



**P.O. Box 94739  
Cleveland, OH 44101**

**Telephone: 800-444-4487  
progressive.com**

Date: December 3, 2024

State: TX

Policy #: 954167920

Insured: DRAGON X LLC

DBA:

Coverage Dates: 12/10/2021 - 01/10/2022

Re: Loss History

☒ There have been no losses on the policy term(s)/date(s) listed

☐ There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at:  
1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,  
Commercial Lines Customer Care



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARQUEE INSURANCE GROUP LLC 1515-SC 1455 OLD ALABAMA RD STE 170 ROSWELL GA 30076	<b>CONTACT NAME:</b> GREAT WEST SERVICES INC <b>PHONE (A/C, No, Ext):</b> 888-603-6053 <b>E-MAIL ADDRESS:</b> SERVICE@GWCCNET.COM <b>FAX (A/C, No):</b> 402-494-7480														
<b>INSURED</b> 704527 DRAGON X LLC 23723 DESERT GOLD DR KATY TX 77494	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : GREAT WEST CASUALTY COMPANY</td><td>11371</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GREAT WEST CASUALTY COMPANY	11371	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : GREAT WEST CASUALTY COMPANY	11371														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 1015167690**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GRT14527B	1/10/2025	1/10/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	GRT14527B	1/10/2025	1/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO LIABILITY - BROAD FORM			GRT14527B	1/10/2025	1/10/2026	PER AUTO/DEDUCTIBLE \$200,000/\$1,000
A	TRAILER INTERCHANGE			GRT14527B	1/10/2025	1/10/2026	LIMIT/DEDUCTIBLE \$30,000/ \$ 1,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)2015 FREIGHTLINER 1FUGGED56FLGC1898  
2023 DELUCIO 7LVD5CA24PD010577

Value around 15k

each  
now

Direct ChassisLink Inc. is named Additional Insured for the General Liability and Automobile Liability.

A waiver of subrogation is granted in favor of Direct ChassisLink, Inc., its subsidiaries, affiliates, insurers, agents, and employees for the General Liability and Automobile Liability policies.

**CERTIFICATE HOLDER****CANCELLATION**DIRECT CHASSISLINK INC  
3525 WHITEHALL PARK DR STE 400  
CHARLOTTE NC 28273

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# International Fuel Tax Agreement (IFTA)

Return Summary Original Return for Period Ending Dec 31, 2024 ( 244)

11/24/2025 02:43:25 PM

<b>You are logged in as:</b>	<b>Fuel Type(s)</b>									
<b>Taxpayer</b>	01 - Diesel									
<b>18708736998 DRAGON X LLC 23723 DESERT GOLD DR KATY , TX 77494-0115</b>	<b>Diesel</b>									
<b>User Identification</b>	<b>Total IFTA Miles</b>	<b>Total Non-IFTA Miles</b>	<b>Total Miles</b>	<b>Total Gallons Purchased</b>	<b>Average Fleet MPG</b>					
	14,671	+	0	=	14,671	/	2,213	=	6.63	
	<b>Juris</b>	<b>Total IFTA Miles</b>	<b>Taxable Miles</b>	<b>Taxable Gallons</b>	<b>Purchased Gallons</b>	<b>Net Taxable Gallons</b>	<b>Tax Rate</b>	<b>Tax/Credit Due</b>	<b>Interest Due</b>	<b>Total Due</b>
	LA	68	68	10	0	10	.2000	2.00	0.00	2.00
	TX	14,603	14,603	2,203	2,213	-10	.2000	-2.00	0.00	-2.00
	<b>Diesel Totals</b>							<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**Total Tax Due = 0.00**

**Balance Due = 0.00**

**Pending Payments - 0.00**

**Total Amount Due and Payable = 0.00**

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# International Fuel Tax Agreement (IFTA)

Original Return for period ending 09/30/2025

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

Reference Number: 27425074034

Date and Time of Filing: 10/01/2025 10:52:10 AM

Taxpayer ID: 18708736998

Taxpayer Name: DRAGON X LLC

Taxpayer Address: 23723 DESERT GOLD DR KATY, TX 77494 - 0115

Entered by: Karl Olson

Email Address: karl1olson@gmail.com

Telephone Number: (713) 999-0278

IP Address: 98.57.41.200

## Fuel Type(s)

01 - Diesel

## Diesel

Total IFTA Miles		Total Non-IFTA Miles		Total Miles		Total Gallons Purchased		Average Fleet MPG	
19,037		+		0		=		19,037	
/		2,989		=		6.37			
Juris	Total IFTA Miles	Taxable Miles	Taxable Gallons	Purchased Gallons	Net Taxable Gallons	Tax Rate	Tax/Credit Due	Interest Due	Total Due
LA	87	87	14	0	14	.2000	2.80	0.00	2.80
TX	18,950	18,950	2,975	2,989	-14	.2000	-2.80	0.00	-2.80
Diesel Totals							0.00	0.00	0.00

Total Tax Due = 0.00

Balance Due = 0.00

Pending Payments - 0.00

Total Amount Due and Payable = 0.00

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# International Fuel Tax Agreement (IFTA)

Original Return for period ending 03/31/2025

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

Print this page for your records.

**Reference Number:** 9425056740  
**Date and Time of Filing:** 04/04/2025 09:01:08 AM

**Taxpayer ID:** 18708736998  
**Taxpayer Name:** DRAGON X LLC  
**Taxpayer Address:** 23723 DESERT GOLD DR KATY , TX 77494 - 0115

**Entered by:** Karl Olson  
**Email Address:** karl1olson@gmail.com  
**Telephone Number:** (713) 999-0278  
**IP Address:** 98.57.41.200

Fuel Type(s)
01 - Diesel

Diesel									
Total IFTA Miles	Total Non-IFTA Miles	Total Miles		Total Gallons Purchased	Average Fleet MPG				
14,301	+	0	=	14,301	/	2,288	=	6.25	
Juris	Total IFTA Miles	Taxable Miles	Taxable Gallons	Purchased Gallons	Net Taxable Gallons	Tax Rate	Tax/Credit Due	Interest Due	Total Due
TX	14,301	14,301	2,288	2,288	0	.2000	0.00	0.00	0.00
Diesel Totals							0.00	0.00	0.00

Total Tax Due = 0.00

Balance Due = 0.00

Pending Payments - 0.00

Total Amount Due and Payable = 0.00

Print

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File for Another Taxpayer

# International Fuel Tax Agreement (IFTA)

Original Return for period ending 06/30/2025

Confirmation: You Have Filed Successfully

Please do NOT send a paper return.

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**Reference Number:** 19625077688  
**Date and Time of Filing:** 07/15/2025 11:10:53 AM

**Taxpayer ID:** 18708736998  
**Taxpayer Name:** DRAGON X LLC  
**Taxpayer Address:** 23723 DESERT GOLD DR KATY , TX 77494 - 0115

**Entered by:** Karl Olson  
**Email Address:** karl1olson@gmail.com  
**Telephone Number:** (713) 999-0278  
**IP Address:** 98.57.41.200

Fuel Type(s)
01 - Diesel

Diesel									
Total IFTA Miles	Total Non-IFTA Miles	Total Miles		Total Gallons Purchased	Average Fleet MPG				
16,737	+	0	=	16,737	/	2,644	=	6.33	
Juris	Total IFTA Miles	Taxable Miles	Taxable Gallons	Purchased Gallons	Net Taxable Gallons	Tax Rate	Tax/Credit Due	Interest Due	Total Due
LA	64	64	10	0	10	.2000	2.00	0.00	2.00
TX	16,673	16,673	2,634	2,644	-10	.2000	-2.00	0.00	-2.00
Diesel Totals							0.00	0.00	0.00

Total Tax Due = 0.00

Balance Due = 0.00

Pending Payments - 0.00

Total Amount Due and Payable = 0.00

Print

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File for Another Taxpayer

Requestor: tmenke0

Great West Casualty Company  
Gross Loss Run

Policy	Insured	Agent	Eff-Date	Exp-Date								
GRT14527A	DRAGON X LLC	MARQUEE INSURANCE GROUP LLC	01/10/2024	01/10/2025								
Claim #	Coverage	Loss Date	Report Date	RPT	LTE	Driver	Loss ST	Reserve	Paid Loss	Subro/Salvage Recoveries	Incurred Losses	Paid Loss Adjustment Expenses
0								0.00	0.00	0.00	0.00	0.00
POLICY ACCIDENTS TOTALING												
								0.00	0.00	0.00	0.00	0.00

**Great West Casualty Company**  
**Gross Loss Run**

Page: 1 of 1  
Process Date: 11/20/2025  
Process Time: 08:54

Policy	Insured	Agent	Eff-Date	Exp-Date						
GRT14527B	DRAGON X LLC	MARQUEE INSURANCE GROUP LLC	01/10/2025	01/10/2026						
Claim #	Coverage	Loss Date	LTE Report Date RPT	Driver	Loss ST	Reserve	Paid Loss	Subro/Salvage Recoveries	Incurred Losses	Paid Loss Adjustment Expenses
		0		POLICY ACCIDENTS TOTALING		0.00	0.00	0.00	0.00	0.00





# MILEPOST INSURANCE

REPRESENTING FINANCIAL STRENGTH & INTEGRITY

## Individual Risk Experience as of 10/31/2025

**Policy Number:** TRD000675

**Effective Date:** 01/10/2022

**Named Insured:** DRAGON X LLC

**Expiration Date:** 01/10/2023

**Company:** BERKSHIRE HATHAWAY DIRECT  
INSURANCE COMPANY

**Policy Effective Year:** 2022

Line of Business	Date of Loss	Total Paid	Open/ Closed	Claim Number	Accident Description
AUTO COLLISION					
TOTAL: AUTO COLLISION		0			
AUTO COMPREHENSIVE					
TOTAL: AUTO COMPREHENSIVE		0			
AUTO LIABILITY					
TOTAL: AUTO LIABILITY		0			
INLAND MARINE					
TOTAL: INLAND MARINE		0			
OTHER LIABILITY					
TOTAL: OTHER LIABILITY		0			
POLICY YEAR TOTAL:		0	0 *		

\*Open Reserve, if any

<b>GRAND TOTAL:</b>	0	0 *
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# MILEPOST INSURANCE

REPRESENTING FINANCIAL STRENGTH & INTEGRITY

## Individual Risk Experience as of 10/31/2025

**Policy Number:** TRD000675 **Effective Date:** 01/10/2023  
**Named Insured:** DRAGON X LLC **Expiration Date:** 01/10/2024  
**Company:** BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY  
**Policy Effective Year:** 2023

Line of Business	Date of Loss	Total Paid	Open/ Closed	Claim Number	Accident Description
AUTO COLLISION					
TOTAL: AUTO COLLISION		0			
AUTO COMPREHENSIVE					
TOTAL: AUTO COMPREHENSIVE		0			
AUTO LIABILITY					
TOTAL: AUTO LIABILITY		0			
INLAND MARINE					
TOTAL: INLAND MARINE		0			
OTHER LIABILITY					
TOTAL: OTHER LIABILITY		0			
POLICY YEAR TOTAL:		0	0 *		

\*Open Reserve, if any



**Texas** USA

DRIVER LICENSE

Director: *Steven C. McCreary*

**COMMERCIAL  
DRIVER LICENSE**

4d. DL: **36411309**

9. Class: **A**

4b. Exp: **11/03/2026**

4a. Iss: **07/02/2021**

3. DOB: **11/03/1962**

1. **OLSON**

2. **KARL EDWARD**

8. **23723 DESERT GOLD DR  
KATY, TX 77494**

12. Rest: **P**

9a. End: **X**

16. Hgt: **6'-00"** 15. Sex: **M** 18. Eyes: **GRN**

5. DD: **00629180171012207654**

**VETERAN**  **ARMY**

*Karl Olson*

