



7828 Rutledge Blvd, Knoxville, TN 37924
865-445-6950

April 21, 2025

Subject: Important Notice – Equipment Sale and Lease Assumption

Dear Valued Customer:

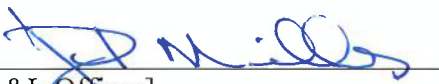
We are writing to inform you that the equipment currently leased to you by JPM Financial LLC dba K&L Trailer Leasing LLC (“K&L”) under that certain Lease Agreement (“Lease”) has been sold to a new owner.

Effective as of the date of this letter, ownership of the equipment has been transferred to **Fleet Equipment Leasing LLC** (“Fleet Equipment”) who will be assuming all rights and obligations under your existing Lease agreement.

Please be assured that the terms and conditions of your Lease remain unchanged. Fleet Equipment will continue to honor the Lease, including payment schedules, security deposits, and any other obligations previously established with K&L.

For more information, please refer to the document attached to this letter. For any questions, please direct your inquiries to Fleet Equipment, as detailed in the attachment to this letter.

Sincerely,



[K&L Officer]



Fleet Equipment Leasing LLC

Welcome to Fleet Equipment! We look forward to working with you.

Moving forward, all lease inquiries and correspondence related to the Lease or this transition should be directed to (i) Matthew Lammey, at matthewlammey@fleetequip.com, or at (901) 300-5770, or (ii) Don Brigance, at dbrigance@fleetequip.com, or at (901) 332-3192.

To ensure a smooth transition, please update your records accordingly and direct all future communications regarding the Lease to Fleet Equipment. If you have any questions or require further clarification, please do not hesitate to contact us.

What Stays the Same?

1. **Lease Terms:** Your term, payment amount, due date, and frequency (weekly/monthly) will be honored by Fleet Equipment.
2. **Payment Methods:** Acceptance of ACH/EFT Payments

What is Changing?

1. **Payment Remittance:** Effective immediately, all lease payments should be directed to Fleet Equipment.
 - a. **Preferred Payments Methods:** ACH/EFT.
 - b. If you had been paying K&L via check, you will need to switch to the preferred payment methods above.
2. **Insurance:** Full coverage of Physical Damage, Comprehensive and Collision policy with a \$1,000.00 deductible is required. We also require a \$1,000,000.00 general liability policy.
 - a. **New Certificate Holder – Updated Loss Payee & Additional Insured Language Required:**

Fleet Equipment Leasing LLC
2505 Farrisview Boulevard
Memphis, TN 38118
 - b. **Certificates of Insurance (COI):** Please send updated certificates of insurance from your broker or agent to Fleet Equipment at coi@fleetequip.com on or before ten (10) days from the date of the cover letter from K&L. A sample COI that you can provide to your insurance broker to simplify the process is attached.

3. **Terminals of Operation (Turn-in, Service, and Check-out):** Fleet Equipment will now be handling turn-in, service, and check-out matters going forward. Fleet Equipment will continue to use the K&L location in Knoxville, TN for shop work but this location will no longer be a turn-in location.

All equipment must now be returned at the end of your lease term to any of the Fleet Equipment locations listed below.

Below are Fleet Equipment's locations for turn-in, service, and check-out of the equipment:

DALLAS 810 Easy Street Garland, TX 75042 888.424.7771	MEMPHIS 2505 Farrisview Blvd Memphis, TN 38118 901.332.3381	NASHVILLE 414 Woodcrest Ave Nashville, TN 37210 615.259.3301
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4. **Notices:** All written notices relating to or required by your Lease must now be sent to the following address: Fleet Equipment Leasing LLC, 2505 Farrisview Boulevard, Memphis, TN 38118.

Trailer Rental



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your Broker	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1461490792 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 SUBR (INSR) (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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		TBD	4/1/2024	4/1/2025	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPROP AGG	\$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		TBD	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	TBD	4/1/2023	4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 100,000
A	Physical Damage or Non-Owned Trailer		TBD	4/1/2024	4/1/2025	Comprehensive Deduct Collision Deductible	To Be Determined To Be Determined

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is listed as an Additional Insured and Loss Payee with respect to the equipment listed below and where required by written contract or agreement and subject to the terms and conditions of the policy. [Year, Make, Model, Stated Value]

CERTIFICATE HOLDER Fleet Equipment Leasing, LLC 2505 Farrisview Road Memphis, TN 38118	CANCELLATION 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