

AMERIGO INS AGENCY
1110 CIVIC CTR #202D
YUBA CITY, CA 95993

PROGRESSIVE[®]
COMMERCIAL

NORTHWEST FREIGHTWAY INC
NORTHWEST FREIGHTWAY
3241 INDUSTRIAL DR
YUBA CITY, CA 95993

NORTHWEST FREIGHTWAY INC

Policy Number: 873315047

Underwritten by:

United Financial Cas Co

Date of Mailing: May 6, 2026

Policy Period: Apr 27, 2026 - Apr 27, 2027

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AMERIGO INS AGENCY

1-530-290-1633

Online Service

progressiveagent.com

Customer Service

1-800-444-4487

Mailing Address

Progressive

PO Box 94739

Cleveland, OH 44101

1-800-556-0014 (fax)

Cancellation Notice

Please know that your policy will be canceled at 12:01 a.m. on July 9, 2026 because:

We require all commercially owned or operated vehicles, including trailers to be listed on the policy.

If you have any questions, please call your agent.

Premium is owed for the coverage provided until the date of cancellation. You'll receive a refund if there is a balance owed to you. If your premium has not been paid for the coverage provided, you'll receive a bill.

Plan Eligibility

Pursuant to Section 665 of the Insurance Code you are hereby notified that:

1. The California Automobile Assigned Risk Plan provides a means by which applicants for automobile bodily injury and property damage liability insurance may be assigned to an insurer authorized to transact liability insurance.
2. If you are unable to procure such insurance through ordinary methods and you are in good faith eligible for such insurance in accordance with the standards of the Plan, it is possible for you to obtain it through the Plan.
3. Application forms for insurance through the Plan may be obtained from and submitted through (a) any licensed insurance agent or broker, or (b) the Plan itself at 595 Market Street, Suite 1250, San Francisco, CA 94105.

Personal Information

For 90 business days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated previously or protected from disclosure by law. You may also:

- learn about and access recorded information about you;
- request correction of the information and reconsideration of any underwriting decision based on incorrect information;
- file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and
- learn the identity of others to whom we may have disclosed this information in the previous two years.

To do so, send a written request to Customer Service, PO Box 94739, Cleveland, OH, 44101, describing the kind of information you want to review. Include your full name, mailing address, and policy number (if applicable).

Important notice

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.