



## CLAIMS ACTIVITY REPORT

### AUTO PHYSICAL DAMAGE

Insured	BANGASH TRUCKING LLC
Policy Number	VLI-APD-00350-00
Effective	12/3/2024
Expiration	12/3/2025
Carrier	United Specialty Insurance Company
As of	September 30, 2025

Claim Number	Claim Status	Date of Loss	Net Incurred Total
N/A	N/A	N/A	N/A



## CLAIMS ACTIVITY REPORT

### Motor Truck Cargo

Insured	BANGASH TRUCKING LLC
Policy Number	VLI-MTC-00682-00
Effective	12/3/2024
Expiration	12/3/2025
Carrier	United Specialty Insurance Company
As of	September 30, 2025

Claim Number	Claim Status	Date of Loss	Net Incurred Total
N/A	N/A	N/A	N/A

Policy Number: TMA81002577  
Name Of Insured: BANGASH TRUCKING LLC  
Insurance Co: SOUTHLAKE SPECIALTY INSURANCE COMPANY



Policy Period: 12/03/2024 to 12/03/2025  
Run Date: 10/27/2025  
Deductible Amount: \$0

TOTAL CLAIMS:	OPEN CLAIMS:	CLOSED CLAIMS:	LATE REPORTED CLAIMS:	CLAIMS WITH UNREPORTED VEHICLES:	CLAIMS WITH UNREPORTED DRIVERS:
COVERAGE		AUTO LIABILITY		PHYSICAL DAMAGE	CARGO
TOTAL LOSSES PAID				No Coverage	No Coverage
TOTAL RESERVED				No Coverage	No Coverage
RECOVERIES (Including Deductible)				No Coverage	No Coverage
TOTAL INCURRED				No Coverage	No Coverage

Our records indicates that as of run date there have not been any claims against the above insured



October 09, 2025

Insured Name: **BANGASH TRUCKING LLC**

Policy Number: **TTT-84-2-234141**

Policy Term: **12/2/2023** TO **12/2/2024**

We wish to confirm that the above referenced insured has had no claims during the policy period captioned above.

Sincerely,

TEXCAZ



TTT-84-2-223340  
Bangash Trucking LLC

TEXCAZ Insurance Services

Insured: **Bangash Trucking LLC**

Policy Number:

TTT-84-2-223340

Effective Date:

12/2/2022

Expiration Date:

12/2/2023

Claims		Recovery		Reserve:		Paid:	
Open:	0	Claim:	\$0.00	Loss:	\$0.00	Loss:	\$17,398.82
Closed:	1	Deductible:	\$0.00	Expense:	\$0.00	Expense:	\$1,168.43
ReOpened:	0	<b>Total:</b>		<b>Total:</b>		<b>Total:</b>	
ReClosed:	0						
Void:	0						
<b>Total:</b>		<b>1</b>		<b>Total Incurred:</b>		<b>\$18,567.25</b>	

Claim Number	Kind of Loss	Date of Loss	Status	Recovery Claim	Recovery Deductible	Reserve Loss	Reserve Expense	Paid Loss	Paid Expense	Total Incurred
202310-02-4000125	AL - PD	10/23/2023	Closed	\$0.00	\$0.00	\$0.00	\$0.00	\$17,398.82	\$1,168.43	\$18,567.25
<b>Total</b>			<b>1</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$17,398.82</b>	<b>\$1,168.43</b>	<b>\$18,567.25</b>

## COVERAGES

CERTIFICATE NUMBER:

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
D	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			72-0000000000	12/02/2024	12/02/2025	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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			TI	12/02/2024	12/02/2025	COMBINED SINGLE LIMIT (Ea Accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			-	-	-	PRER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE -EA EMPLOYEE \$ E.L. DISEASE -POLICY LIMIT \$
B	MOTOR TRUCK CARGO			VL 72-00	12/03/2024	12/03/2025	\$100,000 WITH DED WITH REEFER \$ 2,500
C	PHYSICAL DAMAGE			VL 72-00	12/03/2024	12/03/2025	COMP & COLL \$ 2,500
B	TRAILER INTERCHANGE			VL 72-00	12/03/2024	12/03/2025	\$50,000 \$

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

2021 FREIGHTLINER TRUCK VIN# 3AKJHLDV7MSMK9786 \$40,000  
 2020 FREIGHTLINER TRUCK VIN# 1FUJHLDV0LLMG2649 \$40,000  
 2019 FREIGHTLINER TRUCK VIN# 1FUJHLDV9KLKX4069 \$35,000  
 2015 FREIGHTLINER TRUCK VIN# 1FUJGHVDV7FLGG6534 \$25,000

## CERTIFICATE HOLDER

## CANCELLATION

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

*Harpreet Sidhu*