

Named insured

US 1 XPRESS INC
US 1
793 S TRACY BLVD #311
TRACY, CA 95376

Policy number: 993778519

Underwritten by:
United Financial Cas Co
December 31, 2025
Policy Period: Mar 6, 2026 - Mar 6, 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 Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by March 6, 2026.

Your coverage begins on March 6, 2026 at 12:01 a.m. This policy expires on March 6, 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), MCS90 (99/99), 1303CA (05/21), 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			\$8,149
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured/Underinsured Motorist	\$750,000 combined single limit		383
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	Rejected		--
Subtotal policy premium			\$8,532.00
California Vehicle Assessment Fee			1.76
Total 12 month policy premium and fees			\$8,533.76

Important information about fees

An installment fee of \$3.00 has been included in each payment. You may avoid paying installment fees by paying your premium of \$9,078.76 in full by March 6, 2026. 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 and Excluded drivers

Important information regarding excluded drivers

If any drivers are shown as excluded drivers, then you agree that there is no coverage under any parts of this policy, for any accidents or loss arising out of the operation of any motor vehicles by the excluded drivers.

Additional information

1. RAJWINDER KAUR Excluded
2. AMANDEEP SHARMA

Auto coverage schedule

1. **2021 VOLVO VN**
 VIN: **4V4NC9EH6MN282464** Garaging Zip Code: 95376 Radius: 300 miles
 Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM/UM Premium	Auto Total
	\$7934	\$383	\$8,317

2. **2030 Non-owned Attached Trailer ****
 VIN: **None** Garaging Zip Code: 95376 Radius: 300 miles
 Personal use: N Body type: 20

Liability Premium	Liability Premium	Auto Total
	\$215	\$215

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

Premium discount

Policy	Electronic Funds Transfer
993778519	

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. Corwin

Secretary