

www.RexEvilsizor.com

Authority—Insurance—UCRA

Fax Transmittal Form

For: \$10,000 (BMC-85) Trust Fund

**Rex Evilsizor
P. O. Box 54848
Hurst, TX 76054**

Phone: 866-382-6638 or 817-886-0386

Fax: 866-729-5904

Email: rex@RexEvilsizor.com

Web: www.RexEvilsizor.com

Thank you for your interest. I look forward to personally working with you.

I NEED a \$10,000 (BMC-85) Trust Fund FOR: Broker Authority

I will need a quote on Contingency Cargo Insurance \$100,000 \$ Other

Upon completion of the attached, fax to 866-729-5904

Name of Company _____

Name of Contact _____

E-mail _____

Phone Number _____

Fax Number _____

MC # _____ **USDOT #** _____

Rex Evilsizor

IMPORTANT NOTE: Your insurance and BOC-3 MUST be on file at the FMCSA within 80 days from the date your MC number was assigned, or you will lose the authority you applied for. If you also need help with your BOC-3. Call 888-718-0709 for filing same day.

DOWNLOAD MY FREE TRANSPORTATION E-BOOK AT www.RexEvilsizor.com

PACIFIC FINANCIAL ASSOCIATION, INC.

% FEDERAL SERVICE CORPORATION

Trust and Claims Administrative Contractor

1606 W. Whispering Wind Dr., Phoenix, Arizona 85085

Telephone: (623) 209-2600

Fax: (623) 209-2610

Choose One

- Plan #1
- Plan #2
- Plan #3*
- Plan #4*

TRUSTOR INFORMATION FORM

Company Information:

Legal Name: _____
Show exactly as it appears in OP-1 or on Broker's License

MC No: _____ EIN No: _____ Corp. Reg. No: _____
Write "Pending" if pending Write "Pending" if pending Write "N/A" if not applicable

Form of Organization: sole proprietorship partnership corporation LLC

State of Organization: _____ County: _____ Country: _____
For a U.S. Corporation or LLC give State or Territory in which organization papers are filed. For a non U.S. Corporation, or LLC give principal U.S. State or Territory in which your firm is registered to do business as a foreign organization. For a sole proprietorship or partnership give state shown on Federal Motor Carrier Safety Administration Records.

Legal Address: _____
Street & Number or P.O. Box City State Zip
For Corporation, or LLC give the address of the corporate (not BOC-3) registered agent, whether in the state of organization (for U.S. entities) or the principal state of registration (for foreign entities). For a sole proprietorship or partnership give the address shown on Federal Motor Carrier Safety Administration Records.

Mailing Address: _____
Street & Number or P.O. Box City State Zip

Physical Address: _____
Street & Number City State Zip

Business Number: _____ Fax Number: _____ Cell Number: _____

E-Mail Address: _____ Bank Reference: _____
Name and phone number of personal banker

Current and Past MC Numbers that any Principals or Officers have been affiliated: _____
(Write "NONE" if none)

Personal Information:

Name of Responsible Principal and/or Director: _____
Person responsible for signing Trust Agreement

Home Address: _____
Street & Number or P.O. Box City State Zip

Home Number: _____ SSN: _____ Date of Birth: ____/____/____

**The above statements are true and accurate to the best of my information and belief.
In the event we have selected Plan #3 or #4 above, I hereby authorize a personal credit inquiry.**

Signed: _____ Title: _____ Date: _____

* OAC Additional Credit Reports \$35.00 per person
Client ID Number: _____ Source ID: _____

For Office Use Only

▶ PLAN 1 — CASH

- Description:** The Broker submits \$10,000 in cash to collateralize a BMC-85 Trust Fund.
- Qualifications:** Good standing with the FMCSA. No particular credit requirements.
- Cost:** \$10,550 Initially, comprised of a one time \$550 administrative fee for the first year plus the \$10,000 collateralization payment. For each subsequent year earned interest shall be deemed to offset the administrative fee (for an effective annual yield of 5.5%).

▶ PLAN 2 — LETTER OF CREDIT

- Description:** The Broker submits no cash collateral, but arranges for a \$10,000 Irrevocable Standby Letter of Credit issued by a federally insured bank or credit union, naming Pacific Financial as beneficiary. A \$550 annual administration fee shall apply.
- Qualifications:** Good standing with the FMCSA. No particular credit requirements.
- Cost:** \$550 annual administration fee due at the beginning of each contract year, plus a \$10,000 Letter of Credit. Should legal liability necessitate claim payouts a nominal service fee may be charged depending upon the ease of negotiating each draft drawn on the Letter of Credit.

▶ PLAN 3 — ASSET LIQUIDATION [Specific Criteria Required]

- Description:** The Broker submits no cash collateral, but authorizes Pacific Financial to arrange for the liquidation of \$10,000 in receivables sold and assigned on a rotating basis for statutory purposes. If approved, the Broker pays a \$950 administrative fee, and executes a special Collateral Agreement. Pacific Financial may demand physical delivery of specific freight bills at any time, but usually does so only in response to unsatisfied legal liability.
- Qualifications:** Good standing with the FMCSA and excellent credit (a principal owner or director of the company may be considered as an individual for credit purposes as long as documents are submitted to verify their ownership interest). Pacific Financial will require at least one irrevocable personal guarantee.
- Cost:** \$950 annual finance and administration fees due at the beginning of each contract year.

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- Cost:** \$950 annual finance and administration fees due at the beginning of each contract year.