

# EVIDENCE OF COVERAGE

DATE OF ISSUE: 01/14/2026

REPLACES ALL PREVIOUS EVIDENCES OF COVERAGE

## Authorized Agent:

TransGuard General Agency, Inc.  
11500 N. Ambassador Dr. Ste 200  
Kansas City, MO 64153-1211  
Phone: (800) 821-8014

In California, dba TransGuard General Insurance Agency  
In Utah, dba TransGuard General Insurance Agency, Inc.

## NAME & ADDRESS OF CERTIFICATE HOLDER:

D J CARGO XPRESS INC  
7105 TRIPLE FALLS DR  
BAKERSFIELD, CA 93312-6577  
US

## COMPANIES AFFORDING COVERAGE:

A) TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

MEMBER #: 431288 UNIT ID:

This is to certify coverage for the Certificate Holder named above, under the insurance policies listed below, as of the coverage effective date shown, subject to all of the terms, exclusions and conditions of such policies. This is not a policy. It is only evidence of insurance provided under the policies listed. A copy of the policies listed will be provided upon request.

COVERAGE TYPE	COVERAGE EFFECTIVE	COVERAGE EXPIRATION	LIMIT OF LIABILITY	POLICY NUMBER	POLICY RENEWAL
1 A) PERSONAL CONTENTS	01/14/2026	C.U.C.	Up to \$2,000 (\$100 Deductible)	TGM300007B-10000	04/01
2 A) PHYSICAL DAMAGE	01/14/2026	C.U.C.	Stated Amount/Actual Cash Value whichever is less, Less Collision or Comprehensive Deductible Shown Below Glass breakage \$100 deductible/window	TGM300007B-10000	04/01

THIS EVIDENCE OF COVERAGE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGE AFFORDED BY ANY POLICY IDENTIFIED ABOVE.

C.U.C.: Continuous Until Cancelled or Non-Renewed

EQUIPMENT EFFECTIVE	YEAR	MAKE	EQUIPMENT TYPE	VIN	PHYS DAM DEDUCTIBLE	DEDUCTIBLE EFFECTIVE	STATED AMOUNT	STATED AMOUNT EFFECTIVE
01/14/2026	2023	KENWORTH	Tractor	1XKYD49X4PJ264913	\$2,500	01/14/2026	\$80,000	01/14/2026

## LIEN HOLDER / LOSS PAYEE:

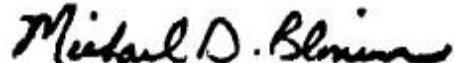
MOTOR CARRIER: 6429

OWN AUTHORITY  
US

Group Policyholder (applies to all coverages except Workers' Compensation):

NATIONAL ASSOCIATION OF INDEPENDENT TRUCKERS, LLC

Naperville, Illinois



AUTHORIZED REPRESENTATIVE

Group Policyholder Coverage effective at: 11:27 AM Standard Time at the Group Policyholder's address  
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APPROVAL OF COVERAGE

Prepared by: JeSchilling

cc: Certificate Holder, Motor Carrier

CS Account Rep: KIM DENNIS

## Terms and Conditions

By accepting the insurance coverage described on the front of this Evidence of Coverage (EOC), the named certificate holder agrees that he/she:

### *Pertaining to All Coverage:*

- is at least 18 years of age.
- and all of those who work for certificate holder, have fulfilled all requirements to work legally in the U.S. by 1) being a U.S. citizen and/or 2) being in full compliance with all federal laws and/or regulations regarding work eligibility.
- understands there is a one month minimum deposit premium charge for all insurance coverage.
- understands that the giving of any inaccurate, false, or misleading information on his/her application for insurance may result in denial of benefits under any and all insurance coverages issued.
- understands that if coverage is cancelled for non-payment of premium his/her deposit premium will be used to cover any outstanding premium.
- understands that the cost of this insurance is his/her sole obligation and responsibility, and agrees that he/she will pay upon demand any amount due and owing for any insurance or at any time his/her account remains unpaid.
- authorizes the release to the National Association of Independent Truckers, LLC (NAIT), its affiliated insurers and their representatives, if necessary: 1) all insurance documents related to him/her and/or his/her insured equipment; 2) his/her current Motor Vehicle Report; 3) applicable medical records; 4) any test results in accordance with DOT regulations; and 5) a copy of his/her lease agreement currently in effect.
- authorizes the motor carrier named on the front of this EOC to make deductions from his/her account equal to the cost of NAIT membership dues, benefits and insurance premiums and to remit same on his/her behalf if that motor carrier has agreed to settlement deduction arrangements. He/she also authorizes the named motor carrier to remit any deposit premium required for participation in NAIT's insurance programs, which is fully refundable upon termination of coverage if his/her account is current and in good standing.

### *Pertaining to Occupational Accident:*

- rejects statutory Workers' Compensation coverage when opting for Occupational Accident coverage, if required by state law .
- is not now, nor will become, an employee of any motor carrier while this coverage is in force.
- understands and agrees that as an independent contractor and in choosing this coverage he/she may not file or otherwise assert a claim for statutory Workers' Compensation benefits against his/her motor carrier and/or any insurer or company related to the such entities.
- will indemnify and forever hold harmless NAIT, his/her motor carrier and/or any insurer or company related to any of the foregoing entities of and from any claims made by him/her or on his/her behalf for statutory Workers' Compensation benefits.

### *Pertaining to Commercial Business Auto:*

- acknowledges that NAIT, as group policyholder, has elected Uninsured Motorist limits of \$25,000 per person/\$50,000 per occurrence, the minimum established by the state of Illinois, to apply to the group policy.

This Evidence of Coverage neither affirmatively nor negatively amends, extends, or alters the coverage afforded by any policy identified herein.