

**CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**10200**

COMPANY NAME AND ADDRESS

**Hiscox Insurance Company Inc.  
233 N Michigan Ave., Suite 1840  
Chicago, IL 60601**

POLICY NUMBER

**US UAE 2725688.25**

EFFECTIVE DATE

**09/10/2025**

EXPIRATION DATE

**09/10/2026**

**THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OR § 16500.5 OF THE  
CALIFORNIA VEHICLE CODE AND IS A COMMERCIAL OR FLEET POLICY**

YEAR

**2015**

MAKE/MODEL

**Ultra Hauler Wardrobe**

VEHICLE IDENTIFICATION NUMBER

**1F9EU3435CA442015**

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**

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SEE IMPORTANT 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.

# PTI SERVICE FEE PAYMENT RECEIPT

|                                |                         |                            |                        |                |                           |                                               |                                  |
|--------------------------------|-------------------------|----------------------------|------------------------|----------------|---------------------------|-----------------------------------------------|----------------------------------|
| MAKE<br><b>ULTR</b>            | YR MODEL<br><b>2015</b> | YR 1ST SOLD<br><b>2015</b> | VLF CLASS<br><b>DM</b> | *YR            | TYPE VEH<br><b>42</b>     | TYPE LIC<br><b>PA</b>                         | LICENSE NUMBER<br><b>4NY4158</b> |
| BODY TYPE MODEL<br><b>UTIL</b> | MP                      | MO                         | AX<br><b>2</b>         | WC<br><b>E</b> | UNLADEN WT<br><b>5837</b> | VEHICLE ID NUMBER<br><b>1F9EU3435CA442015</b> |                                  |

|                  |                                  |                      |                                  |     |         |
|------------------|----------------------------------|----------------------|----------------------------------|-----|---------|
| TYPE VEHICLE USE | DATE ISSUED<br><b>09/11/2025</b> | CC/ALCO<br><b>19</b> | DT FEE RCVD<br><b>09/02/2025</b> | PIC | USE TAX |
|------------------|----------------------------------|----------------------|----------------------------------|-----|---------|

EXP DATE: **10/31/2030**

|                   |                 |
|-------------------|-----------------|
| MISC#:            | AMOUNT PAID     |
| ACT#: <b>2395</b> | <b>\$ 10.00</b> |

|                            |                    |
|----------------------------|--------------------|
| AMT DUE<br><b>\$ 10.00</b> | AMT RECVD          |
|                            | CASH:              |
|                            | CHCK: <b>10.00</b> |
|                            | CRDT:              |

REGISTERED OWNER

**THREE AMIGOS STUDIO TRANS  
LLC  
28523 SHANA PL  
SAUGUS  
CA 91350**



14209022025155623

\*\*\*\*\* DO NOT DETACH - PTI OWNER INFORMATION \*\*\*\*\*

THIS IS NOT A PERMANENT TRAILER IDENTIFICATION (PTI) CARD. THIS RECEIPT IS EVIDENCE OF PAYMENT OF THE PTI SERVICE FEE AND/OR PLATE WITH OWNER (PWO) RENEWAL FEES FOR THE TRAILER FOR WHICH IT IS ISSUED. PAYMENT OF THE PWO FEE PREVENTS YOUR ENVIRONMENTAL LICENSE PLATE OR SPECIAL INTEREST LICENSE PLATE FROM BECOMING SUBJECT TO CANCELLATION, AND THE CONFIGURATION BEING MADE AVAILABLE TO OTHER INTERESTED PARTIES (CALIFORNIA VEHICLE CODE SECTIONS 5067b, 5106c.). NO NEW PTI STICKER WILL BE ISSUED, HOWEVER, REPLACEMENT PTI STICKERS ARE AVAILABLE UPON REQUEST.

**NOTE:** PTI STICKERS ARE NOT ISSUED FOR PTI PLATES.

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 \$1000 DAMAGE OR ANY BODILY INJURY OR DEATH.

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

