



P.O. Box 560904  
Dallas, TX 75356-0904

# 0G89283

T 877-282-7637  
<http://www.bsrinsurance.com/>

Friday, January 30, 2026

Named Insured: I TRUCK U INC  
Policy Number: 1BWHCA1901463300-02  
Carrier: Accredited Surety and Casualty Company  
Coverage(s): Auto Liability  
Policy Period: 1/18/2026 TO 1/18/2027

Attached please find the policy for the above referenced insured.

Please review it to make sure that it has been issued correctly per your application. Contact your underwriter if any changes or corrections need to be made.

Thank you for your continued business with BSRI.

Sincerely,

Vantage13 Agora

Customer Service Unit



Policy Number: 1BWHCA1901463300-02

Named Insured: I TRUCK U INC

Accredited Surety and Casualty Company, Inc.  
A Randall & Quilter Group Company  
4798 New Broad Street, Suite 200, Orlando, FL 32814  
Telephone: (800) 432-2799

### COMMERCIAL POLICY DECLARATIONS

|   |                |  |             |
|---|----------------|--|-------------|
| <b>Policy Number</b><br>1BWHCA1901463300-02   |                | <b>Policy Period From:</b> 1/18/2026 <b>To:</b> 1/18/2027                  |             |
|   |                | 12:01 A.M. Standard Time at the Named Insured's Address                    |             |
| <b>Transaction</b><br>Auto Liability  |                |  |             |
| <b>Named Insured and Address</b><br>I TRUCK U INC<br>22139 Cantlay ST Canoga Park, CA 91303 |                | <b>Agent:</b> Amerigo Insurance Agency<br><br><b>Telephone:</b> 5302901633 |             |
| <b>Business Description:</b>  | Transportation | <b>Type of Business:</b>   | Corporation |
|   |                | <b>Audit Period:</b>   | Annual      |

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

### COVERAGE PART DESCRIPTION

### PREMIUM

|                                 |             |
|---------------------------------|-------------|
| <b>POLICY PREMIUM</b>           | \$76,152    |
| <b>DEPOSIT PREMIM</b>           | \$76,152    |
| <b>TAXES AND SURCHARGE</b>      |             |
| CA Vehicle Assessment Fee       | \$21.12     |
| Dues                            | \$4,150.00  |
| <b>TOTAL DEPOSIT PREMIUM</b>    | \$80,323.12 |
| (Includes taxes and surcharges) |             |

**Forms applicable to all Coverage Parts:** See Forms and Endorsements schedule

These Declarations together with the common policy conditions, coverage declarations, coverage form(s), and form(s) and endorsements, if any, issued, complete the above number policy.

Countersigned this

By \_\_\_\_\_  
Authorized Representative

Issued Date: 1/29/2026

Insured Name: I TRUCK U INC  
Policy Number: 1BWHCA1901463300-02  
Effective Date: 1/18/2026

## PRIVACY NOTICE

| FACTS | WHAT DOES ACCREDITED INSURANCE HOLDINGS, INC. ("ACCREDITED") DO WITH YOUR PERSONAL INFORMATION?   |
|-------|---|
| Why?  | Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some, but not all sharing. Federal and state laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.   |
| What? | <p>The types of personal information we collect, and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"><li>• Social Security number, account number, date of birth</li><li>• Account balances, income, payment history</li><li>• Credit card number, PIN</li><li>• Credit scores, credit history</li><li>• Loan records, taxes</li><li>• Name, address, email, telephone number</li><li>• Assets</li><li>• Credit-based insurance scores, insurance claim history</li><li>• Medical information</li><li>• Criminal history</li><li>• Employment information</li><li>• Motor vehicle records.</li></ul> <p>We may disclose all of the information that we collect as described below.</p> |
| How?  | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Accredited chooses to share; and whether you can limit this sharing.   |

| Reasons we can share your personal information.  | Does Accredited share? | Can you limit this sharing? |
|--|------------------------|-----------------------------|
| <b>For our everyday business purposes –</b><br>We may disclose your information without your prior authorization for our everyday business purposes, such as to process your transactions, maintain your account(s) and insurance policy(ies), respond to court orders and legal investigations or detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction. Additionally, we may share your information with our affiliates and nonaffiliated third parties to the extent necessary to service or process an insurance product or service that you have requested or authorized. For example, we may share your | Yes                    | No                          |

Insured Name: I TRUCK U INC  
Policy Number: 1BWHCA1901463300-02  
Effective Date: 1/18/2026

|   |     |                    |
|---|-----|--------------------|
| information with insurance agents, brokers or sales representatives, or other insurance companies or insurance support organizations to determine your eligibility for an insurance benefit or pay mentor to process claims. We are also permitted to disclose customer information to nonaffiliated third-party companies that perform services for us which have agreed to certain contractual protections regarding the use and disclosure of your information. For example, we may share your information with third parties that provide claims investigations, medical examinations, inspection, and appraisals, for roadside assistance or the repair of your vehicle if you have a claim. |     |                    |
| <b>For our marketing purposes –</b><br>to offer our products and services to you.   | No  | No, we don't share |
| <b>For joint marketing with other financial companies</b>   | No  | No, we don't share |
| <b>For our affiliates' everyday business purposes –</b><br>We only share information about your transactions and experiences with our affiliates. We do not share information we receive from a credit reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.   | Yes | No                 |
| <b>For our affiliates' everyday business purposes –</b><br>information about your credit worthiness.  | No  | No, we don't share |
| <b>As required by law or with your consent –</b><br>We share information with your consent or at your direction and to your legal representative as may be necessary. We may also share information without your prior authorization in response to a subpoena or request from a regulator; in connection with a merger, acquisition, reorganization, liquidation, change in control or other sale by Accredited (in each case whether in whole or in part); or to comply with federal, state or local laws and to protect against fraud.   | Yes | No                 |
| <b>For our affiliates to market to you</b>  | No  | No, we don't share |
| <b>For nonaffiliates to market to you</b>   | No  | No, we don't share |

| Who Are We                           |  |
|--------------------------------------|--|
| <b>Who is providing this notice?</b> | Accredited Insurance Holdings, Inc. family of companies, including its affiliates listed below ("Accredited"). Accredited offers a broad range of insurance solutions, including insurance investments, reinsurance processing, administration and consulting services, underwriting and captives. |

| What We Do  |   |
|---|---|
| <b>How does Accredited protect my personal information?</b> | <p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state laws. These measures include computer safeguards and secured files and buildings.</p> <p>Accredited recognizes the need to prevent unauthorized access to the information we collect, including information held in electronic format, and we use commercially reasonable technical and physical security measures to protect your personal information in the following ways:</p> <ul style="list-style-type: none"><li>• We restrict access to your personal information to those individuals, such as our employees, agents, and service providers, who are contractually bound to keep this information confidential, agree to safeguard your personal information and who need that information to serve you or to assist us in conducting our operations.</li><li>• We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your personal information.</li><li>• We do not sell your information to mass marketing or telemarketing companies.</li><li>• We do not disclose any non-public personal information about you except as described in this notice or as otherwise required or permitted by applicable law.</li></ul> |
| <b>How does Accredited collect my personal information?</b> | <p>Accredited collects your personal information from you, for example, when you:</p> <ul style="list-style-type: none"><li>• Provide information, such as your social security number, assets, income, and property information on applications or other forms;</li><li>• Transact with us, our affiliates or others; and</li><li>• Visit the websites we operate.</li></ul> <p>Accredited also collects your personal information from other sources. Accredited may collect your personal information from nonaffiliated third parties, such as:</p>   |

|                                       |  |
|---------------------------------------|--|
|                                       | <ul style="list-style-type: none"> <li>• Consumer reporting agencies or insurance support organizations to receive information like motor vehicles records, credit report information and insurance claims history;</li> <li>• Information we receive from your employer and/or association for our products and services, such as employment information; and</li> <li>• If you obtain a life, long-term care or disability product, medical professionals who have provided care to you and insurance support organizations.</li> </ul>  |
| <b>Why can't I limit all sharing?</b> | <p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• Sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>• Affiliates from using your information to market to you</li> <li>• Sharing for nonaffiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p> <p>We do not disclose any personal information about our customers or former customers to anyone, including our affiliates and nonaffiliated third parties, except as permitted by law, including but not limited to servicing or processing an insurance product or service, maintaining or servicing a customer account, providing reinsurance, preventing fraud, performing audits, complying with applicable laws and governmental requests and in connection with a merger, acquisition, reorganization, liquidation, change in control or other sale by or of us or any affiliated entity (in each case whether in whole or in part).</p> |

| <b>Definitions</b>   |  |
|----------------------|--|
| <b>Affiliates</b>    | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Accredited Surety and Casualty Company, Inc.</li> <li>• Accredited Specialty Insurance Company</li> <li>•</li> </ul> |
| <b>Nonaffiliates</b> | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p>   |

Insured Name: I TRUCK U INC  
Policy Number: 1BWHCA1901463300-02  
Effective Date: 1/18/2026

|                        |  |
|------------------------|--|
|                        | <ul style="list-style-type: none"><li>• These may include insurance companies other than Accredited, reciprocals, investment companies, underwriters, brokers/dealers, reinsurers, insurance support organizations, adjusters, appraisers, banks, third party administrators, benefit plan sponsors, consumer reporting agencies, our service providers (e.g., vendors that provide marketing services), medical providers and third parties such as the Medical Information Bureau.</li></ul> |
| <b>Joint Marketing</b> | A formal agreement between nonaffiliated financial companies that together market financial products or services to you.   |

#### Other Important Information

**California residents:** For accounts with a California mailing address, we will not share your personal information with a financial company for joint marketing purposes, except as required or permitted by law.

**Vermont residents:** For accounts with a Vermont mailing address, we will not share your creditworthiness information with our affiliates, except as required or permitted by law.

#### Information Collected from an Insurance-Support Organization

Please note that information about you that we obtain from a report prepared by an insurance-support organization may be retained and disclosed by that organization.

#### Your Rights to Access, Correct, Amend and Delete Your Personal Information

You have the right to know what personal information we have collected about you. You also have the right to correct, amend or delete such information. To exercise these rights, please make your request in writing to [privacy.info@accreditedinsurance.com](mailto:privacy.info@accreditedinsurance.com) and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. For requests to know the personal information we've collected about you, we will describe such personal information, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency. You may also view and copy the information we have, except for certain privileged documents such as those concerning claims and lawsuits. For requests to correct and amend your personal information, we will review your request and investigate the matter. If we agree with your request, we will correct our records, notify you and send a correction letter to anyone who received the original information. If we do not agree, you will be allowed to send us a statement explaining why you believe the information is incorrect,

Insured Name: I TRUCK U INC  
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which will be attached to your file so that anyone reviewing the disputed information will see it.

**Contact Us**

If you have any questions about this notice, please contact us at [privacy.info@accreditedinsurance.com](mailto:privacy.info@accreditedinsurance.com) or 1-800-432-2799.





Accredited Surety and Casualty Company, Inc.

A Randall & Quilter Group Company

4798 New Broad Street, Suite 200,

Orlando, FL 32814

Telephone: (800) 432-2799

**Policy Number:**

**1BWHCA1901463300-02**

**Named Insured: I TRUCK U INC**

### COMMERCIAL PACKAGE POLICY LOCATION SUMMARY

| Location # | Street Address        | City | State | Zip Code |
|------------|-----------------------|------|-------|----------|
| 1)         | 22139 CANTLAY ST      |      |       |          |
| 2)         | CANOGA PARK, CA 91303 |      |       |          |

Issue Date:

ASC-RSI-110 (06-2017)



Accredited Surety and Casualty Company, Inc.  
A Randall & Quilter Group Company  
4798 New Broad Street, Suite 200, Orlando, FL 32814  
Telephone: (800) 432-2799

### COMMERCIAL POLICY MOTOR CARRIER DECLARATIONS

12:01 A.M. Standard Time at the Named Insured's Address

|   |   |                                 |
|---|---|---------------------------------|
| <b>ITEM ONE: Policy Number</b><br>1BWHCA1901463300-02   | <b>Policy Period From:</b><br>1/18/2026   | <b>To:</b><br>1/18/2027         |
| <b>Transaction: Auto Liability</b>  |   |                                 |
| <b>Named Insured and Address:</b><br>I TRUCK U INC,<br>22139 Cantlay ST Canoga Park, CA 91303 | <b>Agent:</b><br>Amerigo Insurance Agency | <b>Telephone:</b><br>5302901633 |
| <b>Business Description:</b><br>Transportation  | <b>Type of Business:</b><br>Corporation   | <b>Audit Period:</b><br>Annual  |

#### ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Motor Carrier Coverage Form next to the name of the coverage.

| COVERAGES  | COVERED AUTO SYMBOLS | LIMIT<br>The Most We Will Pay For Any One Accident Or Loss   | PREMIUM  |
|--|----------------------|--|----------|
| LIABILITY <i>(Premium here only applies to symbol 67)</i>                            | 67                   | \$1,000,000 per accident   | \$76,002 |
| PERSONAL INJURY PROTECTION<br><i>(or equivalent No-fault coverage)</i>               |                      |  |          |
| ADDED PERSONAL INJURY PROT.<br><i>(or equivalent No-fault coverage)</i>              |                      |  |          |
| PROPERTY PROTECTION INS.<br><i>(Michigan only)</i>                                   |                      |  |          |
| AUTO MEDICAL PAYMENTS/PIP  |                      |  |          |
| UNINSURED MOTORISTS  | 67                   | \$60,000   | \$150    |
| UNDERINSURED MOTORISTS<br><i>(When not included in Uninsured Motorists Coverage)</i> |                      |  |          |
| TRAILER INTERCHANGE COMPREHENSIVE COVERAGE   |                      |  |          |
| TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE                                |                      |  |          |
| TRAILER INTERCHANGE COLLISION COVERAGE   |                      |  |          |
| PHYSICAL DAMAGE COMPREHENSIVE  | NA                   | Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, See ITEM FOUR for hired or borrowed "autos". | NA       |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS   | NA                   | Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for each covered auto. See ITEM FOUR for hired or borrowed "autos".  | NA       |
| PHYSICAL DAMAGE COLLISION  | NA                   | Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos. See ITEM FOUR for hired or borrowed "autos".                       | NA       |
| PHYSICAL DAMAGE TOWING AND LABOR   | NA                   | for each disablement of a private passenger "auto" for each disablement of a commercial "auto"   | NA       |
| Taxes & Fees (if applicable):<br>CA Vehicle Assessment Fee \$21.12 Dues \$4,150.00   |                      | <b>Premium for Endorsements</b> <i>(Symbols 68 &amp; 71 when applicable)</i>   |          |
|  |                      | <b>Estimated Total Premium</b>   | \$76,152 |
|  |                      | <b>Total Premium &amp; Fees:</b>   | \$80,323 |

Issued Date:  
ASC-RSI-111 (06-2017)

**ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN**

|   |   | DESCRIPTION         |   |                                   |  |   |               | LOCATION  |  |
|---|---|---------------------|---|-----------------------------------|--|---|---------------|-----------|--|
| Unit #  | Year, Make & Model, Serial No. or Vehicle Identification Number   | PURCHASED           |   | Original Cost New                 | Stated Value                                       | State Territory   |               |           |  |
|   |   |                     |   |                                   |  |   |               |           |  |
| 1   | 2021 Freightliner Cascadia 3AKJHHDR0MSLV4056<br>Truck Tractor     |                     |   | NA                                | NA   | CA  |               |           |  |
| 2   | 2022 Freightliner Cascadia 3AKJHHDR3NSNC8733<br>Truck Tractor     |                     |   | NA                                | NA   | CA  |               |           |  |
| 3   | 2024 Freightliner Cascadia 3AKJHHDR3RSUV2652<br>Truck Tractor     |                     |   | NA                                | NA   | CA  |               |           |  |
| 4   | 2022 Freightliner Cascadia 3AKJHHDR9NSNB1192<br>Truck Tractor     |                     |   | NA                                | NA   | CA  |               |           |  |
| 5   | 2021 Freightliner Cascadia 3AKJHHDRXMSMA5672<br>Truck Tractor     |                     |   | NA                                | NA   | CA  |               |           |  |
| 6   | 2022 Hyundai 3H3V532K3NJ355034<br>Semi Trailer                    |                     |   | NA                                | NA   | CA  |               |           |  |
| 7   | NONOWNED<br>Semi Trailer  |                     |   | NA                                | NA   | CA  |               |           |  |
| 8   | NONOWNED<br>Semi Trailer  |                     |   | NA                                | NA   | CA  |               |           |  |
| 9   | NONOWNED<br>Semi Trailer  |                     |   | NA                                | NA   | CA  |               |           |  |
| 10  | NONOWNED<br>Semi Trailer  |                     |   | NA                                | NA   | CA  |               |           |  |
| 11  | 2017 Freightliner Cascadia 125 3AKJGLDR0HSHV5055<br>Truck Tractor |                     |   | NA                                | NA   | CA  |               |           |  |
| 12  | NONOWNED<br>Semi Trailer  |                     |   | NA                                | NA   | CA  |               |           |  |
| <b>CLASSIFICATION</b>                               |   |                     |   |                                   |  |   |               |           |  |
|   |   |                     |   |                                   | Primary Rating Factor                              |   | Secondary     |           |  |
| Unit #  | Code  | Radius of Operation | Business Use  | Size GVW, GCW or Seating Capacity | Liability  | Physical Damage   | Rating Factor | Age Group |  |
| ALL   |   | >300                | Y   | 90,000+                           |  | NA  | NA            | NA        |  |
| <b>COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES</b> |   |                     |   |                                   |  |   |               |           |  |
| LIABILITY   |   |                     | PERS INJURY PROT  |                                   | ADDED PIP  | PROP PROT (Mich. only)  |               |           |  |
| Unit #  | Limit   | Premium             | Limit stated in each PIP Endorsement minus deductible shown below | Premium                           | Limit stated in each Added PIP Endorsement Premium | Limit stated in P.P.I. Endorsement minus deductible shown below | Premium       |           |  |
| ALL   | \$1,000,000   | \$76,002            |   | \$0                               |  |   |               |           |  |
|   |   |                     |   |                                   |  |   |               |           |  |

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|        | COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.) |         |                       |         |              |         |
|--------|---|---------|-----------------------|---------|--------------|---------|
|        | UNINSURED MOTORIST                                  |         | UNDERINSURED MOTORIST |         | AUTO MED PAY |         |
| Unit # | Limit (UM/UMPD)                                     | Premium | Limit                 | Premium | Limit        | Premium |
| ALL    | 60,000/   | \$150   |                       |         |              |         |
|        |   |         |                       |         |              |         |

| COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.) |   |         |                                     |   |         |                          |         |
|---|---|---------|-------------------------------------|---|---------|--------------------------|---------|
|   | COMPREHENSIVE   |         | SP. CAUSE OF LOSS                   | COLLISION   |         | TOWING & LABOR           |         |
| Unit #  | Limit stated in ITEM TWO<br>minus deductible<br>shown below | Premium | Limit stated in ITEM TWO<br>Premium | Limit stated in ITEM TWO<br>minus deductible<br>shown below | Premium | Limit per<br>Disablement | Premium |
| ALL   | NA  | NA      | NA                                  | NA  | NA      | NA                       | NA      |
|   |   |         |                                     |   |         |                          |         |

**ITEM FOUR:****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

| <b>LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS</b>            |  |   |  |                          |
|---|--|---|--|--------------------------|
| <b>STATE</b>  | <b>ESTIMATED COST OF HIRE FOR EACH STATE</b> | <b>RATE PER EACH \$100 COST OF HIRE</b>   | <b>FACTOR (IF LIABILITY COVERAGE IS PRIMARY)</b> | <b>ESTIMATED PREMIUM</b> |
| CA  |  | NA  | NA   | 0                        |
|   |  |   | <b>TOTAL PREMIUM</b>                             | <b>\$0</b>               |
|   |  |   |  |                          |
| <b>LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS <u>NOT</u> USED IN YOUR MOTOR CARRIER OPERATIONS</b> |  |   |  |                          |
| <b>STATE</b>  | <b>ESTIMATED COST OF HIRE FOR EACH STATE</b> | <b>RATE PER EACH \$100 COST OF HIRE</b>   | <b>FACTOR (IF LIABILITY COVERAGE IS PRIMARY)</b> | <b>ESTIMATED PREMIUM</b> |
| NA  | NA   | NA  | NA   | NA                       |
|   |  |   | <b>TOTAL PREMIUM</b>                             | <b>NA</b>                |
|   |  |   |  |                          |
| <b>PHYSICAL DAMAGE COVERAGE- STATED VALUES OF HIRED AUTOS<br/>(Trucks, Tractors, or Trailers)</b>               |  |   |  |                          |
| <b>COVERAGES</b>  | <b>STATE</b>                                 | <b>LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE</b>   | <b>STATED VALUES OF HIRED AUTOS</b>              | <b>PREMIUM</b>           |
| COMPREHENSIVE   | NA   | Actual Cash Value or Cost of repairs, whichever is less minus \$<br>Deductible for each covered auto. | NA   | NA                       |
| SPECIFIED CAUSES OF LOSS  | NA   | Actual Cash Value or Cost of Repairs, whichever is less minus \$<br>Deductible for each covered auto. | NA   | NA                       |
| COLLISION   | NA   | Actual Cash Value, Cost of Repairs or whichever is less minus \$<br>Deductible for each covered auto. | NA   | NA                       |
|   |  |   | <b>TOTAL PREMIUM</b>                             | <b>NA</b>                |

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driverby lessor or an “employee” of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

**ITEM FIVE:****SCHEDULE FOR NON-OWNERSHIP LIABILITY**

| <b>RATING BASIS</b> | <b>NUMBER</b> | <b>PREMIUM</b> |
|---------------------|---------------|----------------|
| Number of Employees | 0             | \$0            |

**ITEM SIX:****TRAILER INTERCHANGE COVERAGE**

| Coverages                | Limit Of Insurance       | Daily Rate | Estimated Premium |
|--------------------------|--------------------------|------------|-------------------|
| Comprehensive            | Stated<br>In<br>Item Two | \$NA       | \$NA              |
| Specified Causes of Loss |                          | \$NA       | \$NA              |
| Collision                |                          | \$NA       | \$NA              |
| Total Premium            |                          |            | \$NA              |

**ITEM SEVEN:****SCHEDULE FOR GROSS RECEIPTS RATING BASIS - LIABILITY COVERAGE**

| Estimated Yearly<br><br>Gross Receipts | RATES                       |                             | PREMIUMS           |                             |
|--|-----------------------------|-----------------------------|--------------------|-----------------------------|
|  | Per \$100 of Gross Receipts |                             |                    |                             |
|  | LIABILITY<br>COVERAGE       | AUTO<br>MEDICAL<br>PAYMENTS | LIABILITY COVERAGE | AUTO<br>MEDICAL<br>PAYMENTS |
| NA                                     | NA                          | NA                          | NA                 | NA                          |
|  | TOTAL PREMIUMS              |                             | NA                 | NA                          |
|  | MINIMUM PREMIUMS            |                             | NA                 | NA                          |

When used as a premium basis:

**FOR PUBLIC AUTOS**

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Issued Date:  
ASC-RSI-111 (06-2017)



## **ACCIDENT REPORT KIT**

### **IN CASE OF ACCIDENT:**

- If anyone is injured, **offer to call for emergency medical attention.**
- Obtain identification of all possible witnesses and passengers (names, addresses, phone number) using the enclosed **Witness Cards and Passenger Manifest (when multiple passengers are involved).**
- Do not provide a statement or sign anything. The police may ask for a statement. Answer the officer's questions without volunteering additional information!
- As soon as practicable, report the accident to your employer and to North American Risk Services, Inc. Complete the enclosed **Accident Report** to the fullest extent possible, including the scene diagram.
- *In catastrophic cases call immediately as field representatives may be sent to the scene to assist!* You can reach North American Risk Services, Inc. toll free at 800-315-6090 24 hours a day, 7 days a week. Outside normal business hours, follow the recorded instructions to reach an after-hours claim representative.
- **Send completed forms by email, fax or mail** including all appropriate documents such as the Witness Cards, Passenger Manifest, and Accident Report to:

**Email: [Reportaclaim@narisk.com](mailto:Reportaclaim@narisk.com)**

**Fax: (866) 261-8507**

**North American Risk Services, Inc.**

**P.O. Box 166002**

**Altamonte Springs, FL 32701-6002**

**If you are sending material on a matter already reported, please include:**

Your name: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Claim Number (if known): \_\_\_\_\_

IN WITNESS WHEREOF, the company has caused this policy to be executed and attested by its President and Secretary and this policy shall not be valid unless countersigned by an authorized representative of the company.

A handwritten signature in blue ink, consisting of a stylized 'K' followed by a long horizontal line.

Secretary

A handwritten signature in blue ink, featuring a large, stylized 'R' followed by the word 'Rant' and a flourish.

President





Accredited Surety and Casualty Company, Inc.  
A Randall & Quilter Group Company  
4798 New Broad Street, Suite 200,  
Orlando, FL 32814  
Telephone: (800) 432-2799

Policy Number: 1BWHCA1901463300-02

Named Insured: I TRUCK U INC

### FORMS AND ENDORSEMENTS SCHEDULE

Coverage Line: Auto Liability      Form Number Ed Date      Description

| FORM/ENDORSEMENT NUMBER | NAME  |
|-------------------------|---|
| ASC-RSI-109 (06-2017)   | CPP Summary Page                                    |
| ASC CGE 0001 0924       | ASC CGE 0001 0924 Privacy Notice                    |
| ASC-RSI-110 (06-2017)   | CPP Location Summary                                |
| ASC-RSI-111 (06-2017)   | CPP Motor Carrier Coverage (Declarations)           |
| ASC-RSI-124 (06-2017)   | Signature Page                                      |
| ASC-RSI-1 (06-2017)     | Forms & Endorsements                                |
| ASC-RSI-122 (06-2017)   | Named Driver Exclusion                              |
| MCS90                   | MCS90   |
| IL 00 17 11 98          | COMMON POLICY CONDITIONS                            |
| ASC-RSI-101 (06-2017)   | Absolute Lead Exclusion                             |
| ASC-RSI-116 (06-2017)   | Abuse & Molestations Exclusion                      |
| ASC-RSI-103 (06-2017)   | Asbestos Exclusion                                  |
| ASC-RSI-106 (06-2017)   | Blanket Additional Insured                          |
| CA 01 43 05 17          | CA Changes  |
| IL 02 70 09 12          | CA Changes - Cancellation & Nonrenewal              |
| CA 04 24 10 13          | CA Medical Payments                                 |
| CA 21 54 10 13          | CA UM BI Coverage                                   |
| IL 00 03 09 08          | CALCULATION OF PREMIUM                              |
| CA 23 85 10 13          | Exclusion of Terrorism Involving Nuclear            |
| CA 99 40 10 13          | Exclusion Excess Coverage Hazards Otherwise Insured |
| CA 23 84 10 13          | Exclusion of Terrorism                              |
| IL 00 21 09 08          | NUCLEAR ENERGY LIABILITY EXCLUSION (BROAD FORM)     |
| ASC-RSI-123 (06-2017)   | Punitive Damages Exclusion                          |
| CA 04 44 10 13          | Waiver of Subrogation                               |
| ASC-RSI-102 (06-2017)   | Exclusion - Punitive Damages, Fines Fees            |
| MC 65 2010 11           | CA DMV SL COI Reporting (Admitted)                  |
| INS 1872.8              | CA Motor Vehicle Assessment Fee Notice              |
| CA 04 43 12 23          | WAIVER OF TRANSFER OF RIGHTS OF RECOVERY            |
| 2025 05 01              | RESERV FNOL NOTICE - AUTO LIABILITY (ASC)           |
| CA 23 94 10 13          | SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED |



## NAMED DRIVER EXCLUSION

**This Endorsement changes your policy. Please read it carefully.**

This endorsement modifies insurance provided under the following:

Commercial Business Auto Coverage Form

Garage Coverage Form

Truckers Coverage Form

Motor Carrier Coverage Form

Name of Excluded Driver(s): See below schedule

| DOB        | FIRST       | LAST        | LICENSE               | STATE |
|------------|-------------|-------------|-----------------------|-------|
| 8/19/1975  | BHUPINDER   | SINGH       | 706470920NotonRenewal | AL    |
| 8/10/1983  | KARANBIR    | SINGH       | F2976392NotonRenewal  | AL    |
| 11/13/1995 | MUHAMMAD    | ASHFAQ      | VY324277NotonRenewal  | AL    |
| 10/28/2000 | AKASH       | AKASH       | W1223773NotonRenewal  | AL    |
| 3/16/1984  | VIRENDER    | KUMAR       | Y2255007NotonRenewal  | AL    |
| 9/15/1996  | ANIRUDH     | NONAMEGIVEN | Y6206054NotonRenewal  | AL    |
| 4/6/1996   | NONAMEGIVEN | SAGAR       | Y7798891NotonRenewal  | AL    |
| 7/20/1998  | AMAN        | KUMAR       | Y6238904NotonRenewal  | AL    |

We will not pay for any claim arising from an “accident” or “loss” which occurs while a covered “auto” is being driven, either with or without your permissions, by the person listed above as an Excluded Driver.

None of the coverages provided by the policy apply to any injury, “loss” or damage sustained by any “insured” or any other person or organization because of the “accident” when the Excluded Driver named



above is involved in an “accident” while operating a covered “auto”. If we should be obligated to pay for any “loss” incurred while the Excluded Driver is operating a covered “auto” in order to comply with a compulsory insurance, financial responsibility or no-fault law, you agree to reimburse us for all such payments and expense.

You also agree that this endorsement will serve as a rejection of uninsured/underinsured motorist coverage and personal injury protection coverage while a covered “auto” or any other motor vehicle is operated by the Excluded Driver.

Accepted by:  Title \_\_\_\_\_ Owner \_\_\_\_\_ Date: 1/16/2026

(Signature of First Named Insured or officer or partner of the First Named Insured)

For FMCSA Use Date Received: 1/18/2026

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980

# FORM MCS-90

Issued to I TRUCK U INC of CA 3742967  
(Motor Carrier name) (Motor Carrier state or province) (USDOT number)

Dated at 12:midnight on this 18 day of January, 2026

Amending Policy Number: 1BWHCA1901463300-02 Effective Date: 1/18/2026

Name of Insurance Company: Accredited Surety and Casualty Company

Countersigned by:

Law Baker

(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 877-282-7637 ext. 281 or 296.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/Registration>.

(continued on next page)

## DEFINITIONS AS USED IN THIS ENDORSEMENT

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

## SCHEDULE OF LIMITS — PUBLIC LIABILITY

| Type of carriage   | Commodity transported  | January 1, 1985 |
|--|--|-----------------|
| (1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).   | Property (nonhazardous)  | \$750,000       |
| (2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).  | Hazardous substances, as defined in <a href="#">49 CFR 171.8</a> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <a href="#">49 CFR 173.403</a> . | \$5,000,000     |
| (3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds). | Oil listed in <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , but not mentioned in (2) above or (4) below.  | \$1,000,000     |
| (4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).   | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <a href="#">49 CFR 173.403</a> .   | \$5,000,000     |

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

## COMMON POLICY CONDITIONS

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.



Accredited Surety and Casualty Company, Inc.  
A Randall & Quilter Group Company  
4798 New Broad Street, Suite 200, Orlando, FL 32814  
Telephone: (800) 432-2799

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT  
CAREFULLY**

**ABSOLUTE LEAD EXCLUSION**

This endorsement modifies insurance provided under the following:

**COVERED AUTOS LIABILITY COVERAGE PART**

This insurance does not apply to “bodily injury” or “property damage” arising out of the existence or control of the hazardous properties of lead, irrespective of the form or source of such lead.

This exclusion applies, but is not limited to the following:

1. To liability assumed under any contract or agreement;
2. To any obligation to pay or indemnify any person, organization, or governmental agency for any portion of the injury, damage, or expense; and
3. To any supervision, instructions, recommendations, requests, warranties or representations (expressed or implied), warnings, or advice given or which should have been given regarding the existence or control of the lead.

When used in this exclusion:

- I. “Control” includes, but is not limited to testing, monitoring, abatement, clean-up, removal, containment, treatment, or disposal.
- II. “Form” means anything containing lead, including, but not limited to air, water, earth, dust, paint, plumbing solder, and pipes and fixtures.





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## **EXCLUSION – ABUSE OR MOLESTATION**

**This Endorsement changes your policy. Please read it carefully.**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following exclusion is added to **Section II – Liability Coverage, B. Exclusions**:

This insurance does not apply to “bodily injury” or “property damage” arising out of the following:

### **Abuse Or Molestation**

- a. The actual or threatened abuse or molestation by anyone or any person while in the care, custody or control of any insured, or
- b. The negligent:
  - (1) Employment;
  - (2) Investigation;
  - (3) Supervision;
  - (4) Reporting to the proper authorities, or failure to so report; or
  - (5) Retention;of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by Paragraph a. above.



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## **ASBESTOS EXCLUSION**

This endorsement modifies insurance provided under the following:

### **COVERED AUTOS LIABILITY COVERAGE PART**

**A. Paragraph B. Exclusions of Section II – COVERED AUTOS LIABILITY COVERAGE**, is amended by the addition of the following exclusion:

This insurance does not apply to:

#### **Asbestos**

- (1)** "Bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, contact with, exposure to, existence of or presence of asbestos.
- (2)** "Property damage" arising, in whole or in part, out of the actual, alleged, threatened or suspected absorption of, contact with, exposure to, existence of or presence of asbestos.
- (3)** Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of asbestos by any insured or by any other person or entity.

This exclusion includes defects or negligence in design, construction or materials, or any other event, conduct or misconduct, which may have or is claimed to have precipitated, caused or acted jointly, concurrently, or in any sequence with asbestos in causing injury or damage.



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
AUTO DEALERS COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

Who Is An Insured under COVERED AUTOS LIABILITY COVERAGE is amended to include as an "insured", any person or organization you are required to add as an additional insured on this policy under a written contract, agreement or permit which must be:

- a. currently in effect or becoming effective during the term of the policy; and
- b. executed prior to the "bodily injury" or "property damage."

The insurance provided to this additional insured is limited as follows:

- 1. That person or organization is an additional insured only with respect to liability arising out of your operations performed for that additional insured as specified in the written contract, agreement or permit.
- 2. The limits of insurance applicable to the additional insured are those in written contract, agreement, permit or in the Declarations for this policy, whichever are less. These limits of insurance are inclusive of and not in addition to the Limit of Insurance for Liability Coverage shown in the Declarations.
- 3. Coverage is not provided for "bodily injury" or "property damage" arising out of the sole negligence of the additional insured.

Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary.

When this insurance is in excess, we will have no duty to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insurer's rights against all those other insurers.

All other terms and conditions of this policy remain unchanged.

ASC-RSI-106 (06-2017)

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALIFORNIA CHANGES**

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, California, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** The following are added to the **Other Insurance Condition** in the Auto Dealers and Business Auto Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form and supersede any provisions to the contrary:
- 1.** When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to an "auto" and:
    - a.** One provides coverage to a Named Insured engaged in the business of selling, repairing, servicing, delivering, testing or road-testing "autos"; and
    - b.** The other provides coverage to a person not engaged in that business; and
    - c.** At the time of an "accident", a person described in Paragraph **1.b.** is operating an "auto" owned by the business described in Paragraph **1.a.**, then that person's liability coverage is primary and the Coverage Form issued to a business described in Paragraph **1.a.** is excess over any coverage available to that person.
  - 2.** When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to an "auto" and:
    - a.** One provides coverage to a Named Insured engaged in the business of selling, repairing, servicing, delivering, testing or road-testing "autos"; and
    - b.** The other provides coverage to a person not engaged in that business; and
    - c.** At the time of an "accident", an "insured" under the Coverage Form described in Paragraph **2.a.** is operating an "auto" owned by a person described in Paragraph **2.b.**, then the Coverage Form issued to the business described in Paragraph **2.a.** is primary and the liability coverage issued to a person described in Paragraph **2.b.** is excess over any coverage available to the business.
  - 3.** When this Coverage Form and any other Coverage Form or policy providing liability coverage apply to a "commercial vehicle" and:
    - a.** One provides coverage to a Named Insured, who in the course of business, rents or leases "commercial vehicles" without operators; and
    - b.** The other provides coverage to a person other than as described in Paragraph **3.a.**; and
    - c.** At the time of an "accident", a person who is not the Named Insured of the Policy described in Paragraph **3.a.**, and who is not the agent or "employee" of such Named Insured, is operating a "commercial vehicle" provided by the business covered by the Coverage Form or policy described in Paragraph **3.a.**, then the liability coverage provided by the Coverage Form or policy described in Paragraph **3.b.** is primary, and the liability coverage provided by the Coverage Form or policy described in Paragraph **3.a.** is excess over any coverage available to that person.

**4.** Notwithstanding Paragraph **A.3.**, when this Coverage Form and any other Coverage Form or policy providing liability coverage apply to a power unit and any connected "trailer" or "trailers" and:

- a.** One provides coverage to a Named Insured engaged in the business of transporting property by "auto" for hire; and
- b.** The other provides coverage to a Named Insured not engaged in that business; and
- c.** At the time of an "accident", a power unit is being operated by a person insured under the Coverage Form or policy described in Paragraph **4.a.**, then that Coverage Form or policy is primary for both the power unit and any connected "trailer" or "trailers" and the Coverage Form or policy described in Paragraph **4.b.** is excess over any other coverage available to such power unit and attached "trailer" or "trailers".

**B.** As used in this endorsement:

"Commercial vehicle" means an "auto" subject to registration or identification under California law which is:

- 1.** Used or maintained for the transportation of persons for hire, compensation or profit;
- 2.** Designed, used or maintained primarily for the transportation of property; or
- 3.** Leased for a period of six months or more.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALIFORNIA CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
 COMMERCIAL AUTOMOBILE COVERAGE PART  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
 EQUIPMENT BREAKDOWN COVERAGE PART  
 FARM COVERAGE PART  
 LIQUOR LIABILITY COVERAGE PART  
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
 POLLUTION LIABILITY COVERAGE PART  
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**A. Paragraphs 2. and 3. of the Cancellation Common Policy Condition are replaced by the following:**

**2. All Policies In Effect For 60 Days Or Less**

If this policy has been in effect for 60 days or less, and is not a renewal of a policy we have previously issued, we may cancel this policy by mailing or delivering to the first Named Insured, at the mailing address shown in the policy, and to the producer of record, advance written notice of cancellation, stating the reason for cancellation, at least:

**a.** 10 days before the effective date of cancellation if we cancel for:

**(1)** Nonpayment of premium; or

**(2)** Discovery of fraud by:

**(a)** Any insured or his or her representative in obtaining this insurance; or

**(b)** You or your representative in pursuing a claim under this policy.

**b.** 30 days before the effective date of cancellation if we cancel for any other reason.

**3. All Policies In Effect For More Than 60 Days**

**a.** If this policy has been in effect for more than 60 days, or is a renewal of a policy we issued, we may cancel this policy only upon the occurrence, after the effective date of the policy, of one or more of the following:

**(1)** Nonpayment of premium, including payment due on a prior policy we issued and due during the current policy term covering the same risks.

**(2)** Discovery of fraud or material misrepresentation by:

**(a)** Any insured or his or her representative in obtaining this insurance; or

**(b)** You or your representative in pursuing a claim under this policy.

**(3)** A judgment by a court or an administrative tribunal that you have violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.

- (4) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by you or your representative, which materially increase any of the risks insured against.
  - (5) Failure by you or your representative to implement reasonable loss control requirements, agreed to by you as a condition of policy issuance, or which were conditions precedent to our use of a particular rate or rating plan, if that failure materially increases any of the risks insured against.
  - (6) A determination by the Commissioner of Insurance that the:
    - (a) Loss of, or changes in, our reinsurance covering all or part of the risk would threaten our financial integrity or solvency; or
    - (b) Continuation of the policy coverage would:
      - (i) Place us in violation of California law or the laws of the state where we are domiciled; or
      - (ii) Threaten our solvency.
    - (7) A change by you or your representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, unless the added, increased or changed risk is included in the policy.
  - b. We will mail or deliver advance written notice of cancellation, stating the reason for cancellation, to the first Named Insured, at the mailing address shown in the policy, and to the producer of record, at least:
    - (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium or discovery of fraud; or
    - (2) 30 days before the effective date of cancellation if we cancel for any other reason listed in Paragraph 3.a.
- B. The following provision is added to the Cancellation Common Policy Condition:**
- 7. Residential Property**
- This provision applies to coverage on real property which is used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household personal property in a residential unit, if such coverage is written under one of the following:
- Commercial Property Coverage Part  
 Farm Coverage Part – Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form
- a. If such coverage has been in effect for 60 days or less, and is not a renewal of coverage we previously issued, we may cancel this coverage for any reason, except as provided in b. and c. below.
  - b. We may not cancel this policy solely because the first Named Insured has:
    - (1) Accepted an offer of earthquake coverage; or
    - (2) Cancelled or did not renew a policy issued by the California Earthquake Authority (CEA) that included an earthquake policy premium surcharge.

However, we shall cancel this policy if the first Named Insured has accepted a new or renewal policy issued by the CEA that includes an earthquake policy premium surcharge but fails to pay the earthquake policy premium surcharge authorized by the CEA.
  - c. We may not cancel such coverage solely because corrosive soil conditions exist on the premises. This restriction (c.) applies only if coverage is subject to one of the following, which exclude loss or damage caused by or resulting from corrosive soil conditions:
    - (1) Commercial Property Coverage Part – Causes Of Loss – Special Form; or
    - (2) Farm Coverage Part – Causes Of Loss Form – Farm Property, Paragraph D. Covered Causes Of Loss – Special.

- C. The following is added and supersedes any provisions to the contrary:

**Nonrenewal**

1. Subject to the provisions of Paragraphs **C.2.** and **C.3.** below, if we elect not to renew this policy, we will mail or deliver written notice, stating the reason for nonrenewal, to the first Named Insured shown in the Declarations, and to the producer of record, at least 60 days, but not more than 120 days, before the expiration or anniversary date.

We will mail or deliver our notice to the first Named Insured, and to the producer of record, at the mailing address shown in the policy.

**2. Residential Property**

This provision applies to coverage on real property used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household property contained in a residential unit, if such coverage is written under one of the following:

Commercial Property Coverage Part

Farm Coverage Part – Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form

- a. We may elect not to renew such coverage for any reason, except as provided in **b.**, **c.** and **d.** below.
- b. We will not refuse to renew such coverage solely because the first Named Insured has accepted an offer of earthquake coverage.

However, the following applies only to insurers who are associate participating insurers as established by Cal. Ins. Code Section 10089.16. We may elect not to renew such coverage after the first Named Insured has accepted an offer of earthquake coverage, if one or more of the following reasons applies:

- (1) The nonrenewal is based on sound underwriting principles that relate to the coverages provided by this policy and that are consistent with the approved rating plan and related documents filed with the Department of Insurance as required by existing law;

- (2) The Commissioner of Insurance finds that the exposure to potential losses will threaten our solvency or place us in a hazardous condition. A hazardous condition includes, but is not limited to, a condition in which we make claims payments for losses resulting from an earthquake that occurred within the preceding two years and that required a reduction in policyholder surplus of at least 25% for payment of those claims; or

- (3) We have:

- (a) Lost or experienced a substantial reduction in the availability or scope of reinsurance coverage; or
- (b) Experienced a substantial increase in the premium charged for reinsurance coverage of our residential property insurance policies; and

the Commissioner has approved a plan for the nonrenewals that is fair and equitable, and that is responsive to the changes in our reinsurance position.

- c. We will not refuse to renew such coverage solely because the first Named Insured has cancelled or did not renew a policy, issued by the California Earthquake Authority, that included an earthquake policy premium surcharge.

- d. We will not refuse to renew such coverage solely because corrosive soil conditions exist on the premises. This restriction (**d.**) applies only if coverage is subject to one of the following, which exclude loss or damage caused by or resulting from corrosive soil conditions:

- (1) Commercial Property Coverage Part – Causes Of Loss – Special Form; or
- (2) Farm Coverage Part – Causes Of Loss Form – Farm Property, Paragraph **D.** Covered Causes Of Loss – Special.

3. We are not required to send notice of nonrenewal in the following situations:

- a. If the transfer or renewal of a policy, without any changes in terms, conditions or rates, is between us and a member of our insurance group.



- b. If the policy has been extended for 90 days or less, provided that notice has been given in accordance with Paragraph **C.1**.
- c. If you have obtained replacement coverage, or if the first Named Insured has agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
- d. If the policy is for a period of no more than 60 days and you are notified at the time of issuance that it will not be renewed.
- e. If the first Named Insured requests a change in the terms or conditions or risks covered by the policy within 60 days of the end of the policy period.
- f. If we have made a written offer to the first Named Insured, in accordance with the timeframes shown in Paragraph **C.1**., to renew the policy under changed terms or conditions or at an increased premium rate, when the increase exceeds 25%.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALIFORNIA AUTO MEDICAL PAYMENTS COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### **A. Coverage**

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

### **B. Who Is An Insured**

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

### **C. Exclusions**

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
  - a. War, including undeclared or civil war;
  - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
  - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

#### **D. Limit Of Insurance**

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

#### **E. Changes In Conditions**

The **Conditions** are changed for Auto Medical Payments Coverage as follows:

1. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply.
2. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

#### **F. Additional Definitions**

As used in this endorsement:

1. "Family member" means a person related to you by blood, adoption, marriage or registered domestic partnership under California law, who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALIFORNIA UNINSURED MOTORISTS COVERAGE – BODILY INJURY**

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, California, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** I TRUCK U INC

**Endorsement Effective Date:** 1/18/2026

### **SCHEDULE**

**Limit Of Insurance:** \$ See declarations

**Each "Accident" –** See declarations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

#### **A. Coverage**

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. We will pay only after the limits of liability under any liability bonds or policies have been exhausted by payment of judgments or settlements.
3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

#### **B. Who Is An Insured**

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
  - a. The Named Insured and any "family members".
  - b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
  - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

### C. Exclusions

This insurance does not apply to any of the following:

1. Punitive or exemplary damages.
2. Any claim settled without our consent. However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle".
3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law or to the direct benefit of the United States, a state or its political subdivisions.
4. "Bodily injury" sustained by:
  - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form;
  - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this Coverage Form; or
  - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other Coverage Form or policy.

However, Exclusion 4. shall not apply to "bodily injury" sustained by an individual Named Insured or "family member" when struck by a vehicle owned by that "insured" and operated or caused to be operated by a person without that "insured's" consent in connection with criminal activity that has been documented in a police report and to which that "insured" is not a party to.

5. "Bodily injury" sustained by an individual Named Insured or any "family member" while "occupying" any vehicle leased by that Named Insured or any "family member" under a written contract for a period of six months or more that is not a covered "auto".

6. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.

7. "Bodily injury" sustained by an "insured" while "occupying" any "auto" that is rented or leased to that "insured" for use as a public or livery conveyance. However, this exclusion does not apply if the "insured" is in the business of providing public or livery conveyance.

8. "Bodily injury" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

### D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
2. For a vehicle described in Paragraph **b.** of the definition of "uninsured motor vehicle", our Limit of Insurance shall be reduced by all sums paid because of "bodily injury" by or for anyone who is legally responsible, including all sums paid or payable under this policy's Covered Autos Liability Coverage.

3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form or Medical Payments Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

## **E. Changes In Conditions**

The Conditions are changed for California Uninsured Motorists Coverage – Bodily Injury as follows:

### **1. Duties In The Event Of Accident, Claim, Suit Or Loss** in the Business Auto and Motor Carrier Coverage Forms and **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are changed by adding the following:

- a. Promptly notify the police if a hit-and-run driver is involved; and
- b. Send us copies of the legal papers if a "suit" is brought. In addition, a person seeking coverage under Paragraph **b.** of the definition of "uninsured motor vehicle" must:
  - (1) Provide us with a copy of the complaint by personal service or certified mail if the "insured" brings an action against the owner or operator of such "uninsured motor vehicle";
  - (2) Within a reasonable time, make all pleadings and depositions available for copying by us or furnish us copies at our expense; and
  - (3) Provide us with proof that the limits of insurance under any applicable liability bonds or policies have been exhausted by payment of judgments or settlements.

### **2. Legal Action Against Us** is replaced by the following:

#### **Legal Action Against Us**

No legal action may be brought against us under this Coverage Form until there has been full compliance with all the terms of this Coverage Form and with respect to Paragraphs **a.**, **c.** and **d.** of the definition of "uninsured motor vehicle" unless within two years from the date of the "accident":

- a. Agreement as to the amount due under this insurance has been concluded;
- b. The "insured" has formally instituted arbitration proceedings against us. In the event that the "insured" decides to arbitrate, the "insured" must formally begin arbitration proceedings by notifying us in writing, sent by certified mail, return receipt requested; or

- c. "Suit" for "bodily injury" has been filed against the uninsured motorist in a court of competent jurisdiction.

Written notice of the "suit" must be given to us within a reasonable time after the "insured" knew, or should have known, that the other motorist is uninsured. In no event will such notice be required before two years from the date of the accident. Failure of the "insured" or his or her representative to give us such notice of the "suit" will relieve us of our obligations under this Coverage Form only if the failure to give notice prejudices our rights.

### **3. Transfer Of Rights Of Recovery Against Others To Us** is replaced by the following:

#### **Transfer Of Rights Of Recovery Against Others To Us**

- a. With respect to Paragraphs **a.**, **c.** and **d.** of the definition of "uninsured motor vehicle", if we make any payment, we are entitled to recover what we paid from other parties. Any person to or for whom we make payment must transfer to us his or her rights of recovery against any other party. This person must do everything necessary to secure these rights and must do nothing that would jeopardize them.
- b. With respect to Paragraph **b.** of the definition of "uninsured motor vehicle", if we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

### **4. Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- a. The maximum recovery under all Coverage Forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any Coverage Form or policy providing coverage on either a primary or excess basis.
- b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.

c. If the coverage under this Coverage Form is provided:

- (1) On a primary basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
- (2) On an excess basis, we will pay only our share of the "loss" that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

5. The following condition is added:

**Arbitration**

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", the disagreement will be settled by arbitration. Such arbitration may be initiated by a written demand for arbitration made by either party. The arbitration shall be conducted by a single neutral arbitrator. However, disputes concerning coverage under this endorsement may not be arbitrated. Each party will bear the expenses of the arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedures and evidence will apply. The decision of the arbitrator will be binding.

**F. Additional Definitions**

The following are added to the **Definitions** section:

1. "Family member" means the individual Named Insured's spouse, whether or not a resident of the individual Named Insured's household, and any other person related to such Named Insured by blood, adoption, marriage or registered domestic partnership under California law, who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.

3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":

- a. For which no liability bond or policy at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged;
- b. That is an underinsured motor vehicle. An underinsured motor vehicle is a land motor vehicle or "trailer" for which the sum of all liability bonds or policies at the time of an "accident" provides at least the amounts required by the applicable law where a covered "auto" is principally garaged but that sum is less than the Limit of Insurance for this coverage;
- c. For which an insuring or bonding company denies coverage or refuses to admit coverage except conditionally or with reservation or becomes insolvent;
- d. That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must make physical contact with an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or
- e. That is owned by an individual Named Insured or "family member" and operated or caused to be operated by a person without the owner's consent in connection with criminal activity that has been documented in a police report.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law;
- b. Owned by the United States of America, Canada, a state or political subdivision of any of those governments or an agency of any of the foregoing; or
- c. Designed or modified for use primarily off public roads while not on public roads.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALCULATION OF PREMIUM**

This endorsement modifies insurance provided under the following:

- CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
- COMMERCIAL AUTOMOBILE COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- CRIME AND FIDELITY COVERAGE PART
- EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
- EQUIPMENT BREAKDOWN COVERAGE PART
- FARM COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
SINGLE INTEREST AUTOMOBILE PHYSICAL DAMAGE INSURANCE POLICY

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A.** The following definitions are added and apply under this endorsement wherever the term terrorism, or the phrase any injury, damage, loss or expense, is enclosed in quotation marks:

**1.** "Terrorism" means activities against persons, organizations or property of any nature:

**a.** That involve the following or preparation for the following:

- (1)** Use or threat of force or violence; or
- (2)** Commission or threat of a dangerous act; or
- (3)** Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

**b.** When one or both of the following apply:

- (1)** The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- (2)** It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

**2.** "Any injury, damage, loss or expense" means any injury, damage, loss or expense covered under any Coverage Form or Policy to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "loss", loss of use, rental reimbursement after "loss" or "covered pollution cost or expense", as may be defined under this Coverage Form, Policy or any applicable endorsement.

**B.** The following exclusion is added:

### **Exclusion Of Terrorism**

We will not pay for "any injury, damage, loss or expense" caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". "Any injury, damage, loss or expense" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such injury, damage, loss or expense. **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

- 1.** The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
- 2.** Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or

3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
  4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials.
- C. In the event of any incident of "terrorism" that is not subject to this exclusion, coverage does not apply to "any injury, damage, loss or expense" that is otherwise excluded under this Coverage Form, Policy or any applicable endorsement.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION OR EXCESS COVERAGE HAZARDS OTHERWISE INSURED**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** I TRUCK U INC

**Endorsement Effective Date:** 1/18/2026

### **SCHEDULE**

**Designation Or Description Of Covered "Autos" You Own:**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

When you do not want **Covered Autos Liability Coverage** to apply to the covered "autos" you own that are designated in this endorsement because you have other insurance, the following provision indicated by an "X" in the ☐ will apply:

☐ **Covered Autos Liability Coverage** does not apply.

☐ **Covered Autos Liability Coverage** does not apply to "bodily injury" or "property damage" occurring before the other insurance ends.

Date other insurance ends:

☐ **Covered Autos Liability Coverage** does not apply to "bodily injury" or "property damage" occurring before the other insurance ends except to the extent damages exceed the limits of the other insurance. However, the most we will pay is the difference between the Limit of Insurance for Covered Autos Liability Coverage in this Coverage Form and the limits of the other insurance, if this Coverage Form's limits are higher.

Date other insurance ends:

and Limits of Insurance: \$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION OF TERRORISM**

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM  
AUTOMOBILE PHYSICAL DAMAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A.** The following definitions are added and apply under this endorsement wherever the term terrorism, or the phrase any injury, damage, loss or expense, is enclosed in quotation marks:

1. "Terrorism" means activities against persons, organizations or property of any nature:

a. That involve the following or preparation for the following:

- (1) Use or threat of force or violence; or
- (2) Commission or threat of a dangerous act; or
- (3) Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

b. When one or both of the following apply:

- (1) The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- (2) It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

2. "Any injury, damage, loss or expense" means any injury, damage, loss or expense covered under any Coverage Form or Policy to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "loss", loss of use, rental reimbursement after "loss" or "covered pollution cost or expense", as may be defined under this Coverage Form, Policy or any applicable endorsement.

**B.** Except with respect to Physical Damage Coverage, Trailer Interchange Coverage, Garagekeepers Coverage, Garagekeepers Coverage – Customers' Sound Receiving Equipment or the Single Interest Automobile Physical Damage Insurance Policy, the following exclusion is added:

### **Exclusion Of Terrorism**

We will not pay for "any injury, damage, loss or expense" caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". "Any injury, damage, loss or expense" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such injury, damage, loss or expense. **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

1. The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or

2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
6. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
  - a. Physical injury that involves a substantial risk of death; or
  - b. Protracted and obvious physical disfigurement; or
  - c. Protracted loss of or impairment of the function of a bodily member or organ.

Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the thresholds in Paragraphs **B.5.** and **B.6.** are exceeded.

With respect to this exclusion, Paragraphs **B.5.** and **B.6.** describe the thresholds used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this exclusion will apply to that incident. When the exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Form, Policy or any applicable endorsement.

- C. With respect to Physical Damage Coverage, Trailer Interchange Coverage, Garagekeepers Coverage, Garagekeepers Coverage – Customers' Sound Receiving Equipment or the Single Interest Automobile Physical Damage Insurance Policy, the following exclusion is added:

#### **Exclusion Of Terrorism**

We will not pay for any "loss", loss of use or rental reimbursement after "loss" caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

1. The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions.

Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the threshold in Paragraph **C.5.** is exceeded.

With respect to this exclusion, Paragraph **C.5.** describes the threshold used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this exclusion will apply to that incident. When the exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Form, Policy or any applicable endorsement.

- D.** In the event of any incident of "terrorism" that is not subject to the exclusion in Paragraph **B.** or **C.**, coverage does not apply to "any injury, damage, loss or expense" that is otherwise excluded under this Coverage Form, Policy or any applicable endorsement.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT**

**(Broad Form)**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

**1. The insurance does not apply:**

**A. Under any Liability Coverage, to "bodily injury" or "property damage":**

- (1)** With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2)** Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

**B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.**

**C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:**

- (1)** The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;
- (2)** The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3)** The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

**2. As used in this endorsement:**

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

- (c)** Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

- (d)** Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.





Accredited Surety and Casualty Company, Inc.  
A Randall & Quilter Group Company  
4798 New Broad Street, Suite 200, Orlando, FL 32814  
Telephone: (800) 432-2799


## PUNITIVE DAMAGE EXCLUSION

**This Endorsement changes your policy. Please read it carefully.**

This endorsement modifies insurance provided under the following

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                                  |   |
|----------------------------------|---|
| Endorsement Effective: 1/18/2026 | Policy Number.1BWHCA1901463300-02   |
| Named Insured:I TRUCK U INC      | Countersigned by<br> |

(Authorized Representative)

Coverage is amended as described below:

This policy does not cover fines, penalties, damages multiplied by operation of law, or punitive or exemplary damages. This exclusion applies regardless of whether the damages are based upon the insured's conduct or the conduct of some other party for whom the insured may be legally responsible.

If the exclusion of punitive or exemplary damages is not permitted by the law of the state in which a claim for punitive or exemplary damages is brought, then this exclusion shall limit those damages to the extent permitted by law. In no event shall the total of compensatory and punitive or exemplary damages be payable in excess of the limit of insurance provided herein.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** I TRUCK U INC

**Endorsement Effective Date:** 1/18/2026

### **SCHEDULE**

**Name(s) Of Person(s) Or Organization(s):**

Only those as required by contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.



Accredited Surety and Casualty Company, Inc.  
A Randall & Quilter Group Company  
4798 New Broad Street, Suite 200, Orlando, FL 32814  
Telephone: (800) 432-2799

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – PUNITIVE DAMAGES, FINES AND PENALTIES**

This endorsement modifies insurance provided under the following:

### **COVERED AUTOS LIABILITY COVERAGE PART**

The following exclusion is added to Paragraph **B., Exclusions** of **Section II – Covered Autos Liability Coverage**:

This insurance does not apply to punitive damages, exemplary damages, multiplied damages, fines or penalties.

Reproduced Form  
19-1004

MOTOR CARRIER (CA) #

604552

## CERTIFICATE OF INSURANCE

### Motor Carriers of Property

|   |                         |   |  |                                |
|---|-------------------------|---|--|--------------------------------|
| <b>INSURER (INSURANCE COMPANY) NAME AND ADDRESS</b><br>Accredited Surety and Casualty<br>Company, Inc.<br>4798 New Broad Street, Suite 200,<br>Orlando, FL, 32814   |                         | <b>NAIC #</b><br>26379                      | <b>Status:</b><br><input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer)<br><input checked="" type="checkbox"/> Non-admitted Insurer subject to Section 1763 of the California Insurance Code.<br>Brazos Specialty Risk Ins |                                |
|   |                         | <b>SURPLUS LINE BROKER #</b><br>0E82501     | <b>SURPLUS LINE BROKER NAME</b><br><input type="checkbox"/> Charitable Risk Pool<br><input type="checkbox"/> Risk Retention Group  |                                |
|   |                         | <b>OTHER #</b>                              |  |                                |
| <b>INSURED (MOTOR CARRIER) NAME AND ADDRESS</b><br>I TRUCK U INC<br><br>I TRUCK U INC, Canoga Park, CA, 91303   |                         |   | <b>Filed with the:</b> California Department of Motor Vehicles<br>Registration Operations Division<br>P. O. Box 932370 MS H875<br>Sacramento, CA 94232-3700<br>(916) 657-8153  |                                |
| <b>TYPE OF INSURANCE</b>  | <b>POLICY NUMBER</b>    | <b>POLICY EFFECTIVE<br/>DATE (MM/DD/YY)</b> | <b>LIMITS</b>  |                                |
| <b>PRIMARY LIABILITY</b><br><input type="checkbox"/> Coverage below statutory<br>minimum limits.<br><input checked="" type="checkbox"/> Coverage equal to or<br>exceeding statutory<br>minimum limits.              | 1BWHCA1901463300-<br>02 | 01/18/26                                    | <b>COMBINED SINGLE LIMIT</b>   | \$ 750K                        |
|   |                         |   | <b>BODILY INJURY OR DEATH<br/>(ONE PERSON)</b>   | \$                             |
|   |                         |   | <b>BODILY INJURY OR DEATH<br/>(MORE THAN ONE PERSON)</b>   | \$                             |
|   |                         |   | <b>PROPERTY DAMAGE</b>   | \$                             |
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> Coverage between primary<br>coverage and statutory<br>minimum limits.<br><input type="checkbox"/> Coverage provided at or<br>above statutory minimum<br>limits. |                         |   | <b>COMBINED SINGLE LIMIT</b>   | \$ _____ in excess of \$ _____ |
|   |                         |   | <b>BODILY INJURY<br/>(ONE PERSON)</b>  | \$ _____ in excess of \$ _____ |
|   |                         |   | <b>BODILY INJURY OR DEATH<br/>(MORE THAN ONE PERSON)</b>   | \$ _____ in excess of \$ _____ |
|   |                         |   | <b>PROPERTY DAMAGE</b>   | \$ _____ in excess of \$ _____ |
| <b>WORKERS' COMPENSATION</b>  |                         |   | <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, Registration Operations Division, 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.**

|  |   |  |
|--|---|--|
| <b>PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE</b><br>Joanne Dodd                                  | <b>TELEPHONE NUMBER</b><br>( 469 ) 3400067            | <b>EMAIL ADDRESS</b><br>jdodd@bsrinsurance.com |
| <b>SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE</b><br><input checked="" type="checkbox"/> Joanne Dodd | <b>EXECUTED AT (CITY AND STATE)</b><br>Lake Dallas TX | <b>DATE</b><br>01/16/2026                      |

## INSURANCE POLICY ENDORSEMENT

MOTOR CARRIER (CA) #

604552

### Motor Carriers of Property Bodily Injury Liability and Property Damage Liability

|   |                         |   |  |
|---|-------------------------|---|--|
| <b>INSURER (INSURANCE COMPANY) NAME AND ADDRESS</b><br>Accredited Surety and Casualty Company, Inc.<br>4798 New Broad Street, Suite 200,<br>Orlando, FL, 32814  |                         | <b>NAIC #</b><br>26379                  | <b>Status:</b><br><input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer)<br><input checked="" type="checkbox"/> Non-admitted Insurer subject to Section 1763 of the California Insurance Code. <i>Brazos Specialty Risk Ins</i><br>SURPLUS LINE BROKER NAME<br><input type="checkbox"/> Charitable Risk Pool<br><input type="checkbox"/> Risk Retention Group |
|   |                         | <b>SURPLUS LINE BROKER #</b><br>0E82501 |  |
|   |                         | <b>OTHER #</b>                          |  |
| <b>INSURED (MOTOR CARRIER) NAME AND ADDRESS</b><br>I TRUCK U INC<br><br>I TRUCK U INC, Canoga Park, CA, 91303   |                         |   |  |
| <b>TYPE OF INSURANCE</b>  | <b>POLICY NUMBER</b>    | <b>POLICY EFFECTIVE DATE (MM/DD/YY)</b> | <b>LIMITS</b>  |
| <b>PRIMARY LIABILITY</b><br><input type="checkbox"/> Coverage below statutory minimum limits.<br><input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.           | 1BWHCA19014633<br>00-02 | 01/18/26                                | <b>COMBINED SINGLE LIMIT</b> \$ 750K<br><b>BODILY INJURY OR DEATH (ONE PERSON)</b> \$<br><b>BODILY INJURY OR DEATH (MORE THAN ONE PERSON)</b> \$<br><b>PROPERTY DAMAGE</b> \$  |
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> Coverage between primary coverage and statutory minimum limits.<br><input type="checkbox"/> Coverage provided at or above statutory minimum limits. |                         |   | <b>COMBINED SINGLE LIMIT</b> \$ _____ in excess of \$ _____<br><b>BODILY INJURY (ONE PERSON)</b> \$ _____ in excess of \$ _____<br><b>BODILY INJURY OR DEATH (MORE THAN ONE PERSON)</b> \$ _____ in excess of \$ _____<br><b>PROPERTY DAMAGE</b> \$ _____ 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.***

|   |  |   |
|---|--|---|
| <b>PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE</b><br>Joanne Dodd       | <b>TELEPHONE NUMBER</b><br>( 469 ) 3400067         | <b>EMAIL ADDRESS (OPTIONAL)</b><br>jdodd@bsrinsurance.com |
| <b>SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE</b><br><b>X</b> Joanne Dodd | <b>EXECUTED (CITY AND STATE)</b><br>Lake Dallas TX | <b>DATE</b><br>01/29/2026                                 |

## **CALIFORNIA MOTOR VEHICLE ASSESEMENT FEE NOTICE**

An insurer doing business in this state shall pay an annual special purpose assessment to be determined by the commissioner, but not to exceed one dollar (\$1) annually, for each vehicle insured under an insurance policy it issues in this state, in order to fund increased investigation and prosecution of fraudulent automobile insurance claims and economic automobile theft.

Thirty-four percent of those funds received from ninety-five cents (\$0.95) of the special purpose assessment per insured vehicle shall be distributed to the Fraud Division for enhanced investigative efforts, 15 percent of that ninety-five cents (\$0.95) shall be deposited in the Motor Vehicle Account for appropriation to the Department of the California Highway Patrol for enhanced prevention and investigative efforts to deter economic automobile theft, and 51 percent of that ninety-five cents (\$0.95) shall be distributed to district attorneys for purposes of investigation and prosecution of automobile insurance fraud cases, including fraud involving economic automobile theft.

California Code, Insurance Code - INS § 1872.8

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION) –  
AUTOMATIC WHEN REQUIRED BY WRITTEN  
CONTRACT OR AGREEMENT**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to any person(s) or organization(s) for whom you are required to waive subrogation with respect to the coverage provided under this Coverage Form, but only to the extent that subrogation is waived:

- A.** Under a written contract or agreement with such person(s) or organization(s); and
- B.** Prior to the "accident" or the "loss".



## HOW TO REPORT A CLAIM EFFECTIVE 6/1/2025

We ask that you report claims to Reserv as quickly as possible following a loss. Early notice of new claims allows us to quickly investigate and collect information while the details are still fresh. This allows us to provide the best service possible to clients and third parties.

Losses can be reported through any of the below methods. We are happy to accept electronic claims reports at any time.

**Telephone:** +1 (844) 771-4463

**Electronic Mail:** [new.claim+whitehill\\_acc@reserv.com](mailto:new.claim+whitehill_acc@reserv.com)

**Regular Mail:**

- *Reserv Claims Analysis, LLC 224 West 35<sup>th</sup> Street*
- *Suite 500*
- *New York, NY 10001*

We have created the attached claim reporting form for convenience, but we are happy to accept new losses in other formats. Please be sure to include the following information:

- Policy number
- Insured name
- Insured phone# and email address
- Date and time of loss
- Description of loss
- Copy of the policy

Once your claim is reported a Claims Resolution Specialist will be assigned and make contact within 1 business day to review the details of your claims and answer your questions.

Inquiries into the status of existing claims may be made via the below methods:

**Telephone:** +1 (844) 771-4463

**Electronic Mail:** [new.claim+whitehill\\_acc@reserv.com](mailto:new.claim+whitehill_acc@reserv.com)





Your Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Phone#: \_\_\_\_\_ Insured Email: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Location: \_\_\_\_\_

Summary of Loss:

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Name and contact information for other parties involved in the loss

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Attach and relevant documents to help investigate the claim, such as:

- Copy of the insurance policy
- Photos of the damaged items
- Contact information or insurance of 3rd parties

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SILICA OR SILICA-RELATED DUST EXCLUSION FOR COVERED AUTOS EXPOSURE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. The following exclusion is added to Covered Autos Liability Coverage:**

**Silica Or Silica-related Dust Exclusion For Covered Autos Exposure**

This insurance does not apply to:

1. "Bodily injury" arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, or ingestion of, "silica" or "silica-related dust".
2. "Property damage" arising, in whole or in part, out of the actual, alleged, threatened or suspected contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".

3. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any "insured" or by any other person or entity.

**B. Additional Definitions**

As used in this endorsement:

1. "Silica" means silicon dioxide (occurring in crystalline, amorphous and impure forms), silica particles, silica dust or silica compounds.
2. "Silica-related dust" means a mixture or combination of silica and other dust or particles.