

COVER LETTER

To: Horizons Insurance and Financial Services Inc
10620 Griffin Rd Ste 103
Cooper City, Florida, 33328

Issue Date: 07/10/2025

From: Rocklake Insurance Group Inc - 42088

Re: Policy # CT6607343697 3

Attached are documents that are part of the policy listed above.

Additional information:

renewal - V3

Insured:

On Time Freight LLC
5802 Erdrick St
Philadelphia, Pennsylvania 19135



800.452.6911



P.O. Box 7
Greenville, SC 29602



canalinsurance.com





Canal Insurance Company Quote Summary

Named Insured On Time Freight LLC 5802 Erdrick St Philadelphia, Pennsylvania 19135	Agent of Insured Horizons Insurance and Financial Services Inc 10620 Griffin Rd Ste 103 Cooper City, Florida 33328	General Agent Rocklake Insurance Group Inc - 42088 317 S. Stuart Place Rd. Harlingen, Texas 78552
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Date Quoted 07/10/2025	Proposed Term 07/28/2025 - 07/28/2026	Renewal of CT6607343697 2	Quote # Q7410502105 V3	Customer # 1179458162
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Total Quote Premium	\$ 14,835.29
Total Taxes and Fees	\$ 0.00

Broker Fee \$140.00 (Not included in "Total Quote Premium")

AUTO LIABILITY COVERAGE AND PREMIUM SUMMARY

Number of Power Units	1	Limit	Symbol	Deductible	Premium
Liability - BI & PD		\$ 1,000,000 CSL	7		\$ 11,281.25
Type		\$ 5,000	7		\$ 99.00
Additional Medical Limit		\$	7		
Income Loss		\$	7		
Accidental Death Limit		\$	7		
Funeral Expense		\$	7		
Extraordinary Medical Benefits		\$	7		
				Total Annual Premium	\$ 11,380.25

PHYSICAL DAMAGE COVERAGE AND PREMIUM SUMMARY

Number of Power Units	1	Limit	Symbol	Deductible	Premium
Total Insured Values - Comprehensive and Collision		\$ 25,000.00	7	\$ 1,000	\$ 1,976.64
				Total Annual Premium	\$ 1,976.64
				Average Rate	7.90656%



Canal Insurance Company Quote Summary

Date Quoted 07/10/2025	Proposed Term 07/28/2025 - 07/28/2026	Renewal of CT6607343697 2	Quote # Q7410502105 V3	Customer # 1179458162
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MOTOR TRUCK CARGO COVERAGE AND PREMIUM SUMMARY

Number of Power Units	1	Limit	Deductible	Premium
Cargo Collision		\$ 100,000	\$ 1,000	\$ 1,478.40
Debris Removal		\$ 25,000		Included
Earned Freight		\$ 1,000		Included
Loss Mitigation		\$ 7,500		Included
Packing Container		\$ 5,000		Included
			Total Annual Premium	\$ 1,478.40

Total Quote Premium**	\$ 14,835.29
Total Taxes and Fees	\$ 0.00
Payment Plan Type:	Full Pay



Canal Insurance Company Quote Summary

Date Quoted 07/10/2025	Proposed Term 07/28/2025 - 07/28/2026	Renewal of CT6607343697 2	Quote # Q7410502105 V3	Customer # 1179458162
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Underwriter Notes

Contingencies

The above quote is expressly contingent upon receipt, review and acceptance of the below listed items. We must receive all of the items identified on or before the expiration of the quote.

Additional Notices

This quote does not constitute a binder of coverage or proof of insurance in any form.

This quote is valid for 30 days from the date issued for a new quote or 120 days for a renewal quote. Quote is subject to modification based upon regulatory approval dates for pending rate revisions.

The foregoing quotation for coverage is subject to modification or withdrawal by Canal if, before the proposed inception date, any new, corrected or updated information becomes known which relates to any proposed Insured's claims history or risk exposure or which could otherwise change the underwriting evaluation of any proposed Insured, and Canal, in its sole discretion, determines that the terms of this quotation are no longer appropriate.

It is the agent's or brokers' responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.

For information about how Canal compensates its General Agents, please visit our website (www.canalinsurance.com) and click on the General Agent Compensation Policy link located at the bottom of the page.

Schedule of Forms and Endorsements

[Express Quote Brochure - Express Quote Brochure](#)

[IL 93 UIM PA 1115 - PA Notice Regarding Underinsured Motorist Coverage](#)

[Quote Summary - Scheduled Unit](#)

[A-101 PA SUPP \(7-2022\) - PA Supplemental Application](#)

[IL 142 CW 1210 - Notice of Adverse Action MVR](#)

[OIL 86 CW \(1-2014\) - Cover Letter](#)

[A-101 \(11-2021\) - Commercial Truck Insurance Application Rev.2022](#)

[IL 93 UM PA 1115 - PA Notice Regarding Uninsured Motorist Coverage](#)

Driver No.	Driver Name	Date of Birth	Years of Experience
1	LUIS DANIEL VARGAS	08/12/1981	9



Canal Insurance Company Quote Summary

Date Quoted
07/10/2025

Proposed Term
07/28/2025 - 07/28/2026

Renewal of
CT6607343697 2

Quote #
Q7410502105 V3

Customer #
1179458162

Unit No.	Unit Year, Make, Type	Operation	Radius	Liability Premium	Stated Value	Physical Damage Rate	Premium	Motor Truck Cargo Ded.	Premium
1	2016 Freightliner Cascadia 125 Dry Van or Box - Single Trailer	UNLIMITED	11,380.25	25,000.00	1,000	7.90656%	1,976.64	100,000	1,000.00

CANAL INSURANCE EXPRESS (1-10 UNITS)

For over 80 years, our focus has been on our extended family of agents and truckers. That is as true today as it was in 1939. Canal Insurance Company has maintained a solid reputation throughout the years in the transportation industry and as we head into the future, you can count on us to keep our eyes on the road ahead when it comes to commercial truck insurance.

Canal Express provides products and services for a broad range of risks with 1-10 power units:

CORE COVERAGES:

- Auto Liability up to \$1,000,000
 - Pollution Liability Broadened Coverage automatically included where available (CA 99 48)
- Physical Damage and Cargo Coverage with combined deductible options up to \$10,000
 - Towing costs to the nearest repair facility included
 - Gap Coverage automatically included if stated amount equals the loan amount on the Physical Damage form
- Truckers General Liability limits to \$1,000,000/\$2,000,000

OPTIONAL COVERAGES AVAILABLE:

- Hired and Non-Owned Auto Coverage
- Trailer Interchange Coverage
 - Uniform Intermodal Interchange Agreement (UIIA)
 - Additional Insured Endorsement
- Non-Owned Trailer Physical Damage Coverage
- Enhanced Physical Damage forms include:
 - Mechanical Breakdown
 - Diminishing Deductible
 - Tarps, Chains, and Binders
 - Personal Effects
 - Electronic Equipment
 - Rental Reimbursement
- Reefer Breakdown with optional Temperature Control enhancement

RISK MANAGEMENT SERVICES:

- Loss Control Services, Safety and Driver Resources

CLAIMS SERVICES:

- Variety of loss reporting options:
 - 24/7 Hotline: 888-247-4424
 - Quick and easy website:
 - > canalininsurance.com/report-a-loss
- Rapid Response Team for immediate on-scene investigation of catastrophic level accidents
- Dedicated Liability, Cargo, Physical Damage, and Environmental claims adjusters

BENEFITS:

- Dedicated underwriting and support teams specialized in transportation
- Motor Carrier Filings completed within one business day
- Various payment plan options



800.452.6911



P.O. Box 7
Greenville, SC 29602



canalininsurance.com





NOTICE OF ADVERSE ACTION

Thank you for choosing Canal Insurance Company for your insurance needs. To provide you an accurate quote, we verify certain information from consumer reporting agencies as authorized by you. We are required by the Consumer Credit Reform Act of 1996, which became effective September 30, 1997, to inform you of the following:

In quoting your insurance, we based our calculations of premium on a number of factors, including the driving record of any drivers listed on the policy. We may periodically check driving records in order to ensure that we provide you an accurate and competitive insurance premium. We want you to know that the information provided by the consumer reporting agency identified below has affected the premium charged.

If you would like additional information concerning this adverse action, state law requires that you submit a written request within ninety (90) days of the date you received this notice. Please send the request to:

Canal Insurance Company
Attn: Legal Department
PO Box 7
Greenville, SC 29602

If you ask us to correct, amend or delete any information in our files and in the event we refuse to do so, we will nevertheless include this information in your file. To do this, you need only to send us a brief statement of what you believe to be the correct information.

The consumer reporting agency identified below did not make any decisions regarding the stated insurance policy. Therefore, the consumer reporting agency would not be able to provide you with the specific reasons why we are taking the present action.

You have the right to obtain, within sixty (60) days of the receipt of this notice, a free copy of your consumer report from the following consumer reporting agencies:

LexisNexis Consumer Center
P.O. Box 105108
Atlanta, Georgia 30348-5108
Telephone: 1-800-456-6004
www.consumerdisclosure.com

You have the right to dispute inaccurate information in your consumer report by contacting the consumer reporting agency directly. Once you have directly notified the consumer reporting agency of your dispute, the agency must, within a reasonable period of time investigate and record the current status of the disputed information. If after the investigation, such information is found to be inaccurate or unverifiable; such information must be promptly deleted from your records. If the investigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

For complete information regarding the Federal Consumer Credit Protection Law, please refer to The Code of the Laws of the United States of America, Title 15, Chapter 41, Subchapter III, (15 U.S.C. 1681 et seq.)

Should you have any questions, please do not hesitate to call us at 800-277-0124.



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

Canal Insurance Canal Indemnity

Proposed Effective Date: 07/28/2025

Expiration Date: 07/28/2026

New Policy No: _____

Renewal Policy No: _____

GENERAL INFORMATION

<input type="checkbox"/> Individual <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		General Agency: Name Rocklake Insurance Group Inc - Code 42088 42088 Producing Agency: Name Horizons Insurance and Financial Services Inc Code A2229		
Applicant Name On Time Freight LLC		Company Name (DBA – Doing Business As) (if any) On Time Freight LLC		
Insured Phone # (267) 333-8257	Cell Phone # 3663624	US DOT # 3663624	Federal ID #	MM/DD/YY Current Operations Began 07/23/2021
Location of the Business or Physical Address, if different 5802 Erdrick St		City Philadelphia		State PA Zip 19135
Location is:	<input type="checkbox"/> Inside City Limits <input checked="" type="checkbox"/> Outside City Limits	Company Website		
Mailing Address		City		State Zip
Email Address of Named Insured ONTIMEFREIGHT2017@GMAIL.COM				
Safety Director	Safety Director Phone #	Operations Director Name		Operations Director Phone #
Safety Director Email Address	Years in Current Position	Operations Director Email Address		Years in Current Position
Safety Director Address		Operations Director Address		

FOR VIRGINIA APPLICANTS ONLY: Read your policy. The policy of insurance for which this application is being made, if issued, may be cancelled without cause at the option of the insurer at any time in the first 60 days during which it is in effect and at any time thereafter for reasons stated in the policy.

MARYLAND NOTICE OF UNDERWRITING PERIOD ADVISORY NOTICE TO POLICYHOLDERS: We are notifying you that the policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. Your coverage may be cancelled during the underwriting period if your risk does not meet our underwriting standards. If we decide to cancel the policy, we will send you a written notice of cancellation advising you of the reason(s) for the cancellation and the date on which your policy will be cancelled. Your premium may be recalculated during the underwriting period due to discovery of a material risk factor. If we recalculate the premium, we will send you a written notice of recalculations of premium advising you of the amount of and reason for the recalculated premium.

FOR CONNECTICUT APPLICANTS: Pursuant to § 38a-323a, you may designate a third party to receive notice of cancellation or nonrenewal of this policy. Please note in the below ADDITIONAL/DESIGNATED INSURED and/or Lienholder and Payee information sections if you wish for a third party to receive notice. Additionally, you may contact us at the following addresses to request a third party cancellation and nonrenewal notification.

Address: P.O. Box 7 Greenville SC 29602
Email Address: Agent.Support@canal-ins.com

FOR SOUTH CAROLINA APPLICANTS ONLY: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

OWNER / PRINCIPAL / PRESIDENT

Name: LUIS VARGAS		Title:	
SSN:		Home Address: 5802 Erdrick St	
City: Philadelphia	State: PA	Zip: 19135	Business Phone:
		Mobile Phone Number:	



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

PREMIUM BASIS

- Miles per Canal Test Drive Scheduled Reporters Physical Damage Only (Stated Amount)
- Gross Receipts
 Unit Reporter
 Mileage Reporter

PAYMENT OPTIONS

- Canal Pay
 Canal Payment Plan _____ %Collateral
- Agency Bill
 Full Pay
 Canal Payment Plan _____ % Down payment _____ # of installments _____ %Collateral
 Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)
 Continuous Coverage Policy (Escrow collateral and monthly billing will be required.) _____ %Collateral

DESCRIPTION OF OPERATIONS (SELECT ALL THAT APPLY)

Business Class	<input type="checkbox"/> Trucking For Hire – Exempt <input checked="" type="checkbox"/> Trucking for Hire – Nonexempt <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retailer <input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Wholesale Distributer <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Forestry <input type="checkbox"/> Unladen				
Operations	<input type="checkbox"/> Auto – Boat Haulers <input type="checkbox"/> Commercial Use – Truck <input type="checkbox"/> Container/Intermodal <input type="checkbox"/> Contractors <input type="checkbox"/> Courier/Specialized Del. <input type="checkbox"/> Drive-away <input type="checkbox"/> Dry Bulk/Farm Products <input checked="" type="checkbox"/> Dry Van/Box <input type="checkbox"/> Dry Van – Doubles <input type="checkbox"/> Dump <input type="checkbox"/> Dump-Coal <input type="checkbox"/> Flatbed <input type="checkbox"/> Livestock <input type="checkbox"/> Log or Pulp <input type="checkbox"/> Mobile Home <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Refrigerated <input type="checkbox"/> Private Passenger – Corp. Owned <input type="checkbox"/> Service Truck <input type="checkbox"/> Special Type Operations <input type="checkbox"/> Tanker-Fuel <input type="checkbox"/> Tanker – Liquids/Comp. Gases <input type="checkbox"/> Towing & Recovery <input type="checkbox"/> Waste/Garbage <input type="checkbox"/> Other _____				
Video Based Technology Type	<input type="checkbox"/> None <input type="checkbox"/> Dash Cam <input type="checkbox"/> SmartDrive <input type="checkbox"/> Green Road <input type="checkbox"/> Other _____ Number of vehicles with Video Based Technology? _____ If Dash Cam is selected: Which provider is utilized? _____ Dual Facing or Outward-only facing? _____				
Telematics Safety Systems	<input type="checkbox"/> Auto Braking <input type="checkbox"/> Space Management Sensors <input type="checkbox"/> Anti-Roll Over Warning <input type="checkbox"/> Web based safety training program utilized <input type="checkbox"/> Lane Departure Warning <input type="checkbox"/> Traffic Sign Recognition <input type="checkbox"/> Blindspot Detection <input type="checkbox"/> Active Lane Assist <input type="checkbox"/> Adaptive Cruise Control If Anti-Roll Over is selected: Which system is utilized? What program is used?				
Electric or Autonomous Vehicles	Are any of the following types of vehicles used? <input type="checkbox"/> Electric <input type="checkbox"/> Autonomous				
Range of Transport (Check all that apply): <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Brokerage: Do you have Brokerage Authority? <input type="checkbox"/> N (Y/N) Name of Brokerage Authority _____ Do you broker both exempt & non-exempt loads? <input type="checkbox"/> (Y/N) If yes, % of brokerage under: _____ Annual Brokerage Revenue _____			
Percent of Loads: _____ (Local) 0 – 150 Miles _____ (Intermediate) 151 – 300 Miles _____ (Long Haul) 301 – 500 Miles _____ (Long Haul) 501 Miles + _____ Longest Trip One Way _____ Miles Annual Miles Driven _____ Miles					



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

LIST CITY DESTINATIONS BELOW					
1.	2.	3.	4.		
If Your Operations Extend Beyond a 300 mile Radius of Your Business Address: Identify Metropolitan Areas Traveled Through Or Into					
<input type="checkbox"/> Atlanta <input type="checkbox"/> Baltimore/Washington <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati	<input type="checkbox"/> Cleveland <input type="checkbox"/> Dallas/Ft Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis	<input type="checkbox"/> Jacksonville <input type="checkbox"/> Kansas City <input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis <input type="checkbox"/> Miami	<input type="checkbox"/> Milwaukee <input type="checkbox"/> Minneapolis/St Paul <input type="checkbox"/> Nashville <input type="checkbox"/> New Orleans <input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha	<input type="checkbox"/> Orlando <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland, OR <input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis	<input type="checkbox"/> Salt Lake City <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle <input type="checkbox"/> Tampa <input type="checkbox"/> Tulsa
<input type="checkbox"/> Alabama, Mississippi, Louisiana		<input type="checkbox"/> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont		<input type="checkbox"/> Delaware, Maryland, New York, New Jersey, Pennsylvania	
Cities other than above or regular routes _____					

COMMODITIES TRANSPORTED					
Top Customers: 1. _____ % Load 2. _____ % Load 3. _____ % Load					
Furniture- New Store Merchandise- i.e.. Wal-Mart, Target Paper Products- printed items	Commodity % of Loads Maximum Value	Commodity % of Loads Maximum Value			
Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.					

FILINGS		
Filings Requested	MC # / Cert. #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BMC 91X		
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight _____ State		
<input type="checkbox"/> Hazardous _____ State		
<input type="checkbox"/> Intermodal		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> DMV _____ State		
<input type="checkbox"/> SR 22 – If yes explain		
<input type="checkbox"/> Other _____		
Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or other filings.		

CERTIFICATE OF INSURANCE	
NAME	MAILING ADDRESS



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

QUESTIONNAIRE

YES NO

1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
2. Is all owned equipment scheduled on this application? If no, attach explanation.
3. Do you lease your vehicles to others? If yes, who must provide liability coverage? You Lessee
4. Do you hire other motor carriers or owner-operators to haul for you?

If yes, complete question below, complete Hired Autos Application Supplement and attach copy of lease agreement. If no, skip to question #5.

A. On what basis are they leased?	Permanent Basis	Temporary/Trip Basis
B. Provide annual cost of hire or # of trips		
C. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are leased vehicles included in this application for insurance? (1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage? (2) If no: a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you? b. Limit of Liability required c. Do you secure evidence the lessor has primary auto liability coverage? d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you pull doubles?
 6. Do you haul intermodal containers?
 7. Is any portion of your operation seasonal? If yes, explain. _____
 8. Do you use any team, hot seat, slip seating or relay driver operations?
 9. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
 10. Do you operate more than one terminal? If yes, provide the following

LOCATION(S)	# UNITS	ADDRESS, CITY, STATE

11. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.
 12. Do you haul oversized, overweight or hazardous loads? If yes, attach explanation
 13. Do you own, rent or lease escort vehicles?

A. If escort vehicles are owned, rented or leased, but are **not** included in this application for insurance, please provide:

Name of the Insurance Carrier: _____

Policy number: _____

Auto liability limits: _____

B. If escort vehicles are owned, rented or leased and **are** included in this application, drivers of escort vehicles should be listed in the **Driver Information Section**.

C. If third party escort services are used, are written contracts in place with these providers?

14. For Non-Trucking accounts, does the insured lease to other motor carriers? If yes, what is the DOT # of the other entity? _____
 15. Are any of the following commodities hauled?
 -Hazardous Materials Requiring 1,000,000 Liability Limits or Less
 - Hazardous Materials Requiring 5,000,000 Liability Limits
 -Refuse/Waste/Garbage
 -Explosives
 -Logs or Pulpwood
 16. Do you carry excess liability policies?
A. If yes, what is the maximum limit? _____
 17. Are you an Armed Service member returning from active service deployment?
 18. Do you deliver to an oil field or rig site?



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

VEHICLE INFORMATION										
UNIT #	MODEL YR	MAKE, MODEL & UNIT TYPE	VEHICLE IDENTIFICATION NUMBER (VIN)	RADIUS	GROSS VEHICLE WEIGHT (GVW) OR GROSS COMBINATION WEIGHT (GCW)	STATED VALUE	OWNED = O LEASED = L	NAME OF THE OWNER OR LESSOR	GUARANTEED AUTO PROTECTION (GAP) COVERAGE (Y/N)	GARAGING ZIP CODE
1	2016	Freightliner Cascadia 125	3AKJGED50GDHG1414	UNLIMITED	Over 45,000	25,000.0				19135

Power Unit: Tractor or Truck
Trailers: Flatbed, Dry Van, Refrigerated, Dump Belly, Dump Hydraulic, Auto or Livestock

TRUCKERS GENERAL LIABILITY COVERAGE			
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/> Do you haul bulk fuel?		
<input type="checkbox"/>	<input type="checkbox"/> Do you repair or service vehicles of others?		
<input type="checkbox"/>	<input type="checkbox"/> Do you have dogs at premises? (see exclusion endorsement)		
<input type="checkbox"/>	<input type="checkbox"/> Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement)		
<input type="checkbox"/>	<input type="checkbox"/> Do you generate income from other activities besides the operation of the trucks?		
<input type="checkbox"/>	<input type="checkbox"/> Do you want to add Contractual Liability		
<input type="checkbox"/>	<input type="checkbox"/> Do you want to add mis-delivery of goods coverage?		
<input type="checkbox"/>	<input type="checkbox"/> Do you have fuel storage containers on premises?		
<input type="checkbox"/>	<input type="checkbox"/> Any General Liability losses in the past 36 months?		
<input type="checkbox"/>	<input type="checkbox"/> Does insured have any permanently attached mobile equipment?		
<input type="checkbox"/>	<input type="checkbox"/> Does insured own a tank farm?		
<input type="checkbox"/>	<input type="checkbox"/> Does insured own or operate other business activities?		
<input type="checkbox"/>	<input type="checkbox"/> Does insured have a warehouse?		
<input type="checkbox"/>	<input type="checkbox"/> Does applicant own, lease or rent a forklift or any other loading/unloading equipment not permanently attached to a vehicle?		
Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)			
Please list all premises owned or rented			
Street Address			
City	State	Zip	County
Description of any other operations being conducted by this applicant?			



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

ADDITIONAL/DESIGNATED INSUREDS FOR AUTO LIABILITY OR TRUCKERS GENERAL LIABILITY		
NAME	MAILING ADDRESS	*TYPE OF ADDITIONAL INSURED
Valety Joseph Hair Care INC	409 Edge of Woods RD, Southampton, New York 11968	Additional Insured
Long Valery Joseph INC	2454 Main Street, Bridgehampton, New York 11932	Additional Insured

* Please enter each desired additional/designated insured by entering the corresponding number and/or letter:
Auto Liability Additional Insureds: 1. Designated Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery.
General Liability Additional Insureds: A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-owner of Insured Premises, G. Vicarious Liability of Owners, Lessees or Contractors.

LIENHOLDER AND/OR PAYEE INFORMATION		
UNIT #	NAME	ADDRESS
NON-OWNED TRAILERS		

INSURANCE HISTORY AND LOSS EXPERIENCE										
Provide the following insurance and loss information. You must provide current loss runs from the date of application plus at least four (4) full prior policy years.										
HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST FOUR (4) YEARS? (Missouri Applicants – Do not answer this question.)										
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____										
Policy Term	Insurance Company	Policy Number	Liability		Phys Dam		Cargo		General Liability	
			#	Loss Amt.	#	Loss Amt.	#	Loss Amt.	#	Loss Amt.
07/28/2024 07/28/2025			0	0.00	0	0.00	0	0.00	0	0.00
07/28/2023 07/28/2024			0	0.00	0	0.00	0	0.00	0	0.00
07/28/2022 07/28/2023			0	0.00	0	0.00	0	0.00	0	0.00
07/28/2021 07/28/2022			1	7,656.00	0	0.00	0	0.00	0	0.00
Please enter the # of claims over \$100,000: _____			Please enter the dollar amount for claims over \$100,000: _____							
EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least four (4) full prior policy years.										
Describe any claim with payment or reserves over \$25,000: _____										
NOTICE FOR MARYLAND APPLICANTS: Canal's acceptance of this application is contingent upon the consideration of the applicant's claims history. If accepted, your claims history will also be considered in determining if the policy should be cancelled or non-renewed.										

DRIVER INFORMATION: PART I											
List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.											
Driver's Name	Owner Operator (O/O) or Company Driver (C/D)	Date of Birthday (DOB)	Marital Status	Gender	License Number	1 st Yr Commercial Driver's License (CDL) Issued	Social Security Number	State	Years Driving Similar Equipment	Date of Hire	Is this Driver covered by Workers Compensation? (Y/N)
LUIS DANIEL VARGAS		08/12/1981		X	30977086	2016		PA	9	04/01/2012	



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

HOUSEHOLD DRIVER INFORMATION (UNLADEN ONLY)											
List all individuals that currently reside in your household that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.											
Driver's Name	Owner Operator (O/O) or Company Driver (C/D)	DOB	Marital Status*	Gender	License Number	1 st Yr CDL Issued	Social Security Number	State	Years Driving Similar Equipment	Date of Hire	Is this Driver covered by Workers Compensation? (Y/N)

*The Driver is in a legally recognized Civil Union, answer "Yes" or "Married" to Marital Status

DRIVER INFORMATION: PART II- VIOLATIONS				
List all individuals that have been convicted of violations/accidents in the past 3 years. Report all new drivers immediately to your agent.				
Driver's Name	Minor	Major	Accident	# Convicted Violations Past Year
LUIS DANIEL VARGAS	0	0	0	

DRIVER HIRING, TRAINING AND SAFETY									
1. Which of the following is part of your driver screening/hiring process:									
<input type="checkbox"/> Employment Background Check <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Motor Vehicle Record (MVR) review <input type="checkbox"/> Behavioral/ Integrity Testing Minimum driver age _____					<input type="checkbox"/> Pre-employment Drug Test <input type="checkbox"/> Road Test <input type="checkbox"/> Pre-employment Screening Program (PSP) Report for FMCSA (Federal Motor Carrier Safety Administration) <input type="checkbox"/> Physical Abilities Testing Minimum prior years of experience _____				
2. Which of the following is part of your driver performance management process:									
<input type="checkbox"/> Annual review of driver's driving record (MVR) <input type="checkbox"/> Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports) <input type="checkbox"/> Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm <input type="checkbox"/> Periodic review of accidents/incidents <input type="checkbox"/> Are units governed? If so, what limit _____?					<input type="checkbox"/> Review of electronic engine data <input type="checkbox"/> Incentives for violation-free and accident-free driving <input type="checkbox"/> Formal corrective action procedures? If so, please attach. <input type="checkbox"/> Driver safety training? Description of Program _____ <input type="checkbox"/> Formal Written Hiring Standard. If so, please attach.				
3. Do you adhere to a written vehicle inspection and maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, describe or attach program. _____									

ADDITIONAL UNDERWRITING INFORMATION									
In the past five (5) years, have any drivers been convicted of any of the following? Yes No Leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI. If yes, please provide driver name, conviction date and details: _____									
In the past three (3) years, have any drivers been convicted of any of the following? Yes No Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, or speeding twenty miles or more over the speed limit. If yes, please provide driver name, conviction date and details: _____									
For Kansas applicants only: Convictions for exceeding a maximum posted speed limit of 30 to 54 MPH by six MPH or less or exceeding a maximum posted speed limit of 55 to 75 MPH by 10 MPH or less shall not be considered by any insurance company in determining the rate charged for any automobile liability policy.									



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

COVERAGES									
<input checked="" type="checkbox"/> AUTO LIABILITY					LIMITS: \$ 1,000,000 CSL				
<input type="checkbox"/> LIABILITY FOR NONTRUCKING USE					Leased to: _____				
LIMITS: \$ _____ CSL									
<input type="checkbox"/> Hired Auto Liability					Estimated Cost of Hire _____				
<input type="checkbox"/> NON-OWNED					Is the account a Service or Charitable Organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Employees: _____				
<input type="checkbox"/> INTERMODAL LIABILITY									
General Liability included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Cargo included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<input type="checkbox"/> MEDICAL PAYMENTS LIMITS: _____									
<input type="checkbox"/> Property Protection (MI Only) <input type="checkbox"/> Property Damage Buy Back (MI Only) <input type="checkbox"/> Medical Expense (VA Only) <input type="checkbox"/> Income Loss Benefits (VA Only)									
PHYSICAL DAMAGE AND CARGO: Complete the spaces below in detail for each respective auto/vehicle described above in the Vehicle Information section on page 5.									
Vehicle Number	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance	Cargo Deductible
						<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Collision		
1	07/10/2025				25,000.00			100,000	1,000.00
<input type="checkbox"/> ENHANCED PHYSICAL DAMAGE <input type="checkbox"/> Standard <input type="checkbox"/> Preferred									
TOWING INCLUDED									
RENTAL REIMBURSEMENT INCLUDED (\$1,000 limit, maximum of \$200 per day)									
ROADSIDE SERVICE INCLUDED									
<input type="checkbox"/> TRAILER INTERCHANGE <i>If available, please provide a copy of Agreement</i>									
# of Power units under agreement _____			# of Trailers subject to trailer interchange agreement _____						
Maximum trailer value \$ _____									
<input type="checkbox"/> NON-OWNED TRAILER LIMIT <i>Provide a Copy of Agreement</i>									
Limits _____			# of Power Units covered by Liability that pull Non-owned trailers _____						
<input type="checkbox"/> Hired Auto Physical Damage									
Deductible _____	Maximum Stated Value _____	Estimated Cost of Hire _____							



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

OPTIONAL CARGO COVERAGES: (Check all that apply)

- Refrigeration Breakdown – \$2,500 deductible applies
 Temperature Change OR Mechanical Breakdown
 Debris Removal Increase to \$ _____ (\$25,000 Included)
 Earned Freight Increase to \$ _____ (\$1,000 included)

UNINSURED/UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS

Please refer to separate A-101 Supplemental Application to select and/or reject Uninsured Motorist/Underinsured Motorist, Personal Injury Protection and Medical Payment coverages. These coverages, if applicable, are required to be completed and signed by the applicant when binding coverage.

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION This is for businesses solely involved in "For-Hire" transportation of property.

Deductible _____

Desired Aggregate Limits – please select one \$1,000,000 \$2,000,000 Each Occurrence \$1,000,000 (included)

Employers Liability (Stop Gap) Coverage – Applicable only in ND, OH, WA and WY. Please select either yes or no.

- Yes No \$1,000,000 Bodily Injury by Accident – each accident \$1,000,000 Bodily Injury by Disease – each employee
\$1,000,000 Bodily Injury by Disease – each policy

FRAUD STATEMENTS

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA and VERMONT: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be prosecuted under state law.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: 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.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person, who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

PENNSYLVANIA: GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TEXAS: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed by false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Initial _____

MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit based insurance score will not be used other than the underwriting of the commercial automobile insurance for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a credit report, including but not limited to a credit based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal.

Applicant Signature

Date



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

ACKNOWLEDGEMENT AND SIGNATURE

I hereby acknowledge that the information contained in this application is true and agree that any intentional misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify Canal Insurance Company otherwise in writing.

For Ohio Applicants Only: "I hereby certify that the information included above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken."

For Arkansas Applicants Only: I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

Signature of APPLICANT	<hr/>	Name of Insured's Agent	<hr/>
Type or Print Applicant Name	<hr/>	Address of Agency	<hr/>
Title or Relationship to Applicant	<hr/>	Phone # of Agency	<hr/>
Date and Time Application Completed	<hr/>	Fax # of Agency	<hr/>
Requested Effective Date and Time	12:01 a.m.	Agent License Number	<hr/>
Phone # of Applicant	<hr/>	Named Insured's Email Address	

**Canal General Agent Use Only
Date and Time Bound**



INSURANCE COMPANY
 INDEMNITY COMPANY

PENNSYLVANIA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

On Time Freight LLC

2. DBA, if any

PENNSYLVANIA FRAUD WARNING

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1) Medical benefits, up to at least \$100,000.
- (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000 which may be offered in increments of \$100,000.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraph (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident under the liability coverage.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

Date Application Completed _____ Signature of Agent of Applicant _____

Signature of Applicant _____ X Address of Agent _____ 10620 Griffin Rd Ste 103, Cooper City,

Florida 33328

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Form A-101 PA TRUCK SUPP

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(7-2022)

UNINSURED / UNDERINSURED PREMIUM & LIMIT INFORMATION

Using the information contained on this page, please make your Uninsured / Underinsured selections on the following pages.

NON STACKED LIMIT & PREMIUM INFORMATION

LIMIT	NON STACKED UM	NON STACKED UIM
15/30	46	9
35/35	61	16
40/40	61	18
45/45	62	20
50/50	63	23
55/55	64	25
60/60	65	27
65/65	66	29
70/70	66	31
75/75	67	34
80/80	68	36
85/85	69	38
100/100	72	45
250/250	81	97
300/300	82	116
325/325	83	125
350/350	84	134
500/500	86	158
750/750	87	175
1000/1000	88	192

STACKED LIMIT & PREMIUM INFORMATION

LIMIT	STACKED UM	STACKED UIM
15/30	47	10
35/35	92	24
40/40	92	27
45/45	93	31
50/50	94	35
55/55	95	38
60/60	97	41
65/65	98	44
70/70	99	47
75/75	101	51
80/80	102	54
85/85	104	57
100/100	108	67
250/250	122	146
300/300	123	174
325/325	124	187
350/350	125	201
500/500	128	236
750/750	131	262
1000/1000	133	288

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UNINSURED MOTORIST COVERAGE

Step A - Reject UM Coverage

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under the policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by negligence of a driver who does not have any insurance to pay for losses and damages.
I knowingly and voluntarily reject this coverage.

X

Signature of First Named Insured

Date

If you signed the above rejection, proceed to Step A of next page. If you did not sign the above rejection, proceed to Step B.

Step B - Select limit of liability if UM Coverage is desired.

You have the right to purchase limits equal to but not greater than your bodily injury liability limits. Coverage cannot be purchased for less than financial responsibility limits of \$15,000 per person, \$30,000 each accident. Indicate your desired limit in the space below:

_____ per person

_____ each accident

X

Signature of First Named Insured

Date

If you selected UM coverage, proceed to Step C if you desire to select or reject stacking of limits.

Step C - Selection or Rejection of stacking of limits for premium reduction

SELECTION OR REJECTION OF STACKED UNINSURED MOTORIST PROTECTION

Stacking Options: If you have chosen to purchase Uninsured Motorist Coverage, your next option is to determine if you want to stack limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.

- Purchase of Stacking: I wish to purchase stacking of Uninsured Motorist Coverage
- Rejection of Stacking: I wish to reject stacking of Uninsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Uninsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

X

Signature of First Named Insured

Date

Proceed to Step A of the next page.

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UNDERINSURED MOTORIST COVERAGE

Step A - Reject UIM Coverage

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under the policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

X

Signature of First Named Insured

Date

If you signed the above rejection, proceed to next page. If you did not sign the above rejection, proceed to Step B.

Step B - Select limit of liability if UIM Coverage is desired

You have the right to purchase limits equal to but not greater than your bodily injury liability limits. Coverage cannot be purchased for less than financial responsibility limits of \$15,000 per person, \$30,000 each accident. Indicate your desired limit in the space below:

per person

each accident

X

Signature of First Named Insured

Date

If you selected UIM Coverage, proceed to Step C if you desire to select or reject stacking of limits.

Step C - Selection or Rejection of stacking of UIM limits for premium reduction

SELECTION OR REJECTION OF STACKED UNDERINSURED MOTORIST PROTECTION

Stacking Options: If you have chosen to purchase Underinsured Motorist Coverage, your next option is to determine if you want to stack limits of your policy. Stacking means you can claim a total of the amounts of Underinsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Underinsured Motorist Coverage. There is an additional premium for this coverage.

- Purchase of Stacking: I wish to purchase stacking of Underinsured Motorist Coverage
- Rejection of Stacking: I wish to reject stacking of Underinsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Underinsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

X

Signature of First Named Insured

Date

Proceed to next page.

BASIC FIRST PARTY MEDICAL BENEFIT COVERAGE

The following benefit and coverage amount is provided:

Medical Benefit: \$5,000

INCREASED FIRST PARTY MEDICAL BENEFIT COVERAGE

I wish to increase my First Party Medical Benefit as indicated below. I realize that the limit I have selected below includes the limit provided in the Basic First Party Medical Benefit and is not in addition to the above stated Basic First Party Medical Benefit Limit.

Increased Medical Benefit Amount \$10,000 \$25,000 \$50,000 \$100,000**OPTIONAL FIRST PARTY BENEFIT COVERAGES**

I wish to purchase the Optional First Party Benefit Coverages as indicated below:

Income Loss Benefit Monthly / Total	Accidental Death Benefit	Funeral Benefit
<input type="checkbox"/> \$1,000 / 5,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,500
<input type="checkbox"/> \$1,000 / 15,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$1,500 / 25,000	<input type="checkbox"/> \$25,000	
<input type="checkbox"/> \$2,500 / 50,000		

COMBINED FIRST PARTY BENEFIT OPTION

As an alternative to the benefit options listed above, I wish to purchase the Combined First Party Benefit in the total limit as indicated below:

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits)
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits)
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits)

EXTRAORDINARY MEDICAL BENEFITS COVERAGE

I wish to increase my medical expense benefits as indicated below. I realize that the limit will be in addition to the Basic First Party Medical Benefit or the Increased First Party Medical Benefit Coverage. **The Extraordinary Medical Benefits Coverage does not apply to the first \$100,000 of medical expense incurred by any insured.**

Extraordinary Medical Benefits Amount \$100,000 \$300,000 \$500,000 \$1,000,000

Signature

Date**THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER**

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PENNSYLVANIA NOTICE REGARDING UNDERINSURED MOTORIST COVERAGE

This policy does not provide protection against damages caused by underinsured motorists. A waiver was previously signed by the insured rejecting Underinsured Motorist coverage.

Please contact your agent with any questions or concerns.



PENNSYLVANIA NOTICE REGARDING UNINSURED MOTORIST COVERAGE

This policy does not provide protection against damages caused by uninsured motorists. A waiver was previously signed by the insured rejecting Uninsured Motorist coverage.

Please contact your agent with any questions or concerns.