

COMMERCIAL AUTO INSURANCE BINDER

THIS BINDER	R IS A TEMPORARY INS	URANCE CO	NTRACT, SUBJE	CT TO THE TERMS	AND CONDITI	ONS SHOWN ON THIS FORM			
INSURER	THE RESIDENCE OF THE PARTY OF T	NSURED	ALL SECOND						
HDI Specialty Insurance Company		HUM Inc							
	FA	IRMA							
NAIC 16131									
Broker / Agency Straight Up Ir		Policy Numbers HFM00139-02 & HFM00140-02							
			5	State(s) of Coverage	AZ,CA,II	D,NJ,NM,NV,PA,TX			
			1	Effective Date	1/21/2	25			
Surplus Lines Lic. # 0L02394				Expiration Date		1/21/26			
DESCRIPTION OF OPERATION				FI D. I	(20) 1 5	5" 5			
Transportation Network Company				This Binder is valid for thirty (30) days from Effective Date					
IN RETURN FOR THE PAYMENT OF THE PREI INSURANCE AS STATED IN THE BINDER.	Please complete ins					and all the property of the grant of the level of the post of the control of the second of the secon	TO PROV	DE THE	
			POLICY V	ALUES .					
	Period 1			Period 2 & 3					
Policy Numbers Upon Receipt of Payment			Ų,	HFM00139-02		HFM00140-02			
Coverage = Symbol 10		Deductible	Limits	Premi	um	Limits	Pre	mium	
Liability (CSL)		\$ -	\$100,000 CSL	\$	4,257.00	\$1,000,000 CSL - all others	\$	63,932.15	
Uninsured Motorists/Underinsured Motor	ists (CSL)	\$ -	\$ 100,000 CSL	\$	594.00	\$1,000,000 CSL - all others	\$	8,915.91	
Personal Injury Protection or equivalent		\$ -	Per State Min Re	equired \$		Per State Min Required	\$		
Medical Payments		\$ -	\$5,000	\$	149.00	\$5,000	\$	2,236.43	
Comprehensive		\$ 5,000	Not Available	\$	100	\$50k or ACV, whichever is less, up to \$1M	\$	834.93	
Collision		\$ 5,000	Not Available	\$		\$50k or ACV, whichever is less, up to \$1M	\$	7,663.51	
Au	ditable Estimated Premium						\$	83,582.93	
	Non-Auditable	\$	5,000.00	Blanket Al	\$	250.00			
Total Premium				\$	5,000.00		\$	83,832.93	
Service Fee		5.0009		\$	250.00	Fully Earned	\$	4,191.65	
Surplus Lines Tax		3.0009	974	\$	157.50		\$	2,640.74	
Stamping Fee (if any)	Parlament divined	0.1809	6.	\$	9.45		\$	158.44	
Estimated Total			N//	270	5,416.95 N/A	209.1		90,823.76 0.2803	
Estimate Mileage / Policy Rate TOTAL ESTIMATED ANNUAL COST	N/A N/A 298,191 \$ 0.28 \$95,990.71					0.2803			
	N 00 100								
Minimum Annual Premium				\$5,000	\$75,250				
Minimum Rate Per Mile				N/A	\$0.2242				
Minimum Earned Premium 25%			\$1,250.00			\$20,958.23			
Surplus Lines Taxes/Fees paid by insur	CRC Group								
Prior Policy Number			HFM00139-01			HFM00140-01			
AUTHORIZED REPRESENTATIVE: Straight U	p Insurance Services, LLC			100					
Straight Up Insurance Services, LLC (California Lic insurance company, but acts as an insurance age	ent or a surplus lines insurance br	oker for certain in	surance companies. St	JIS is paid commissions an	nd may receive other	performance-based compensation for its se			
companies. The compensation received by SUIS		y. Not all insuranc	e products and service	s are available in all states	. Insurance rates are	subject to change.			
Claim Administrator: Gallagher Bassett Services, Inc.									
	6-668-7780								
eMail: Fairn	naticClaims@MVSC.com								