



Insurance Application for "RAI TRUCKS INC"

Prepared by:

Amerigo Insurance Agency
 1110 Civic Center Blvd #202D
 Yuba City CA
 95993
 Tel: (530) 290-1633
 Email: Parm@aiazone.net
 Parmjit Dhani
 Tel: (510) 640-3573
 Fax: (510) 640-3573

Company:

Star Mutual RRG
 PO BOX 51414
 Philadelphia PA
 19115
 Tel: 855-569-7827
 Email: info@StarRRG.com

Please review the information listed below for accuracy. It is your responsibility to correct any errors or omissions. Incomplete and inaccurate information will modify your premium and in case of a claim may result in coverage denial.

Named Insured	RAI TRUCKS INC
DBA Name	
DOT	4213119
EIN	*****9916
Business Type	Corp&Inc

Locations:

Type	Street	City	State	ZIP
Main Office	8555 Raffinato Ct	Elk Grove	CA	95624-4156

Contacts:

Role	Name	Address	Phone	Email
Owner	Raghuwinder Singh	8555 RAFFINATO GROVE, CA 95624 CT ELK	(916) 917-4097	raibinda05@gmail.com

Quote Number	31814-7FA4E9-26
Effective Date	5/13/2026
Expiration Date	5/13/2027
Policy Term	12 months
Product Type	Commercial Auto Trucking Dry Van
Minimum Earned Premium	15.0%
Minimum Earned Fee	Member Surplus Contribution 80.0%
Payment Plan Selected	10 Payments - 20% Down payment + 9 Monthly Payments EFT
Fillings Requested	Federal MCS90 State Fillings • CA - 643458

Longest Radius of Operations	unlimited
Number of Power Units	1
Number of Drivers	1
Number of Trailers	0

Coverages:

Description	Limits and Deductibles
BI/PD	Limit \$1,000,000.00 Sublimit Cleanup Cost, limit \$10,000.00 Deductible \$0.00
MED PAY	Limit \$5,000.00
UM/UIM	UM/UIM BI limit, per accident \$60,000.00, per person \$30,000.00

Total Quoted Premium:	\$18,022.77
Tax	\$520.86
Member Surplus Contribution	\$2,703.42
Total Taxes:	\$520.86
Total Quoted Cost for the Term:	\$21,247.05

Disclosure:

Our retail agents are prohibited from charging any fees in excess of Premiums and Membership Contribution Fees disclosed above. Any deviation from this practice should be reported to our compliance team.

This Policy was issued by Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance solvency guarantee funds are not available for Risk Retention Groups.

Scheduled Vehicles:

No	Year	Make Model	VIN	Class GVWR	Garaging Zip Code	Radius
1	2023	PETERBILT 579	1XPBD49X7PD880443	Class 8: 33,001 lb and above	95624-4156	unlimited Miles

Scheduled Trailers:

No Scheduled Trailers

Scheduled Drivers:

No	First Name	Last Name	DOB	State	License	Points	CDL Exp
1	RAGHUWIND	SINGH	5/5/1983	NJ	S44906380005831	0	1/23/2023

Underwriting Questions:

Insurance History

Did you have continuous insurance coverage for 12 months prior to the effective date? Yes

Period	Insured	Insured months	for 12	# of Vehicles	Claims	# of claims	Total incurred
Current	Yes	Yes		1	No		
Year Claims 1	Yes	Yes		1	No		
Year Claims 2	No	No			No		
Year Claims 3	No	No			No		
Year Claims 4	No	No			No		

Radius of Operations

0+ miles	101+ miles	301+ miles	501+ miles	1000..0 miles
20%	20%	20%	20%	20%

Any change in ownership/management planned during the policy term?	No
Any change in ownership/management over last 3 years?	No
Any operations shared, co-owned, co-managed by any other entities and/or individuals?	No
Are all vehicles owned, registered, leased, rented, and used in business scheduled in the application?	Yes
Brokerage or Freight forwarding Authority or plan to obtain it during policy term?	No
Do you haul or will you haul hazmat during the term of the policy?	No
Additional Insured	No
Waiver of Sub	No
Has any Insurer Cancelled any of your policies within the last 36 months?	No
Do you plan to increase number of units?	No
How many	0
Video/Dash Cam	No
Number of vehicles with dashcams	0
I agree to complete a risk management call within one week of purchasing the policy. Further, I agree to report all accident and occurrences that may lead to a claim within three business days.	No

Payment Plan:

Due Date	Description	Amount Due
5/13/2026	fee: \$540.68, premium: \$3,604.55, tax: \$104.17	\$4,249.40
6/13/2026	fee: \$432.54, premium: \$1,602.02, tax: \$46.29	\$2,080.85
7/13/2026	fee: \$432.55, premium: \$1,602.02, tax: \$46.30	\$2,080.87
8/13/2026	fee: \$432.55, premium: \$1,602.03, tax: \$46.30	\$2,080.88
9/13/2026	fee: \$432.55, premium: \$1,602.02, tax: \$46.30	\$2,080.87
10/13/2026	fee: \$432.55, premium: \$1,602.03, tax: \$46.30	\$2,080.88
11/13/2026	premium: \$1,602.02, tax: \$46.30	\$1,648.32
12/13/2026	premium: \$1,602.03, tax: \$46.30	\$1,648.33
1/13/2027	premium: \$1,602.02, tax: \$46.30	\$1,648.32
2/13/2027	premium: \$1,602.03, tax: \$46.30	\$1,648.33

ELECTRONIC FUNDS TRANSFER AND AUTOMATIC PAYMENT AUTHORIZATION

Insured Name: RAI TRUCKS INC
Reference No: 31814-7FA4E9-26

I, Raghuwinder Singh, authorize Reliable Transportation Association (RTA) on behalf of Star Mutual, RRG (STAR), to charge my financial institution on 5/13/2026, the down payment amount of \$4,249.40, and apply it towards my insurance policy.

Additionally, I, Raghuwinder Singh, authorize RTA on behalf of Star, to charge my financial institution starting on the 13th day of each month, the remaining balance until the policy is paid in full.

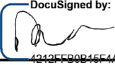
The total policy cost at this time is \$21,247.05, this amount may change with endorsements initiated by the insured and/or insurer.

My financial institution information is as follows:

Financial institution name: _____
Type: Checking / Credit Card / Debit Card
Checking Account:

This payment authorization is valid and to remain in effect unless a cancellation notification is sent to RTA on behalf of Star. Cancellation may be sent via regular mail or via **electronical** notice (email).

I understand that it is my responsibility to guarantee sufficient funds for all transactions to avoid cancellation of my policy. Further, I understand that RTA/Star may not send me a bill before scheduled payment and that it is my responsibility to monitor scheduled deductions.

DocuSigned by:

434255908455440

Customer's signature

Rai Trucks Inc
Customer's name

When you provide a check as payment, you authorize us either to use information from your check to make a one-time **electronic** fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an **electronic** fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

For inquiries, please call 833-782-5646 or email us at info@unitedrta.com.

Mailing Address:
Reliable Transportation Association
250 Street Road
Warminster, PA 18974

IMPORTANT

It is an express condition of this policy that non-scheduled, non-approved and excluded drivers and unlisted vehicles will not be operated under insured's authority and should any liability arise from such operations it will be the insured's responsibility. Any costs incurred by the Company as a result of claims arising out of the operation of insured vehicles by non-insured and/or non-approved drivers or unscheduled units will be reimbursed to the Company by the Insured within 15 days of the demand.

Personal Guarantee and Indemnity Agreement: In the event of any occurrence or accident that will give rise to a claim due to operations of unlisted vehicle and or unlisted or excluded driver operating an insured vehicle and where insurance company will be required to make payments due to requirements of MCS-90 or Form E or due to a court order, I understand and agree that I and other co-owners, officers and executives, will be personally responsible to indemnify and reimburse Insurance Company for all financial obligations, payments, claims and fees associated with such occurrence.

In the event policy is cancelled and insurance company determines there was an occurrence and or a claim due to operations of an unlisted vehicle and or an unlisted or excluded driver operating an insured vehicle under my authority, I authorize the insurance company to withhold any unearned premium until claim is fully resolved and insurance company was held harmless and indemnified for any payments and possible exposures due to such occurrence.

Notice to Applicants: *"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."*

Applicant's Statement: I hereby attest to the truth of the above statements and declare that I have not withheld any information which might tend, in any way, to increase the risk of the company or influence the acceptance of coverage. I affirm that if the information supplied on this application changes, between the date of this application and the time when insurance policy is issued and during the time of the policy and subsequent renewal(s), I will immediately notify the insurer of such changes. Additionally, I understand that any false statement by me will cause the policy, if issued, to be void as provided by the conditions of the policy. I agree that this information shall become the basis for the policy, if issued, and will become part of my file. Further, I understand and agree that insurance company will share this information with its affiliates as deemed appropriate.

Cooperation Statement: I agree to cooperate with the insurer and immediately or at the earliest practicable moment, and in no event later than 2 business days after the accident and/or receipt by me, to send to the insurer copies of any demands, notices; summonses, or legal papers received in connection with any Claim or Suit and act in all diligence and prudence to resolve the Claim or Suit. Further, I understand that failure to cooperate may result in coverage denial and/or policy cancellation.

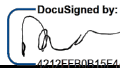
The undersigned applicant further declared that I have read and understand the entire application including the fraud warning and that the statements set forth in this application are true and complete.

Rai Trucks Inc

RAGHUWINDER SINGH

Named Insured

Authorized Representative/Owner Name

DocuSigned by:

42129E8B08145E4A0

5/12/2026

Signature of First Named Insured

Date

Parmjit Dhami

5/12/2026

Signature of Agent

Date

Insured: **RAI TRUCKS INC**

Policy No: **31814-7FA4E9-26**

Effective Date: **5/13/2026**

Electronic Communication Disclosure

By signing the insurance application and as explicit condition of purchasing an insurance policy from Star Mutual RRG, you understand and agree that you will be receiving emails from us (communications administered by ADL Technologies, LLC) with notifications, updates, and other insurance related communications/correspondence, including but not limited to:

1. Policy Updates;
2. Invoices;
3. Payment Reminders;
4. Payment Status;
5. Endorsements (policy changes);
6. Cancellations;
7. Reinstatement;
8. Renewal;
9. Non-Renewal;
10. Claims;
11. Underwriting;
12. Risk Management;
13. Legal Documents;
14. And other pertinent communications.

STAR MUTUAL RISK RETENTION GROUP, INC.

MEMBER AGREEMENT

STAR Mutual Risk Retention Group, Inc. (the "Company") is a mutual benefit corporation and risk retention group formed under the federal Liability Risk Retention Act, 15 USC §§ 3901 - 3906, Title 48, Chapter 52 of the Tennessee Code and Title 56, Chapters 13 and 45 of the Tennessee Code. This Member Agreement is made by and between the Company and the member identified below ("you") and is effective as of the effective date of the first policy of insurance issued by the Company to you.

By accepting insurance as a policyholder of the Company, you agree to become a member of the Company. Your membership shall continue until such time as you no longer are a policyholder under an in-force policy of insurance issued by the Company. As a member, you agree to abide by the Charter and Bylaws of the Company, this Member Agreement, and any guidelines and standards as may be adopted or amended from time to time by the Company, in its sole and absolute discretion, including any guidelines or standards relating to the cancellation or nonrenewal of policies of insurance issued by the Company. Your membership is not transferable. It may not be sold, exchanged, assigned, transferred, gifted, pledged, encumbered, hypothecated or otherwise disposed of in any manner, whether voluntarily or by operation of law.

As a condition of membership, you are required to make a surplus contribution to the Company in the amount of twenty percent (25%) of your first annual premium for the insurance issued to you by the Company and ten percent (10%) of the second annual premium for the insurance issued to you by the Company. These amounts are due and payable at the inception dates of the respective policy periods.

If your membership in the Company is terminated, you will be eligible for the return of ten percent (10%) of the total amount of surplus contributed by you to the Company if all of the following conditions are met: (i) you have continuously maintained in force a policy of insurance issued by the Company for not less than thirty-six (36) months, (ii) all claims under any policy of insurance issued to you by the Company have been closed, (iii) you have maintained an average loss ratio of not greater than thirty-five percent (35%) during your time as a member of the Company, (iv) your membership did not terminate for nonpayment of premium, material misrepresentation, fraud or other failure to follow the guidelines or standards of the Company, (v) the Company's Board of Directors, in its sole and absolute discretion, determines that the return of surplus will not have a significant adverse effect on the Company's financial strength, and (vi) the return of surplus is approved by the Commissioner of the Tennessee Department of Commerce and Insurance (the "Commissioner"). For purposes of this Agreement, "loss ratio" means the ratio of losses incurred (including IBNR) under all policies of insurance issued to you to premiums earned for such policies.

Each member of the Company is entitled to one (1) vote on each matter submitted to a vote of the members. All members are entitled to vote in person or by proxy on all matters brought before the members for a vote, including the election of directors. An annual meeting of the members is held every year. You will receive notice of the annual meeting at your address on record with the Company. Reliable Transportation Association, Inc. (the "Lender"), as the lender to the Company of its initial surplus, has the right to appoint at least one-third (1/3) of the directors of the Company and

has certain other rights as set forth in the Bylaws of the Company. These rights will terminate at such time as the Company pays in full the loan made by the Lender.

Subject to the approval of the Commissioner, dividends, premium refunds or renewal premium credits of the Company may be declared from time to time by the Company's Board of Directors at any regular or special meeting, to be apportioned and paid or credited to the Company's members, only out of the unreserved and unrestricted earned surplus of the Company. Whether and when to declare and pay or credit any such dividends, premium refunds or renewal premium credits and the manner of apportioning any such distributions shall be determined by the Company's Board of Directors in its sole and absolute discretion. You will be entitled to participate in any such dividend, premium refund or premium credit only if, at the time such distribution is declared by the Company's Board of Directors, you meet all of the following conditions: (i) you are a member of the Company good standing, (ii) you have continuously maintained in force a policy of insurance issued by Company for not less than thirty-six (36) months, and (iii) you have maintained an average loss ratio of not greater than fifty percent (50%) for the preceding thirty-six (36) months.

Before the payment of any dividend or premium refund or crediting of any renewal credit, there shall be set aside out of the earned surplus of the Company such sums as the Company's Board of Directors from time to time in its sole and absolute discretion deems proper as a reserve fund to meet other purposes which the Board of Directors deems to be in the best interest of the Company.

The directors and officers of the Company must abide by certain Governance Standards and a Code of Business Conduct and Ethics adopted by the Company's board of directors. These documents can be found at STARRRG.COM.

You acknowledge and agree as follows:

(i) Membership in the Company has no investments potential. There have been no representations, guaranties or warranties made to you by the Company, its agents or representatives, or by any other person, expressly or by implication, that there will be any return of your surplus contributions, profit, appreciation, dividend, premium refund or renewal credit or any other type of consideration or benefit to be realized as a result of membership in the Company.

(ii) You have consulted with legal counsel and professional advisors of your choice prior to executing this Member Agreement, or have had the opportunity to consult with legal counsel and professional advisors of your choice prior to executing this Member Agreement, to the extent desired by you. Legal counsel and professional advisors to the Company have acted solely on behalf of the Company and have not acted as counsel or advisors to you.

(iii) You have been provided with information about the Company, this Member Agreement and the insurance contemplated by this Member Agreement and have had sufficient opportunity to request any additional information you deem pertinent and have received sufficient information in response to any requests you have made. You have made an independent decision regarding whether to enter into this Member Agreement and have determined that the terms and conditions of this Member Agreement are suitable for you. You have made an independent decision regarding whether to enter into any policy of insurance issued by the Company and have determined that the terms and conditions of each such policy of insurance are suitable for you.

This Member Agreement is not assignable without the written consent of each party hereto and the Commissioner. If there is any conflict between the Charter or Bylaws of the Company and this

Member Agreement, the Charter and Bylaws will control.

This Member Agreement is governed by and will be construed in accordance with the Liability Risk Retention Act and the laws of the State of Tennessee, without regard to any choice of law principles that might cause the law of another jurisdiction to apply.

The parties agree to submit to the exclusive jurisdiction of the courts located in the State of Tennessee to resolve any dispute relating to this Member Agreement, including with respect to its formation or interpretation.

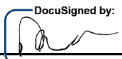
IN WITNESS WHEREOF, the Company and the member have caused their authorized representatives to execute this Member Agreement on their behalf.

Member
Rai Trucks Inc

STAR MUTUAL RISK RETENTION GROUP,
INC.

By: RAGHUWINDER SINGH

By: Bogdana Brodsky

Its: 
4212FFB0B15F4A0...

Its Secretary:

Date: 5/12/2026

Date: 5/12/2026