

# Application for Insurance

Please review and sign where indicated

**Policy number: 873843553**  
 Named Insured:  
 ROYAL TRANS GROUP LLC  
 May 7, 2026  
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## Policy and premium information for policy number 873843553

Insurance company:	United Financial Cas Co PO Box 94739 Cleveland, OH 44101
Agent:	PARMJIT S DHAMI AMERIGO INS AGENCY 1110 CIVIC CTR #202D YUBA CITY, CA 95993 01PKK 1-530-290-1633
Named Insured:	ROYAL TRANS GROUP LLC PO BOX 1100 Woodland, CA 95776 Primary e-mail address: OP@ROYALTRANS.GROUP Primary Phone Number: 1-530-441-4016
Financial responsibility vendor:	TransUnion 1-800-916-8800
Policy period:	May 8, 2026 - May 8, 2027
Effective date and time:	May 8, 2026 at 12:01 am ET
Total policy premium:	\$13,813.76
Initial payment required:	\$3,481.01
Initial payment received:	\$3,481.01
Payment plan:	10 Pay, 25% DP, Mthly

## Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's License number	State	Points	Additional information
SUKHVINDER P SINGH	01/15/1959	****5041	CA	0	

## Outline of coverage

### Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$7,851
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$750,000 combined single limit		400
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		19

Comprehensive			996
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,747
See Auto Coverage Schedule	Limit of liability less deductible		
Trailer Interchange	\$40,000	\$2,000	970
<b>Subtotal policy premium</b>			<b>\$11,983.00</b>

**Motor Truck Cargo coverage part**

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$2,500	\$1,794
Refrigeration Breakdown	included in Motor Truck Cargo Limit	\$2,500	included
<b>Subtotal policy premium</b>			<b>\$1,794.00</b>
Federal Filing Fee			35.00
California Vehicle Assessment Fee			1.76
<b>Total 12 month policy premium and fees</b>			<b>\$13,813.76</b>

**Rated commodities**

- BUSINESS DOCUMENTS/NON-NEGOTIABLE SECURITIES
- PAPER AND PAPER PRODUCTS

**Auto coverage schedule**

- 2027 FREIGHTLINER CASCADIA 126 5TH GENERATION** Stated Amount: \* \$180,000 (including Permanently Attached Equip)  
VIN: **3AKJJDROVSXD9344** Garaging Zip Code: 95993 Radius: 500 miles  
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM/UIM Premium	Med Pay Premium	Physical Damage Premium		Auto Total
	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		
\$7643	\$2,500	\$400	\$2,500	\$1747		<b>\$10,805</b>

Garaging Address: 772 ALLEN WAY Yuba City, CA 95993

- 2030 Non-owned Attached Trailer \*\***  
VIN: **None** Garaging Zip Code: 95993 Radius: 500 miles  
Personal use: N Body type: 20

Liability Premium	Liability Premium	Auto Total
\$208		<b>\$208</b>

Garaging Address: , 95993

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

\*\*Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

**Financial responsibility information**

Name	Age	Date of birth
SUKHVINDER P SINGH	67	01/15/1959
772 ALLEN WAY YUBA CITY, CA 95993		
Is SUKHVINDER P SINGH involved in the daily operation of the business? Yes		

### Business information

Business ..... Other Business .....  
General Freight Hauler  
Business Structure ..... Employer ID Number (EIN) .....  
Corporation ..... 87-3026896 .....

Do any listed vehicles or the load require a hazardous material placard? No

Do you have a USDOT Number? Yes

What is the USDOT Number? 3749259

We may use USDOT data collected by the Federal Motor Carrier Safety Administration to rate the policy.

### Additional policy questions

Do you currently have other coverages for your business? NONE

### Premium discount

Policy .....  
873843553 ..... Electronic Funds Transfer .....

### Insurance history

.....  
Are you currently insured with Progressive commercial auto? No  
.....  
Prior insurance: No

### Underwriting questions

Is your business required to provide a state or federal agency proof of insurance/filings? Yes

Does this quote include all vehicles owned and operated in your business? Yes

Federal Liability Filing: Yes

MCS-90: Yes

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### Important Notice

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

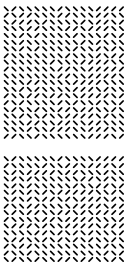
### Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims, insurance and credit histories. Information may also be obtained from the Federal Motor Carrier Safety Administration. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, agent, or broker in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured authorizes release to the Company of the residence address and other information in any state Department of Motor Vehicle's records regarding any person named on this application and any person now or hereafter insured under this policy, and waive the provisions of Section 1808.21 of the California Vehicle Code to the extent it would prohibit the release of such information. The information will be used for insurance underwriting or rating, claims investigation and/or antifraud activities. This authorization and waiver will remain in effect throughout the term of the policy and any renewals thereof.

### The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.



If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

**Other charges**

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$0.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 0 days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I am the person identified as the named insured or I am the authorized signatory of the named insured entity. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "click to e-sign", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to bind the named insured to its terms.

**Signature of first named insured or**

**Authorized signatory of the named insured entity**

**Date**

**Title**

X

.....

Form Z421 CA (05/21)

