

DATE RECEIVED BY DMV

STATE OF CALIFORNIA

MOTOR CARRIER (CA) #

DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

605605

INSURANCE POLICY ENDORSEMENTMotor Carriers of Property
Bodily Injury Liability and Property Damage Liability

INSURER (INSURANCE COMPANY) (NAME, ADDRESS, AND PHONE #) DB Insurance Co. Ltd (U.S. Branch) 222 S. Harbor Blvd., Suite 720 Anaheim, CA, 92805	NAIC # 12502	Status: <input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1763 of the California Insurance Code. <small>American Team Managers Insurance Services</small> SURPLUS LINE BROKER NAME <input type="checkbox"/> Charitable Risk Pool
	OTHER # 	
NAME OF INSURER'S AUTHORIZED REPRESENTATIVE 		
INSURED (MOTOR CARRIER NAME AND ADDRESS) MAHAL INC 4852 WINAMAC DR SACRAMENTO, CA 95835		Filed with the: California Department of Motor Vehicles Motor Carrier Permit Branch P. O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153

This Endorsement shall be attached to and made a part of all policies insuring motor carriers of property required to obtain a permit pursuant to the Motor Carriers of Property Act (Act), California Vehicle Code sections 34600 and following. The purpose of this Endorsement is to assure compliance with the Act and related rules and regulations.

Insurer agrees that the coverage provided by the endorsement excludes any costs of defense or other expense that the policy provides.

Insurer agrees to pay, consistent with the minimum insurance coverage required by California Vehicle Code /34631.5, and consistent with the limits it provides herein, any legal liability of insured for bodily injury, death, or property damage arising out of the operation, maintenance, or use of any vehicle for which a motor carrier permit is required, whether or not such vehicle is described in the attached policy.

Insurer agrees that no provision, stipulation, or limitation contained in the attached policy or any endorsement shall relieve insurer from obligations arising out of this endorsement or the Act, regardless of the insured's financial solvency, indebtedness or bankruptcy.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits. <input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.	CCA-0025926-00	3/25/2026	COMBINED SINGLE LIMIT	\$ 750,000
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT	\$ _____ in excess of \$
			BODILY INJURY (ONE PERSON)	\$ _____ in excess of \$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$ _____ in excess of \$
			PROPERTY DAMAGE	\$ _____ in excess of \$

Insurer certifies that this insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.

Insurer agrees that the Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV, written on an authorized Notice of Cancellation form and that the thirty (30) day/period commences to run from the date of the Notice of Cancellation was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Permit Branch in Sacramento, California.

Insurer agrees to furnish DMV with a duplicate original of the referenced policy, DMV authorized endorsement, and all other related endorsements and documentation upon request.

Except as specified in this endorsement, the terms, conditions, and limitations of this policy remain in full force and effect. This endorsement shall not prevent insurer from seeking reimbursement from insured for any payment made by insurer solely on account of the provisions herein.

By signing this form, the Insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Insurance Policy Endorsement is true and correct.

EXECUTED AT (CITY, STATE) ANAHEIM, CA

DATE 3/25/2026

SIGNATURE OF INSURED'S AUTHORIZED REPRESENTATIVE