

Policy number: 873501484

Policyholder:

KINGPEAK INTERMODAL INC

April 30, 2026

Policy period: Apr 30, 2026 - Apr 30, 2027

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- Your application
- Electronic Funds Transfer (EFT) Authorization
- Electronic Funds Transfer (EFT) Authorization for single deduction
- Uninsured/Underinsured Motorist Coverage - Election of Lower Limits

Return to: PARMJIT S DHAMI
AMERIGO INS AGENCY
1110 CIVIC CTR #202D
YUBA CITY, CA 95993
Fax: 1-530-290-1701

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.

Form CHECKLIST CA (12/23)