

Insurance Proposal



Amerigo Insurance Agency

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

Dear: HSD Trucking Inc
Date: 10/22/2025
Phone Number: (530) 777-3069
Address: 697 N Palora Ave Suite C Yuba City, CA 95991

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 Dhani

Coverage	Insurance Carrier	Deductible/Rate	Total Premium	Limits
Motor Cargo	A Rated	Gross Receipts: \$6,000,000 Ded: Please see the below	\$100,052.80	\$250,000.00

(Initial)

Deductible: \$5,000 All Perils, Except; \$5,000 Refrigeration Breakdown Coverage, \$2,500 Trailer Deductible

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WHERE TRUTH BUILDS TRUST

Truck Tractor: 115 Power Units

Trailer Interchange(# of unit 1): \$70,000.00

Cargo Policy – Commodities : Refrigerated Food, Water/Beverages, Paper Products, Fresh Produce.

Payment:

Down Payment (%) required by the carrier to bind this policy:20%

Down Payment: \$25,810.56

Monthly Payments: \$8,375.91

Number of payments: 10

Special Points

 *Minimum Earned Premium: 35%

 *Minimum Annual Premium: 90%

 *There will be an additional premium if annual Gross Receipts goes over the given Gross Receipts (\$6,000,000.00)

*Coverage will only be offered to the above-listed equipment and drivers. if any unit or driver is missing from the above list, please contact us before signing the paperw

*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.

*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: _____

DATE: _____

10-22-25

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