| CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD | | | | | | | | | | | |
|---|----------------------------|---|--|--|--|--|--|--|--|--|--|
| COMPANY NUMBER | R | COMPANY NAME AND ADDRESS Hiscox Insurance Company Inc. 233 N Michigan Ave., Suite 1840 Chicago, IL 60601 | | | | | | | | | |
| POLICY NUMBER US UAE 272568 | 38.24 | Chicago, IL 60601 | | | | | | | | | |
| EFFECTIVE DATE 09/10/2024 | EXPIRATION DATE 09/10/2025 | | | | | | | | | | |
| THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OR § 16500.5 OF THE CALIFORNIA VEHICLE CODE AND IS A COMMERCIAL OR FLEET POLICY YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER | | | | | | | | | | | |
| 2018 | Carrier Trailer | 1F9BE2427BC306005 | | | | | | | | | |
| AGENCY/COMPANY ISSUING CARD NFP Property & Casualty Services, Inc. 2450 Tapo Street Simi Valley, CA 93063 | | | | | | | | | | | |
| INSURED Three Amigos Studio Transportation, LLC 28523 Shana Place Santa Clarita, CA 91350 | | | | | | | | | | | |
| L | SEE IMPOF | RTANT 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.



THIS VALIDATED PERMANENT TRAILER IDENTIFICATION (PTI) CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. PTI IS VALID FOR FIVE (5) YEARS FROM THE DATE OF CONVERSION OR FIRST OPERATION. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE A FACSIMILE COPY OF THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE NON-OPERATIONAL (PNO) STATUS OF A STORED VEHICLE.

IMMEDIATELY NOTIFY DMV IN PERSON OR BY MAIL ON THE PROPER DMV FORMS WHEN:

- * YOU CHANGE YOUR ADDRESS.
- * YOU SELL YOUR TRAILER.
- * YOU ARE INVOLVED IN AN ACCIDENT (WHETHER OR NOT IT WAS YOUR FAULT) WHEN THERE WAS OVER \$750 DAMAGE OR ANY BODILY INJURY OR DEATH.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.



PERMANENT TRAILER IDENTIFICATION CARD

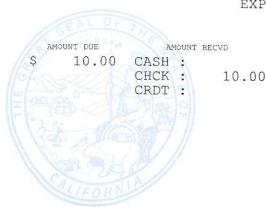
| MAKE | YR MODEL | | YR IST SC |)LD | VLF CL | ASS | *YR | TYPE | VEH | TYPE LIC | LICENSE NUMBER |
|-------------|----------|----|-----------|--------|--------|---------|-----------|------|-----|----------|----------------|
| NOMA | 2011 | | 2011 | | CX | | 2015 | 42W | | PA | 4LE5175 |
| BODY TYPE M | ODEL | MP | MO | AX | WC | UNLADEN | I WT | | | VEHICL | E ID NUMBER |
| CARRIE | R | | CD | 2 | D | 04 | 400 | | | 1F9BE | 2427BC306005 |
| TYPE VEHICL | E USE | | DATE | ISSUED | CC. | /ALCO | DT FEE RE | CVD | PIC | | |
| TRAILE | R | | 04/ | 21/21 | . 1 | 9 | 04/21 | /21 | 9 | | |

REGISTERED OWNER

THREE AMIGOS STUDIO TRANSPORTATION LLC 28523 SHANA PL

SAUGUS CA 91350

LIENHOLDER



EXP DATE: PERM AMOUNT PAID \$ 10.00