

# Application for Insurance

Please review and sign where indicated

**Policy number: 873501484**

Named Insured:  
KINGPEAK INTERMODAL INC  
April 30, 2026  
Page 1 of 5

## Policy and premium information for policy number 873501484

Insurance company:	United Financial Cas Co PO Box 94739 Cleveland, OH 44101
Agent:	PARMJIT S DHAMI AMERIGO INS AGENCY 1110 CIVIC CTR #202D YUBA CITY, CA 95993 01PKK 1-530-290-1633
Named Insured:	KINGPEAK INTERMODAL INC 17036 S HARLAN RD FRENCH CAMP, CA 95230 Primary e-mail address: kingpeakintermodal@gmail.com Primary Phone Number: 1-801-648-9353
Financial responsibility vendor:	TransUnion 1-800-916-8800
Policy period:	Apr 30, 2026 - Apr 30, 2027
Effective date and time:	Apr 30, 2026 at 07:31PM ET
Total policy premium:	\$13,980.76
Initial payment required:	\$3,522.76
Initial payment received:	\$3,522.76
Payment plan:	10 Pay, 25% DP, Mthly

## Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's License number	State	Points	Additional information
BARINDER SINGH SIDHU	10/11/1987	****8735	CA	0	

## Outline of coverage

### Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$11,245
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$750,000 combined single limit		161
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		9

Comprehensive		407
See Auto Coverage Schedule	Limit of liability less deductible	
Collision		608
See Auto Coverage Schedule	Limit of liability less deductible	
<b>Subtotal policy premium</b>		<b>\$12,430.00</b>

**Commercial General Liability coverage part**

Description	Limits	Premium
Limited General Liability - Trucking Operations	\$1,000,000/\$2,000,000	\$366
Each Occurrence	\$1,000,000	
General Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	included
Personal and Advertising Injury	\$1,000,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
<b>Subtotal policy premium</b>		<b>\$366.00</b>

**Motor Truck Cargo coverage part**

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$2,500	\$1,148
Refrigeration Breakdown	included in Motor Truck Cargo Limit	\$2,500	included
<b>Subtotal policy premium</b>			<b>\$1,148.00</b>
Federal Filing Fee			35.00
California Vehicle Assessment Fee			1.76
<b>Total 12 month policy premium and fees</b>			<b>\$13,980.76</b>

**Rated commodities**

- BUSINESS DOCUMENTS/NON-NEGOTIABLE SECURITIES
- MOBILE/MODULAR HOMES
- CONTAINERIZED FREIGHT

**Auto coverage schedule**

- 2020 INTERNATIONAL LT625** Stated Amount: \* \$22,000 (including Permanently Attached Equip)  
 VIN: **3HCDZAPR3LL307920** Garaging Zip Code: 95230 Radius: 300 miles  
 Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM/UIM Premium	Med Pay Premium	Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$10948	\$161	\$9		\$2,500	\$407	\$2,500	\$608	\$12,133

- 2030 Non-owned Attached Trailer \*\***  
 VIN: **None** Garaging Zip Code: 95230 Radius: 300 miles  
 Personal use: N Body type: 20

Liability Premium	Liability Premium	Auto Total
	\$297	\$297

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

\*\*Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

**Financial responsibility information**

Name	Age	Date of birth
Home address		
Sonia Sandhu	46	02/25/1980
17036 S HARLAN RD FRENCH CAMP, CA 95230		
Is Sonia Sandhu involved in the daily operation of the business? Yes		

**Business information**

Business	Other Business
General Freight Hauler	
Business Structure	Employer ID Number (EIN)
Corporation	99-5077556

Do any listed vehicles or the load require a hazardous material placard? No  
Do you have a USDOT Number? Yes  
What is the USDOT Number? 4300525  
We may use USDOT data collected by the Federal Motor Carrier Safety Administration to rate the policy.

**Additional policy questions**

Do you currently have other coverages for your business? NONE

**Premium discount**

Policy	
873501484	Electronic Funds Transfer

**Insurance history**

Are you currently insured with Progressive commercial auto? No  
Prior insurance: No

**Underwriting questions**

Is your business required to provide a state or federal agency proof of insurance/filings? Yes  
Does this quote include all vehicles owned and operated in your business? Yes  
Federal Liability Filing: Yes  
MCS-90: Yes

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### Important Notice

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

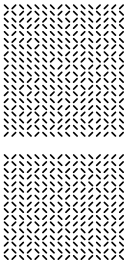
### Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims, insurance and credit histories. Information may also be obtained from the Federal Motor Carrier Safety Administration. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, agent, or broker in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured authorizes release to the Company of the residence address and other information in any state Department of Motor Vehicle's records regarding any person named on this application and any person now or hereafter insured under this policy, and waive the provisions of Section 1808.21 of the California Vehicle Code to the extent it would prohibit the release of such information. The information will be used for insurance underwriting or rating, claims investigation and/or antifraud activities. This authorization and waiver will remain in effect throughout the term of the policy and any renewals thereof.

### The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.



If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

**Other charges**

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$0.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 0 days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I am the person identified as the named insured or I am the authorized signatory of the named insured entity. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "click to e-sign", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to bind the named insured to its terms.

**Signature of first named insured or**

**Authorized signatory of the named insured entity**

**Date**

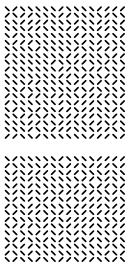
**Title**

X

Signed by:  
*Soira Sandler*

4/30/2026

Form Z421 CA (05/21)



### Electronic Funds Transfer Authorization

I authorize United Financial Cas Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this account. I understand that this includes my permission to credit this account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

#### Bank Information

Name on the Account: KINGPEAK INTERMODAL IN

Routing Number: \*\*\*\*0358

Account Number: \*\*\*\*\*2092

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, electronically or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

**Signature** (of the person authorized to sign on the account)

**Date**

**Title**

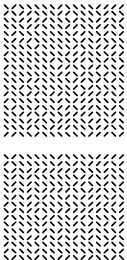
X

Signed by:  
*Sonia Sandler*

4/30/2026

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for withdrawals.

Form 6252 (05/16)



### Confirmation of Initial Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your initial payment. This authorization **only** applies to your initial payment.

Name on the Account: KINGPEAK INTERMODAL IN

Account Number: \*\*\*\*\*2092

Payment Amount Authorized: \$3,522.76

Authorization Date: April 30, 2026

### Confirmation of First Installment Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your first installment payment. This authorization **only** applies to your first installment. Please know that after this first installment payment, we will **not withdraw funds** from this account for any future payments unless you provide us with another authorization.

An authorization form is included in this package for your convenience. The owner of the account or an authorized signer on the account must sign this form and mail or fax it to Progressive.

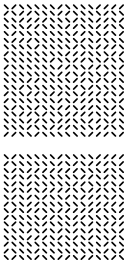
Name on the Account: KINGPEAK INTERMODAL IN

Account Number: \*\*\*\*\*2092

Payment Amount Authorized: \$1,165.00

Authorization Date: April 30, 2026

Form 2686 (05/16)



### Electronic Funds Transfer Authorization for a Single Deduction

I authorize United Financial Cas Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic deduction from the bank account listed below for **one payment** on this insurance policy. I also authorize the financial institution identified by the routing number below to accept and post this entry to the account listed below. I understand that I can only do this because I am the owner and/or an authorized signer on the account.

In addition, I recognize that it's my responsibility to make sure that there are sufficient funds in this account at the time of the deduction and that this policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

#### Bank Information

Name on the Account: kINGPEAK INTERMODAL IN

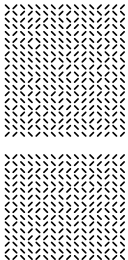
Routing Number: \*\*\*\*0358

Account Number: \*\*\*\*\*2092

**Signature** (must be a person authorized to sign on this account)

<b>Signed by:</b>	<b>Date</b>	<b>Title</b>
X  A45B3561AA33400.....	4/30/2026	

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for this withdrawal.





**Policy number: 873501484**

Policyholder:

KINGPEAK INTERMODAL INC

April 30, 2026

Policy period: Apr 30, 2026 - Apr 30, 2027

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## Electronic Funds Transfer (EFT) payment schedule

<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>
May 31, 2026.....	\$1,165.00	Sep 30, 2026.....	\$1,165.00	Jan 31, 2027.....	\$1,165.00
Jun 30, 2026.....	\$1,165.00	Oct 31, 2026.....	\$1,165.00		
Jul 31, 2026.....	\$1,165.00	Nov 30, 2026.....	\$1,165.00		
Aug 31, 2026.....	\$1,165.00	Dec 31, 2026.....	\$1,165.00		

Total Premium: \$13,980.76

Payment Option: 10 Pay, 25% DP, Mthly

An installment fee of \$3.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.

Form Z159 (05/06)

**Uninsured/Underinsured Motorist Coverage - Election of Lower Limits**

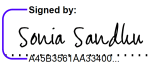
The California Insurance Code requires an insurer to provide Uninsured Motorist Coverage in each Bodily Injury Liability Insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured Motorist Coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I elect the limit of Uninsured/Underinsured Motorist Bodily Injury Coverage selected below which is less than the limits of liability for bodily injury in my policy. I understand and agree that this election of lower limits shall be binding on all persons insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a request to add the coverage and pays the additional premium.

(Please check one coverage option only.)

- \$30,000 each person/\$60,000 each accident
- \$50,000 each person/\$100,000 each accident
- \$100,000 combined single limit
- \$100,000 each person/\$300,000 each accident
- \$150,000 each person/\$300,000 each accident
- \$300,000 combined single limit
- \$250,000 each person/\$500,000 each accident
- \$500,000 combined single limit
- \$600,000 combined single limit
- \$750,000 combined single limit
- \$1,000,000 combined single limit

<b>Signature of first Named Insured or Authorized signatory of the Named Insured entity</b>	<b>Date</b>	<b>Title</b>
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X  <small>Signed by: Sonia Sandhu 74563891AA3300</small>	4/30/2026	
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Form 2702 CA (09/07)

