

Commercial Trucking Binder for:

LANDSTAR CARRIERS INC

USDOT # 4252403



Insured Name:	LANDSTAR CARRIERS INC
Address:	2819 MISTYGATE CT CONROE , TX 77301
Policy Term:	From: <u>July 3, 2024</u> To: <u>July 3, 2025</u>
Broker Contact:	Amerigo Insurance Agency - Cj Gill (submissions@aiazone.net)
Issued On:	July 5, 2024 03:42:25 CST (Central Standard Time)



BINDER

Carrier	Renewal of Policy Number	Policy Number	Agreement Number
Knight Specialty Insurance Company	N/A	KSCW4784211-00	KWCW
Named Insured		DBA	Mailing Address
LANDSTAR CARRIERS INC			2819 MISTYGATE CT CONROE , TX 77301
Policy Period From		Policy Period To	
July 3, 2024 at 12:01am Local Time		July 3, 2025 at 12:01am Local Time	
Form of Business	Description		Other Description
Corporation	• Local Trucker		

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium or Fee
Commercial Automobile Liability	\$21,000.00
Uninsured/Underinsured Motorists/Property Damage	\$200.00
Personal Injury Protection	\$75.00
Policy Fee	\$500.00
Underwriting Fee	\$1,099.00
Surplus Lines Tax	\$1,109.39
Stamping Fee	\$9.15
TOTAL	\$23,992.54

FORMS AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE* AS PER SCHEDULE OF FORMS ATTACHED

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



Agency Code	Authorized Representative
Cover Whale Insurance Solutions Inc. 30211 Ave de Las Banderas, Suite 200 Rancho Santa Margarita, CA 92688	Daniel Abrahamsen Daniel Abrahamsen Cover Whale Insurance Solutions Inc.

Commercial Automobile Liability

Coverages and Limits

Coverages	Covered Autos Symbol	Limit or Deductible
Covered Autos Liability (Bodily Injury / Property Damage)	67	\$1,000,000.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	67	\$2,500
Uninsured Motorists (UM)	67	\$85,000
Underinsured Motorists (UIM) (When Not Included In Uninsured Motorists Coverage)	67	INCLUDED WITH UNINSURED MOTORISTS
UM/UIM Property Damage	67	INCLUDED WITH UNINSURED MOTORISTS
Auto Medical Payments	NOT COVERED	NOT COVERED

Symbol	Description Of Covered Auto Designation Symbols
67	Specifically Described "Autos" Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).

Schedule of Forms

Commercial Automobile Liability

Form Name	Form Number
COVER WHALE POLICY JACKET (AUTO LIABILITY)	CWIS Cover AL 12 21
CWISSURPLUSTX0921	CWISSURPLUSTX 09 21
MOTOR CARRIER DECLARATIONS - ISO (NON-ADMITTED)	ISO CA DS 21 11 20 01
AL DEC TAXES, FEES, AND TOTAL COST	CW AL DEC SUM 06 22
COMMON POLICY CONDITIONS	IL 00 17 11 98
MOTOR CARRIER COVERAGE FORM	CA 00 20 11 20
EARLIER NOTICE OF CANCELLATION PROVIDED BY US	CA 04 22 11 20
EXPLOSIVES	CA 23 01 10 13
CALCULATION OF PREMIUM	IL 00 03 09 08
WRONG DELIVERY OF LIQUID PRODUCTS	CA 23 05 10 13
Texas Crime Fee - Knight	CWIS TX CRIME KNIGHT 08 21
U.S. TREASURY DEPARTMENT'S OFAC NOTICE	IL P 001 01 04
EXCLUSION OF TERRORISM	CA 23 84 10 13
EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM	CA 23 85 10 13
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT	IL 00 21 09 08
SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE	CA 23 94 10 13
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980	MCS 90 06 21
PUBLIC OR LIVERY PASSENGER CONVEYANCE AND ON-DEMAND DELIVERY SERVICES EXCLUSION	CA 23 45 11 20
POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS - BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS	CA 99 48 10 13
FRAUD STATEMENT	IL N 001 09 03
UNSCHEDULED DRIVER EXCLUSION - UDE	CW UDE 730 08 22
Surplus Lines Notice (Multi-State)	CW SL 12 20
TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE	CA 21 09 10 13
TEXAS CHANGES	CA 01 96 10 13
TEXAS CHANGES - CANCELLATION AND NONRENEWAL	CA 02 43 11 13



Form Name	Form Number
TEXAS PERSONAL INJURY PROTECTION ENDORSEMENT	CA 22 64 10 13
Texas _Complaint_1231	Texas_Complaint_ 12 31
SERVICE OF PROCESS	KSICSOP2 1120
SERVICE OF PROCESS	KSICSOP1 1120
CWISID0522	CWISID 0522
CWClaimNoticeKSIC0917	CWClaimNoticeKSIC 09 17

Vehicle Schedule

It is hereby noted and agreed that only the vehicle(s) specified in the schedule are covered:

VIN	Year	Make/Model	Class	Body Type	Loss Payee
2NKHMM6X3LM376060	2020	KENWORTH/T170	5	Box Truck	None
Garage Location: 2819 MISTYGATE CT, CONROE, TX 77301					

Trailer Schedule

Trailers are Excluded and not covered under this Policy

Driver Schedule

It is hereby noted and agreed that the vehicle(s) and trailer(s) specified in the schedule are only covered while being operated by the following person(s):

First Name	Last Name	License State	License Number	Date of Birth	Years Exp	Date of Hire	Accidents	Violations	Suspensions	Major Violations	Excluded (Y/N)
GAGANDEEP SINGH	THIARA	TX	46917062	Apr, 22 2000	2.90	Jun, 11 2024	0	0	0	0	N (Covered)

Commodities

Commodity	% of Hauls
Dry goods	100%

Terminals

Address	City	State	Zip
2819 MISTYGATE CT	CONROE	TX	77301

NOTE: ALL FEES ARE FULLY EARNED AT INCEPTION

Subjectivities

1. **Subject to Underwriting Review and Approval**
2. Any discrepancies in FMCSA/SAFER data vs this application must be explained and are subject to Underwriting review and approval
3. Any shared equipment, facilities or contacts (aka possible chameleon carrier review) must be explained and are subject to Underwriting review and approval
4. AL only: Policy must be financed by Cover Whale with monthly auto-pay. Outside financing not accepted.
5. **Documents Required To Bind Coverage:**
 - Hard copy MVR - not older than 30 days
 - New Venture Supplemental with Driver Experience History
 - Application
 - Signed UM/UIM/PIP Selection or Rejection Form
 - Signed and fully completed Diligent Effort Affidavit
 - Signed Premium Finance Agreement, if applicable
6. The insured is required to participate our safety and coaching program which requires the use of a dual-facing (road and cabin) dash camera. The safety program cost and camera hardware is included in the total cost of this policy. The insured is required to install and activate the camera within 10 days after delivery to avoid cancellation.
Failure to comply with these requirements may result in cancellation of your policy
7. Quote is based on this digital application - NOT any uploaded files or documents you provided.
8. Please review the quote letter for accuracy. The agent is responsible for notifying us of any changes to be made on this quote and schedule. Any changes may result in a change in premium.
9. **Any change in this application info voids this quote and a new quote is required to bind**
10. Rate and eligibility may change depending Hard Copy Loss Runs and MVR results.
11. **Owners who are drivers must be scheduled.**

MGA DISCLAIMER: Cover Whale is a General Agency with professional responsibility only to the insurance carrier. Cover Whale has not entered into any agency relationship with or on behalf of the insured and as such has made no representations or recommendations to the insured with respect to any aspect of insurance including limits, sufficiency of coverage, type of coverage, policy terms. We rely solely on the documentation as disclosures made by the producer when procuring the coverage requested.

DILIGENCY EFFORT: This Certifies that a diligent effort to procure a quote with an Authorized/Standard insurer was attempted in compliance with state law. We provide this quote based on the producer acknowledges they have attempted to procure an Authorized/Standard insurer quote. Cover Whale cannot place or bind coverage if the producer is not compliant with state guidelines on Surplus line placements.

The Terms and conditions of this quotations may not comply with the specifications submitted and coverage provided may be different than requested. Please read quote carefully and compare it against your specification request.