

Named insured

ACE XPRESS INC  
4697 WEST AMHERST AVENUE  
FRESNO, CA 93722

**Policy number: 871125066**

Underwritten by:  
United Financial Cas Co  
March 16, 2026  
Policy Period: Mar 13, 2026 - Mar 13, 2027  
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**progressiveagent.com**  
**Online Service**

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

**1-530-290-1633**

**AMERIGO INS AGENCY**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began the later of March 13, 2026 at 12:01 a.m. or the effective time shown on your application. This policy period ends on March 13, 2027 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852CA (03/24), 4757 (02/19), MCS90 (99/99), 4852CA (02/19), 4881CA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$16,975
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$750,000 combined single limit		684
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		37
<b>Subtotal policy premium</b>			<b>\$17,696.00</b>
Federal Filing Fee			35.00
California Vehicle Assessment Fee			1.76
<b>Total 12 month policy premium and fees</b>			<b>\$17,732.76</b>

### Important information about fees

An installment fee of \$5.00 has been included in each payment. You may avoid paying additional installment fees by paying your remaining balance in full by the due date. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments. Please call your agent for details.

The following additional fees may apply:

Fee for returned checks or refused payments \$20.00

### Rated drivers

1. AJMER SINGH

**Auto coverage schedule**

- 2020 FREIGHTLINER CASCADIA 126**  
 VIN: **1FUJHHDR2LLA0425** Garaging Zip Code: 93722 Radius: 500 miles  
 Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM/UIM Premium	Med Pay Premium	Auto Total
	\$16526	\$684	\$37	<b>\$17,247</b>

- 2030 Non-owned Attached Trailer \*\***  
 VIN: **None** Garaging Zip Code: 93722 Radius: 500 miles  
 Personal use: N Body type: 20

Liability Premium	Liability Premium	Auto Total
	\$449	<b>\$449</b>

\*\*Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

**Premium discount**

Policy	Discount
871125066	Electronic Funds Transfer

**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.

**Company officers**

*Cory W. Fincher*

President

*Patricia M. Conner*

Secretary