CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD				
COMPANY NUMBER		COMPANY NAME AND ADDRESS United Financial Casualty Company P.O. Box 89490 Cleveland, OH 44101		
POLICY NUMBER 00651827-1				
			DF § 16056 OR § 16500.5 OF THE MMERCIAL OR FLEET POLICY VEHICLE IDENTIFICATION NUMBER	E
2021 Fre	eightliner Cascad	lia	3AKJHHDR0MSMK9340	
Amerigo Insurar 1110 Civic Cento Yuba City, CA 9 INSURED	Positive Freight LLC 5609 Highland DR SE Auburn, WA 98092			
SEE IMPORTANT NOTICE ON REVERSE SIDE				
	THIS CARD MU	ST BE KEP	IN THE INSURED	

VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.

2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 52 CA (2007/07)

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD				
COMPANY NUMBER	U	MPANY NAME AND ADDRESS nited Financial Casualty Company O. Box 89490		
POLICY NUMBER 00651827-1		eveland, OH 44101		
	LICY MEETS THE REQU	IREMENTS OF § 16056 OR § 16500.5 OF THE		
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER		
2021 Freig	htliner Cascadia 12	6 3AKJHHDR5MSMK9334		
Amerigo Insura 1110 Civic Cent Yuba City, CA 9				
Positiv	ve Freight LLC lighland DR SE n, WA 98092			
L	SEE IMPORTAN	IT NOTICE ON REVERSE SIDE		

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.

2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 52 CA (2007/07)

4055788-PF

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD			
COMPANY NUMBER		COMPANY NAME AND ADDRESS United Financial Casualty Company	
POLICY NUMBER 00651827-1		P.O. Box 89490 Cleveland, OH 44101	
		EQUIREMENTS OF § 16056 OR § 16500.5 OF THE DE AND IS A COMMERCIAL OR FLEET POLICY VEHICLE IDENTIFICATION NUMBER	
2019	Wabash Trailer	1JJV532B2KL119880	
Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City, CA 95993 INSURED Positive Freight LLC 5609 Highland DR SE Auburn, WA 98092 L SEE IMPORTANT NOTICE ON REVERSE SIDE			
		IST BE KEPT IN THE INSURED PRESENTED UPON DEMAND	

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.

2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 52 CA (2007/07)

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD				
COMPANY NUMBER		COMPANY NAME AND ADDRESS United Financial Casualty Company		
POLICY NUMBER 00651827-1		P.O. Box 89490 Cleveland, OH 44101		
		EQUIREMENTS OF § 16056 OR § 16500.5 OF THE DE AND IS A COMMERCIAL OR FLEET POLICY VEHICLE IDENTIFICATION NUMBER		
2014	Utility Trailer	1UYVS2532EM774136		
AGENCY/COMPANY ISSUING CARD Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City, CA 95993 INSURED Positive Freight LLC 5609 Highland DR SE Auburn, WA 98092				
SEE IMPORTANT NOTICE ON REVERSE SIDE				
		IST BE KEPT IN THE INSURED PRESENTED UPON DEMAND		

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.

2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 52 CA (2007/07)

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD				
COMPANY NUMBER		COMPANY NAME AND ADDRESS		
POLICY NUMBER 00651827-1		P.O. Box 89490 Cleveland, OH 44101		
	LICY MEETS THE RE	EQUIREMENTS OF § 16056 OR § 16500.5 OF THE DE AND IS A COMMERCIAL OR FLEET POLICY VEHICLE IDENTIFICATION NUMBER 1UYVS2533EU772802		
AGENCY/COMPANY ISSUING CARD Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City, CA 95993				
INSURED Positive Freight LLC 5609 Highland DR SE Auburn, WA 98092				
L	SEE IMPOR	RTANT NOTICE ON REVERSE SIDE		
		JST BE KEPT IN THE INSURED PRESENTED UPON DEMAND		
IN CASE OF	ACCIDENT: Re	port all accidents to your Agent/Company as		

soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.

2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 52 CA (2007/07)

4055788-PF

POLICY NUMBER 00651827-1	R Clevel	and, OH 44101
EFFECTIVE DAT		
06/15/2024	06/15/2025	
		IENTS OF § 16056 OR § 16500.5 OF THE IS A COMMERCIAL OR FLEET POLICY VEHICLE IDENTIFICATION NUMBER
2024	Non-Owned Trailer	UNKNOWN
1110 Ĉivic C Yuba City, C	urance Agency enter Ste 202D A 95993	
, ,		
INSURED		
Pos 560 Aul	sitive Freight LLC 99 Highland DR SE burn, WA 98092	
L		
	SEE IMPORTANT NO	TICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND	
 IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information: 1. Name and address of each driver, passenger and witness. 2. Name of Insurance Company and policy number for each vehicle involved. 	

ACORD 52 CA (2007/07)

COMPANY NUMBER