



## Insurance Proposal

### Amerigo Insurance Agency

1110 Civic Center Blvd Ste# 202D  
Yuba City, CA 95993  
530-290-1633

Date: 12/2/2025

Dear: Prime Power Inc

Phone Number: (415) 684-3516

Address: 6423 W Norwich Ave, Fresno, CA 93723

Enclosed is the proposal for you

I also wish to take this opportunity to thank you, for the opportunity you have provided us to serve you.

Please be at liberty to review the proposal and highlight any necessary adjustments. You can always get in touch with us if there is a need for clarification or additional information.

We hope to work together in the coming years.

Sincerely,

Parmjit Dhami

Coverage	Insurance Carrier	Deductible/Rate	Premium/Tax/Fee	Limits
General Liability	Dellwood Specialty Insurance Company A Rated	\$0.00	\$1,428.62	Please see attached



**General Liability Limit:**

**Each Occurrence Limits; \$1,000,000.00**

**Damage to Premises Rented to you Limits (any on premises) ; \$100,000.00**

**Medical Expense Limit (any on premises); \$5,000.00**

**Personal & Advertising Injury Limit ;\$1,000,000.00**

**General Aggregate Limits; \$2,000,000.00**

**Products & Completed Operations Aggregate Limits \$1,000,000.00**

**Payment**



**Paid in Full: \$1,428.62**

12/5/2025

**Note: Min Earned Premium = Carrier will be retaining 25% of the total premium to bind all these policies.**

**Special Points**

**\* We cannot bind or alter coverage via fax, voicemail, text, or social media, all bind requests must be received via email. Coverage cannot be bound without written confirmation from our Agency.**

**\* Agency Fee: \$400.00**

**\* Signed endorsement request is needed to make any change to the policy. Driver and equipment need to be confirmed by the insurance company before their operation under the insured's authority.**

**\* We also offer General Liability, Worker Compensation, Occupational Accidental, and Excess/Umbrella Coverage upon the client's request.**

Signed by:

INSURED SIGNATURE:  A582D720B3C4413A

DATE: 12/2/2025



## 29. Fleet Historical

Please give details of your prior insurance (last three years is applicable):

Years	Carrier(s)	Deductible	Rate	Limit	Expiry Date(s)	Renewal Offered?
		\$	%	\$		
		\$	%	\$		
		\$	%	\$		

**APPLICANT STATEMENT:** I hereby authorize the insuring companies and/or its agents to obtain from the department of public safety a copy of my motor vehicle report for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a motor vehicle report a consumer reporting agency may be used by the insurer(s) and I do hereby authorize such use. I hereby certify that the named drivers listed on this application have authorized me to consent on their/his/her behalf for the insurer to obtain motor vehicle report(s) for rating and/or underwriting.

**DECLARATION:** I/We declare that they statements given on this form are true to the best of my/our knowledge and belief and that/We agree that if a policy is issued, this form shall be the basis of the contract and that any changes of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. This Application shall attach to and become part of the policy, if issued, and all statements on this application will become warranties to the policy.

**FRAUD NOTICE: Please Read Carefully!**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additionally, before signing your application, please refer to the enclosed **State Fraud Notices** page to learn if your state requires additional language regarding insurance fraud.

**DISCLAIMER:** THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy, if issued, for a complete statement of all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the declarations, schedules, endorsements and other forms which comprise the insurance policy, if issued, then the declarations, schedules, endorsements, and other forms will prevail over this application. To obtain a complete policy, please contact our office.

**I understand that hiring of acceptable drivers and the reporting of all drivers is a requirement of this insurance. Failure to do may result in cancellation of any policy issued and any loss disclaimed.**

Signed by:

Applicant's Signature:

A handwritten signature in black ink, enclosed in a blue rectangular box. The signature appears to be a stylized 'M'.

A582D729B3C443A...

(signed by an officer of the applicant with actual authority to bind that applicant)

Dated 11/18/2025

Agency: Amerigo Insurance Agency

Address: 1110 Civic Centre, Blvd#202-D

Yuba City, CA 95993

Phone: (530)-290-1633 Fax: (530)-290-1701



# Amerigo Insurance Agency



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

New Request  Change  Termination

### CUSTOMER INFORMATION

**● Name** \_\_\_\_\_ **● Customer DOT#** \_\_\_\_\_

**● Address** \_\_\_\_\_

**● City** \_\_\_\_\_ **● State** \_\_\_\_\_ **● Zip** \_\_\_\_\_

### BANK ACCOUNT AUTHORIZATION

I authorize Parmjit Dhami Insurance Agency to make automatic withdrawals from my account per the payment schedule at the financial

### CREDIT CARD AUTHORIZATION

I authorize Parmjit Dhami Insurance Agency to make automatic charges per the payment schedule shown to the credit card specified below.

**PAYMENT SCHEDULE:** The payment schedule agreed to by the undersigned is as follows

**● One-time payment** : One time Withdrawal or Charge

#### Frequency: (Check One)

One time automatic withdrawal Amount \$ \_\_\_\_\_  
 Recurring automatic withdrawal  
 Quarterly  Annually

**Bank Account:** (Select:  checking  savings)\*

**Quarterly:** (\$ "As Invoiced") on the 1st

#### Frequency: (Check One)

One time automatic withdrawal Amount \$ \_\_\_\_\_  
 Recurring automatic withdrawal  
 Quarterly  Annually

**Credit Card:** (Select:  VISA  MasterCard)

**● Name(s) on Account** \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

**● Bank Name** \_\_\_\_\_

Card Number \_\_\_\_\_

**● Account Number** \_\_\_\_\_

Card Verification Value \_\_\_\_\_

**● ABA number (9 Digits)** \_\_\_\_\_

Expiration Date \_\_\_\_\_

\*If funds are to be transferred from a bank account, a "VOID" check must be attached to this Authorization (do not staple the check). The check must contain the name on the account, electronic routing transit number and account number. Starter checks and checks without the required information will not be accepted.

Note: Card will have a fee: 3.5%

**All charges on your account will appear as "Amerigo Insurance Agency"**

### COMPANY

### INDIVIDUALS

**● Company Name** \_\_\_\_\_  
**● (Signature)** \_\_\_\_\_  
**● By** \_\_\_\_\_  
**● Title** \_\_\_\_\_  
**● Date** \_\_\_\_\_

(Signature) \_\_\_\_\_  
Printed Name \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

**Note:** Signatures of all Individuals listed on the account and all individuals required to sign for withdrawals/payments are required on this Authorization.

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

System Entry Date \_\_\_\_\_

Operator Initials \_\_\_\_\_