

Prepared by:

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Client:

Lalpuria Trans Inc
1700 N Tully Rd
Turlock, CA, 95380
Tel: (209) 410-2601

COMMERCIAL AUTO DECLARATIONS

DOT Number 4127392

MC Number MC1579770

State Authority:

No	Authority Name	State
4127392	Lalpuria Trans Inc	CA

Underwritten by: Star Mutual RRG

NAIC: 17024

Policy Number: 31312-14AD7D-25

Effective Dates: 10/10/2025 - 10/10/2026

State: CA

Longest Radius: unlimited

Business Type: Corp&Inc

IN RETURN FOR THE PAYMENT OF THIS PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

SCHEDULE OF COVERAGES AND COVERED AUTO

This policy provides only those coverages where a charge is shown in the premium column below. Each of these overages will apply only to scheduled vehicles operated by scheduled and approved operators in the scope of insured's business.

Coverages:

Description	Limits and Deductibles
BI/PD	Limit \$1,000,000.00 Sublimit Cleanup Cost, limit \$10,000.00 Deductible \$1,000.00
Uninsured/Underinsured Motorist Bodily Injury	Limit, per accident \$30,000.00, per person \$15,000.00 Uninsured Property Damage limit, per accident \$3,500.00
Medical Payments	Limit \$1,000.00

Total Quoted Premium: \$13,610.42

Tax \$394.70

Member Surplus Contribution \$2,722.08

Total Quoted Cost for the Term: \$16,727.20

Minimum Earned Premium 15.0%

Minimum Earned Fee **Member Surplus Contribution** 100.0%

Number of Covered Power Units: 1

Number of Covered Drivers: 1

Scheduled Vehicles:

No	Year	Make Model	VIN	Class GVWR	Garaging Zip Code	Radius
1	2019	FREIGHTLINER Cascadia	3AKJHHDR4KSKD2177	Class 8: 33,001 lb and above	95380	unlimited Miles

Excluded Vehicles:

No Excluded Vehicles

Scheduled Trailers:

No Scheduled Trailers

Scheduled Drivers:

No	First Name	Last Name	DOB	State	License	Points	CDL Exp
1	Malkit	Singh	4/19/1992	CA	Y5953042	2	5/9/2019

Excluded Drivers:

No Excluded Drivers

POLICY HOLDER NOTICES:

This Policy is issued by a Risk Retention Group. We may or may not be subject to all insurance laws and regulations of your state. This policy is not covered under State Insurance Insolvency and Guarantee Fund.

Coverage is provided for Continental US Only.

We strongly recommend you to review your Declaration Page, coverage form and endorsements carefully to verify that coverages, limits, deductibles and any other policy details are correct and meet your insurance needs.

Federal, state and local laws and/or regulations may require you to carry higher limits of liability insurance or different coverages, based on your business operations or vehicle type. It is your responsibility to comply with these laws. Please contact the state department of transportation, your employer, or the city and municipalities where you operate, or any other applicable authorities to determine if you're required to carry higher limits and/or coverages.

This policy is a manuscript policy that is not standard policy, please read this policy carefully.

Please note that your policy language may be changed at renewal. The policy sets forth, in detail, the rights and obligations of both you and your insurance company.

Any and all policy Changes must be submitted to our authorized insurance representative in writing at least 2 business days before the requested effective date.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated United States sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC.

Our retail agents are prohibited from charging any fees in excess of Premiums and Membership Contribution Fees stated in the declaration pages. Any deviation from this practice should be reported to our compliance team.

You are required to notify us of all

incidents, occurrences, events, losses or accidents which may result in a claim without any exceptions within 48 business hours of such occurrence at Toll Free 800-730-0373 or at StarClaims@gbgrouppllc.com

Warning: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.