



## COMMERCIAL GENERAL LIABILITY DECLARATIONS

**Effective From:** 03/12/2026 to 03/12/2027, both days at 12:01 A.M. local time

**Policy Number:** TGL25-501669

**Named Insured:** East Trucking LLC

**Named Insured's Mailing Address:** 1130 W 4th St Apt 65, Ontario, California, 91762

**Insurance Company:** Dellwood Specialty Insurance Company  
NAIC 17332, a surplus lines insurance company

**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. Insurance under this Commercial General Coverage Part applies only to the coverages shown in this Declaration.**

| LIMITS OF LIABILITY – CLASS CODE 99793  | LIMIT OF INSURANCE |
|---|--------------------|
| A. Each Occurrence Limit  | \$1,000,000        |
| B. Damage to Premises Rented to You Limit (any on premises)   | \$100,000          |
| C. Personal & Advertising Injury Limit (any one person or organization)   | \$1,000,000        |
| D. Medical Expense Limit (any one person)   | \$5,000            |
| E. Products/Completed Operations Aggregate Limit  | \$1,000,000        |
| F. General Aggregate Limit  | \$2,000,000        |
| PREMIUM   |                    |
| A. Annual Premium:  | \$750.00           |
| B. Surplus lines home state:  | California         |
| DESCRIPTION OF BUSINESS (FORM OF BUSINESS)  |                    |
| Limited Liability Company   |                    |
| <b>ALL PREMISES YOU OWN, RENT, OR OCCUPY:</b> See attached CSF 5010 Schedule of All Premises You Own, Rent, or Occupy |                    |
| <b>AUDIT PERIOD (IF APPLICABLE):</b>  |                    |

**POLICY PROVISIONS, PLEASE READ CAREFULLY.**

The insurer's receipt and acceptance of your signed and dated application of insurance (CSF 1002) are conditions to the effectiveness of any coverage under any policy notwithstanding the insurer's issuance of such a policy. This Declarations page, all documents on the Schedule of Forms and Endorsements, and your application of insurance constitute the entire insurance contract

Insurer's Authorized Representative:  \_\_\_\_\_

Insurer's Authorized Representative:  \_\_\_\_\_