

COMMERCIAL FLEET APPLICATION

GENERAL INFORMATION

Broker Name Amerigo Insurance Agency Producer(s) Parmjit Dhani

Street Address 1110 Civic Center Blvd Ste# 202D

City Yuba City State/Province CA Zip/Postal Code 95993

Mailing Address Same as Above

City _____ State/Province _____ Zip/Postal Code _____

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

Are you the incumbent broker? ☒ Yes ☐ No If Yes, for how many years? 5 Years

Applicant Name Western Reload Inc

Current Expiration 02/07/2025 Proposed Effective Date 02/07/2025 Date Quote Required _____

Street Address 1250 Market St STE A

City Yuba City State/Province CA Zip/Postal Code 95991

Mailing Address Same as Above

City _____ State/Province _____ Zip/Postal Code _____

Phone (530) 799-8885 Fax _____

Authority Name Harjit Bassi US DOT # 4016026

☐ Sole Proprietor ☐ Partnership ☒ Corporation Employer Federal ID# _____

Identify all other **named insureds** to be included on policy. Add attachment, if necessary.

1. Name _____ City _____ State _____

Authority Name _____ US DOT #/CVOR # _____

Relationship to Insured _____

Description of Business _____

2. Name _____ City _____ State _____

Authority Name _____ US DOT #/CVOR # _____

Relationship to Insured _____

Description of Business _____

3. Name _____ City _____ State _____

Authority Name _____ US DOT #/CVOR # _____

Relationship to Insured _____

Description of Business _____

Do any entities derive revenue from sources other than "for hire" trucking? ☐ Yes ☐ No \$Amount _____

If yes, explain: _____

PRIMARY CONTACTS

President Harjit Bassi
VP /Gen. Mgr. /Operations _____
Finance/Accounting _____
Safety Risk Manager Harjit Bassi
Maintenance _____
Other _____
Inspection Contact(s) Harjit Bassi

E-MAIL ADDRESS

safety@westernreloadinc.com

safety@westernreloadinc.com

safety@westernreloadinc.com

Company has been in trucking business since: 02/2023 (mo/yr)

Company has been under current ownership/management since: 02/2023 (mo/yr)

Has insurance been canceled or non-renewed within the last 5 years? ☐ Yes ☒ No If yes, explain: _____

Have you filed for bankruptcy or Chapter 11 within the last 5 years? ☐ Yes ☒ No If yes, explain: _____

Are there any operations subject to seasonality? ☐ Yes ☒ No If yes, explain: _____

Do you lease property or mobile equipment to others? ☐ Yes ☒ No If yes, explain: _____

Do you have tenants? ☐ Yes ☒ No If yes, explain: _____

Do you have any fuel storage facilities? ☐ Yes ☒ No If yes, provide capacity: _____

Type of products stored and indicate if you have Pollution Liability Insurance (include Company, Policy #, Limits and Expiration Date): _____

Do you sell any product on a wholesale or retail basis? ☐ Yes ☒ No If yes, describe: _____

Do you derive any revenue from warehousing operations? ☐ Yes ☒ No If yes, explain: _____

Please describe operations, including any major changes over the last 5 years or for the upcoming policy period (e.g., territory served, commodities hauled, major customers, mergers/acquisitions, etc.). Attach separate narrative, if necessary.

OPERATIONS

TYPE OF CARRIER: % of miles

100 % Truckload _____ % Less than
Truckload

Type

Use %

Dry Van

100%

Refrigerated

Flatbed

Liquid Tank

Dry Bulk

Containerized

Other

Total

100%

LENGTH OF HAUL (% of miles)

0-50

51-200

10%

201-500

40%

501+

50%

**For local-Intermediate Operations (0-200 mi.),
Please list top 10 runs:**

FROM

TO

FROM

TO

EQUIPMENT INFORMATION – Indicate number of vehicles by vehicle type

VEHICLE TYPE:	Company-Owned or Long Term Lease w/o Driver	Total Company Insured Values	Owner/Operator Equipment	Owner/Operator Insured Values
Straight Trucks				
Road Tractors				
Yard Tractors				
Trailers				
a. Dry Van				
b. Refrigerated				
c. Flatbed				
d. Liquid Tank				
e. Dry Bulk				
f. Container Chassis				
g. Other				
Service Trucks				
Private Pass. Autos				

Do you have any surplus equipment not presently being utilized? ☐ Yes ☒ No If yes, explain: _____

Will the maximum values of equipment to be insured exceed \$1,000,000 at any one location? ☐ Yes ☒ No If yes, provide average values and maximum values by location: _____

Do you use doubles or triples? ☐ Yes ☒ No If yes, _____ % of total miles.

Are driver teams utilized? ☐ Yes ☒ No If yes, _____% of units seated with teams.

Are passengers ever allowed to accompany driver? ☐ Yes ☒ No If yes, describe your authorized passenger policy:

Do your units have: Satellite/Tracking, Communication or Alarm Devices? ☐ Yes ☒ No If yes, describe: _____

WASTE / HAZARDOUS MATERIAL

Do you haul any: Hazardous, Medical or Municipal waste? ☐ Yes ☒ No Radioactive material? ☐ Yes ☒ No
Explosives? ☐ Yes ☒ No Acids? ☐ Yes ☒ No Flammables? ☐ Yes ☒ No If yes, % of revenue:

_____ **BACKHAUL / TRIP LEASE** (Please provide copy of trip-lease agreement)

What is percentage of deadheading? _____%

Do you backhaul? ☐ Yes ☒ No Any restrictions on backhauling?

What percentage of gross revenue is obtained from trip leasing your freight to other carriers under your authority? _____%

How do you locate your trip lessors? _____

Do you physically inspect the trip lessor's equipment? ☐ Yes ☒ No

What percentage of revenue is obtained from accepting loads trip leased under another carrier's authority? _____%

Do you require specific authorization before a driver may enter into a trip lease agreement? ☐ Yes ☐ No

BROKERAGE

Do you arrange for the transportation of property, by other motor carriers, on the other motor carrier's authority?

☐ Yes ☐ No If yes, identify motor carriers utilized: _____

Does the shipper know you are brokering the load at the time you accept the cargo? ☐ Yes ☐ No

Brokerage is done under what name? _____

Licensed? ☐ Yes ☐ No US DOT # _____ Are separate accounting records kept? ☐ Yes ☐ No

What percentage of revenue is obtained from brokerage operations? _____%

Do you purchase contingent cargo coverage? ☐ Yes ☐ No

Do you require the following items before brokering loads:

a) Certificate of Insurance? ☐ Yes ☐ No Limits required? _____

b) Additional Insured Endorsements? ☐ Yes ☐ No

c) Who is named on Bill of Lading? _____

Are certificates on file and up-to-date on all brokered loads? _____

HOLD HARMLESS, INTERMODAL

Are any hold harmless, interline, intermodal or interchange agreements in place? ☐ Yes ☐ No If yes, attach copy.

TRAILER INTERCHANGE (A copy of the trailer interchange agreement must be included with application.)

Is Trailer Interchange Legal Liability requested? ☐ Yes ☐ No If yes, please answer the following:

Average number of trailer interchange days per month: _____ Average number of units per day: _____

Average value per trailer: \$_____ Maximum value per trailer: \$_____

FOR OPERATIONS INVOLVING TANKERS:

Do you operate a tank wash facility? ☐ Yes ☐ No Is it operated as a separate entity? ☐ Yes ☐ No

If yes, name of entity: _____ Insurance coverage desired: ☐ Yes ☐ No

Do you wash tanks for other entities? ☐ Yes ☐ No If yes, what percentage of total revenue does this present? _____%

Is hazardous waste generated from your tank cleaning operation? ☐ Yes ☐ No If yes, explain disposal of hazardous waste: _____

Do you have any blending or storage operations? ☐ Yes ☐ No

If yes, what percentage of total revenue does this represent? _____%

EQUIPMENT AND EXPOSURE BASIS

List below your estimated mileage, gross receipts, average number of revenue-producing units and payroll for the proposed policy period as well as the actual figures for **current and 4 previous policy periods**. Utilize Fuel Tax reports **plus** mileage not otherwise reported.

	PERIOD	TOTAL MILEAGE	GROSS RECEIPTS	AVERAGE NUMBER OF REVENUE UNITS	PAYROLL
Proposed Policy Period (Estimate)	_____ to _____ mo/yr. Mo/yr.				
Current Policy Period (Estimate)	_____ to _____ mo/yr. Mo/yr.				
Previous Policy Periods 1	_____ to _____ mo/yr. Mo/yr.				
2	_____ to _____ mo/yr. Mo/yr.				
3	_____ to _____ mo/yr. Mo/yr.				
4	_____ to _____ mo/yr. Mo/yr.				

COMMODITIES

Identify the principal types of cargo hauled; avoid listing "General Merchandise". Percentages should total to 100%.

DESCRIPTION	HAZARDOUS YES/NO	PERCENTAGE OF GROSS RECEIPTS OR MILEAGE (CIRCLE ONE)	AVERAGE VALUE PER LOAD	MAXIMUM VALUE PER LOAD	PERCENTAGE OF LOADS AT MAXIMUM VALUE
Canned Goods	No	25%	\$20,000	\$25,000	
Water & Beverages	No	25%	\$18,000	\$25,000	
General Freight	No	25%	\$20,000	\$25,000	
Paper & Plastic	No	25%	\$23,000	\$25,000	
	TOTAL:	100%			

EQUIPMENT DOMICILES

Indicate the number of power units / trailers garaged or assigned to each terminal

[illegible]

PERSONNEL AND SAFETY

Who is responsible for safety? Name: Harjit Bassi Title: President

Is same person responsible for hiring? ☐ Yes ☒ No Tenure _____ Years of safety experience _____

Percent of time devoted to safety: 100 % Other responsibilities: _____

To whom does this person report? Name: Harjit Bassi Title: President

Are your drivers represented by a union? ☐ Yes ☐ No

Average Compensation: Company Driver: 120,000 per year/mile Owner/Operators: _____ per year/mile

Minimum/maximum driver age allowed: 23 / 65 Minimum over-the-road experience: 2 years _____ mileage

How often do drivers get home? ONCE A WEEK OR TWICE A WEEK Is there a Fleet Accident Analysis Program? ☒ Yes ☐ No

Number of drivers: Employees: _____ Owner/Operators: _____ Subhaulers (CA only): _____ Total: _____

Past 12 months: Drivers added: _____ Drivers replaced: _____

Do your driver selection procedures include:

Written application? ☒ Yes ☐ No Reference checks? ☒ Yes ☐ No Written test? ☒ Yes ☐ No

Road Test? ☒ Yes ☐ No Physical exam? ☒ Yes ☐ No Drug testing? ☒ Yes ☐ No

Pre-employment MVR review? ☒ Yes ☐ No Prior employer contact? ☒ Yes ☐ No

Does new driver training include:

Equipment familiarization? ☒ Yes ☐ No Handling commodities? ☒ Yes ☐ No

Route familiarization? ☒ Yes ☐ No Emergency procedures? ☒ Yes ☐ No

Accident report procedures? ☒ Yes ☐ No Required for Owner/Operators? ☒ Yes ☐ No

Length of new hire training program: _____

Are new drivers assigned to drive with a senior, experienced driver? ☐ Yes ☒ No If yes, how long will they drive together? _____

Do you use drivers from training schools? ☐ Yes ☒ No If yes, describe the on-the-job training program for these drivers. _____

Attach copies of latest DOT, PUC, or ICC audits. If none, explain: _____

MAINTENANCE

What is your inspection and preventative maintenance schedule? Intervals: A 45 Days B 90 Days C 180 Days

Do you perform your own repairs? ☐ Yes ☒ No To what extent? _____

Do you perform service/maintenance work on non-owned equipment? ☐ Yes ☐ No If yes, indicate revenue, number of vehicles at any one time, and describe work performed: _____

Do you have a written maintenance program? ☐ Yes ☐ No If yes, include copy.

Are Owner/Operators subject to the same maintenance requirements as owned equipment? ☐ Yes ☐ No

Number of full-time maintenance personnel: _____ Are pre/post trip inspections performed? ☐ Yes ☐ No

How often do you replace or upgrade your equipment? _____

SUMMARY OF TOTAL LOSS EXPERIENCE

	Policy Effective Dates	Total Claims Incurred (Paid and Reserved)	# of Claims	Premium	Limits	Ded/SIR Amount	Insurer
Auto Liability	to						
	to						
	to						
	to						
General Liability	to						
	to						
	to						
	to						
Cargo	to						
	to						
	to						
	to						
Owned Equipment Physical Damage	to						
	to						
	to						
	to						
Non-Trucking Auto Liability (Bobtail)	to						
	to						
	to						
	to						
Owner/Operator Equipment Physical Damage	to						
	to						
	to						
	to						
Other	to						

Provide details on all losses in excess of \$50,000:

[illegible]

INSURANCE REQUESTED

PREFERRED RATING BASIS (Check one): Revenue _____ Mileage _____ Per Unit _____

OPTION 1

OPTION 2

OPTION 3

Auto Liability

Limit	<u>\$1,000,000</u>
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Deductible / SIR	\$0.00
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General Liability

Limit _____

Deductible / SIR _____

Physical Damage (check desired coverage)

_____ Comprehensive or

_____ Specified Causes of Loss

Deductible / SIR _____

_____ Collision

Deductible / SIR _____

Private Passenger Auto / Service Units

Auto Liability Limit _____

Deductible / SIR _____

Physical Damage Requested - Y/N _____

Deductible / SIR _____

Cargo

Limit per Vehicle / per occurrence _____

Deductible / SIR _____

Owner Operator Programs

Non-Trucking Auto Liability Limit _____

Deductible / SIR _____

Physical Damage Requested - Y/N _____

Deductible / SIR _____

Trailer Interchange

Limit _____

Deductible / SIR _____

Other _____

BROKER COMMENTS (Other coverage options/target pricing):

**THIS APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY THE BROKER
AND AN AUTHORIZED OFFICER OF THE APPLICANT ORGANIZATION.**

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained here. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Signed this 04 day of February, 2025

at 1110 Civic Center Blvd Ste# 202D Yuba City / CA

(City/State)

DocuSigned by:
Kerry Bassi
C777D63F5BE4B1...

By _____
Named Insured (representing ALL Insureds)
(If a partnership or corporation, signatory must be empowered by Articles of Incorporation, etc. to bind to insurance agreements.)

For _____
(If Named Insured is other than an individual)

NOTICE TO NEW YORK APPLICANTS:

"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, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

NOTICE TO OHIO APPLICANTS:

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

NOTICE TO KENTUCKY APPLICANTS:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

NOTICE TO PENNSYLVANIA APPLICANTS:

"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."

NOTICE TO NEW JERSEY APPLICANTS:

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NOTICE TO FLORIDA APPLICANTS:

"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 in the third degree."

NOTICE TO COLORADO APPLICANTS:

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, 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."

NOTICE TO MINNESOTA APPLICANTS:

"A Person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

NOTICE TO ARKANSAS APPLICANTS:

"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."

PLEASE INDICATE, BY STATE OR PROVINCE, REQUIRED FILINGS.

FILING INFORMATION – US DOT AND PUC

	A		A		A		A		A
AI		HI		MI		NC		UT	
AK		ID		MN		ND		VT	
AZ		IL		MS		OH		VA	
AR		IN		MO		OK		WA	
CA		IA		MT		OR		WV	
CO		KS		NE		PA		WI	
CT		KY		NV		RI		WY	
DE		LA		NH		SC			
DC		ME		NJ		SD			
FL		MD		NM		TN			
GA		MA		NY		TX			

FILING INFORMATION – CVOR

	A		A		A		A
AB		NB		NS		PQ	
BC		NF		ON		SK	
MB		NT		PE		TY	

A = Automobile US DOT # 4016026 CA# 624440

Special Filings (List state and number):

Operating Rights: ☐ Interstate Only ☐ Intrastate Only ☒ Both

Type of Authority: ☒ Common Carrier ☐ Contract Carrier ☐ Private ☐ Exempt ☐ Regular Route ☐ Irregular Route

TO BE COMPLETED BY THE PRODUCER

Producer(s) Parmjit Dhami

Is the Applicant's business new business to your office? ☐ Yes ☒ No

Is the business of the Applicant direct business of your office? ☒ Yes ☐ No If no, explain: _____

Have you read the answers given by the Applicant above? ☒ Yes ☐ No

Are the answers given by the Applicant above correct to the best of your knowledge? ☒ Yes ☐ No

How long have you know the Applicant or, if the Applicant is a corporation, the officers and directors of Applicant? _____

Insurance and services provided by member companies of American International Group, Inc

Home Office: 1200 Abernathy Road, Building 600, Atlanta, GA 30328

Phone: 678 320-1100