

IL 70 01 10 07

Policy No. IMP F470417 00 00

Renewal Of

**POLICY COMMON DECLARATIONS**

<b>NAMED INSURED</b> Highway Trans LLC <b>AND ADDRESS:</b> 9625 Collier Ave Live Oak, CA 95953	
<b>IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY , WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY .</b>	<b>AGENT'S NAME AND ADDRESS:</b> Commercial Sector Insurance Brokers, LLC 1617 W Shaw Ave Ste F Fresno, CA 93711
Insurance is afforded by the Company named below, a Capital Stock Corporation: Great American Insurance Company	
<b>POLICY PERIOD:</b> From 02/13/2026 To 02/13/2027 12:01 A.M. Standard Time at the address of the Named Insured	

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

	<b>Premium</b>
Commercial Property	
Commercial General Liability	
Commercial Crime and Fidelity	
Commercial Inland Marine	\$ 2,473.00
Commercial Equipment Breakdown	
Commercial Auto	
Commercial Umbrella	
<b>Total</b>	<b>\$ 2,473.00</b>

## FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edition		Date Added * or Date Deleted	Form Description
1.	IL7001	10-07		Policy Common Declarations
2.	IL0017	11-98		Common Policy Conditions
3.	IL0102	02-20		California Changes - Actual Cash Value
4.	IL0104	07-20		California Changes
5.	IL0270	07-20		California Changes - Cancellation And Nonrenewal
6.	IL0935	07-02		Exclusion of Certain Computer-Related Losses
7.	IL0952	01-15		Cap On Losses From Certified Acts Of Terrorism
8.	IL7268	09-09		In Witness Clause
9.	IL7273	08-08		Loss Prevention Services
10.	IL7324	07-21		Global Sanction Endorsement
11.	IL7368	01-20		Disclosure Pursuant To Terrorism Risk Insurance Act
12.	IL7236	07-05		Nuclear, Biological or Chemical Exclusion

\* If not at inception

**IN WITNESS CLAUSE**

In Witness Whereof, we have caused this Policy to be executed and attested, and, if required by state law, this Policy shall not be valid unless countersigned by our authorized representative.



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PRESIDENT



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SECRETARY

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

**Schedule**

**Schedule - Part I**

Terrorism Premium (Certified Acts) \$ 0.00

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies): IMP F470417 00 00

Additional information, if any, concerning the terrorism premium:

**Schedule - Part II**

**Federal share of terrorism losses is 80%**  
(Refer to Paragraph B. in this endorsement.)

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Disclosure of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure of Federal Participation in Payment of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap on Insurer Participation in Payment of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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CM 76 00 09 00

Policy: IMP F470417 00 00

**INLAND MARINE COVERAGE PART  
DECLARATIONS PAGE****NAMED INSURED:** Highway Trans LLC**POLICY PERIOD:**

02/13/2026 to 02/13/2027

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.

**DESCRIPTION OF BUSINESS:** Dry Van/Box Van/Cargo Van/Dump/Pneumatic/Tanker, Refrigerated Freight**PREMIUM:**

Premium for this Coverage Part: \$ 2,473.00

Premium shown is payable: \$ at inception;

\$

**FORMS AND ENDORSEMENTS** applicable to all Coverage Parts and made part of this policy at time of issue are listed on the attached Forms and Endorsements Schedule CM 88 01 (11/85).

**FORMS AND ENDORSEMENTS SCHEDULE**

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	<b>Form and Edition</b>	<b>Date Added * or Date Deleted</b>	<b>Form Description</b>
1.	CM7600 09-00		Inland Marine Coverage Part Declarations Page
2.	CM0001 09-04		Commercial Inland Marine Conditions
3.	CM8941 11-22		Cargo Advantage Declarations
4.	CM8942 11-22		Cargo Advantage Coverage Form
5.	CM8959 11-22		Scheduled Motor Vehicles Endorsement
6.	CM8950 11-22		Diminishing Deductible Endorsement For Loss-Free Experience
7.	CM8656 11-17		Marijuana Exclusion

\* If not at inception

CM 89 41 11 22

Policy No. IMP F470417 00 00

**CARGO ADVANTAGE<sup>®</sup> DECLARATIONS**

<b>NAMED INSURED:</b> Highway Trans LLC	<b>POLICY PERIOD:</b> 02/13/2026 to 02/13/2027
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**1. Coverage and Limits of Insurance:** Coverage is provided only if a Limit of Insurance is shown.

The most we will pay for "loss" is:

\$ 100,000 in any one "loss" but not more than:  
 \$ on any one vehicle while in "transit" or ( X ) See CM 89 59 Schedule of Motor Vehicles

**2. Additional Coverages:**

	<b>Limits of Insurance</b>
Debris Removal, Towing, Traffic Control & Security	\$ 10,000
Reloading Expense	\$ 5,000
Pollutant Clean Up	\$ 10,000
Earned Freight Charges	\$ 10,000
Fire Department Service Charges	\$ 10,000
Loss Data Preparation	\$ 1,000
Reward Coverage	\$ 2,500

**3. Optional Coverages:** Coverage is provided only for those coverages selected below with an ( X ) in parenthesis:

( X ) Refrigeration Breakdown  
 ( X ) Subhauler or Owner Operator under Contract or Lease to a Motor Carrier  
 ( ) Owners Goods Extension

**Limits of Insurance**

( X ) Non-Owned Container and Trailer Interchange \$ 70,000 in any one "loss", but not more than  
 \$ 70,000 on any one container or trailer  
 ( ) Reusable Packing Containers \$  
 ( ) Tarps, Chains and Moving Equipment \$

**4. Deductible:** All Covered Causes of Loss unless a separate amount is shown below

	\$ 1,000
Refrigeration Breakdown	\$ 2,500
Non-Owned Container and Trailer Interchange	\$ 1,000
Reusable Packing Containers	\$
Tarps, Chains and Moving Equipment	\$
( ) See Endorsement	

If two or more deductibles would apply in any one "loss", only the largest single deductible will apply and that amount will be deducted.

#### 5. Premium & Reporting:

**Premium Basis:**         Scheduled Vehicles  
                                    Non-Reporting  
                                    Reporting

**Premium:**                \$ 2,473.00

#### REPORTING

**Deposit Premium:**    \$

**Minimum Premium:**    \$

**Reporting Period:**                                     Monthly                                     Quarterly                                     Annual

**Premium Adjustment Period:**                                     Monthly                                     Quarterly                                     Annual

**Reporting Rate:**    \$                                    per 100 of reporting base or     See Multiple Rate Endorsement

**Reporting Base:**     "Gross Mileage"     "Gross Receipts"     Other - See Endorsement

**Date First Report Due:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## SCHEDULED MOTOR VEHICLES ENDORSEMENT

This endorsement modifies insurance provided under the following:

CARGO ADVANTAGE® COVERAGE FORM

### Coverage

If the premium for your policy is determined on a scheduled motor vehicle basis, we will pay for "loss" to Covered Property from a Covered Cause of Loss only if such "loss" occurs while Covered Property is in "transit":

1. in or on a motor vehicle (truck or tractor) scheduled below, or
2. in or on a trailer (trailer includes a container on a chassis type vehicle) while pulled by a motor vehicle scheduled below, or
3. while "loading" or "unloading" from a motor vehicle scheduled below or trailer intended to be or having been pulled by a motor vehicle scheduled below,

and is otherwise covered by the Coverage Form.

This endorsement does not change any coverage provided by **A. Coverage, 1. Covered Property**, Subparagraph **b.** at premises scheduled.

### Schedule of Motor Vehicles

Model Year	Manufacturer	Body Type	Identification Number	Limit of Insurance
2020	VOLVO VN		4V4NC9EH2LN227976	\$ 100,000

### Additionally Acquired Motor Vehicles

Schedule of Motor Vehicles includes the following:

1. any similar motor vehicle that you acquire after the policy inception date by purchase or under a long-term lease (of at least 12 months), and
2. any motor vehicle that is a substitute for a motor vehicle scheduled above, when the scheduled motor vehicle is being withdrawn from service because of accident, breakdown, repair, loss or damage to, or sale of, the motor vehicle;

But not beyond:

- a. 30 days; or
  - b. the end of the policy period,
- whichever occurs first.

You must report these motor vehicles to us within 30 days of the date that you first acquired them. For newly leased or purchased motor vehicles, you will be charged premium from the date of acquisition.

If you fail to report a newly acquired or substitute motor vehicle within the 30-day period, coverage does not and will not apply to "loss" to Covered Property in or on (and during "loading" or "unloading" of) such unreported vehicle and any trailer used with, or pulled by, such motor vehicle.

**Limits of Insurance**

The most we will pay for "loss" to Covered Property in or on:

1. any newly purchased or leased motor vehicle (including a trailer while pulled by such motor vehicle) is the largest Limit of Insurance shown above for any one scheduled motor vehicle;
2. any substitute motor vehicle (including a trailer while pulled by such motor vehicle) is the Limit of Insurance shown above for the scheduled motor vehicle that was withdrawn from service.

**All other terms and conditions remain unchanged.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DIMINISHING DEDUCTIBLE ENDORSEMENT FOR LOSS-FREE EXPERIENCE**

This endorsement modifies insurance provided under the following:

CARGO ADVANTAGE® COVERAGE FORM

The Deductible amount shown in the Policy Declarations will decrease by an amount equal to 25% of the deductible on the attachment date, at each renewal date, beginning with the first renewal date following the attachment of this endorsement to your policy and each policy year thereafter in which you do not have a "loss" covered by this insurance policy that results in payment by us, until the deductible amount is \$0.

Should you incur a "loss" covered by this insurance policy that results in a payment by us, immediately following any such "loss," the deductible will be reinstated to the amount shown in the Policy on the attachment date of this endorsement or the deductible amount subsequently endorsed on the Policy that was applicable to your Cargo Advantage® Coverage Form.

The deductible reduction does not apply to separate deductibles shown in the Declarations for Optional Coverages.

For the purpose of this endorsement:

the deductible amount is: \$ 1,000;

the attachment date is: 02/13/2026;

the first renewal date thereafter is: 02/13/2027

**All other terms and conditions remain unchanged.**