



## 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



TTT-84-2-234141 - NoLossLetter

TEXCAZ Insurance Services  
13809 Research Blvd, Suite 500  
Austin, TX 78750

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

INSURANCE SERVICES



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					
Closed:	1	Claim: \$0.00	Loss: \$0.00		Loss: \$17,398.82	
ReOpened:	0	Deductible: \$0.00	Expense: \$0.00		Expense: \$1,168.43	
ReClosed:	0					
Void:	0	Total: \$0.00	Total: \$0.00		Total: \$18,567.25	
	Total: 1	Total Incurred: \$18,567.25				

Claim Number	Kind of Loss	Date of Loss	Status	Recovery	Recovery	Reserve	Paid	Total		
				Claim	Deductible	Expense	Loss	Paid Expense	Incurred	
202310-02-4000125	AL - PD	10/23/2023	Closed	\$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>\$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	COMMERCIAL GENERAL LIABILITY					12/02/2024	12/02/2025	EACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:								\$		
									\$		
A	AUTOMOBILE LIABILITY					12/02/2024	12/02/2025	COMBINED SINGLE LIMIT (Ea Accident)	\$ 1,000,000		
	ANY AUTO OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$		
	Hired AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB							OCCUR	EACH OCCURRENCE	\$	
	EXCESS LIAB							CLAIMS-MADE	AGGREGATE	\$	
	DED	RETENTION \$								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N N/A			-	-	PRER STATUTE	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE -EA EMPLOYEE	\$		
								E.L. DISEASE -POLICY LIMIT	\$		
	MOTOR TRUCK CARGO							12/03/2024	12/03/2025	\$100,000 WITH DED WITH REEFER	\$ 2,500
	PHYSICAL DAMAGE							12/03/2024	12/03/2025	COMP & COLL	\$ 2,500
TRAILER INTERCHANGE		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# 1FUJHLD9KLKX4069 \$35,000											
2015 FREIGHTLINER TRUCK VIN# 1FUJGHDV7FLGG6534 \$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