

### MEMORANDUM OF INSURANCE

**POLICY NUMBER:** 9300111228

**EFFECTIVE DATE:** 02/08/2026

**EXPIRATION DATE:** 02/08/2027

**COMPANY:**

GEICO Marine Insurance Company  
One GEICO Boulevard  
Fredericksburg, VA 22412  
1-866-509-9444

**INSURED:**

JALAL 08 FREIGHT INC  
7112 ESTES DRIVE  
INDIANAPOLIS, IN 46239

**COVERAGES**

This memorandum is furnished to you as a matter of information for your convenience. It is not intended to reflect all the terms and conditions or exclusions of such policies. This memorandum is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policies. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policies.

**COMMERCIAL AUTOMOBILE LIABILITY**

ANY AUTO     ALL OWNED AUTOS     HIRED AUTOS     SCHEDULED AUTOS     NON-OWNED AUTOS

\_\_\_\_\_

\_\_\_\_\_

COMBINED SINGLE LIMIT (Each Accident)  
\$1,000,000

BODILY INJURY (Per Person/ Per Accident)

PROPERTY DAMAGE (Per accident)

**COMMERCIAL AUTOMOBILE OTHER COVERAGES**

ANY AUTO     ALL OWNED AUTOS     HIRED AUTOS     SCHEDULED AUTOS     NON-OWNED AUTOS

\_\_\_\_\_

\_\_\_\_\_

**UNISURED MOTORISTS**

COMBINED SINGLE LIMIT (Each Accident)  
\$1,000,000

SPLIT LIMITS (Per Person/ Per Accident)

**UNDERISURED MOTORISTS**

COMBINED SINGLE LIMIT (Each Accident)  
\$1,000,000

SPLIT LIMITS (Per Person/ Per Accident)

**UNISURED MOTORISTS PD (Per accident)  
PERSONAL INJURY PROTECTION (PIP)  
MEDICAL PAYMENTS INCL**

**Schedule of Commercial General Liability**

**CARGO COVERAGE**

Motor Truck Cargo Coverage

\$100k/\$1000 deductible

**ACTIVE VEHICLES**

YR/MAKE/MODEL	VIN	PHYSICAL DAMAGE COVERAGE (STATED AMOUNT) (Stated Amount Limit/Deductible)
2020 KENWORTH T680	1XKYD49XXLJ382555	<input checked="" type="checkbox"/> COMPREHENSIVE DEDUCTIBLE \$2500
2020 Utility Dry Freight Trailer	1UYVS2539L3814635	<input checked="" type="checkbox"/> COLLISION DEDUCTIBLE \$2500
		<input type="checkbox"/> FIRE, THEFT AND SPECIFIC CAUSES OF LOSS DEDUCTIBLE
		<input type="checkbox"/> N/A

**ACTIVE DRIVERS**

Parmjit Singh, Lakhvir Singh

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2/5/2026



# Business Auto Declaration

This is a description of your coverage.  
Please retain for your records.

GEICO Marine Insurance Company

### ITEM ONE

**Agent Name and Address:**

AMERIGO INSURANCE AGENCY  
1110 CIVIC CENTER BLVD STE 202D  
YUBA CITY, CA 95993  
(530) 290-1633

**Policy Number: 9300111228-01**

**Policy Period:**

02-08-2026 through 02-08-2027  
Your coverage begins and ends at 12:01am  
Standard Time at the address of the named insured.  
**Previous Policy Number: 9300111228-00**

**Named Insured and Mailing Address:**

JALAL 08 FREIGHT INC  
7112 ESTES DRIVE  
INDIANAPOLIS, IN 46239  
Email Address: PARMJITSINGHUS85@GMAIL.COM

**Entity Type:** Corporation

**Description of Business:** Other For- Hire Trucking Operations

**Endorsements Attached to this Policy:** SEE SCHEDULE OF FORMS AND ENDORSEMENTS

### ITEM TWO

**Schedule of Cargo Coverage**

Coverage	Limits and/or Deductibles	Premium
Motor Truck Cargo Coverage	\$100,000/\$1,000 Deductible	\$3,070
Total Cargo Coverage Premium		\$3,070

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**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a premium and a symbol are shown, in the below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos column and a charge is shown in the premium column next to the name of the coverage below.

Coverages	Covered Autos	Limits and/or Deductibles	Vehicle 1	Vehicle 2		
Covered Auto Liability	7	1M	\$14,957	\$474		
Personal Injury Protection (Or Equivalent No-fault Coverage)						
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)						
Auto Medical Payments	7	5,000 Each Insured	\$75			
Uninsured Motorists	7	1M	\$133	Rejected		
Underinsured Motorists (When Not Included In Uninsured Motorists)	7	1M	\$77	Rejected		
Physical Damage Comprehensive Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Collision Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Towing and Labor Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Rental Reimbursement Coverage		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED		
Physical Damage Comprehensive Coverage – Stated Amount	7	See endorsement for Limit of Insurance	\$407 Deductible \$2,500	\$106 Deductible \$2,500		
Physical Damage Collision Coverage - Stated Amount	7	See endorsement for Limit of Insurance	\$4,892 Deductible \$2,500	\$2,252 Deductible \$2,500		
<b>Total Premium Per Vehicle</b>			<b>\$20,541</b>	<b>\$2,832</b>		
					<b>Tax/Surcharge/Fee</b>	

<b>*Estimated Total Premium</b>	<b>\$26,443</b>
*This policy may be subject to final audit. **See Item Four for Hired or Borrowed Autos.	

**ITEM THREE**

**Schedule of Covered Autos**

Vehicle No.	Year, Make, Model, VIN	Garaging Zip Code	Radius Of Operation	Original Cost New	Body Type
1	2020, KENWORTH, T680, 1XKYD49XXLJ382555	46239	0-500+		
2	2020, Utility, Dry Freight Trailer, 1UYVS2539L3814635	46239	0-500+		

**Classification**

Vehicle No.	Size GVW, GCW Or Vehicle Seating Capacity	Use Class	Code
1	45000	Heavy/ Special	064
2		Heavy/ Special	064

**Financed/Leased**

Vehicle No.	Financed/Leased	Finance Company, Lienholder, or Loss Payee (If Financed or Leased)

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

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GEICO COMMERCIAL AUTO  
A Division of GEICO  
PO Box 6639  
Fredericksburg, VA. 22403-6639  
Customer Service (855) 717-4841

**JALAL 08 FREIGHT INC  
7112 ESTES DRIVE  
INDIANAPOLIS IN 46239**

Policy: 9300111228-01

December 11, 2025

Dear Policyholder,

You recently enrolled the above policy in Auto Pay. Thank you for taking advantage of the easiest way to manage your payments. Please see the enclosed page for your payment extraction schedule.

Payments will be debited from the enrolled account on the due date. You can update your payment or your Auto Pay account information by calling (855) 717-4841. Any changes must be made **at least three (3) business days before the payment due date to prevent payment processing.** If you cancel Auto Pay, you'll be direct billed for your GEICO Commercial Auto insurance premiums unless you select another available payment option.

Please note, if there are any changes to your policy premium, it may affect the amount we debit from your account. If this occurs, you will receive a notification and an updated payment schedule.

Below is the authorization agreement you accepted when you enrolled:

*Today is **December 10, 2025**. You agree to allow GEICO to debit future payments from your account with **BANK OF AMERICA, N.A.** ending in **9235**. We will send you a schedule with your amounts and due dates. You can discontinue automatic payments at any time by logging in to your GEICO account or by calling us at (855) 717-4841.*

Log in to [geico.com](http://geico.com) if you have any questions about your policy's billing. We appreciate you trusting GEICO for your insurance needs.

Sincerely,

Your GEICO Commercial Service Team

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2/5/2026



**AUTO PAY NOTIFICATION**

Payment Activity

<i>Policy Number &amp; Period</i>	<i>Activity Date &amp; Description</i>	<i>Amount</i>
Commercial Auto	<b>CURRENT BALANCE AS OF 12/10/2025</b>	\$26,443.00
<b>Policy # 9300111228-01</b>		

**02/08/2026 to 02/08/2027**

**Automatic Payment Schedule**

<b>Due</b>	<b>Amount</b>	<b>Due</b>	<b>Amount</b>
02/08/2026	\$4,411.05	08/08/2026	\$2,206.50
03/08/2026	\$2,206.50	09/08/2026	\$2,206.50
04/08/2026	\$2,206.50	10/08/2026	\$2,206.50
05/08/2026	\$2,206.50	11/08/2026	\$2,206.50
06/08/2026	\$2,206.50	12/08/2026	\$2,206.45
07/08/2026	\$2,206.50		

Each installment includes a \$3.00 premium installment charge.

If your payment is dishonored by your bank or financial institution, GEICO may assess up to a \$20.00 service fee to your account to cover the additional time and expense we incur to collect your premiums.

Thank you for enrolling in Auto Pay. We'll automatically deduct your payments from your account. You will not receive any additional billing statements, so please keep this statement for your records. Please contact us by logging on to geico.com or at (855) 717-4841 if you have any billing questions.

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 2/5/2026



AUTO COMERCIAL GEICO  
Una división de  
GEICO PO Box 6639  
Fredericksburg, VA. 22403-6639  
Servicio al Cliente (855) 717-4841

**JALAL 08 FREIGHT INC  
7112 ESTES DRIVE  
INDIANAPOLIS IN 46239**

Póliza: 9300111228-01

December 11, 2025

Estimado asegurado,

Recientemente inscribió la póliza anterior en Pago Automático. Gracias por aprovechar la forma más fácil de administrar sus pagos. Consulte la página adjunta para conocer el calendario de extracción de pagos.

Los pagos se debitarán de la cuenta inscrita en la fecha de vencimiento. Puede actualizar su pago o la información de su cuenta de Pago Automático llamando al (855) 717-4841. Cualquier cambio debe realizarse **al menos tres (3) días hábiles antes de la fecha de vencimiento del pago para evitar el procesamiento del pago**. Si cancela su Pago Automático, se le facturarán directamente las primas de su seguro de GEICO Commercial Auto a menos que seleccione otra opción de pago disponible.

Tenga en cuenta que si hay algún cambio en la prima de su póliza, puede afectar el monto que debitamos de su cuenta. Si esto ocurre, recibirá una notificación y un calendario de pagos actualizado.

A continuación, se muestra el acuerdo de autorización que aceptó cuando se inscribió:

*“Hoy es **December 10, 2025**, Usted está de acuerdo a autorizar a GEICO a debitar sus futuro pagos de seguro utilizando su cuenta de **BANK OF AMERICA, N.A.** que termina en **9235**. Nosotros le enviaremos un calendario con la cantidad y fechas de pago. Usted puede discontinuar sus pagos automáticos en cualquier momento entrando a [geico.com](http://geico.com) o llamándonos al (855) 717-4841.*

Inicie sesión en [geico.com](http://geico.com) si tiene alguna pregunta sobre la facturación de su póliza. Agradecemos que confíe en GEICO para sus necesidades de seguro.

Atentamente,

Su equipo de servicio comercial de GEICO



**NOTIFICACIÓN DE PAGO AUTOMÁTICO**

Actividad de pago

<i>Número de póliza y período</i>	<i>Fecha y descripción de la actividad</i>	<i>Monto</i>
<i>Auto Comercial</i>	<b>SALDO ACTUAL A 12/10/2025</b>	\$26,443.00
<b>Política # 9300111228-01</b>		

**02/08/2026 al 02/08/2027**

**Itinerario de Pagos Automáticos**

<b>Vencer</b>	<b>Monto</b>	<b>Vencer</b>	<b>Monto</b>
02/08/2026	\$4,411.05	08/08/2026	\$2,206.50
03/08/2026	\$2,206.50	09/08/2026	\$2,206.50
04/08/2026	\$2,206.50	10/08/2026	\$2,206.50
05/08/2026	\$2,206.50	11/08/2026	\$2,206.50
06/08/2026	\$2,206.50	12/08/2026	\$2,206.45
07/08/2026	\$2,206.50		

Cada pago incluye un cargo de procesamiento de \$3.00.

Si su banco o institución financiera rechaza su pago, GEICO puede cobrar una tarifa de servicio de hasta \$20.00 a su cuenta para cubrir el tiempo y los gastos adicionales en los que incurrimos para cobrar sus primas.

Gracias por inscribirse en Pago Automático. Debitaremos automáticamente sus pagos de su cuenta. No recibirá ningún estado de cuenta adicional, así que conserve este estado de cuenta para sus registros. Por favor comuníquese con nosotros iniciando sesión en [geico.com](http://geico.com) o llamando al (855) 717-4841 si tiene alguna pregunta sobre la facturación

## INDIANA INFORMATION AND OPTION FORM

### UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORIST (UIM) COVERAGE



Indiana law requires insurers to include UM and UIM coverages unless a named insured rejects one or both of the coverages or selects limits not equal to the Bodily Injury Liability limits stated in your policy in writing. Unless you reject or select lower limits of UM and UIM coverages, UM will be included with limits equal to the Bodily Injury liability limits on your policy and UIM will be included with limits equal to the greater of \$50,000 or the Bodily Injury liability limits on your policy. The selection or rejection of UM and/or UIM coverage will be valid for all insureds on your policy. If you would like to reject or select lower limits for one or both of these coverages, please check the appropriate box(es) below and confirm your selections by signing, dating and returning this form to us.

**Uninsured Motorist (UM)** coverage is for the protection of persons insured under the policy who are legally entitled to recover damages for bodily injury, sickness, disease, including death, from owners or operators of uninsured motor vehicles. The extent to which you may recover under this coverage is the difference between the amount of your damages and any amounts paid to you on behalf of the uninsured motorist, up to your UM limits.

#### UNINSURED MOTORIST BODILY INJURY (UM)

I **reject** Uninsured Motorist coverage entirely and understand that this rejection applies to all vehicles on my policy.



I **select** lower limits of Uninsured Motorist Coverage than the Bodily Injury Liability Limits stated in my policy.

\$100,000

\$300,000

\$500,000

\$750,000

\$1,000,000

**Underinsured Motorist (UIM)** coverage comes into effect after the limits of all liability bonds and insurance policies applicable at the time of the accident have been exhausted. The extent to which the injured insured can collect is the difference between the total damages sustained by the insured and the amount paid by or on behalf of the underinsured motorist, but in no event more than your UIM limits.

#### UNDERINSURED MOTORIST BODILY INJURY (UIM)

I **reject** Underinsured Motorist coverage entirely and understand that this rejection applies to all vehicles on my policy.



I **select** lower limits of Underinsured Motorist Coverage than the Bodily Injury Liability Limits stated in my policy.

\$100,000

\$300,000

\$500,000

\$750,000

\$1,000,000

**SEE REVERSE SIDE**

**Uninsured Motorist Property Damage (UMPD)** is not available without UM coverage. It provides protection for damage to the insured motor vehicle when the insured is legally entitled to collect from an uninsured motorist for damages to the vehicle or property. The owner or operator of the other vehicle must be identified for there to be coverage under UMPD.

**UNINSURED MOTORIST PROPERTY DAMAGE (SPLIT LIMIT)**

**1. Split Limits**

- a. For policies that carry split limits, your UMPD coverage will be provided equal to the limits issued for UM coverage unless another selection has been made on this form. If you would like to increase your coverage, up to but not exceeding your Property Damage liability limit, or if you wish to reject the coverage entirely, please indicate your selection below and confirm your selection by signing, dating and returning this form to us.

\_\_\_\_\_ I **reject** Uninsured Motorist Property Damage coverage entirely and understand that this rejection applies to all vehicles on my policy.

\_\_\_\_\_ \$25,000

\_\_\_\_\_ \$50,000

\_\_\_\_\_ \$100,000

**UNINSURED MOTORIST PROPERTY DAMAGE (COMBINED SINGLE LIMIT)**

**2. Combined Single Limit**

- a. For policies that carry a combined single limit, UMPD is automatically included at a limit equal to the Combined Single Limit for liability coverage, but the coverage can be rejected. If you wish to reject the coverage entirely, please indicate your selection below and confirm your selection by signing, dating and returning this form to us.

I **reject** Uninsured Motorist Property Damage coverage entirely and understand that this rejection applies to all vehicles on my policy.

**Uninsured Motorist, Underinsured Motorist, and Uninsured Motorist Property Damage coverages have been explained to me. I understand that each of the options I select will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policies with this company unless I notify you otherwise in writing.**

For questions regarding your policy, please contact GEICO at 1-855-717-4841 .

**TO BE SIGNED BY A NAMED INSURED**

A rejection of **UM/UIM/UMPD** coverage by a named insured is a rejection on behalf of all other named insureds, all other insureds, and all other persons entitled to coverage under the policy. I understand that the coverage selection or rejection indicated above shall be effective day after receipt by GEICO.



Parmjit Singh

Print Name (Named Insured)

DocuSigned by:

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Signature (Named Insured)

2/5/2026

Date

Policy Number