



AIA

WHERE TRUTH BUILDS TRUST

Insurance Proposal

Amerigo Insurance Agency

1110 Civic Center Blvd Ste# 202D
 Yuba City, CA 95993
 530-290-1633

Dear: Greenway Transport1 Inc
 Date: 04/30/2026
 Phone Number: (916) 607-1600
 Address: 5856 E Fancher Creek Dr, Fresno, CA 93727

Enclosed is the proposal for you

I also wish to take this opportunity to thank you, for the opportunity you have provided us to serve you.

Please be at liberty to review the proposal and highlight any necessary adjustments. You can always get in touch with us if there is a need for clarification or additional information.

We hope to work together in the coming years.

Sincerely,
 Parmjit Dhani

Coverage	Insurance Carrier	Deductible/Rate	Premium/Tax/Fee	Limits
Physical Damage	Clear Blue Specialty Insurance Company A Rated	Ded: \$2,500	\$8,590.00 <small>Pure Premium : \$8,000.00</small>	As Stated TIV
Towing Limit		Ded: \$2,500	Included in Physical Damage	\$25,000.00



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TIV; Physical Damage: \$160,000.00

Truck Tractor: Please see the attached unit list

Payment:

Down Payment (%) required by the carrier to bind this policy:20%

Down Payment: \$2,498.00

Monthly Payments: \$689.73

Number of payments: 10



5/7/2026

Note: Minimum Earned Premium = Carrier will be retaining 25% of the total premium to bind all these policies.

Special Points

***Coverage will only be offered to the above-listed equipment and drivers. if any unit or driver is missing from the above list, please contact us before signing the paperwork.**

 ***Value will not be amended(increased/decreased) during the policy term.**

 ***Unit Should be Garaged in a securely closed and locked building; or Parked in a fully enclosed yard which is securely closed and locked.**

 ***Physical Damage Policy: All driver and equipment changes must be reported immediately. Claims with unscheduled units and/or drivers will not be paid.**

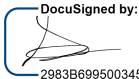
***We cannot bind or alter coverage via fax, voicemail, text, or social media, all bind requests must be received via email. Coverage cannot be bound without written confirmation from our Agency.**

***Agency Fee: \$500.00**

***Signed endorsement request is needed to make any change to the policy. Driver and equipment need to be confirmed by the insurance company before their operation under the insured's authority.**

***We also offer General Liability, Worker Compensation, Occupational Accidental, and Excess/ Umbrella Coverage upon the client's request.**

INSURED SIGNATURE:  _____



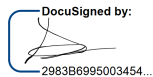
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DATE: 5/1/2026



Unit List: -

Greenway Transport1 Inc							
S/NO	Unit Type	Year	Make	Model	VIN	Value	Listed APD
1	TKTR	2022	Volvo	VNL	4V4NC9EH2NN608147	\$20,000	Yes
2	TKTR	2023	Freightliner	Cascadia	3AKJHHDRXPSNW1235	\$35,000	Yes
3	TKTR	2023	Freightliner	Cascadia	3AKJHHDR8PSNW1170	\$35,000	Yes
4	TKTR	2023	Freightliner	Cascadia	3AKJHHDR8PSNW1234	\$35,000	Yes
5	TKTR	2023	Freightliner	Cascadia	3AKJHHDR2PSNW1164	\$35,000	Yes

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Insured Signature

5/1/2026


Date Signed

Amerigo Insurance Agency
1110 Civic Center Blvd Ste #202 Yuba City, CA 95993



Driver List: -

Greenway Transport1 Inc					
S/NO	Driver Name	D.O.B	License #	State	Listed APD
1	Norberto Pazlopez	1/16/1969	C6400107	CA	Yes
2	Margarito Sanchezmacias	2/22/1975	D1601140	CA	Yes
3	Gustavo Iii Reyes	10/27/1976	A9782792	CA	Yes
4	Gilbert Pruneda	4/15/1970	A1537852	CA	Yes
5	Emau alfonso Hernandezrojas	12/22/1964	A9056308	CA	Yes
6	Benjamin james iii Monroy	9/4/1972	A5011532	CA	Yes
7	Anselmo Marmolejo	8/22/1979	B7256208	CA	Yes

DocuSigned by:

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Insured Signature

5/1/2026

Date Signed

Amerigo Insurance Agency
1110 Civic Center Blvd Ste #202 Yuba City, CA 95993



Amerigo Insurance Agency



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

New Request Change Termination

CUSTOMER INFORMATION

Name _____ Customer DOT# _____

Address _____

City _____ State _____ Zip _____

BANK ACCOUNT AUTHORIZATION

CREDIT CARD AUTHORIZATION

I authorize Parmjit Dhani Insurance Agency to make automatic withdrawals from my account per the payment schedule at the financial

I authorize Parmjit Dhani Insurance Agency to make automatic charges per the payment schedule shown to the credit card specified below.

PAYMENT SCHEDULE: The payment schedule agreed to by the undersigned is as follows

● One-time payment : One time Withdrawal or Charge

Frequency: (Check One)

- One time automatic withdrawal Amount \$ _____
- Recurring automatic withdrawal
- Quarterly Annually

Bank Account: (Select: checking savings)*

Name(s) on Account _____

Bank Name _____

Account Number _____

ABA number (9 Digits) _____

*If funds are to be transferred from a bank account, a "VOID" check must be attached to this Authorization (do not staple the check). The check must contain the name on the account, electronic routing transit number and account number. Starter checks and checks without the required information will not be accepted.

Quarterly: (\$ "As Invoiced") on the 1st

Frequency: (Check One)

- One time automatic withdrawal Amount \$ _____
- Recurring automatic withdrawal
- Quarterly Annually

Credit Card: (Select: VISA MasterCard)

Name(s) on Account _____

Card Number _____

Card Verification Value _____

Expiration Date _____

Note: Card will have a fee: 3.5%

All charges on your account will appear as "Amerigo Insurance Agency"

COMPANY

INDIVIDUALS

Company Name _____

(Signature) _____

Ajaypal Singh Dhaliwal

By _____

Title _____

Date 5/1/2026

(Signature) _____

Printed Name _____

(Signature) _____

Printed Name _____

Date _____

Note: Signatures of all Individuals listed on the account and all individuals required to sign for withdrawals/payments are required on this Authorization.

Account Name

Account Number

System Entry Date

Operator Initials