



AIA

WHERE TRUTH BUILDS TRUST

Insurance Proposal

Amerigo Insurance Agency

1110 Civic Center Blvd Ste# 202D
Yuba City, CA 95993
530-290-1633

Date: Hopewell Trans Inc
Dear: 10/31/2025
Phone Number: (559) 499-9598
Address: 7281 E Vassar Ave, Fresno, CA 93737

Enclosed is the proposal for you

I also wish to take this opportunity to thank you, for the opportunity you have provided us to serve you.

Please be at liberty to review the proposal and highlight any necessary adjustments. You can always get in touch with us if there is a need for clarification or additional information.

We hope to work together in the coming years.

Sincerely,
Parmjit Dhami

Coverage	Insurance Carrier	Deductible	Premium/Tax/Fee		Limits
General Liability	Dellwood Specialty Insurance Company A Rated	\$0.00	\$1,100.00		Please see attached



General Liability;

Each Occurrence Limits; \$1,000,000.00
Damage to Premises Rented to you Limits ; \$100,000.00
Medical Expense Limit; \$5,000.00
Personal & Advertising Injury Limit ;\$1,000,000.00
General Aggregate Limits; \$2,000,000.00
Products & Completed Operations Limits \$1,000,000.00

Payment

Paid in Full: \$1,100.00



Note: Min Earned Premium = ^{11/10/2025}Carrier will be retaining 25% of the total premium to bind all these policies.

Special Points

- * We cannot bind or alter coverage via fax, voicemail, text, or social media, all bind requests must be received via email. Coverage cannot be bound without written confirmation from our Agency.
- * Agency Fee: \$100.00
- * Signed endorsement request is needed to make any change to the policy. Driver and equipment need to be confirmed by the insurance company before their operation under the insured's authority.
- * We also offer General Liability, Worker Compensation, Occupational Accidental, and Excess/Umbrella Coverage upon the client's request.

INSURED SIGNATURE: _____

Signed by:

421FF4689D33491

DATE: 11/3/2025

Amerigo Insurance Agency

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

☐ New Request ☐ Change ☐ Termination

CUSTOMER INFORMATION

Name _____ Customer Number **DOT#** _____
Address _____
City _____ State _____ Zip _____

BANK ACCOUNT AUTHORIZATION

I authorize Parmjit Dhami Insurance Agency to make automatic withdrawals from my account per the payment schedule at the financial

CREDIT CARD AUTHORIZATION

I authorize Parmjit Dhami Insurance Agency to make automatic charges per the payment schedule shown to the credit card specified below.

PAYMENT SCHEDULE: The payment schedule agreed to by the undersigned is as follows

● **One-time payment :** One time Withdrawal or Charge

Frequency: (Check One)

☐ One time automatic withdrawal Amount \$ _____
☐ Recurring automatic withdrawal
☐ Quarterly ☐ Annually

Bank Account: (Select: ☒ checking ☐ savings)*

● Name(s) on Account _____
● Bank Name _____
● Account Number _____
● ABA number (9 Digits) _____

*If funds are to be transferred from a bank account, a "VOID" check must be attached to this Authorization (do not staple the check). The check must contain the name on the account, electronic routing transit number and account number. Starter checks and checks without the required information will not be accepted.

Quarterly: (\$ "As Invoiced") on the 1st

Frequency: (Check One)

☐ One time automatic withdrawal Amount \$ _____
☐ Recurring automatic withdrawal
☐ Quarterly ☐ Annually

Credit Card: (Select: ☐ VISA ☐ MasterCard)

Name(s) on Account _____
Card Number _____
Card Verification Value _____
Expiration Date _____

Note: Card will have a fee: 3.5%

All charges on your account will appear as "Amerigo Insurance Agency"

COMPANY

● Company Name _____
● (Signature) MANJIT SINGH
421FE4689D33491...
● By MANJIT SINGH _____
● Title _____
● Date 11/3/2025 _____

INDIVIDUALS

(Signature) _____
Printed Name _____
(Signature) _____
Printed Name _____
Date _____

Note: Signatures of all Individuals listed on the account and all individuals required to sign for withdrawals/payments are required on this Authorization.

Account Name

Account Number

System Entry Date

Operator Initials