



**Commercial Auto Liability
Policy No. SWR-TX-0003315-24**

Proof of Insurance

INSURED

YAS SWIFT LOGISTICS
7322 PECAN BROOK LN
FULSHEAR, TX 77441

BUSINESS DESCRIPTION Trucking

POLICY PERIOD From: 06/19/2024
To: 06/19/2025
AT 12:01AM STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE
TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE
AS STATED IN THE POLICY.

Countersigned:

A handwritten signature in black ink, appearing to read "Michael O. Hart".

Date: 06/19/2024



COMMERCIAL/FLEET INSURANCE IDENTIFICATION CARD

Company Name: SOUTHWIND RISK RETENTION GROUP,
Company Address: 1325 PARK STREET SUITE 200, COLUMBIA, SC 29201
NAIC No: 17198
Name of policyholder: YAS SWIFT LOGISTICS

Address of Policyholder: 7322 PECAN BROOK LN, FULSHEAR, TX
77441

Policy No.	Effective Date	Expiration Date
SWR-TX-0003315-24	06/19/2024	06/19/2025
Vehicle Year	Make/Model	Vehicle Identification No.
2019	INTERNATIONAL/L	3HSDZAPR9KN764870

The policy meets the requirements of the Vehicle Code Sections 16056 or 16500.5 and is a commercial or fleet policy.

M-4566a (11/1999)

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VERY IMPORTANT – Please Read

In the event of accident, be sure to secure I sense number of the other vehicle, also full names and addresses of all other persons in the accident.

Also, write down full names and addresses of all witnesses. Report at once full details of accidents to your insurance company's Claim Operations.

Toll Free: 877-585-2849

Regular Phone: 801-304-5030

Email: CDA@PRIMEIS.COM

(This identification card should be kept in your vehicle.)

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What to do in case of an accident.

1. If truck is stopped in **unsafe location**, **move it to safety**. If vehicle is on **fire**, or **smoke** is coming out of the vehicle, **turn off the engine**, **exit the vehicle** and **relocate to safety**. **Call for help**.
2. **Take photos** of **all vehicles** involved and **their position** on the **road**.
3. **Call police** to file an accident report. Make sure to call police from your phone.
4. **Obtain contact information** of other driver, passenger and witness.
5. **Do NOT discuss what happened** in the accident with other driver; only obtain other parties information as outlined below. **DO NOT ADMIT FAULT**.
6. **Report** all accidents or incidents to the office the **same day**.

Write Down the Following:

1. Date: _____
- Time: _____
2. Location: _____

3. Name of **other driver/pedestrian**: _____
Phone No: _____
Address: _____
License Plate No: _____
Vehicle Model: _____
Insurance Company: _____ Policy No: _____

4. Witness Information:

Name: _____

Phone No: _____

Address: _____

Name: _____

Phone No: _____

Address: _____

5. Police Report No: _____

6. **Use other side for additional information and notes.**

7. Truck DOT: _____

Your Name: _____

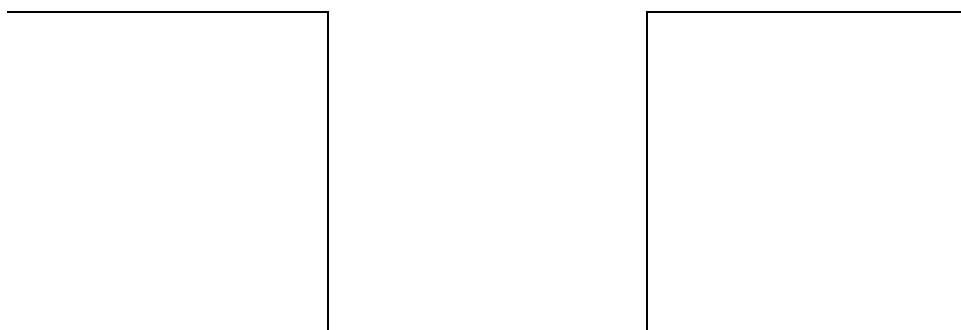
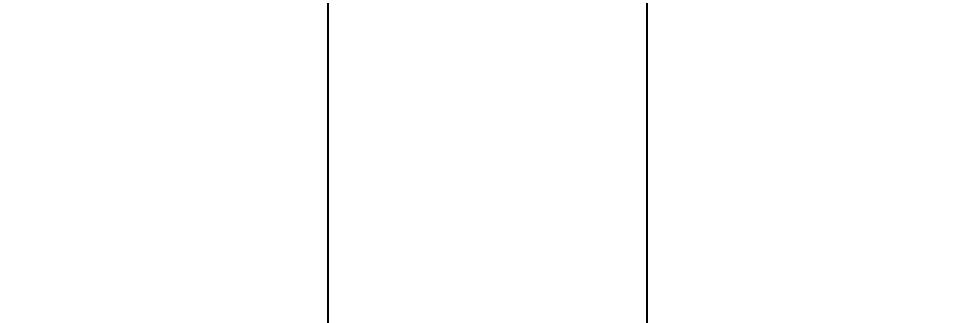
Phone No: _____

Claim Reporting

**Report at once the full details of accidents to your
insurance company's Claim Operations: 1-800-730-0373 or**

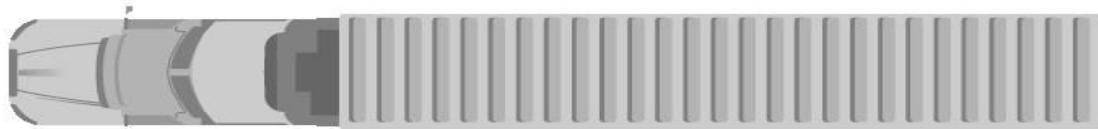
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Use below diagram to show what happened:



Use below diagrams to show damages:

Your Truck



Other Vehicle (car 2)

