

BINDER

QUOTE TYPE: New Business

POLICY #: 26INLDM18289

PARTICIPATION: 100% of the Limits set forth herein

DATE: 4/27/2026

SECURITY: 100% Lloyd's Syndicate 1036
Lloyd's of London - A.M. Best Rated A XV

INSURED: AWB Transport, Inc.

STREET NAME 20927 Balmoral Glen, Ln **CITY:** Katy **STATE:** TX **ZIP**
CODE: 77449

EFFECTIVE 4/28/2026 **EXPIRATION** 4/28/2027
DATE **DATE:**

POLICY CATASTROPHE LIMIT

The most we pay for loss under this policy in any one occurrence over all coverages combined is **\$1,000,000**

EARTHQUAKE

The most we pay for all covered loss or damage arising out of Earthquake under this policy in any one occurrence over all coverages combined is **\$1,000,000**

The most we pay for all losses during each separate 12-month period of this policy is **\$1,000,000**. This amount is limited to the expiration or anniversary date.

FLOOD

The most we pay for all covered loss or damage arising out of Flood under this policy in any one occurrence over all coverages combined is **\$1,000,000**

The most we pay for all losses during each separate 12-month period of this policy is **\$1,000,000**. This amount is limited to the expiration or anniversary date.

NAMED WINDSTORM

The most we pay for all covered loss or damage arising out of Named Windstorm under this policy in any one occurrence over all coverages combined is **\$1,000,000**

TERRITORY AS RESPECTS VEHICLE PHYSICAL DAMAGE

Property while in the United States of America

TERRITORY AS RESPECTS ALL OTHER INLAND MARINE COVERAGES

Property while in the United States of America, its territories and possessions, Canada, and Puerto Rico.

COVERAGES

VEHICLE PHYSICAL DAMAGE

Premium				
Coverage	Unit	Exposure Base	Rate	Premium
VEHICLE PHYSICAL DAMAGE	TIV	\$ 12,710,377	\$ 2.5764	\$ 327,470
Total Annual Premium Excluding TRIA				\$ 327,470
Additional TRIA Premium (Optional)				\$ REJECTED
Total Annual Premium Inclusive of TRIA				\$ N/A
Installment Type:				Prepaid
Installment Amount:				N/A
PLUS ANY APPLICABLE SURPLUS LINES TAXES AND/OR STAMPING FEES, WHICH AGENT IS RESPONSIBLE FOR FILING				
Deposit Premium				100%
Minimum Earned Premium				25%

Line Offered: 100% of the Limits set forth herein

Billing Type: Agency Bill

Security: 100% Lloyd's Syndicate 1036
Lloyd's of London - A.M. Best Rated A XV

Thank you for the bind order!

QBE INTERNATIONAL MARKETS

BY: _____

SL Notice Wording

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus lines coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

VEHICLE PHYSICAL DAMAGE SCHEDULE OF COVERAGES (MANUSCRIPT)

Schedule Of Coverages And Covered Autos

This Policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Vehicle Physical Damage Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit Or Deductible	Premium
Covered Autos Liability	N/A	\$ NOT COVERED	\$ NOT COVERED
Personal Injury Protection (Or-Equivalent No-Fault Coverage)	N/A	Separately Stated In Each Personal Injury Protection Endorsement Minus \$ NOT COVERED Deductible	\$ NOT COVERED
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)	N/A	Separately Stated In Each Added Personal Injury Protection Endorsement	\$ NOT COVERED
Property Protection Insurance (Michigan Only)	N/A	Separately Stated In The Property Protection Insurance Endorsement Minus \$ NOT COVERED Deductible For Each Accident	\$ NOT COVERED
Auto Medical Payments	N/A	\$ NOT COVERED Each Insured	\$ NOT COVERED
Medical Expense And Income Loss Benefits (Virginia Only)	N/A	Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$ NOT COVERED
Uninsured Motorists	N/A	\$ NOT COVERED	\$ NOT COVERED
Underinsured Motorists (When Not Included in Uninsured Motorists Coverage)	N/A	\$ NOT COVERED	\$ NOT COVERED

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit Or Deductible	Premium
Trailer Interchange Comprehensive Coverage	N/A	\$ NOT COVERED	\$ NOT COVERED
Trailer Interchange Specified Causes Of Loss Coverage	N/A	\$ NOT COVERED	\$ NOT COVERED
Trailer Interchange Collision Coverage	N/A	\$ NOT COVERED	\$ NOT COVERED
Physical Damage Comprehensive Coverage	61	<p>\$ 1,000,000 Any One Occurrence</p> <p>\$ 200,000 Any One Auto not to exceed individual auto value reported on the most recent schedule on file.</p> <p>\$ 5,000 Deductible</p> <p>Deductible in any one occurrence.</p> <p>Maximum deductible does not apply.</p> <p style="text-align: center;">OR</p> <p>\$ 5,000 Deductible in any one occurrence.</p> <p>Maximum deductible does not apply.</p>	\$ 327,470

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Physical Damage Specified Causes Of Loss Coverage	61	<p> \$ 1,000,000 Any One Occurrence \$ 200,000 Any One Auto not to exceed individual auto value reported on the most recent schedule on file. \$ 5,000 Deductible Deductible in any one occurrence. Maximum deductible does not apply. OR \$ 5,000 Deductible in any one occurrence. Maximum deductible does not apply. </p>	INCLUDED
Physical Damage Collision Coverage	61	<p> \$ 1,000,000 Any One Occurrence \$ 200,000 Any One Auto not to exceed individual auto value reported on the most recent schedule on file. \$ 5,000 Deductible in any one occurrence </p>	INCLUDED
Physical Damage Towing And Labor	61	<p> \$ 35,000 For Each Disablement Of A Covered Auto </p>	INCLUDED
Estimated Total Premium			\$ 327,470
*This Policy may be subject to final audit.			

VEHICLE PHYSICAL DAMAGE REPORTING CONDITIONS

Reporting Period -- (check one)

- Monthly
- Quarterly
- Annual

Additional Premium Due After Expiration -- When the premium for the coverage provided by this policy is based upon reports of value, any additional premium owed to us is due on the due date that appears on the billing notice.

Adjustment Period -- (check one)

- Monthly
- Quarterly
- Annual

Values (describe property)

As Per Schedule on File

Rates and Premium --

Rate (per \$100)	<u>\$ 2.5764</u>
Deposit Premium	<u>\$ 327,470</u>
Minimum Premium	<u>\$ 297,423</u>

REPORTING CONDITIONS

Reporting Conditions -- The following reporting conditions are added to this policy.

1. Reports --

a. You Will Report To Us -- Within 30 days after the end of each reporting period, "you" will report to "us", as indicated on the Reporting Schedule, the value of all property described on the Reporting Schedule. "Your" report will consist of a schedule or list of all described property and the schedule or list will contain:

- 1) a description of each piece of property; and
- 2) the value of each piece of property.

b. Cancellation -- If "your" coverage is canceled, "you" will report the total value of all described property up to and including the date of cancellation and pay any additional premium due.

2. Premium Computation And Adjustment -- The premium will be adjusted as of each adjustment period indicated on the Reporting Schedule. The "computed premium" will be determined by multiplying the total value by the rate indicated on the Reporting Schedule.

a. Annual Adjustment Period --

When an annual adjustment period is indicated on the Reporting Schedule, "we" will compare the total "computed premium" to the "deposit premium". If it is more than the "deposit premium", "you" will pay "us" the difference. If it is less than the "deposit premium", "we" will pay "you" the difference subject to the minimum premium indicated on the Reporting Schedule.

b. Other Adjustment Period --

When a premium adjustment period other than annual is indicated, "we" will determine an "adjustment premium" after each adjustment period. The "adjustment premium" will be determined by comparing the total value of the current adjustment period report and the total value of the prior adjustment period report. The difference will be multiplied by the rate indicated on the Reporting schedule and pro-rated accordingly.

"You" will pay "us" all "adjustment premiums" that exceed zero. If the "adjustment premium" is less than zero, "we" will pay "you" the difference subject to the minimum premium indicated on the Reporting Schedule.

3. Provisions That Affect How Much We Pay --

The following provisions apply to reports that are submitted and may affect How Much We Pay:

a. Failure To Submit Reports --

If "you" have failed to submit the required reports or no report has been submitted, the most "we" will pay is 90% of the "limit".

b. Reported Values Are Less Than The Full Value --

If "your" last report before a loss shows less than the actual value of described property, "we" will not pay more than the value of the described property on the last report.

c. We Will Not Pay More Than The Limit --

"We" will not pay more than the applicable "limit" regardless of any reported value used in computing the premium.

IM 7851 01 12 Blanket Loss Payable Endorsement

Named Insured: AWB Transport, Inc.

Effective Date: 4/28/2026

This endorsement is issued as part of the policy referenced above. This policy is here by amended as follows:

Any loss will be adjusted with “you” and will be payable to “you” and the loss payee as “your” and their interests may appear.

All other terms, conditions and exclusions of the policy remain unchanged. This endorsement is issued with no additional premium.

Reporting/Adjustment Requirements

Coverage	Reporting Required	Reporting Frequency	Reporting Rate	Adjustment Required	Adjustment Frequency	Necessary Information
VEHICLE PHYSICAL DAMAGE	Yes	Quarterly	\$ 2.5764	Yes	Annual	Values

Forms and Endorsement List

Attached to and forming part of policy number: TBD

VEHICLE PHYSICAL DAMAGE

Vehicle Physical Damage Coverage Form (MANUSCRIPT)

Vehicle Physical Damage Schedule of Coverages (MANUSCRIPT)

IM 7851 01 12 Vehicle Physical Damage Reporting Conditions (MANUSCRIPT)

MANDATORY FORMS

QBE Non-Admitted Cover Sheet

QBE Claims Notice

Certificates of Insurance Notice

CL 0100 03 99 Common Policy Conditions

IL-4010 12 20 US Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

JC2010/014 Sanction Limitation and Exclusion Clause

CL 0610 01 15 Certified Act of Terrorism Exclusion (IF TRIA REJECTED)

CL 0600 01 15 Certified Terrorism Loss (IF TRIA ACCEPTED)

CL 0605 01 21 Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses (IF TRIA ACCEPTED)

LMA5403 11 19 Marine Cyber Endorsement

BEP-802 02 14 Surplus Lines Tax Filing Information

JC2020-011 Communicable Disease Exclusion

State-Specific Surplus Lines Wording

IM 7851 01 12 Policy Catastrophe Limit Endorsement (MANUSCRIPT)

IM 7851 01 12 Blanket Loss Payable Endorsement (MANUSCRIPT)

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$Per Quote
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number OR Type

Date

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

QBE International Markets (Authorized Representatives)

To get information or file a complaint with your insurance company or HMO:

Call: Compliance Manager at (713) 243-4300

Email: enquiries@qbeim.com

Mail: 1300 Post Oak Blvd, Suite 700, Houston, TX 77056

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

QBE International Markets (Authorized Representatives)

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Compliance Manager al (713) 243-4300

Correo electrónico: enquiries@qbeim.com

Dirección postal: 1300 Post Oak Blvd, Suite 700, Houston, TX 77056

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091