

Named insured

ROCKING DP TRUCKING LLC
1989 FM 368 S
IOWA PARK, TX 76367

Policy number: 975720290

Underwritten by:
Progressive County Mutual Ins Co
May 15, 2025
Policy Period: Dec 18, 2024 - Dec 18, 2025
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Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began on December 18, 2024 at 12:01 a.m. This policy expires on December 18, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852TX (02/19), Z434 (02/19), MCS90 (99/99), MC1632 (06/04), Z530TX (03/07), 1198 (07/16), Z528TX (03/07), Z228 (01/11), Z313 (04/21), 4852TX (02/19) and 4881TX (02/19).

The named insured organization type is a corporation.

Motor Vehicle Crime Prevention Authority Fee

Your payment includes a \$5.00 fee per vehicle each year. This fee helps fund:

- auto burglary, theft and fraud prevention;
- criminal justice efforts;
- trauma care and emergency medical services for victims of accidents due to traffic offenses; and
- the detection and prevention of catalytic converter thefts.

By law, we send this fee to the Motor Vehicle Crime Prevention Authority (MVCPA).

Policy changes effective May 14, 2025

Changes processed on:	May 14, 2025 8:34 a.m.
Premium change:	\$0.00
Changes:	CARL G ALEXANDER has been added to the policy. JOSEPH B PERSICK has been removed from the policy.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage**Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$10,918
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$30,000 each person/\$60,000 each accident		101
Uninsured Motorist Property Damage	\$25,000 each accident	\$250	210
Medical Payments	Rejected		--
Personal Injury Protection	Rejected		--
Comprehensive			1,440
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			7,302
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			217
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$20,188

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$1,000	\$820
Subtotal policy premium			\$820
Additional Insured Fee			20
Motor Vehicle Crime Prevention Authority Fee			15
Total 12 month policy premium and fees			\$21,043

Rated drivers

1. KELLY B DICKERSON
2. CARL G ALEXANDER

Rated commodities

1. FEED
2. GRAIN

Auto coverage schedule

1. **1999 PETERBILT 379** Stated Amount: * \$75,000 (including Permanently Attached Equip)
VIN: **1XP5DB9X7XD478973** Garaging Zip Code: 76367 Radius: 500 miles
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM/UIM Premium	UM PD Premium	
	\$10482	\$101	\$210	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$2,500	\$891	\$2,500	\$2691
Other Coverages Premium	Roadside Deductible	Roadside Premium		Auto Total
	\$250	\$217		\$14,592

2. **2022 LEDWELL Trailer** Stated Amount: * \$150,000 (including Permanently Attached Equip)
VIN: **1L9UC42C2NL033508** Garaging Zip Code: 76367 Radius: 500 miles
Personal use: N Body type: Bulk Commodity

Liability Premium	Liability Premium				
	\$311				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$466	\$2,500	\$4021	\$4,798

3. **2022 DELCO Trailer** Stated Amount: * \$9,500 (including Permanently Attached Equip)
VIN: **5WWBD1426N6024914** Garaging Zip Code: 76367 Radius: 500 miles
Personal use: N Body type: Dump Body Trailer

Liability Premium	Liability Premium				
	\$125				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$83	\$2,500	\$590	\$798

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Loss Payee information

1.	Loss Payee	Auto 1	WINDTHORST FEDERAL CREDIT UNION PO BOX 127 WINDTHORST, TX 76389 1999 PETERBILT 379 (1XP5DB9X7XD478973)
2.	Loss Payee	Auto 2	LIVESTOCK NUTRITION CENTER 11225 COLLEGE BLVD SUITE 330 OVERLAND PARK, KS 66210 2022 LEDWELL Trailer (1L9UC42C2NL033508)

Additional Insured information

1.	Additional Insured	LIVESTOCK NUTRITION CENTER 11225 COLLEGE BLVD SUITE 330 OVERLAND PARK, KS 66210
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