

SURPLUS LINES
SUPPLEMENTAL DECLARATIONS

ISSUED DATE: (MM/DD/YYYY)
12/4/2025

THIS SURPLUS LINES SUPPLEMENTAL DECLARATIONS IS ATTACHED TO AND FORMS PART OF THE PROVISIONS OF THE POLICY AND IS SUBJECT TO THE INSURED'S STATE SURPLUS LINES INSURANCE CODE.

SURPLUS LINES PRODUCER/BROKER AND ADDRESS: RockLake Insurance Group, Inc. 317 S. Stuart Place Rd. Harlingen, TX 78552 956-425-9367	SURPLUS LINES INSURER AND ADDRESS: Dellwood Specialty Insurance Company 47 Maple Street, Ste 401 Summit, NJ 07901
SURPLUS LINES LICENSE: 0F01675	NAIC NUMBER: 17332
NAMED INSURED AND LOCATION ADDRESS: PRIME POWER INC 6423 W NORWICH AVE FRESNO, CA 93723	POLICY TYPE/INTEREST: General Liability POLICY NUMBER: TGL25-500957 <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL POLICY PERIOD: *EFFECTIVE DATE: 12/2/2025 *EXPIRATION DATE: 12/2/2026 *AT 12:01 AM STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.
LOCATION OF RISK (ZIP CODE): 93723	STATE RISK TYPE: <input type="checkbox"/> MULTI STATE RISK <input checked="" type="checkbox"/> SINGLE STATE RISK CA

PREMIUM, FEES, SURPLUS LINES TAX, STAMPING

PREMIUM INFORMATION	<input type="checkbox"/> MONTHLY REPORTING	AMOUNT	SPECIAL CONDITIONS / OTHER COVERAGE INFORMATION:
Premium	<input type="checkbox"/>	\$ \$850.00	
Company Fee	<input type="checkbox"/>	\$ \$50.00	
Broker Fee	<input type="checkbox"/>	\$ \$100.00	
Surplus Lines Tax (3.00% CA)	<input type="checkbox"/>	\$ \$27.00	
Stamping (0.18%)	<input type="checkbox"/>	\$ \$1.62	
	<input type="checkbox"/>	\$	
INVOICE DATE: 12/2/2025		TOTAL: \$ \$1,028.62	

DESCRIPTION OF COVERAGE

LIMITS OF INSURANCE/DEDUCTIBLE: INSURANCE IS PROVIDED ONLY FOR THOSE COVERAGES, LIMITS OF INSURANCE OR LIABILITY OR AMOUNTS OF INSURANCE AND ENDORSEMENTS SHOWN ON THE POLICY.	DESCRIPTION: COMMERCIAL TRANSPORTATION OPERATION PER POLICY FORM ATTACHED.
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SURPLUS LINES NOTICE

NOTICE TO INSURED:	CALIFORNIA SURPLUS LINES NOTICE	
SEE ATTACHED SURPLUS LINES NOTICE D-2		

COUNTERSIGNATURE (IN STATES WHERE APPLICABLE)

COUNTERSIGNED AT: Harlingen TX	DATE: 12/4/2025	AUTHORIZED REPRESENTATIVE: Jacob Stineman
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CALIFORNIA SURPLUS LINES NOTICE 1 (POST BIND)

IMPORTANT NOTICE

1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.
2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.
3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.
4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at www.naic.org. The NAIC - the National Association of Insurance Commissioners - is the regulatory support organization created and governed by the chief insurance regulators in the United States.
5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of

insurance to obtain more information about that insurer. You can find a link to each state from the NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

D-2 (Effective January 1, 2020)

General Liability Binder

Dellwood Specialty Insurance Company
47 Maple Street, Ste 401 • Summit, NJ 07901

WE ARE PLEASED TO OFFER THE FOLLOWING GENERAL LIABILITY BINDER

Group Program For: **United Truckers Association**

Master Program Number: **TBD-TGL25-**

Date: **12/4/2025**

Customer Program Number: **TGL25-500957**

NAMED INSURED INFORMATION

Named Insured: **PRIME POWER INC** Account Number: **C89553**

Mailing Address: **6423 W NORWICH AVE
FRESNO, CA 93723** Quote Number: **Q195147**

Program Term: **From 12/2/2025 to 12/2/2026 12:01 A.M. standard time at the address of the named insured as stated.**

LIABILITY LIMIT

Amount of Insurance: **Per the attached 1 scheduled equipment, subject to change upon written notification.**

Per Vehicle Limit: **\$1,000,000** Maximum benefit limit payable is subject to sub limits which can reduce the amount you are eligible to receive for certain protections.

Coverages:	Coverage Details and Limits
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INCLUDED	
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ANNUAL COST

Premium, Administration Fees:	\$ 850.00
Company Fee:	\$ 50.00
Broker Fee:	\$ 100.00
Rep Fees:	\$ 0.00
Surplus Lines Tax, Stamping & Fees:	\$ 28.62
Total Cost:	\$ 1,028.62
Minimum Premium Earned:	\$ 144.38

BINDER TERMS, CONDITIONS, AND SPECIAL PROVISIONS

IMPORTANT NOTICE

PREMIUM FINANCE INFORMATION: Finance premiums should be made payable and mailed to RockLake Insurance Group, Inc. 317 Stuart Place Rd., Harlingen, Texas 78552.

SURPLUS LINES STATEMENT

SEE ATTACHED SURPLUS LINES NOTICE D-2

AGENT INFORMATION

Agent: Amerigo Insurance Agency Agent Billing ID: A1517

Contact Name: Submissions Email

Mailing Address: 1110 Civic Center Blvd Ste 202D
Yuba City, CA 95993

Contact Information: Phone: 530-290-1633
Fax: 530-290-1701
Submissions@aiazone.net

TO FILE A CLAIM CONTACT

Secure Way Insurance Agency
PO Box 777
Higley, AZ 85236
Email: claims@securewayins.com

OFFICE OF FOREIGN ASSETS CONTROL (OFAC) DISCLOSURE NOTICE

This proposal or resulting binder, the continuation of any bound insurance, and any payments to you, to a claimant or to another third party, may be affected by the Administration and Enforcement of U.S. Economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC), if we determine that any such party is on the "Specialty Designated Nationals or Blocked Persons" list is maintained by OFAC.

SCHEDULED EQUIPMENT (COVERAGE IS APPLICABLE TO THE FOLLOWING)

Loss Payee	Year	Make	Type	Equip #	VIN #
N/A	2025	Blanket Coverage All Trucks & Trailers	Truck Tractor	324909	*GENERAL LIABILITY

*The VIN # (Vehicle Identification Number) provided does not match our national databases. Please verify this is the VIN Number on the Vehicle. Incorrect VIN # can result in loss of coverage due to the lack of ability to identify the scheduled unit. If a correction is needed, please notify your agent.

This Binder, including all endorsements issued therewith, is hereby

Authorized
Representative



RockLake Insurance Group, Inc.
317 S. Stuart Place Rd; Harlingen, TX 78552

Date 12/4/2025

General Liability Declarations

Dellwood Specialty Insurance Company
47 Maple Street, Ste 401 • Summit, NJ 07901

Group Program For: **United Truckers Association**

Master Program Number: **TBD-TGL25-**

Date: **12/4/2025**

Customer Program Number: **TGL25-500957**

NAMED INSURED INFORMATION

Equipment Code: **324909** Account Number: **C89553**

Named Insured: **PRIME POWER INC** Quote Number: **Q195147**

Mailing Address: **6423 W NORWICH AVE
FRESNO, CA 93723**

Program Term: **From 12/2/2025 to 12/2/2026 12:01 A.M. standard time at the address of the named insured as stated.**

Effective Date: **12/2/2025** Expiration Date: **12/2/2026**

To verify the coverage status of the following equipment, please call 1-800-716-2559.

SCHEDULED EQUIPMENT. COVERAGE IS APPLICABLE TO THE FOLLOWING EQUIPMENT (Scheduled as of the effective date shown above.)

Unit Number	Year of Model	Make	Type	VIN #
	2025	Blanket Coverage All Trucks & Trailers	Truck Tractor	*GENERAL LIABILITY

*The VIN # (Vehicle Identification Number) provided does not match our national databases. Please verify this is the VIN Number on the Vehicle you wish to insure. Incorrect VIN # can result in loss of coverage due to the lack of ability to identify the unit as insured under the policy. If a correction is needed, please notify your agent.

LIABILITY LIMIT

Per Vehicle Limit:	\$1,000,000	Maximum benefit limit payable is subject to sub limits which can reduce the amount you are eligible to receive for certain protections.
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Effective Dates:	Coverages:	Coverage Details and Limits
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INCLUDED		
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TERMS, CONDITIONS, AND SPECIAL PROVISIONS

IMPORTANT NOTICE

PREMIUM FINANCE INFORMATION: Finance premiums should be made payable and mailed to RockLake Insurance Group, Inc. 317 Stuart Place Rd., Harlingen, Texas 78552.

SURPLUS LINES STATEMENT

SEE ATTACHED SURPLUS LINES NOTICE D-2

AGENT INFORMATION

Agent: **Amerigo Insurance Agency**

Agent Billing ID: **A1517**

Contact Name: **Submissions Email**
Mailing Address: **1110 Civic Center Blvd Ste 202D**
Yuba City, CA 95993
Contact Information: **Phone: 530-290-1633**
Fax: 530-290-1701
Submissions@aiazone.net

TO FILE A CLAIM CONTACT

Secure Way Insurance Agency
PO Box 777
Higley, AZ 85236
Email: claims@securewayins.com

This Declarations, including all endorsements issued therewith, is hereby

Authorized
Representative



RockLake Insurance Group, Inc.
317 S. Stuart Place Rd; Harlingen, TX 78552

Date 12/4/2025