

Claim Loss History

Generated: 06/18/2023

Page: 1

Carrier: Seaview Insurance Company

Named Insured: Horseshoe Trucking LLC

Claim Number	Claim Status	Party Name	Insured Driver	Claim Tier Number
Policy Number	Loss Date	Party Type		
Policy Period	Reported Date			
Accident Description				

04TP009072-00

07/16/2022 to 07/16/2023

**** No Losses ****



Policy Loss Report

HORSESHOE TRUCKING LLC

IMP E866589

INFORCE

07/16/2022 to 07/16/2023		0 Claim Count							\$0.00	Total for Policy Period
Policy Period	Claim Number	Loss Date	Loss State	Report Date	Claimant Name	Claim Adjuster Name	Loss Description	Claim Status	Total Incurred	Total Incurred Details
07/16/2022 to 07/16/2023	No Losses									
0 Total Claim Count							\$0.00	Total For Policy		



Truckers AL Loss Run
Clear Spring Property & Casualty Company
Horseshoe Trucking LLC
Claim Status: All Claims, Claims Occurring 01/01/2000 - 04/26/2024
Minimum Incurred: \$0.00
As of: 04/26/2024

Policy: CAM000782-00 | Policy Period: 07/18/2023 - 07/18/2024 | Deductible/SIR: 0

Claim No.	Status	Occ Date	Rec Date	BI Paid	PD Paid	AL Exp Paid	AL Reco	AL Net Inc	APD Paid	APD Exp Paid	APD Reco	APD Net Inc			
				BI Resv	PD Resv	AL Exp Resv			APD Resv	APD Exp Resv					
*** No Claims Reported ***				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				0.00	0.00	0.00			0.00	0.00					
Totals for Policy CAM000782-00															
Open	0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Closed	0			0.00	0.00	0.00			0.00	0.00					
Total	0														
Totals for Policy Period 07/18/2023 - 07/18/2024															
Open	0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Closed	0			0.00	0.00	0.00			0.00	0.00					
Total	0														



Date: 6/19/2023 3:40:49 PM

Page 1 of 1



Loss Runs

Policy No QCAD-106761-01**Insured Name** HORSESHOE TRUCKING LLC**Effective Date** 2/26/2022**Policy Status** CANCELED**Loss Ratio** 0.00**Expiration Date** 2/26/2023**Cancellation Date** 05/02/2022**Indemnity****Expenses**

No Claims Reported.	Reserve	0.00	0.00
	Paid	0.00	0.00
<hr/>			
No Data	Subtotal Reserve	0.00	0.00
	Subtotal Paid	0.00	0.00
<hr/>		<hr/>	
Qualitas Insurance Company 4545 Murphy Canyon Rd, Suite 300 San Diego, CA 92123 Phone: +1(619) 876-4355 www.qualitasinsurance.com	Total Reserve	0.00	0.00
	Total Paid	0.00	0.00

**ONLINE SERVICES FILING RECORD:
IFTA CARRIER RETURN**

State of California
**CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION**



Taxpayer Name: HORSESHOE TRUCKING LLC
Account Type: IFTA Carrier Tax
Return Type: Original
Submitted: 4/30/2024 8:20:04 PM
Confirmation #: 0-041-702-854

Account Number: 222-057408
Period Begin: January 01, 2024
Period End: March 31, 2024
Due Date: April 30, 2024
Remaining Due: (\$46.93)

Summary

1. Subtotal Amount Due or Credit	(\$46.93)
2. Penalty	\$0.00
3. Interest	\$0.00
4. TOTAL BALANCE DUE OR CREDIT	(\$46.93)

Account Number:

2222-0557408

March 31, 2024

Jurisdiction Summary



Taxpayer Access Point (TAP)

Confirmation

PAYMENT CONFIRMATION

Your payment submission for the filing period ending **3/31/2024** has been submitted and your confirmation number is **2-053-826-720**.

Date Submitted: **30-Apr-2024**

Name: **HORSHOE TRUCKING LLC**

Account Type: **Weight Distance (Permit & Tax)**

Account ID: **07-313580-00-1**

Amount Paid: **\$88.83**

Date of Payment: **30-Apr-2024**

This is only the payment submission. E-Check payments can take multiple days to be processed, during that time your payment will show as pending. You will receive an email with details about this submission when the payment is completed. In addition, you will be able to view this submission in your TAP account under the Submissions tab.

If you've made an error on this payment, it is not too late to make a change. While a payment is still pending, you can return to your account, view this submission, and delete it before making a new payment. E-Check Payments are typically processed at 6:30pm on business days.

For general questions, please call (866) 285-2996. For technical assistance, contact us at TRD-Tap-TechnicalHelp@state.nm.us. When contacting the department for assistance with TAP, we will need your:

- Name
- Phone Number
- Email Address
- TAP Logon
- FEIN/SSN
- Tax type we can assist you with
- Detailed description of your issue

STATE OF CALIFORNIA

MVFA RHIA01

STATE BOARD OF EQUALIZATION

P O BOX 942979 MIC: 85
SACRAMENTO CA 94279-0065Use this form to report operations for the
quarter ending

0	3	3	1	2	4
Month	Day	Year			

Licensee IFTA identification number

CA

BOE IFTA account number

59 231-494592

Name

HORSESHOE TRUCKING LLC

Street address

7917 JAY ST

City

LAMONT

State

CA

Zip Code

93241

This return must be filed by the
last day of the month following
the end of the quarter.

- Address change
 No operation in
any jurisdiction
 Cancel license
 Amended return

IFTA Quarterly Fuel Use Tax Return

File this return even if there is no tax due.

Use this form for filing your Quarterly Fuel Use Tax Return as required under the International Fuel Tax Agreement (IFTA).

Read the instructions on the back carefully. Make a copy of this return for your records.

Attach check or money order payable to:

CALIFORNIA STATE BOARD OF EQUALIZATION.

See *Mailing Instructions* on the back of this form.Enter the amount of
your payment here

\$ -46.93

Enter the Total from column Q of Form IFTA-101-MN, *IFTA Quarterly Fuel Use Tax Schedule*, for fuel types listed in lines 1 thru 4. For all other fuel types enter the Total Amount from column S of the worksheet on back of Form IFTA-101-I-MN. Enter any credit amounts in brackets. Attach a Form IFTA-101-MN for each fuel type reported below.

1 Diesel	1	-4693
2 Motor fuel gasoline	2	000
3 Ethanol	3	
4 Propane (LPG)	4	
5 All other fuel types not listed in lines 1 thru 4 (from worksheet on back of IFTA-101-I-MN)	5	
6 Subtotal of amount due or (credit) (add lines 1 through 5)	6	-4693
7 Penalty (see instructions)	7	000
8 Total balance due or (credit) (add lines 6 and 7)	8	-4693
9 Credits to be applied	9	
10 Balance due/(credit) (subtract line 9 from line 8)	10	-4693
11 Refund amount requested	11	

I certify that this business is duly licensed and that this return, including any schedules, is to the best of my knowledge and belief true, correct and complete.

Authorized signature _____ Date _____ Taxpayer's phone number (323) 867-5706

Official title _____ Paid preparer's EIN _____

Paid preparer's name or firm (if other than taxpayer) _____ Paid preparer's phone number () _____

Paid preparer's address _____

Paid preparer's signature _____ Date _____

For Office Use Only

Sig Corr Name/ID/Address

CA

Date Received _____

Please make a copy of this return for your records.

Check only one fuel type:

<u>Code</u>	<u>Fuel Type</u>
<input checked="" type="checkbox"/> D (Diesel)	
<input type="checkbox"/> G (Motor fuel gasoline)	
<input type="checkbox"/> E (Ethanol)	
<input type="checkbox"/> P (Propane)	
<input type="checkbox"/>	

Tax on:

- D (Motor fuel gasoline)
- E (Ethanol)
- P (Propane)

Licensee IFTA identification number

California Board of Equalization

IFTA Quarterly Fuel Use Tax ScheduleAttach this schedule to Form IFTA-100-MN,
IFTA Quarterly Fuel Use Tax Return.

Prepare a separate schedule for each fuel type. Use
additional sheets if necessary. Make a copy for your records.

Use this form to report operations for the
quarter ending **03** Month **31** Day **24** Year.

Enter credits in brackets ([]). Round to the nearest whole gallon or mile. Read instructions (IFTA-101-I-MN) carefully.	
(A) Total IFTA Miles	+
(B) 0	

(A) Total IFTA Miles + (B) Total Non-IFTA Miles = (C) Total Miles**(D) Total Gallons (all IFTA and Non-IFTA jurisdictions) ÷ (E) Average Fleet MPG (2 decimal places)****(C) 17143 ÷ (D) 3371 = (E) 0.5 . 0 9**

Name
HORSESHOE TRUCKING LLC

(F) Jurisdiction**G Rate Code****H Total IFTA Miles (See Instructions)****I Taxable Miles (See Instructions)****J MPG from E above****K Taxable Gallons (col. I ÷ J)****L Tax Paid Gallons (See Instructions)****M Net Taxable Gallons (col. K - L)****N Tax Rate****O Tax (Credit) Due (col. M X N (Tax))****P Interest Due (col. O + P)****Q Total Due (col. O + P)**

Alabama AL	115	427	427	5.09	84	105	-21	.3000	-6.30	0.00	-6.30
Arizona AZ	124	2737	2737	5.09	538	405	133	.2600	34.58	0.00	34.58
California CA	114	2546	2546	5.09	500	596	-96	1.089	-104.54	0.00	-104.54
Colorado CO	115	609	609	5.09	120	105	15	.2650	3.98	0.00	3.98
Georgia GA	115	417	417	5.09	82	0	82	.3620	29.68	0.00	29.68
Kansas KS	115	607	607	5.09	119	185	-66	.2600	-17.16	0.00	-17.16
Louisiana LA	115	382	382	5.09	75	302	-227	.2000	-45.40	0.00	-45.40
Mississippi MS	115	386	386	5.09	76	81	-5	.1800	-0.90	0.00	-0.90
New Mexico NM	115	2029	2029	5.09	399	290	109	.2100	22.89	0.00	22.89
Oklahoma OK	115	1366	1366	5.09	268	674	-406	.1900	-77.14	0.00	-77.14
South Carolina SC	113	491	491	5.09	96	0	96	.2800	26.88	0.00	26.88
Texas TX	115	4841	4841	5.09	951	628	323	.2000	64.60	0.00	64.60
Utah UT	115	305	305	5.09	60	0	60	.3650	21.90	0.00	21.90

Subtotals	17143	17143	3368	3371	-3	-46.93	0.00	-46.93
Subtotals from back	0	0	0	0	0	0.00	0.00	0.00
Totals	17143	17143	3368	3371	-3	-46.93	0.00	-46.93

Important Note: When listing additional jurisdictions and more space is needed, use the back of this form.

For Diesel, Motor fuel gasoline, Ethanol and Propane reported, transfer the total amount in Column Q from each schedule to the corresponding line on Form IFTA-100-MN, IFTA Quarterly Fuel Use Tax Return. For all other fuel types, transfer the total amount of Column Q from each schedule to Column S of the worksheet on the back of Form IFTA-101-I-MN, Instructions for Form IFTA-101-MN.

**New Mexico Taxation and Revenue Department
Motor Vehicle Division - Commercial Vehicle Bureau
WEIGHT DISTANCE TAX RETURN - LONG FORM**



**Mail To: Motor Vehicle Division
P.O. Box 5188
Santa Fe, NM 87504-5188**

Check if Amended

Page 1 of 1

File and pay weight distance tax on or before the last day of the month following the close of the report month. If additional space is needed, attach the supplemental schedule and complete the page numbering information on each page. Do not submit a photocopy of the first page of this form to the Department. You must use an original form obtained from your local district office or downloaded from our website at www.state.nm.us/tax. You may use quality photocopies of the supplemental page. For assistance call (505) 827-0392

Enter total from
all pages here
and on line 1.

Enter total from
all pages here
and on line 2.

Enter total from
all pages here
and on line 3.

Enter total of
Column F, all
pages, here
and on line 4.

REPORT PERIOD 03-31-2024
Quarter ending (mm-dd-ccyy)

1 Weight distance miles	1	2029
2 Port of Entry miles paid	2	0
3 Net Weight distance miles	3	2029
4 Weight distance tax due	4	88.83
5 Penalty	5	0.00
6 Interest	6	0.00
7 Total due	7	88.83
8 Amount paid	8	

Under penalty of perjury, I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or authorized agent _____ Date _____ Phone _____



Policy Loss Report

HORSESHOE TRUCKING LLC

IMP E866589

EXPIRED

07/16/2022 to 07/16/2023		0 Claim Count							\$0.00	Total for Policy Period
Policy Period	Claim Number	Loss Date	Loss State	Report Date	Claimant Name	Claim Adjuster Name	Loss Description	Claim Status	Total Incurred	Total Incurred Details
07/16/2022 to 07/16/2023	No Losses									
0 Total Claim Count							\$0.00	Total For Policy		

ONLINE SERVICES FILING RECORD:State of California
**CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION****Taxpayer Name:** HORSESHOE TRUCKING LLC**Account Number:** 222-057408**Account Type:** IFTA Carrier Tax**Period Begin:** April 01, 2024**Return Type:** Original**Period End:** June 30, 2024**Due Date:** July 31, 2024**Remaining Due:** \$702.04**Summary**

1. Subtotal Amount Due or Credit	\$624.98
2. Penalty	\$62.50
3. Interest	\$14.56
4. TOTAL BALANCE DUE OR CREDIT	\$702.04

Account Number: 222-057408
 Filing Period: June 30, 2024

Jurisdiction Summary													
Jurisdiction	Surcharge	Fuel Type	Total Miles	Taxable Miles	MPG	Taxable Gal	Tax Paid Gal	Net Taxable Gal	Rate	Tax	Interest	Total	
Alabama		2. Diesel	773	773	6.68	116	201	-85	0.3000	-\$25.50	\$0.00	-\$25.50	
Arizona		2. Diesel	6,771	6,771	6.68	1,014	1,233	-219	0.2600	-\$56.94	\$0.00	-\$56.94	
California		2. Diesel	9,266	9,266	6.68	1,387	738	649	1.0890	\$706.76	\$11.78	\$718.54	
Colorado		2. Diesel	136	136	6.68	20	0	20	0.2650	\$5.30	\$0.09	\$5.39	
Georgia		2. Diesel	639	639	6.68	96	149	-53	0.3620	-\$19.19	\$0.00	-\$19.19	
Louisiana		2. Diesel	1,188	1,188	6.68	178	160	18	0.2000	\$3.60	\$0.06	\$3.66	
Mississippi		2. Diesel	566	566	6.68	85	0	85	0.1800	\$15.30	\$0.25	\$15.55	
New Mexico		2. Diesel	4,058	4,058	6.68	607	1,000	-393	0.2100	-\$82.53	\$0.00	-\$82.53	
Oklahoma		2. Diesel	1,353	1,353	6.68	203	345	-142	0.1900	-\$26.98	\$0.00	-\$26.98	
South Carolina		2. Diesel	561	561	6.68	84	122	-38	0.2800	-\$10.64	\$0.00	-\$10.64	
Texas		2. Diesel	7,362	7,362	6.68	1,102	1,126	-24	0.2000	-\$4.80	\$0.00	-\$4.80	
Utah		2. Diesel	2,086	2,086	6.68	312	345	-33	0.3650	-\$12.05	\$0.00	-\$12.05	
Florida		2. Diesel	2,546	2,546	6.68	381	191	190	0.3947	\$74.99	\$1.25	\$76.24	
Idaho		2. Diesel	285	285	6.68	43	0	43	0.3200	\$13.76	\$0.23	\$13.99	
Kentucky		2. Diesel	312	312	6.68	47	40	7	0.2570	\$1.80	\$0.03	\$1.83	
Kentucky	Surcharge	2. Diesel	0	0	0.00	47	0	0	0.1240	\$5.83	\$0.10	\$5.93	
Missouri		2. Diesel	31	31	6.68	5	0	5	0.2450	\$1.23	\$0.02	\$1.25	
North Carolina		2. Diesel	857	857	6.68	128	101	27	0.4040	\$10.91	\$0.18	\$11.09	
Ohio		2. Diesel	22	22	6.68	3	0	3	0.4700	\$1.41	\$0.02	\$1.43	
Oregon		2. Diesel	1,199	1,199	6.68	179	304	-125	0.0000	\$0.00	\$0.00	\$0.00	
Tennessee		2. Diesel	274	274	6.68	41	0	41	0.2700	\$11.07	\$0.18	\$11.25	
Virginia		2. Diesel	66	66	6.68	10	46	-36	0.3080	-\$11.09	\$0.00	-\$11.09	
Virginia	Surcharge	2. Diesel	0	0	0.00	10	0	0	0.1400	\$1.40	\$0.02	\$1.42	
Washington		2. Diesel	83	83	6.68	12	0	12	0.4940	\$5.93	\$0.10	\$6.03	
West Virginia		2. Diesel	163	163	6.68	24	0	24	0.3570	\$8.57	\$0.14	\$8.71	
Arkansas		2. Diesel	838	838	6.68	125	101	24	0.2850	\$6.84	\$0.11	\$6.95	

Account Number: 222-057408
Filing Period: June 30, 2024

41,435	41,435	6,259	6,202	0	\$624.98	\$14.56	\$639.54
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**ONLINE SERVICES FILING RECORD:
IFTA CARRIER RETURN**

State of California
**CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION**



Taxpayer Name: HORSESHOE TRUCKING LLC
Account Type: IFTA Carrier Tax
Return Type: Original
Submitted: 2/21/2025 11:31:12 AM
Confirmation #: 0-047-471-105

Account Number: 222-057408
Period Begin: October 01, 2024
Period End: December 31, 2024
Due Date: January 31, 2025
Remaining Due: \$284.45

Summary

1. Subtotal Amount Due or Credit	\$281.03
2. Penalty	\$0.00
3. Interest	\$3.42
4. TOTAL BALANCE DUE OR CREDIT	\$284.45

Account Number: 222-057408

Filing Period: December 31, 2024

Jurisdiction Summary													
Jurisdiction	Surcharge	Fuel Type	Total Miles	Taxable Miles	MPG	Taxable Gal	Tax Paid Gal	Net Taxable Gal	Rate	Tax	Interest	Total	
Alabama		2. Diesel	1,351	1,351	4.75	284	279	5	0.3000	\$1.50	\$0.01	\$1.51	
Arizona		2. Diesel	3,426	3,426	4.75	721	593	128	0.2600	\$33.28	\$0.25	\$33.53	
California		2. Diesel	6,532	6,532	4.75	1,375	1,105	270	1.0230	\$276.21	\$2.07	\$278.28	
Mississippi		2. Diesel	741	741	4.75	156	124	32	0.1800	\$5.76	\$0.04	\$5.80	
Oklahoma		2. Diesel	931	931	4.75	196	384	-188	0.1900	-\$35.72	\$0.00	-\$35.72	
Oregon		2. Diesel	1,367	1,367	4.75	288	387	-99	0.0000	\$0.00	\$0.00	\$0.00	
Texas		2. Diesel	11,099	11,099	4.75	2,337	2,739	-402	0.2000	-\$80.40	\$0.00	-\$80.40	
New Mexico		2. Diesel	1,666	1,666	4.75	351	630	-279	0.2100	-\$58.59	\$0.00	-\$58.59	
Arkansas		2. Diesel	715	715	4.75	151	0	151	0.2850	\$43.04	\$0.32	\$43.36	
Georgia		2. Diesel	523	523	4.75	110	0	110	0.3620	\$39.82	\$0.30	\$40.12	
Idaho		2. Diesel	78	78	4.75	16	0	16	0.3200	\$5.12	\$0.04	\$5.16	
Louisiana		2. Diesel	1,192	1,192	4.75	251	0	251	0.2000	\$50.20	\$0.38	\$50.58	
Tennessee		2. Diesel	14	14	4.75	3	0	3	0.2700	\$0.81	\$0.01	\$0.82	
			29,635	29,635		6,239	6,241		-2	\$281.03	\$3.42	\$284.45	

**ONLINE SERVICES FILING RECORD:
IFTA CARRIER RETURN**

State of California
**CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION**



Taxpayer Name: HORSESHOE TRUCKING LLC
Account Type: IFTA Carrier Tax
Return Type: Original
Submitted: 4/21/2025 11:20:44 AM
Confirmation #: 0-048-639-492

Account Number: 222-057408
Period Begin: January 01, 2025
Period End: March 31, 2025
Due Date: April 30, 2025
Remaining Due: (\$14.27)

Summary	
1. Subtotal Amount Due or Credit	(\$14.27)
2. Penalty	\$0.00
3. Interest	\$0.00
4. TOTAL BALANCE DUE OR CREDIT	(\$14.27)

Account Number: 222-057408
 Filing Period: March 31, 2025

Jurisdiction Summary													
Jurisdiction	Surcharge	Fuel Type	Total Miles	Taxable Miles	MPG	Taxable Gal	Tax Paid Gal	Net Taxable Gal	Rate	Tax	Interest	Total	
Alabama		2. Diesel	1,634	1,634	4.70	348	495	-147	0.3000	-\$44.10	\$0.00	-\$44.10	
Arizona		2. Diesel	2,641	2,641	4.70	562	724	-162	0.2600	-\$42.12	\$0.00	-\$42.12	
Arkansas		2. Diesel	1,102	1,102	4.70	234	285	-51	0.2850	-\$14.54	\$0.00	-\$14.54	
California		2. Diesel	3,239	3,239	4.70	689	760	-71	1.0230	-\$72.63	\$0.00	-\$72.63	
Florida		2. Diesel	1,940	1,940	4.70	413	209	204	0.4027	\$82.15	\$0.00	\$82.15	
Georgia		2. Diesel	2,025	2,025	4.70	431	258	173	0.3710	\$64.18	\$0.00	\$64.18	
Louisiana		2. Diesel	1,172	1,172	4.70	249	77	172	0.2000	\$34.40	\$0.00	\$34.40	
Mississippi		2. Diesel	1,110	1,110	4.70	236	400	-164	0.1800	-\$29.52	\$0.00	-\$29.52	
Nevada		2. Diesel	504	504	4.70	107	0	107	0.2700	\$28.89	\$0.00	\$28.89	
New Mexico		2. Diesel	1,766	1,766	4.70	376	657	-281	0.2100	-\$59.01	\$0.00	-\$59.01	
Oklahoma		2. Diesel	1,482	1,482	4.70	315	142	173	0.1900	\$32.87	\$0.00	\$32.87	
South Carolina		2. Diesel	582	582	4.70	124	146	-22	0.2800	-\$6.16	\$0.00	-\$6.16	
Tennessee		2. Diesel	356	356	4.70	76	120	-44	0.2700	-\$11.88	\$0.00	-\$11.88	
Texas		2. Diesel	4,357	4,357	4.70	927	811	116	0.2000	\$23.20	\$0.00	\$23.20	
			23,910	23,910		5,087	5,084	3		-\$14.27	\$0.00	-\$14.27	



Motor Vehicle Driver Report

California - 3 Years

Applicant: JESUS ROMERO HEREDIA

File#: 1719729 Reported: 6/17/2025

Information Provided For Search

Name: JESUS ROMERO HEREDIA	Date of Birth: 11/08/1985	SSN: Not Provided
Address: 7917 JAY ST	City/State/Zip: LAMONT, CA 93241	DL Number: F5048962

Driver Information

Name: JESUS ALBERTO ROMEROHEREDIA	Date of Birth: 11/08/1985
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License

License State: CA	Expires: Not Provided
License Number: F5048962	
Issued: 11/18/2020	
Type: PERSONAL	
License Class: C - CLASS C NON-COMMERCIAL	
Status: EXPIRED	

License State: CA	Expires: Not Provided
License Number: F5048962	
Issued: 11/18/2020	
Type: COMMERCIAL	
License Class: A - CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE > 10K LBS.	
Status: EXPIRED	

Endorsements:

DT - DOUBLE TRIPLES

TV - TANK VEHICLE

License State: CA	Expires: Not Provided
License Number: Not Provided	
Issued: 12/21/2012	
Type: ID CARD	
License Class: ID - CLASS ID CARD	
Status:	

Violations

Incident Date: 08/26/2024 Conviction Date: 12/17/2024
Description: OUT OF STATE-USE OR CHANGE OF LANES
State Code: 07 State Points: 1
Location: AZ
Court: Not Provided

RECORD UPDATE DATE: 12/17/2024

Incident Date: 06/14/2024 Conviction Date: 08/31/2024
Description: FAILURE TO APPEAR OR PAY FINES
State Code: BJ
Location: LA
Court: Not Provided

RECORD UPDATE DATE: 10/31/2024

Incident Date: 06/18/2023 Conviction Date: 11/07/2023
Description: EXCEEDING ALLOWABLE WEIGHTS FOR CONSECUTIVE AXLES.
State Code: 35551A
Location: CA - 52100
Court: SUPERIOR - RED BLUFF SUPERIOR Docket: 000R15V

RECORD UPDATE DATE: 11/7/2023

Plate Number: YP69656;

Actions

Action: NEW LICENSE ISSUED IN ANOTHER STATE
Incident Date: Not Provided
Description: LICENSE, REGISTRATION, INSURANCE - LICENSE CANCELLATION
State Code: 13100
Start Date: 04/04/2025
Mail Date: Not Provided

Action: OUT OF STATE SUSPENSION
Incident Date: Not Provided
Start Date: 01/13/2022 Thru Date: INDEF
End Date: 06/23/2022 Actual End Date: 06/23/2022

Medical Certificate

Certificate: Not Provided Medical Status: Not Provided
Issued: Not Provided Expires: 07/16/2026
Self Cert Date: Not Provided Posted: Not Provided

Additional Messages

Cust Pts:

LICENSE WITHDRAWN

Disclaimer: The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed. Per the signed Membership Agreement The User submitted to The LIG Group LLC, dba StarPoint Screening, The User recognizes that information is secured by and through fallible database and human sources. The User agrees to release the LIG Group LLC, dba StarPoint Screening, its officers and employees from liability for any errors and or omissions contained in reports and from any loss or expense suffered by The User directly or indirectly from The LIG Group LLC, dba StarPoint Screening. The User agrees by submitting the signed Membership Agreement that this constitutes all conditions of service and of reporting, present and future and applies to all reports provided by The LIG Group LLC, dba StarPoint Screening and is binding in all 50 states.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/21/2025

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).

PRODUCER		CONTACT NAME: John Medina
USA Specialty Insurance 7500 NW 25TH ST 108 Doral		PHONE (A/C, No, Ext): (305) 443-0508 1 FAX (A/C, No): (305) 558-4332
		E-MAIL ADDRESS: coi@preventy.com
		INSURER(S) AFFORDING COVERAGE
		NAIC #
		INSURER A: Sutton Specialty Insurance Company 16848
INSURED		INSURER B: Fortegra Specialty Insurance Company 16823
Horseshoe Trucking Llc PO Box 622		INSURER C:
Lamont		INSURER D:
CA 93241		INSURER E:
		INSURER F:

COVERAGES CERTIFICATE NUMBER: 20240726 - COI 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		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE	\$	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
							OTHER:	\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			WHI01000003879-00	07/18/2024	07/18/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	UMBRELLA LIAB		OCCUR				BODILY INJURY (Per person)	\$	
	EXCESS LIAB		CLAIMS-MADE				BODILY INJURY (Per accident)	\$	
	DED <input type="checkbox"/> RETENTION \$						PROPERTY DAMAGE (Per accident)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
B	MOTOR TRUCK CARGO			23-FIT-10B00001-00-100K-D	07/18/2024	07/18/2025	LIMIT: \$100,000	DED: \$5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

** (B) MOTOR TRUCK CARGO - POLICY#: 23-FIT-10B00001-00-100K-D5000-E-148361 **

SCHEDULED AUTOS:
3AKJHHDR0JSJJ0693 - 2018 - TRACTOR TRUCK - FREIGHTLINER - GVW: 80,000

CERTIFICATE HOLDER

CANCELLATION

Bridger Transportation LLC
132 W Haley Springs Rd
Bozeman MT 59718

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



AGENCY CUSTOMER ID: 00007758

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY USA Specialty Insurance		NAMED INSURED Horseshoe Trucking Llc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**SCHEDULED DRIVERS:
F5048962 - JESUS ALBERTO JR ROMERO HEREDIASCHEDULED TRAILERS:
4WWBGB6B5VM600665 - 1997 - DRY VAN - WILSON - GVW: 14,000