



Business Auto Declaration

This is a description of your coverage.
Please retain for your records.

GEICO Marine Insurance Company

ITEM ONE

Agent Name and Address:

AMERIGO INSURANCE AGENCY
1110 CIVIC CENTER BLVD STE 202D
YUBA CITY, CA 95993
(530) 290-1633

Policy Number: 9300111228-01

Policy Period:

02-08-2026 through 02-08-2027
Your coverage begins and ends at 12:01am
Standard Time at the address of the named insured.
Previous Policy Number: 9300111228-00

Named Insured and Mailing Address:

JALAL 08 FREIGHT INC
7112 ESTES DRIVE
INDIANAPOLIS, IN 46239
Email Address: PARMJITSINGHUS85@GMAIL.COM

Entity Type: Corporation

Description of Business: Other For- Hire Trucking Operations

Endorsements Attached to this Policy: SEE SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM TWO

Schedule of Cargo Coverage

Coverage	Limits and/or Deductibles	Premium
Motor Truck Cargo Coverage	\$100,000/\$1,000 Deductible	\$3,070
Total Cargo Coverage Premium		\$3,070

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Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a premium and a symbol are shown, in the 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 column and a charge is shown in the premium column next to the name of the coverage below.

Coverages	Covered Autos	Limits and/or Deductibles	Vehicle 1	Vehicle 2		
Covered Auto Liability	7	1M	\$14,957	\$474		
Personal Injury Protection (Or Equivalent No-fault Coverage)						
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)						
Auto Medical Payments	7	5,000 Each Insured	\$75			
Uninsured Motorists	7	1M	\$133	Rejected		
Underinsured Motorists (When Not Included In Uninsured Motorists)	7	1M	\$77	Rejected		
Physical Damage Comprehensive Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Collision Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Towing and Labor Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Rental Reimbursement Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Comprehensive Coverage – Stated Amount	7	See endorsement for Limit of Insurance	\$407 Deductible \$2,500	\$106 Deductible \$2,500		
Physical Damage Collision Coverage - Stated Amount	7	See endorsement for Limit of Insurance	\$4,892 Deductible \$2,500	\$2,252 Deductible \$2,500		
Total Premium Per Vehicle			\$20,541	\$2,832		
					Tax/Surcharge/Fee	

*Estimated Total Premium	\$26,443
*This policy may be subject to final audit. **See Item Four for Hired or Borrowed Autos.	

ITEM THREE
Schedule of Covered Autos

Vehicle No.	Year, Make, Model, VIN	Garaging Zip Code	Radius Of Operation	Original Cost New	Body Type
1	2020, KENWORTH, T680, 1XKYD49XXLJ382555	46239	0-500+		
2	2020, Utility, Dry Freight Trailer, 1UYVS2539L3814635	46239	0-500+		

Classification

Vehicle No.	Size GVW, GCW Or Vehicle Seating Capacity	Use Class	Code
1	45000	Heavy/ Special	064
2		Heavy/ Special	064

Financed/Leased

Vehicle No.	Financed/Leased	Finance Company, Lienholder, or Loss Payee (If Financed or Leased)

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

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