



A Public Service Agency

MOTOR CARRIER (CA) #

CERTIFICATE OF INSURANCE

Motor Carriers of Property
Bodily Injury Liability and Property Damage Liability

INSURER (INSURANCE COMPANY) NAME AND ADDRESS Accredited Surety and Casualty Company 2113 Greenbriar Drive Suite D Southlake, TX 76092		NAIC# 26379	Status: <input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1763 of the California Insurance Code. <div style="text-align: right;">SURPLUS LINE BROKER NAME</div> <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group	
		SURPLUS LINE BROKER #		
		OTHER #		
INSURED (MOTOR CARRIER) NAME AND ADDRESS D J CARGO XPRESS INC PO BOX 41552 Bakersfield, CA 93384			Filed with the: California Department of Motor Vehicles Motor Carrier Services Branch P. O. Box 932370 MS H875 Sacramento, CA 94232-3700 (916) 657-8153	
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits. <input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.	1BWHCA19015222 60-01	1/14/2026	COMBINED SINGLE LIMIT	\$750,000
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT	\$_____ in excess of \$_____
			BODILY INJURY (ONE PERSON)	\$_____ in excess of \$_____
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$_____ in excess of \$_____
			PROPERTY DAMAGE	\$_____ in excess of \$_____
WORKERS' COMPENSATION			<input type="checkbox"/> WC Statutory Limits	

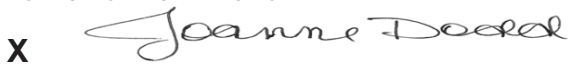
Insurer certifies to each of the following:

- The motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC) Sections 34630, 34631.5, and 34640, and by Part 387 of Title 49 of the Code of Federal Regulations.
- This insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.
- A fully executed endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)
- For the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d).
- For the purposes of Risk Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

Insurer agrees to each of the following:

- This Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Services Branch, in Sacramento, California.
- A duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE Joanne Dodd	TELEPHONE NUMBER (877) 282-7637	EMAIL ADDRESS jdodd@bsrinsurance.com
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE 	EXECUTED AT (CITY, STATE) Lake Dallas, Texas	DATE 1/14/2026

INSURANCE POLICY ENDORSEMENT

MOTOR CARRIER (CA) #

623118

Motor Carriers of Property Bodily Injury Liability and Property Damage Liability

INSURER (INSURANCE COMPANY) NAME AND ADDRESS Accredited Surety and Casualty Company, Inc. 4798 New Broad Street, Suite 200, Orlando, FL, 32814		NAIC # 26379	Status: <input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input checked="" type="checkbox"/> Non-admitted Insurer subject to Section 1763 of the California Insurance Code. <i>Brazos Specialty Risk Ins</i> SURPLUS LINE BROKER NAME <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group
		SURPLUS LINE BROKER # 0E82501	
		OTHER #	
INSURED (MOTOR CARRIER) NAME AND ADDRESS D J CARGO XPRESS INC 4708 MAYBROOK AVE APT A, BAKERSFIELD, CA, 93313			
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits. <input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.	1BWHCA19015222 60-01	01/14/26	COMBINED SINGLE LIMIT \$ 750K BODILY INJURY OR DEATH (ONE PERSON) \$ BODILY INJURY OR DEATH (MORE THAN ONE PERSON) \$ PROPERTY DAMAGE \$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.			COMBINED SINGLE LIMIT \$ _____ in excess of \$ _____ BODILY INJURY (ONE PERSON) \$ _____ in excess of \$ _____ BODILY INJURY OR DEATH (MORE THAN ONE PERSON) \$ _____ in excess of \$ _____ PROPERTY DAMAGE \$ _____ in excess of \$ _____

This Endorsement shall be attached to and made a part of all policies insuring motor carriers of property required to obtain a permit pursuant to the Motor Carriers of Property Permit Act, commencing with California Vehicle Code section 34600. The purpose of this Endorsement is to assure compliance with the Act and related rules and regulations.

Insurer agrees to each of the following:

- The coverage provided by the endorsement excludes any costs of defense or other expense that the policy provides.
- To pay, consistent with the minimum insurance coverage required by California Vehicle Code Section 34631.5, and consistent with the limits it provides herein, any legal liability of insured for bodily injury, death, or property damage arising out of the operation, maintenance, or use of any vehicle(s) for which a motor carrier permit is required, whether or not such vehicle(s) is described in the attached policy.
- No provision, stipulation, or limitation contained in the attached policy or any endorsement shall relieve insurer from obligations arising out of this Endorsement or the Act, regardless of the insured's financial solvency, indebtedness or bankruptcy.
- The Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV, written on an authorized Notice of Cancellation form and that the thirty (30) day/period commences to run from the date the Notice of Cancellation was actually received at the office of the California Department of Motor Vehicles, Registration Operations Division, in Sacramento, California.
- To furnish DMV with a duplicate original of the referenced policy, DMV authorized endorsement, and all other related endorsements and documentation upon request.
- Except as specified in this endorsement, the terms, conditions, and limitations of this policy remain in full force and effect. This endorsement shall not prevent insurer from seeking reimbursement from insured for any payment made by insurer solely on account of the provisions herein.

Insurer certifies to each of the following:

- This insurance policy covers all vehicles used in conducting the service performed by the insured for which a motor carrier permit is required whether or not said vehicle(s) is listed in the insurance policy.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE Joanne Dodd	TELEPHONE NUMBER (469) 3400067	EMAIL ADDRESS (OPTIONAL) jdodd@bsrinsurance.com
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE X Joanne Dodd	EXECUTED (CITY AND STATE) Lake Dallas TX	DATE 01/21/2026