	ode	Description	1	Type of Co	verage	Foi	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	_	Ded 2	Deduc	tible Type 2		Premium
					v. — — — —							
Veh #	Cov Co	ode	Description	1	Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Veh #	Cov Co	odo	Description		Tune of Co.		l Fai	rm No.	Indiana Dat	- CB-t-		- 0 - 1
Veii #	COVC	Jue	Description	1	Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
					r=		_					
Veh #	Cov Co	ode	Description	1	Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Web "	A		D 1		Te				T- 10			
Veh#	Cov Co	oge	Description		Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Mate #			B		T =							
Veh #	Cov Co	ode	Description	1	Type of Co	verage	Foi	rm No.	Edition Dat	e Rate	Optic	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Veh #	Cov Co	ode	Description	1	Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
					4							
Veh#	Cov Co	ode	Description	1	Type of Co	verage	For	rm No.	Edition Dat	e Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
OFGARV	/EH						1			Copyright 200	00, AM	S Services, Inc

					ADDITION	AL COV	ERAGES AND E	NDC	ORSEN	MENTS			
Loc#	ST	Cov C		Description Comprehen	siva	Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Optio	n Codes
Limit	1		Limi		Limit 3	Ded 1 5,000	Deductible Type 1 Per accident	1	Ded 2	Deduc	tible Type 2	<u>' </u>	Premium
				<u></u>	V								
Loc#	ST	Cov C		Description Collision		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Optio	n Codes
Limit	1		Lim	t 2	Limit 3	Ded 1 5,000	Deductible Type 1 Per accident		Ded 2	Deduc	tible Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Optio	n Codes
Limit	LA 1	HRD	BD Limi	Hired/borro	wed Limit 3	Hired/Borro Ded 1	wed Deductible Type 1	Ш,	Ded 2	Doduc	tible Type 2	L	Descrives
Liiiii	_				Littit 5	Deu i	Deductible Type 1		Ded 2	Deduc	lible Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Optio	n Codes
	LA	NOW		Non-owned		Non-Owned		Щ,				L,	
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Option	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	Deduc	tible Type 2	!	Premium
			_			-							
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Optio	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Option	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2	<u> </u>	Premium
		- 9											
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Option	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	m No.	Edition Dat	e Rate	Optio	n Codes
Limit	1	Ī	Limi	t 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	Deduc	tible Type 2	<u> </u>	Premium
	_			W.									
Loc#	ST	Cov C	ode	Description		Type of Cov	erage	For	rm No.	Edition Dat	e Rate	Option	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Loc#	OT I	Cov C	ode 1	Donnelette		Tuna at O	101222	T.E.	N-	Team - 6	. 1 5 - 1	10.	0.4
		Cove		Description		Type of Cov		For	rm No.	Edition Dat		Option	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	For	rm No.	Edition Dat	e Rate	Optio	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2	1	Premium
771	0=1	0. 6		57 %		T 75		T =		rew =	121		
Loc#		Cov C		Description		Type of Cov		For	rm No.	Edition Dat		Option	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduc	tible Type 2		Premium
OFBA	ADC	v								_	Copyright	2000, A	MS Services, Inc

VEHICLE SCHEDULE

No	CLT.	# Y EQ	н Маке	VIN	Sr	STATED AMOUNT	Cost	Сомр	Coal
	1	2013	3 Ford	1FT7W2BT9DEA96087	Aceta 1		NEW		
		1 2008	and the second s	150A015C00U474044	LA	\$20,000		\$5,00	0 \$5,000
1	3 . 1	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO PERSONS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSONS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSP		1S9AB15C88H474211	LA	\$12,000		\$5,00	
-	4 6	8 2008		1XPFDU9X02D548578	LA LA			1.77.2	75,000
	5 6	THE PERSON NAMED IN		1S9AB15CI8H474342	LA	\$12,000		\$5,00	\$5,000
	6 7			1S9AB15C88H474340	LA	\$12,000		\$5,000	
	7 7		Charles was discounted by the contract of the	1S9AB15CX8H474341	LA	\$12,000	5.50	\$5,000	The state of the s
	8 7	-		1S9AB15C58H474344	LA	\$12,000	V 10	\$5,000	
	9 7			1S9AB15C78H474345	LA	\$12,000	-	\$5,000	transition in the second
1	0	2018	manufacture and the same and th	1S9AB15C1AH474072	LA	\$12,000		\$5,000	to a final and the first had
ī	A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the state of	1FMCU0F71JUB04363	LA	\$20,000	100	\$3,000	
1		-	and the second of the second o	1UNSH342X5C031002	LA	\$10,000	5) (A	\$5,000	the street of th
1		war and the second		3HSCUAPR6AN275867	_ LA	\$20,000		\$5,000	
1	the second second		Committee of the commit	3HSCUAPR8AN275868	LA	\$20,000		\$5,000	C TOTAL TOTAL PARTY
1		T. A STATE OF THE PARTY NAMED IN	CONTRACTOR OF THE PARTY OF THE	1PMS34228S1016297	LA	The Attended		45,000	\$5,000
1.0	PROFESSION AND ADDRESS OF		- 3	3AKNGND69EDFL9501	LA .	\$80,000	V	\$5,000	¢r 000
1	No. of Concession,		The second secon	3AKNGND64EDFL9504	LA	\$80,000	5 ::	\$5,000	
11	6.	100	Kenworth	1XKYD49X3DJ353366	LA	\$42,000			The second second
. 19	THE RESERVE AND ADDRESS.		Freightliner	3ALXFB005FDGD1385	LA	\$85,000		\$5,000	\$5,000
20		The second second	Freightliner	3ALXFB007FDGD1372	LA	\$85,000	8 2	\$5,000	\$5,000
21		** *** **********	Freightliner	3ALXFB009FDGD1373	LA	\$85,000	5 10 0	\$5,000	\$5,000
22			Freightliner	3ALXFB000FDGD1374	LA	\$85,000		\$5,000	\$5,000
		2004	PROC	P9VD36254K3591189	LA	755,000		\$5,000	\$5,000
23	Cold Street Street	2005	GMC	1FGTJC33295F857710	LA	(6.8.9)		0.3	8
24	4 .	2010	CIMC	URC11371A1009674	LA	\$16,405			7.000
25		2009	Intl	3HSCHAPR59N093688	LA	\$29,398		\$1,000	\$1,000
26	T	2005	Fontaine	13N24830951527331	LA	Application of the property of the same		\$5,000	\$5,000
27		2006	Mate	1M9A395216H036197	LA	\$12,000 \$10,000		\$5,000	\$5,000
28		2001	Volvo	4V4MC9GH41N305728	LA	\$10,000		\$5,000	\$5,000
29	H 14 2522	1996	Rodi	1RZ1KA1B8T2001664	LA	3 -1			
30		2016	Nissan	1N6BA1F40GN503883	, LA .	¢40.000			
31	i	2016	Ford	1FMCU0F73GUB82166	LA	\$40,000	all the se	\$3,000	\$3,000
32		2010	International	3HSCUAPR4AN275849	LA		\$18,700	\$3,000	\$3,000
33		2005	Kenworth	1NKDLT0X75J089654	LA	\$18,000		\$5,000	\$5,000
34	d down	2011	Kenworth	1XKDPU0X6BR283167	The second section is	\$30,000		\$5,000	\$5,000
35	80	1995	Polar	1PMS34224S1016295	LA	\$61,655		\$5,000	\$5,000
36	62	2008	Stephens	1S9AB15CX8H474212	LA	2770			144.00
37	109	2010	Intl	3HSCUAPROAN275864	LA	\$12,000		\$5,000	\$5,000
38	104	2010	Intl	3HSCUAPR7AN275862	LA	\$18,000		\$5,000	\$5,000
39	106	2010	Intl	3HSCUAPR4AN275866	LA	\$18,000		\$5,000	1000
40		1996	Trailmaster	1T9AE15B4TF003100	LA	\$18,000		\$5,000	\$5,000
41	90	1990	Benlee	1B9B14120MA180656	LA				
42	70	2008	Stephens	1S9AB15C68H474367	LA				
43	72	2008	Stephens	1S9AB15C38H474343	LA	\$12,000		\$5,000	\$5,000
44	5848	2013	Kenworth	1XKAD48X5DJ344977	LA	\$12,000		\$5,000	\$5,000
45	5800	2013	Kenworth	1XKAD48X5DI344929	LA	\$40,000		\$5,000	\$5,000
45	5829	2013	Kenworth	1XKAD48X1DJ344958	LA	\$40,000		\$5,000	\$5,000
47	5813	2013	Kenworth	1XKAD48X8DJ344942	LA	\$40,000		\$5,000	\$5,000
48		2017	Stephens	1S9AB15B9HH474127	LA	\$40,000		\$5,000	\$5,000
49	1	2017	Stephens	159AB15B2U1474127	LA	\$50,000		\$5,000	\$5,000
50		2017	Stephens	159AB15B2HH474129	LA	\$50,000		\$5,000	\$5,000
51		2010	CIMC	1S9AB1580HH474128	LA	\$50,000		\$5,000	\$5,000
52		2013	Mack	LJRC11374A1009670	LA	\$16,405		\$1,000	\$1,000
53	59	2005	Kenworth	1M1AN07Y4DM012961 3WKADB9X05F081547	LA	\$57,000		\$5,000	\$5,000
			THE PARTY OF THE P	344 (MDD3AU3FU81547	LA			A150	

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54	2006	Freightliner	1FVACWCS96HW42825	LA		
55	2010	CIMC	URC11377A1009663	LA	\$16,405	1 = 28
56	2014	CAT	1HSJKTLT2EJ479584	LA	bell store with a .	\$1,000 \$1,000
57	2000	International	1HTSDAAN7YH232334	LA	\$90,000	\$5,000 \$5,000
58	40 2007		4U3A048237L006357	LA		

DRIVER SCHEDULE

Charles K Bodin	003101775	LA
Christian T Bodin	005816158	LA
Neil J Dugas	004206166	LA
Slaton LaSalle	006099443	LA
Shanna Naquin Thibodeaux	006510774	LA
Gordon Montet	004481887	LA
Cornell Jordan	6699297	LA
Quint Marceaux	6256965	LA
Trey Leblanc	7695838	LA
Carl Vallot, Jr	007975507	LA
Janie Marie Sarradet	0388728	LA
Bo Ryan Bernard	006947647	LA
Alex Bourque	008282997	LA
Mark Nunez	007012146	LA
Troy Duhon	005906656	LA
Clifton Schexnayder, Jr.	010085395	LA
Brandon Landry	005628337	LA
George Harrington	119176697	TN
Kevin Darrell Jones, Jr	010375813	LA
Francis Leblanc	005830837	LA
Vendell Henderson	008759287	LA

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