



THE TRUCK INSURANCE GROUP

MOTOR CARRIER APPLICATION

RETAIL PRODUCER INFORMATION

Retail Agency: Amerigo Insurance Agency

Mailing Address: 1110 Civic Center BLVD 106E

City: Yuba City State: CA Zip: 95993

Producer Name: PARMJIT DHAMI Phone: (510) 640-3573  
First Name Last Name

Producer Email: Binders@aiazone.net

ACCOUNT INFORMATION

Effective Date: 5/1/2025 Quote Required Date: 4/10/2025

Primary Insured Name: Cannon Truck Lines Inc

Mailing Address: 2572 Plum Branch Place  
(No PO Boxes)

City: Manteca State: CA Zip: 95336

Business Type: Corporation

US DOT #: 2877078 Years In Business: 8

How many years has the company operated under its own DOT authority? 8

INSURED CONTACTS

Position	First Name	Last Name	Phone Number	Email
President	Jasbir Singh	Sandhu	(209) 507-6456	jerry@cannontruck.com



**UNDERWRITING QUESTIONS**

1. Do you require any other named insureds to be included on this policy?   
If yes, please complete the named insured supplement and return it with this application.

2. Do you have any subsidiaries or affiliates?   
If yes, please provide details including the name, location, and type of operations.

3. Do any entities derive revenue from sources other than "for hire" trucking?   
If yes, please explain:

What is the amount of revenue from sources other than "for hire" trucking?

4. Have there been any changes in operations, ownership, management, or name during the last five years?   
If yes, please explain:

5. How many years has the company been under the current management?

6. Has any policy or coverage been declined, cancelled, or non-renewed during the prior three years? (Missouri Applicants – Do not answer this question)   
If yes, please explain:

7. Have you filed for bankruptcy or been in default at any time during the last 5 years?

8. Are any vehicles or equipment loaned, leased, or rented to others?   
If yes, please explain:

9. Are there any vehicles (owned, leased, hired, or borrowed) that are used in your business operations, that are not included on the vehicle schedule submitted with this application?   
If yes, please explain:

10. Do you have a motor carrier brokerage authority?

If yes, under what name?

Under What DOT number?

How much brokerage revenue was generated over the past 12 months?

What is the estimated brokerage revenue for the upcoming 12 months?



11. Do you broker, arrange, provide, or pass loads to other carriers?

No

If yes, please explain:

How much revenue was generated from this activity over the past 12 months?

What is the estimated revenue to be generated by this activity for the upcoming 12 months?

12. Do you hire or utilize subcontractors/sub-haulers to move freight?

No

If yes, are they included on the driver and vehicle schedules that you provided?

Do they operate under your authority?

Do you provide auto liability insurance for them or do they provide their own liability insurance?

13. Do you utilize owner/operators?

No

If yes, how many?

Are they included on the driver and vehicle schedules that you provided?

14. Do you allow non-employee passengers?

No

If yes, please describe your passenger policy and controls.

15. Do you haul hazardous materials (medical or municipal waste, radioactive materials, explosives, acids, or flammables)?

No

If yes, what percentage of your freight do they make up?

Please indicate the commodities hauled and the packaging (examples: Gasoline in 11,600 gallon tanker trailers; Petrochemical solvents in 793 gallon totes; consumer paint in 1 gallon cans):

16. Do you engage in any residential delivery or pickup?

No

If yes, what percentage of your routes involve residential delivery or pickup?

Please provide details of residential activities:

17. Do you have a safety director?

Yes

If yes, what percentage of their time do they devote to safety?

100%

How many years have they been employed by your company?

4

How many years of experience do they have as a safety director?

6

18. Do you utilize team drivers?

No

19. Do you hire drivers that are under the age of 23?

No

20. Do you hire drivers that have less than two years of over the road experience?

No

21. Do your driver files conform to DOT requirements?

Yes

22. Do you pull and review PSP reports prior to hiring drivers?

Yes

23. Do you participate in a drug testing program?

Yes



COVERAGE REQUESTED (place an "X" in the requested box for all coverages desired)

Requested	Coverage	Deductible	Limit
X	Auto Liability	\$0	\$1,000,000

Requested	Coverage	Limit
X	Uninsured Motorists	\$60,000
(Specific state selections will need to be made, consistent with state law, via our UM/UIM and PIP Selection/Rejection Forms)		

Requested	Coverage	Limit
	Underinsured Motorists	
(Specific state selections will need to be made, consistent with state law, via our UM/UIM and PIP Selection/Rejection Forms)		

Requested	Coverage	Limit
	Personal Injury Protection	
(Specific state selections will need to be made, consistent with state law, via our UM/UIM and PIP Selection/Rejection Forms)		

Requested	Coverage	Cost of Hire
	Hired Auto Liability	

Requested	Coverage	Number of Employees
	Non-owned Liability	

Requested	Coverage	Deductible
X	Physical Damage	\$2,500

Requested	Coverage	Cost of Hire
	Hired Auto Physical Damage	

Requested	Coverage	Limit	Days Per Month	Units Per Day
	Trailer Interchange			

Requested	Coverage
	General Liability (Complete GL section if requested)



Effective Date	to	Expiration Date	Auto Liability	Physical Damage	General Liability
5/1/2024	to	5/1/2025	Great West Casualty Insurance Company	Great West Casualty Insurance Company	
5/1/2023	to	5/1/2024	Great West Casualty Insurance Company	Great West Casualty Insurance Company	
5/1/2022	to	5/1/2023	Great West Casualty Insurance Company	Great West Casualty Insurance Company	
5/1/2021	to	5/1/2022	Great West Casualty Insurance Company	Great West Casualty Insurance Company	

EXPOSURE (UPCOMING AND HISTORICAL)

Period	Power Units	Gross Receipts	Mileage	Stated Values
Upcoming Term	14	\$2,000,000	1,000,000	\$950,000
Current Term	12	\$1,731,000	769,585	\$700,000
1st Prior	10	\$1,362,000	912,452	\$540,000
2nd Prior	9	\$1,215,000	819,000	\$450,000
3rd Prior	6	\$789,100	536,000	\$285,000

RADIUS OF OPERATIONS

Range	0 to 50 Miles	51 to 200 Miles	201 to 500 Miles	501+ Miles
Percentage	40%	50%	10%	

Percentage must total 100%.

COMMODITIES

Commodity	Percentage	Commodity	Percentage
Containerized Freight	100%		

Percentage must total 100%.

SCHEDULE OF LOCATIONS (list all locations, including garaging locations, and the description of their use)

#	Street	City	State	Zip	Use
1	2572 Plum Branch Place	Manteca	CA	95336	Physical Address
2	10842 S Harlan Rd	French Camp	CA	95231	Garaging Address
3					
4					
5					
6					
7					
8					
9					
10					

If you have more than 10 locations please complete the additional location supplement and return it with this application.



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1.

Do your operations consist of any distributing, storing, treating, discharging, applying, disposing, or transporting of flammable, explosive, and/or hazardous waste or radioactive materials?
2.

Do you sell any product(s) on a wholesale or retail basis?
3.

Do you derive any revenue from warehousing operations?
4.

Do you perform service/maintenance work on non-owned equipment?
5.

Do you operate a tank wash or trailer wash facility?
6.

Do you have any blending or storage operations?
7.

Do you set up or install any products for third parties as part of your operations (furniture, appliances, etc.)?
8.

Do you engage in any operations other than trucking for hire?
- If yes, please explain:

EXPOSURE INFORMATION

Enter an "X" in this box if you would like to mirror the locations listed above.

#	Street	City	State	Zip	Use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Accurate and complete information must be provided for all locations. When listing payroll, list all payroll. Do not remove items from the payroll figures.

Location #	Total Payroll	Executive Payroll	Clerical Payroll	Driver Payroll	# of Executive Officers
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



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Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**For your protection, California law requires the following to appear on this form:**

**Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Retail Producer's Signature <i>Parmjit Dhami</i>	Retail Producer's Name (Please Print) Parmjit Dhami	State Producer License No (Required in Florida)
Wholesale Producer's Signature	Wholesale Producer's Name (Please Print)	State Producer License No (Required in Florida)
Applicant's Signature Signed by: <i>Jasbir Singh Sandhu</i> E5BFC80F8165445...	Applicant's Name (Please Print) Jasbir Singh Sandhu	Date 04/25/2025