

2018 3763-14

#2251

Fees: \$100.00 Application  
 \$15.00 Record Check per person  
 \$15.00 / Per Vehicle

Expires June 30, 2026**Application for Motor Vehicle Towing License – City of Racine, WI**FEIN#: 39-1382038Wisconsin Seller Permit #: 456-0000199041-03NAME OF PERSON IN CHARGE: Chase LeonardTRADE NAME: Operations Manager PHONE: 262-637-6589

I hereby certify that I am owner, partner, or corporate officer of business applying for motor vehicle towing license, and further certify that I have met all licensing requirements as outlined in Sec. 22-831 through 22-840 of the Racine Municipal Code, and that inspection certificates of motor vehicles being used are attached.

Name of Towing Company Floyd & Sons IncBusiness Address 1525 Durand Ave Racine WI Zip Code 53403

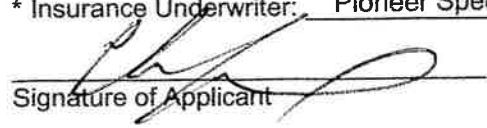
Yard Address (if different than business address) \_\_\_\_\_

**INDIVIDUAL OR PARTNERSHIP**

Person's Name	Address & Home Phone Number	Date of Birth

**CORPORATION (NAME)** Floyd & Sons Inc.

Title	Name	Address	Date of Birth
President	Floyd Leonard Jr	2639 N. Colony Ave	
Vice-President	Kathleen Leonard	3611 Country Lane	
Secretary			
Treasurer			

Name, address, phone number, and date of birth for person in charge: Chase Leonard3614 Country Lane Phone No. 262-620-0356 Date of birth \_\_\_\_\_\* Insurance Underwriter: Pioneer Specialty Insurance CompanySignature of Applicant 

Date of Birth \_\_\_\_\_

\* Attach insurance certificate

## Hold Harmless Agreement

**Whereas**, the undersigned towing company has applied to the City of Racine for a Motor Vehicle Towing License; and


**Whereas**, as a condition of issuance of said license, the company must comply with Section 22-835(3) of the Municipal Code of the City of Racine to hold the City harmless from certain liability.

**Now, therefore**, in consideration of the issuance of said license, the undersigned towing company hereby agrees to indemnify and hold harmless the City of Racine, its departments, officers, agents, and employees for any losses, claims, or damages to vehicles and contents of vehicles resulting from the negligence of the towing company, its officers, agents or employees, in its operation under Sec. 22-831 through 22-840 of the Municipal Code, including but not limited to its towing and storage of vehicles.

It is the express intention of the undersigned that this Agreement be liberally construed in favor of the City of Racine. This Agreement shall remain in effect for the term during which the company holds said license and shall continue in force thereafter relative to any incident for which liability is claimed to be accrued during such period.

Dated this 1 day of August, 2025.

Towing company name Floyd & Sons Inc

By: 

By: \_\_\_\_\_



FLOYAND-01

STAGTOW

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2025

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> Robertson Ryan - Racine 6015 Durand Avenue, Suite 300 Racine, WI 53406	<b>CONTACT NAME:</b> Michelle Tagtow		
	<b>PHONE (A/C, No, Ext):</b> (414) 270-6831 1831	<b>FAX (A/C, No):</b> (262) 717-9436	
	<b>E-MAIL ADDRESS:</b> stagtow@robertsonryan.com		
<b>INSURED</b>  Floyd and Sons Inc 1525 Durand Avenue Racine, WI 53403	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : PIONEER SPECIALTY INSURANCE COMPANY</b>		<b>40312</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## COVERAGES

## CERTIFICATE NUMBER:

## 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CPP 1205316	4/1/2025	4/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP 1205315	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB 1034625	4/1/2025	4/1/2026	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV 1027823	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The City of Racine is included as additional insured for any work performed by the Named Insured as required by written contract. Policy includes 10 day notice of cancellation for non payment of premium. Agent will notify City within 10 days if there is a change in coverage, limits or vehicle schedule. Updated Schedule of covered vehicles attached.

## CERTIFICATE HOLDER

## CANCELLATION

City of Racine  
Attn: City Clerk  
730 Washington Ave Rm #102  
Racine, WI 53403

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



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
03/17/2025

AGENCY <b>Robertson Ryan - Racine</b>	CARRIER <b>PIONEER SPECIALTY INSURANCE COMPANY</b>	NAIC CODE <b>40312</b>
POLICY NUMBER <b>CPP 1205315</b>	EFFECTIVE DATE <b>04/01/2025</b>	NAMED INSURED(S) <b>Floyd and Sons, Inc.</b>

## VEHICLE DESCRIPTION

VEH # <b>4</b>	YEAR <b>1988</b>	MAKE: <b>International</b>	BODY TYPE: <b>TRACTOR</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL: <b>Semi</b>	V.I.N.: <b>2HSFBAER6JC013838</b>	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>							
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Racine</b>	COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>					
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>50,000</b>	CLASS <b>50403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW <b>\$ 78,996</b>		
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA	ACV <input type="checkbox"/> ST AMT	COMP / OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PREM: \$											
VEH # <b>5</b>	YEAR <b>1994</b>	MAKE: <b>Dakota</b>	BODY TYPE: <b>Trailer</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL: <b>Low Boy Trailer</b>	V.I.N.: <b>1DA72C795RM011072</b>	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>							
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Racine</b>	COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>					
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>68403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW <b>\$ 50,000</b>		
USE	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA	ACV <input type="checkbox"/> ST AMT	COMP / OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PREM: \$											
VEH # <b>7</b>	YEAR <b>2002</b>	MAKE: <b>Freightliner</b>	BODY TYPE: <b>BED UNIT</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL: <b>FLD120sd</b>	V.I.N.: <b>1FV7F0Y97YPG93045</b>	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>							
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Racine</b>	COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>					
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>40403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW <b>\$ 150,000</b>		
USE	<input type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA	ACV <input type="checkbox"/> ST AMT	COMP / OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PREM: \$											
VEH # <b>8</b>	YEAR <b>2003</b>	MAKE: <b>Sterling</b>	BODY TYPE: <b>Flatbed</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL: <b>Flatbed</b>	V.I.N.: <b>2FZACFBV33AK67006</b>	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>							
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Racine</b>	COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>					
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>25,990</b>	CLASS <b>33403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW <b>\$ 75,000</b>		
USE	<input type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA	ACV <input type="checkbox"/> ST AMT	COMP / OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PREM: \$											
VEH # <b>14</b>	YEAR <b>2003</b>	MAKE: <b>International</b>	BODY TYPE: <b>Truck</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL: <b>Truck</b>	V.I.N.: <b>1HTMKADN73H568780</b>	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>							
GARAGING ADDRESS	STREET (Required in KY)		CITY <b>Racine</b>	COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>					
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>33403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	COST NEW <b>\$ 54,904</b>		
USE	<input type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA	ACV <input type="checkbox"/> ST AMT	COMP / OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PREM: \$											



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
03/17/2025

AGENCY <b>Robertson Ryan - Racine</b>		CARRIER <b>PIONEER SPECIALTY INSURANCE COMPANY</b>		NAIC CODE <b>40312</b>
POLICY NUMBER <b>CPP 1205315</b>		EFFECTIVE DATE <b>04/01/2025</b>	NAMED INSURED(S) <b>Floyd and Sons, Inc.</b>	

## VEHICLE DESCRIPTION

VEH # <b>20</b>	YEAR <b>2007</b>	MAKE: <b>Kenworth</b>	BODY TYPE: <b>w/Challenger WRECKER</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Wrecker</b>		V.I.N.: <b>1NKDX4TX17R208941</b>		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY <b>Racine</b>		COUNTY		STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>40403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE								
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>22</b>	YEAR <b>2017</b>	MAKE: <b>HINO</b>	BODY TYPE: <b>Vulcan Rollback</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>258ALP</b>		V.I.N.: <b>5PVNJ8JN9H4S52846</b>		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY <b>Racine</b>		COUNTY		STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>33403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE								
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>24</b>	YEAR <b>2018</b>	MAKE: <b>HINO</b>	BODY TYPE: <b>Other</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>268A</b>		V.I.N.: <b>5PVNJ8JP1J4S52363</b>		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY <b>Racine</b>		COUNTY		STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>25,950</b>	CLASS <b>36403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE								
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>25</b>	YEAR <b>2011</b>	MAKE: <b>Freightliner</b>	BODY TYPE: <b>Tow Truck</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>M2</b>		V.I.N.: <b>1FVACWDT2BHAY8922</b>		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY <b>Racine</b>		COUNTY		STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>33403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE								
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>26</b>	YEAR <b>2020</b>	MAKE: <b>HINO</b>	BODY TYPE: <b>Flatbed</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>268A</b>		V.I.N.: <b>5PVNJ8JP0L5S52951</b>		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY <b>Racine</b>		COUNTY		STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>25,950</b>	CLASS <b>36403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE								
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
03/17/2025

AGENCY <b>Robertson Ryan - Racine</b>		CARRIER <b>PIONEER SPECIALTY INSURANCE COMPANY</b>		NAIC CODE <b>40312</b>
POLICY NUMBER <b>CPP 1205315</b>		EFFECTIVE DATE <b>04/01/2025</b>	NAMED INSURED(S) <b>Floyd and Sons, Inc.</b>	

## VEHICLE DESCRIPTION

VEH # <b>27</b>	YEAR <b>2002</b>	MAKE: <b>GMC</b> MODEL: <b>1500</b>	BODY TYPE: <b>Pickup Truck</b> V.I.N.: <b>2GTEK19T621265404</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS <b>Racine</b>		CITY <b>Racine</b>		COUNTY			STATE <b>WI</b>	ZIP <b>53403</b>	
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>01499</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>28</b>	YEAR <b>2021</b>	MAKE: <b>Peterbilt</b> MODEL: <b>388 Conventional</b>	BODY TYPE: <b>Heavy Duty Tow Truck</b> V.I.N.: <b>1NXPL49X1MD716071</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS <b>Racine</b>		CITY <b>Racine</b>		COUNTY			STATE <b>WI</b>	ZIP <b>53403</b>	
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>54,000</b>	CLASS <b>40403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input checked="" type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>29</b>	YEAR <b>2020</b>	MAKE: <b>GMC/Chevy</b> MODEL: <b>3500HD Work Truck</b>	BODY TYPE: <b>Truck</b> V.I.N.: <b>1GB3YSE73LF348680</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS <b>Racine</b>		CITY <b>Racine</b>		COUNTY			STATE <b>WI</b>	ZIP <b>53403</b>	
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>14,000</b>	CLASS <b>23403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input checked="" type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>30</b>	YEAR <b>1996</b>	MAKE: <b>Kenworth</b> MODEL: <b>T800 Tractor</b>	BODY TYPE: <b>Truck-Tractor</b> V.I.N.: <b>1XKDDE9X4TS725410</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS <b>Racine</b>		CITY <b>Racine</b>		COUNTY			STATE <b>WI</b>	ZIP <b>53403</b>	
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>80,000</b>	CLASS <b>50403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input checked="" type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>31</b>	YEAR <b>2022</b>	MAKE: <b>Peterbilt</b> MODEL: <b>389 w/ Vulcan V70</b>	BODY TYPE: <b>WRECKER</b> V.I.N.: <b>1NPXL49X8PD834560</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS <b>Racine</b>		CITY <b>Racine</b>		COUNTY			STATE <b>WI</b>	ZIP <b>53403</b>	
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>54,000</b>	CLASS <b>40403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input checked="" type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
03/17/2025

AGENCY <b>Robertson Ryan - Racine</b>		CARRIER <b>PIONEER SPECIALTY INSURANCE COMPANY</b>		NAIC CODE <b>40312</b>
POLICY NUMBER <b>CPP 1205315</b>		EFFECTIVE DATE <b>04/01/2025</b>	NAMED INSURED(S) <b>Floyd and Sons, Inc.</b>	

## VEHICLE DESCRIPTION

VEH # <b>32</b>	YEAR <b>1986</b>	MAKE: <b>Haulmark</b>	BODY TYPE: <b>Trailer</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>K714 Utility Enclsd</b>		V.I.N.: <b>5861</b>							
GARAGING ADDRESS		STREET (Required in KY) <b>Racine</b>		CITY <b>Racine</b>			COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>68403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL		X	LIAB NO-FAULT	X	FT	X	COMP/OTC
FARM		SERVICE					FTW	X	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>33</b>	YEAR <b>2022</b>	MAKE: <b>HINO</b>	BODY TYPE: <b>Truck</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>L6 Flatbed Truck</b>		V.I.N.: <b>5PVNJ7AP6N5T50007</b>							
GARAGING ADDRESS		STREET (Required in KY) <b>Racine</b>		CITY <b>Racine</b>			COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>26,000</b>	CLASS <b>33403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL		X	LIAB NO-FAULT	X	FT	X	COMP/OTC
FARM		SERVICE					FTW	X	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>34</b>	YEAR <b>2016</b>	MAKE: <b>Dodge</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Ram 1500</b>		V.I.N.: <b>3C6RR7LT0GG266658</b>							
GARAGING ADDRESS		STREET (Required in KY) <b>Racine</b>		CITY <b>Racine</b>			COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>6,800</b>	CLASS <b>01499</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL		X	LIAB NO-FAULT	X	FT	X	COMP/OTC
FARM		SERVICE					FTW	X	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>36</b>	YEAR <b>2016</b>	MAKE: <b>Freightliner M2EC</b>	BODY TYPE: <b>Trailer</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>w/Century Wrecker</b>		V.I.N.: <b>1FVACXC1Y1GHGX2576</b>							
GARAGING ADDRESS		STREET (Required in KY) <b>Racine</b>		CITY <b>Racine</b>			COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>40403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL		X	LIAB NO-FAULT	X	FT	X	COMP/OTC
FARM		SERVICE					FTW	X	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # <b>37</b>	YEAR <b>2004</b>	MAKE: <b>Wabash</b>	BODY TYPE: <b>Trailer</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Box Trailer</b>		V.I.N.: <b>1JJV532W94L899916</b>							
GARAGING ADDRESS		STREET (Required in KY) <b>Racine</b>		CITY <b>Racine</b>			COUNTY	STATE <b>WI</b>	ZIP <b>53403</b>
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW	CLASS <b>68403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL		X	LIAB NO-FAULT	X	FT		COMP/OTC
FARM		SERVICE					FTW		COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				





AGENCY CUSTOMER ID: FLOYAND-01

STAGTOW

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)  
03/17/2025

AGENCY <b>Robertson Ryan - Racine</b>		CARRIER <b>PIONEER SPECIALTY INSURANCE COMPANY</b>		NAIC CODE <b>40312</b>
POLICY NUMBER <b>CPP 1205315</b>		EFFECTIVE DATE <b>04/01/2025</b>	NAMED INSURED(S) <b>Floyd and Sons, Inc.</b>	

## VEHICLE DESCRIPTION

VEH # <b>38</b>	YEAR <b>2025</b>	MAKE: <b>HINO</b>		MODEL: <b>L6A Flatbed Truck</b>		BODY TYPE: <b>Truck</b>	V.I.N.: <b>5PVNJ7AP7S5T50531</b>		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)				CITY <b>Racine</b>		COUNTY		STATE <b>WI</b>		ZIP <b>53403</b>		
LIC STATE <b>WI</b>	TERR <b>102</b>	GVW / GCW <b>25,500</b>		CLASS <b>33403</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS <b>50</b>	FARTHEST TERMINAL		COST NEW \$ <b>133,000</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input checked="" type="checkbox"/> COMM'L	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input checked="" type="checkbox"/> ACV <input checked="" type="checkbox"/> COMP/OTC	SPEC C OF L <b>1,000</b> <b>3,000</b> COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		MODEL:		BODY TYPE:		V.I.N.:		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV <input type="checkbox"/> COMP/OTC	SPEC C OF L <b>1,000</b> <b>3,000</b> COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		MODEL:		BODY TYPE:		V.I.N.:		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV <input type="checkbox"/> COMP/OTC	SPEC C OF L <b>1,000</b> <b>3,000</b> COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		MODEL:		BODY TYPE:		V.I.N.:		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV <input type="checkbox"/> COMP/OTC	SPEC C OF L <b>1,000</b> <b>3,000</b> COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		MODEL:		BODY TYPE:		V.I.N.:		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV <input type="checkbox"/> COMP/OTC	SPEC C OF L <b>1,000</b> <b>3,000</b> COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$						



# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
70194841	7
DATE 8/12/25	

MOTOR CARRIER OPERATOR Flyd's Towing LLC	INSPECTOR'S NAME (PRINT OR TYPE) Tara Pinkalla
ADDRESS 1525 Duane Ave	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Racine WI 53403	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1CB3YSF73LF346680
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) Pinkalla Auto Solutions

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			6. SAFE LOADING	✓			12. WINDSHIELD GLAZING
✓			a. Service Brakes	✓			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	✓			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
✓			b. Parking Brake System	✓			b. Front End Structure	✓			13. WINDSHIELD WIPERS
✓			c. Brake Drums or Rotors	✓			c. Intermodal Container Securement Devices	✓			No missing, damaged, or inoperable wipers.
✓			d. Brake Hose	✓			7. STEERING MECHANISM	✓			14. MOTORCOACH SEATS
✓			e. Brake Tubing	✓			a. Steering Wheel Free Play	✓			Seats securely fastened to the vehicle structure.
✓			f. Low Pressure Warning Device	✓			b. Steering Column	✓			15. REAR IMPACT GUARD
✓			g. Tractor Protection Valve	✓			c. Front Axle Beam/All Other Steering Components	✓			In place, securely attached, proper size, proper placement (see 393.86).
✓			h. Air Compressor	✓			d. Steering Gear Box	✓			16. OTHER
✓			i. Electric Brakes	✓			e. Pitman Arm	✓			List any other condition(s) which may prevent safe operation of this vehicle.
✓			j. Hydraulic Brakes	✓			f. Power Steering	✓			
✓			k. Vacuum Systems	✓			g. Ball and Socket Joints	✓			
✓			l. Antilock Brake System	✓			h. Tie Rods and Drag Links	✓			
✓			m. Automatic Brake Adjusters	✓			i. Nuts	✓			
✓			2. COUPLING DEVICES	✓			j. Steering System	✓			
✓			a. Fifth Wheels	✓			8. SUSPENSION	✓			
✓			b. Pintle Hooks	✓			a. Axle Positioning Parts	✓			
✓			c. Drawbar/Towbar Eye	✓			b. Spring Assembly	✓			
✓			d. Drawbar/Towbar Tongue	✓			c. Torque, Radius or Tracking Components	✓			
✓			e. Safety Devices	✓			9. FRAME	✓			
✓			f. Saddle-Mounts	✓			a. Frame Members	✓			
✓			3. EXHAUST SYSTEM	✓			b. Tire and Wheel Clearance	✓			
✓			a. No leaks forward of/ directly below the driver/ sleeper compartment.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)	✓			
✓			b. Bus: No leaking/ discharging in violation of standard.	✓			10. TIRES	✓			
✓			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	✓			a. Steer-Axle Tires	✓			
✓			4. FUEL SYSTEM	✓			b. All Other Tires	✓			
✓			a. No visible leak.	✓			c. Speed-Restricted Tires	✓			
✓			b. Fuel Tank Filler Cap	✓			11. WHEELS AND RIMS	✓			
✓			c. Fuel tank securely attached.	✓			a. Lock or Side Ring	✓			
✓			5. LIGHTING DEVICES	✓			b. Wheels and Rims	✓			
✓			All required lights/reflectors operable.	✓			c. Fasteners	✓			
✓				✓			d. Welds	✓			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, ✗ NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
70194242	9
DATE 8/15/25	

MOTOR CARRIER OPERATOR Flavel's Towing IAC	INSPECTOR'S NAME (PRINT OR TYPE) Tara Kinkalla
ADDRESS 1525 Durand Ave	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Kauka WI 53403	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) Kinkalla Auto Solutions

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			<b>1. BRAKE SYSTEM</b>	<input checked="" type="checkbox"/>			<b>6. SAFE LOADING</b>	<input checked="" type="checkbox"/>			<b>12. WINDSHIELD GLAZING</b>
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>			<b>13. WINDSHIELD WIPERS</b>
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			<b>7. STEERING MECHANISM</b>	<input checked="" type="checkbox"/>			<b>14. MOTORCOACH SEATS</b>
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			<b>15. REAR IMPACT GUARD</b>
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			<b>16. OTHER</b>
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts				
<input checked="" type="checkbox"/>			<b>2. COUPLING DEVICES</b>	<input checked="" type="checkbox"/>			j. Steering System				
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			<b>8. SUSPENSION</b>				
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			<b>9. FRAME</b>				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members				
<input checked="" type="checkbox"/>			<b>3. EXHAUST SYSTEM</b>	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance				
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)				
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			<b>10. TIRES</b>				
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires				
<input checked="" type="checkbox"/>			<b>4. FUEL SYSTEM</b>	<input checked="" type="checkbox"/>			b. All Other Tires				
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires				
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			<b>11. WHEELS AND RIMS</b>				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			a. Lock or Side Ring				
<input checked="" type="checkbox"/>			<b>5. LIGHTING DEVICES</b>	<input checked="" type="checkbox"/>			b. Wheels and Rims				
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>			c. Fasteners				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

#31

## RECORD OF ANNUAL INSPECTION

(49 CFR 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

8/12/25

D11111951

COMPANY NAME <i>Floyd's Towing INC</i>			VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER <input type="checkbox"/> DOLLY		
STREET ADDRESS <i>1525 Durand Ave</i>			VEHICLE MAKE <i>Hino</i>		MODEL <i>LL0</i>
CITY <i>Racine</i>	STATE <i>WI</i>	ZIP <i>53403</i>	YEAR <i>2022</i>		
INSPECTOR'S NAME (Please Print) <i>Adam Smith</i>			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <i>5PYNJ7AP6N5T50007</i>		
			EMPLOYEE NO.		

## REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
<b>BRAKES</b>			<b>EXHAUST</b>			<b>STEERING</b>			<b>FRAME</b>		
Adjustment	X		Leaks	X		Adjustment	X		Members	X	
Mechan. Compon.	X		Placement	X		Column/Gear	X		Clearance	X	
Drum/Rotor	X		<b>LIGHTING</b>			Axle	X		Rear Impact Guard	X	
Hose/Tubing	X		Headlights	X		Linkage	X		<b>TIRES</b>		
Lining	X		Tail/Stop	X		Power Steering	X		Tread	X	
Antilock System	X		Clearance/Marker	X		Other			Inflation	X	
Automatic Adjusters	X		Identification	X		<b>FUEL SYSTEM</b>			Damage	X	
Low Air Warning	X		Reflectors	X		Tank(s)/Cap(s)	X		Speed Restrictions	X	
Trailer Air Supply	N/A		Other	X		Lines	X		Other		
Compressor	X		<b>CAB/BODY</b>			<b>SUSPENSION</b>			<b>WHEELS/RIM</b>		
Parking Brakes	X		Access	X		Springs	X		Fasteners	X	
Other			Eqpt./Load Secure	X		Attachments	X		Disc/Spoke	X	
<b>COUPLERS</b>			Tie-Downs	X		Sliders	N/A		<b>WINDSHIELD</b>		
Fifth-Wheel & Mount	N/A		Headerboard	X		<b>MIRRORS</b>	X		Glass	X	
Pin/Upper Plate	N/A		Motorcoach Seats	N/A					Wipers	X	
Pintle-Hook/Eye	N/A		Other								
Safety Chain(s)	N/A										

## REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE

DATE

8-12-25

APPLY LABEL TO A CLEAN, DRY SURFACE.  
USE WITH AN OVERLAMINATE (2402) TO  
IMPROVE DURABILITY UNDER NORMAL  
WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED  
FOR USE WHEN FILLING OUT THE LABEL.  
INDELIBLE INK IS PERMANENT AND WILL NOT  
WASH OFF, BUT MAY FADE DUE TO EXPOSURE  
TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL  
DISCRETION IS ADVISED REGARDING  
APPLICATION OF LABEL TO AN AREA NOT  
EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT  
AND/OR ELEMENTS AND IT IS RECOMMENDED  
THAT THE READABILITY OF THE LABEL BE  
CHECKED PERIODICALLY.

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3136  
(Rev. 11/21)

## FEDERAL ANNUAL INSPECTION

THIS VEHICLE HAS PASSED AN ANNUAL INSPECTION  
CONDUCTED IN ACCORDANCE WITH 49 CFR, PART 396, FMCSR

MONTH <b>08</b>	YEAR <b>2025</b>	D11111951	
VEHICLE ID (Company No.) <b>31</b>		STATE/TAG NO. OR VIN	
LOCATION OF RECORDS:			
Company <i>Floyd's Towing INC</i>			
Street Address <i>1525 Durand Ave</i>			
City, State, Zip <i>Racine, WI 53403</i>			

#32

**RECORD OF ANNUAL INSPECTION**

(49 CFR 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

8/12/25

D11111952

COMPANY NAME <i>Floyd's Towing Inc</i>			VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY		
STREET ADDRESS <i>1525 Duward Ave</i>			VEHICLE MAKE <i>Hino</i>		MODEL <i>LL</i>
CITY <i>Racine</i>	STATE <i>WI</i>	ZIP <i>53403</i>	YEAR <i>2025</i>		
INSPECTOR'S NAME (Please Print) <i>Adam Smith</i>			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <i>5PUNJ7AP755T50531</i>		
			EMPLOYEE NO.		

**REPORT OF CONDITION** (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
<b>BRAKES</b>			<b>EXHAUST</b>			<b>STEERING</b>			<b>FRAME</b>		
Adjustment	<input checked="" type="checkbox"/>		Leaks	<input checked="" type="checkbox"/>		Adjustment	<input checked="" type="checkbox"/>		Members	<input checked="" type="checkbox"/>	
Mechan. Compon.	<input checked="" type="checkbox"/>		Placement	<input checked="" type="checkbox"/>		Column/Gear	<input checked="" type="checkbox"/>		Clearance	<input checked="" type="checkbox"/>	
Drum/Rotor	<input checked="" type="checkbox"/>		<b>LIGHTING</b>			Axle	<input checked="" type="checkbox"/>		Rear Impact Guard	<input checked="" type="checkbox"/>	
Hose/Tubing	<input checked="" type="checkbox"/>		Headlights	<input checked="" type="checkbox"/>		Linkage	<input checked="" type="checkbox"/>		<b>TIRES</b>		
Lining	<input checked="" type="checkbox"/>		Tail/Stop	<input checked="" type="checkbox"/>		Power Steering	<input checked="" type="checkbox"/>		Tread	<input checked="" type="checkbox"/>	
Antilock System	<input checked="" type="checkbox"/>		Clearance/Marker	<input checked="" type="checkbox"/>		Other			Inflation	<input checked="" type="checkbox"/>	
Automatic Adjusters	<input checked="" type="checkbox"/>		Identification	<input checked="" type="checkbox"/>		<b>FUEL SYSTEM</b>			Damage	<input checked="" type="checkbox"/>	
Low Air Warning	<input checked="" type="checkbox"/>		Reflectors	<input checked="" type="checkbox"/>		Tank(s)/Cap(s)	<input checked="" type="checkbox"/>		Speed Restrictions	<input checked="" type="checkbox"/>	
Trailer Air Supply	<i>N/A</i>		Other			Lines	<input checked="" type="checkbox"/>		Other		
Compressor	<input checked="" type="checkbox"/>										
Parking Brakes	<input checked="" type="checkbox"/>		<b>CAB/BODY</b>			<b>SUSPENSION</b>			<b>WHEELS/RIM</b>		
Other			Access	<input checked="" type="checkbox"/>		Springs	<input checked="" type="checkbox"/>		Fasteners	<input checked="" type="checkbox"/>	
			Eqpt./Load Secure	<input checked="" type="checkbox"/>		Attachments	<input checked="" type="checkbox"/>		Disc/Spoke	<input checked="" type="checkbox"/>	
<b>COUPLERS</b>			Tie-Downs	<input checked="" type="checkbox"/>		Sliders	<i>N/A</i>				
Fifth-Wheel & Mount	<i>N/A</i>		Headerboard	<input checked="" type="checkbox"/>					<b>WINDSHIELD</b>		
Pin/Upper Plate	<i>N/A</i>		Motorcoach Seats	<i>N/A</i>		<b>MIRRORS</b>			Glass	<input checked="" type="checkbox"/>	
Pintle-Hook/Eye	<i>N/A</i>		Other						Wipers	<input checked="" type="checkbox"/>	
Safety Chain(s)	<i>N/A</i>										

**REMARKS**

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE 

DATE

8-12-25

APPLY LABEL TO A CLEAN, DRY SURFACE.  
USE WITH AN OVERLAMINATE (2402) TO  
IMPROVE DURABILITY UNDER NORMAL  
WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED  
FOR USE WHEN FILLING OUT THE LABEL.  
INDELIBLE INK IS PERMANENT AND WILL NOT  
WASH OFF, BUT MAY FADE DUE TO EXPOSURE  
TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL  
DISCRETION IS ADVISED REGARDING  
APPLICATION OF LABEL TO AN AREA NOT  
EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT  
AND/OR ELEMENTS AND IT IS RECOMMENDED  
THAT THE READABILITY OF THE LABEL BE  
CHECKED PERIODICALLY.

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# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
2061127	38
DATE 11/19/2021	

MOTOR CARRIER OPERATOR FLOYD & SON INC	INSPECTOR'S NAME (PRINT OR TYPE) DANIEL M PASKO
ADDRESS 1525 DURAND AVE	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE RACINE WI 53403	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1NPXL49X8PD834560
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) LAKESIDE INTERNATIONAL

VEHICLE COMPONENTS INSPECTED			
OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<b>1. BRAKE SYSTEM</b>			
✓			a. Service Brakes
✓			b. Parking Brake System
✓			c. Brake Drums or Rotors
✓			d. Brake Hose
✓			e. Brake Tubing
✓			f. Low Pressure Warning Device
✓			g. Tractor Protection Valve
✓			h. Air Compressor
NA			i. Electric Brakes
NA			j. Hydraulic Brakes
NA			k. Vacuum Systems
✓			l. Antilock Brake System
✓			m. Automatic Brake Adjusters
<b>2. COUPLING DEVICES</b>			
NA			a. Fifth Wheels
NA			b. Pintle Hooks
NA			c. Drawbar/Towbar Eye
NA			d. Drawbar/Towbar Tongue
NA			e. Safety Devices
NA			f. Saddle-Mounts
<b>3. EXHAUST SYSTEM</b>			
✓			a. No leaks forward of/ directly below the driver/ sleeper compartment.
NA			b. Bus: No leaking/ discharging in violation of standard.
✓			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.
<b>4. FUEL SYSTEM</b>			
✓			a. No visible leak.
✓			b. Fuel Tank Filler Cap
✓			c. Fuel tank securely attached.
<b>5. LIGHTING DEVICES</b>			
✓			All required lights/reflectors operable.
<b>6. SAFE LOADING</b>			
✓			a. Vehicle parts, load, dunnage, spare tire, etc., secured.
✓			b. Front End Structure
✓			c. Intermodal Container Securement Devices
<b>7. STEERING MECHANISM</b>			
✓			a. Steering Wheel Free Play
✓			b. Steering Column
✓			c. Front Axle Beam/All Other Steering Components
✓			d. Steering Gear Box
✓			e. Pitman Arm
✓			f. Power Steering
✓			g. Ball and Socket Joints
✓			h. Tie Rods and Drag Links
✓			i. Nuts
✓			j. Steering System
<b>8. SUSPENSION</b>			
✓			a. Axle Positioning Parts
✓			b. Spring Assembly
✓			c. Torque, Radius or Tracking Components
<b>9. FRAME</b>			
✓			a. Frame Members
✓			b. Tire and Wheel Clearance
NA			c. Adjustable Axle Assemblies (Sliding Subframes)
<b>10. TIRES</b>			
✓			a. Steer-Axle Tires
✓			b. All Other Tires
NA			c. Speed-Restricted Tires
<b>11. WHEELS AND RIMS</b>			
✓			a. Lock or Side Ring
✓			b. Wheels and Rims
✓			c. Fasteners
✓			d. Welds
<b>12. WINDSHIELD GLAZING</b>			
✓			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<b>13. WINDSHIELD WIPERS</b>			
✓			No missing, damaged, or inoperable wipers.
<b>14. MOTORCOACH SEATS</b>			
✓			Seats securely fastened to the vehicle structure.
<b>15. REAR IMPACT GUARD</b>			
✓			In place, securely attached, proper size, proper placement (see 393.86).
<b>16. OTHER</b>			
List any other condition(s) which may prevent safe operation of this vehicle.			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.