STAGSTONE RISK MANAGEMENT, LLC

Check Draft Authorization Form

I, Boris Miroshnichenko (Named Insured) authorize STAGSTONE RISK MANAGEMENT, LLC to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

CUSTOMER INFORMATION:

Insured Name: _____ Insured Address _____

Policy: AL ( ) MTC ( ) APD ( ) GL ( ) XMTC ( ) Other _____

Period of Coverage: _____ To _____

FINANCIAL INSTITUTION INFORMATION:

Name of Institution: _____

Account Number: _____

Routing Number: _____

( ) Monthly Payment

( ) Down Payment

( ) Other

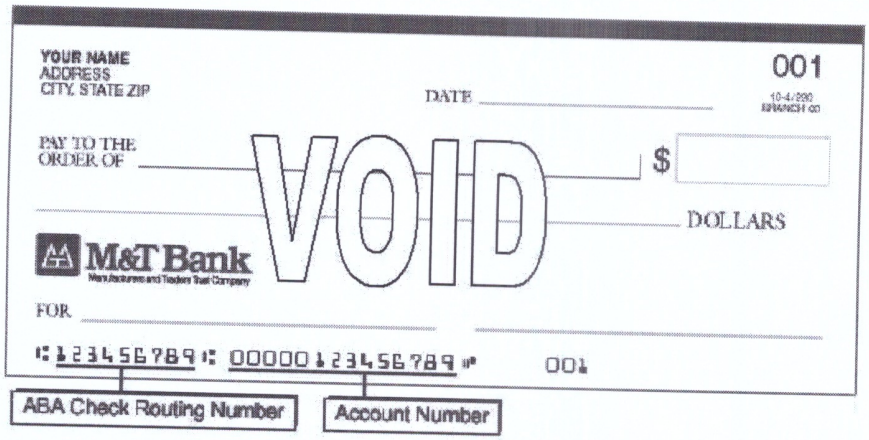
Please Check One Box (required):

This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the payment amount.

X _____

Authorized Accountholder Signature (required)

ATTACH VOIDED CHECK HERE



I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.
I understand that all returned checks are subject to a $75.00 NSF Fee. This agreement will remain in effect until STAGSTONE RISK MANAGEMENT, LLC receives my written notice of cancellation via mail, fax or email.

Authorized Accountholder Signature (required) | Boris Miroshnichenko (Printed Name of Accountholder (required)) | 04/06/20 (Date (required))

Wilshire Insurance Company
P. O. Box 7006
Lancaster, California 93539-7006
(661) 940-7300

WA 01 30 01 03

POLICY NUMBER: QMC2342967

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

UNINSURED MOTORISTS COVERAGE SELECTION FORM

(Oregon)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 04/09/2020	Authorized Representative: D-P5
Named Insured: MA Trucking, LLC	Countersignature:

Oregon insurance law requires that all motor vehicle liability policies provide Uninsured Motorists Bodily Injury (UMBI) Coverage with limits equal to the Bodily Injury (BI) Liability limits. You have the right to accept these limits or select UMBI limits that are lower than your BI Limits but not lower than $60,000 single limit.

Uninsured Motorists Bodily Injury Coverage

Uninsured Motorists Bodily Injury Coverage pays for losses for bodily injury to you and your passengers as a result of an accident with a driver who is legally responsible for the injuries but who has no liability protection. This includes a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorists Bodily Injury Coverage also pays for losses for bodily injury to you and your passengers as a result of an accident with a driver who has liability protection but not enough to pay the full amount the injured persons are legally entitled to recover as damages. This coverage is automatic when you carry UMBI limits that are higher than the minimum limits indicated above.

The above summary is a brief description of the coverage provided. Only the policy provides a complete description of this coverage and its limitations.

Uninsured Motorists Limits Selection and Cost

The BI Limits I have selected are $ 1,000,000
At these limits, the cost of UMBI for all vehicles in my policy is $_____.
I select UMBI limits of $ 60,000 at a cost of $ 34.00.
In signing and dating this endorsement, I acknowledge I have been offered UMBI limits equal to the BI limits of the policy.

I understand that the UMBI limits I have selected will apply to all future policy renewals, continuations and changes unless the BI limits of my policy change or I notify you otherwise in writing.

Date: 04/06/20 Accepted by: Boris Mikoshnichenko

Named Insured or (Partner, Officer if Named Insured is other than an individual)

Title: Owner

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

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INSURANCE SUPPLEMENT – STANDARD FIRE STATE
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury–in consultation with the Secretary of the Homeland Security, and the Attorney General of the United States–to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85%THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018, 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANACE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

In this state, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject this offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy. The additional premium just for such fire coverage is stated below. If you reject the offer described above, for terrorism coverage, this premium is due.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase Terrorism coverage for a prospective premium of $
X	I hereby decline to purchase terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made a part of the policy. If I decline this offer, the premium for terrorism (fire only) coverage is included in your policy premium.

PolicyHolder/Applicant's Signature

Wilshire Insurance Company
Insurance Company

Boris Miroshnichenko
Print Name

QMC2342967
Policy Number

04/06/20
Date

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Wilshire Insurance Company
P. O. Box 7006
Lancaster, California 93539-7006
(661) 940-7300

OR 00 02 01 16

Agent/Producer Stagstone Risk Management LLC 8800 SE Sunnyside Rd Ste 315-S Clackamas, OR 97015 **Telephone Number** 6152808280	**Quote Number** QMC2342967	**Policy Number** QMC2342967
Applicant Name & Mailing Address MA Trucking, LLC 5290 Kale St. NE Salem, OR 97305 **Telephone Number** (503) 385-3085	**Proposed Effective Date:** 4/9/2020 **12:01 A.M. Standard Time at the Named Insured's Mailing Address** **Proposed Expiration Date: Until Cancelled**	

Oregon Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- **A.** The misinformation is material to the content of the policy;
- **B.** We relied upon the misinformation; and
- **C.** The information was either:
  - **1.** Material to the risk assumed by us; or
  - **2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.
With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

If English is not my primary language, then the "Fraud Statement" above, and all other documents attached to this application for insurance, have been read to me in my primary language.

I understand that the coverage selections and limit choices indicated in this application or in any supplement will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Borlis Miroshnichenko — 04/06/20

Applicant/First Named Insured's Signature — Date

Applicant/First Named Insured's Signature — Date

Producer's Signature — Date

Wilshire Insurance Company
P. O. Box 7006
Lancaster, California 93539-7006
(661) 940-7300

POLICY NUMBER: QMC2342967

PLEASE READ CAREFULLY

Disclosure Statement
Commercial Lines Policy Direct Bill Programs
(Oregon)

Named Insured: MA Trucking, LLC

Effective Date: 04/09/2020

This statement applies to the Policy shown above.

1. **Escrow Deposit Requirements**: Your monthly direct bill Policy requires that a deposit equal to two times the Monthly premium be maintained during the time your insurance coverage is provided by us. The deposit amount may fluctuate as a result of changes you request to your policy, which create additions or reductions to the current monthly premium.

   The deposit funds are held in an escrow account, *and do not bear interest*. The deposit cannot be applied toward any monthly payment due to us. If for any reason the policy terminates, the escrow deposit will first be applied to any outstanding fees and premium balance due the company. Any remaining credit balance, due you, will be returned within 30 days through your agent.

2. **Fees Charged by Company:**

   A. If a cancellation notice for non-payment of premium is issued on your policy and it is subsequently reinstated, we will charge a $25 reinstatement fee.

   B. We will charge a $25 return check fee for each check not honored by your bank. The amount of the check and the fee will be automatically charged back to your policy.

I have read and understand the Escrow Deposit Requirements and Fees Charged by the Company as stated above.

If English is not my primary language, then the above "Disclosure Statement" has been read to me in my primary language and I understand the Escrow Deposit Requirements and Fees Charged by the Company as stated above.

Date: 04/06/20

Accepted by: Boris Miroshnichenko
Named Insured or (Partner, Officer if Named Insured is other than an individual)

Title: owner