KEMPER Auto
COMMERCIAL

VARSHAM INSURANCE AGENCY INC
409 S Glendale Ave Ste 202
Glendale, CA 91205-2293

NEXT SERVICE INC
325 Corey Way Ste 106
South SAN FRANCISCO, CA 94080

This sheet is for mailing purposes only

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Select Insurance Company

Customer Service: (800) 722-3391 Claims Service: (800) 353-6737

COMMERCIAL AUTO DECLARATION

POLICY NUMBER: **50011727401**
POLICY PERIOD: **07/12/2026** To: **07/12/2027**

NEXT SERVICE INC
325 Corey Way Ste 106
South SAN FRANCISCO, CA 94080

This policy is effective no earlier than the date and time on which the application is accepted by the Company and shall expire at 12:01 a.m. on the last day of the policy period shown on the Declarations Page. If the policy is cancelled for nonpayment, it may be continued with or without a lapse in coverage, contingent upon valid payment and in accordance with our underwriting rules.

The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Year	Make / Model	VIN Number	Deductible COL / COM / FTC
1	2015	FORD - TRANSIT T-150	1FTNE2YMXFKB32187	1000 / 1000 / N/A

COVERAGES - LIMITS OF LIABILITY			PREMIUMS FOR VEHICLES
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED			VEH 1
Bodily Injury Liability	$30,000 each person	$60,000 each accident	1,559
Property Damage Liability		$25,000 each accident	541
Uninsured Motorist - BI	$30,000 each person	$60,000 each accident	152
Comprehensive			143
Roadside Assistance	$75 per Disablement	Five Disablements/annual term	25
Collision Deductible Waiver		$1000 Deductible	487
		PREMIUM BY VEHICLE:	2,907

TOTAL VEHICLE PREMIUM(S):	$2,907.00
FEES:	$60.00
*see reverse for fee schedule	
TOTAL POLICY PREMIUM:	$2,967.00

ENDORSEMENTS MADE A PART OF THIS POLICY:
50461AE201, 50000RBE01

This Policy provides reduced liability coverage limits when an insured auto is being operated by a regular permissive driver who was not disclosed on the policy application or otherwise as a driver to be covered by this policy, or was not disclosed within (30) days after becoming a driver subsequent to the date of application. Liability limits drop to the minimum California Statutory Liability Limits which are $30,000 for Bodily Injury per person, $60,000 for Bodily Injury per accident, and $15,000 for Property Damage per accident, See PART A-LIABILITY, ADDITIONAL DEFINITIONS USED IN PART A ONLY, Paragraph 1.B and PART A-LIABILITY EXCLUSION 27.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

SEE REVERSE FOR ADDITIONAL INFORMATION

Additional Information:

Agency Information:
VARSHAM INSURANCE AGENCY INC
409 S Glendale Ave Ste 202
Glendale, CA 91205-2293

Please mail all inquiries to:
Kemper Commercial Auto
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Please fax all inquiries to:
(877) 722-3391

DRIVER INFORMATION:

#	DRIVER NAME	EXCL	SR22
1	ALEKSANDR SHISHOV	No	No

VEHICLE LOSS PAYEE/ADDITIONAL INTEREST INFORMATION:

VEH#	NAME	TYPE	ADDRESS	CITY	STATE	ZIP
1	WESTLAKE FINANCIAL SERVICES	Loss Payee	P. O. BOX 76809	LOS ANGELES	CA	90076

RATING CRITERIA:

VEH#	DRV#	DRV PNTS	VEH GVW	PERSONAL USE	VEH USE	GARAGING ZIP	STATED VALUE (INCL: ADDL. EQUIP STATED VALUE)	VEH RADIUS	VEH BODY
1	1	3	10000	YES	C	94102	$21,500.00	100	410

POLICY LEVEL INFORMATION:

PAID-IN-FULL: ☐ YES ☒ NO
PRIOR COVERAGE: ☐ YES ☒ NO
FEDERAL FILING: ☐ YES ☒ NO
PHYSICAL DAMAGE ONLY: ☐ YES ☒ NO
BUSINESS EXPERIENCE: ☐ YES ☒ NO
CGL OR BOP DISCOUNT: ☐ YES ☒ NO
ADDITIONAL DRIVER: ☐ YES ☒ NO
CDL DISCOUNT: ☐ YES ☒ NO
STATE FILING: ☐ YES ☒ NO
RATED OCCUPATION: Heating, Ventilation, & Air Conditioning Contractors
OCCUPATION CODE: B10
PAY PLAN OPTION: Monthly Pay - 8.33% Down Pay - 11 Installments

For Personal Use coverage, refer to "Rating Criteria" for each vehicle listed above.

SCHEDULE OF APPLICABLE FEES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
Vehicle Fee - Distributed	$60.00		

NAIC#: 20260

Kemper Auto Commercial
3760 River Run Drive
Birmingham, AL 35243

Underwritten by: Infinity Select Insurance Company

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code and is a commercial or fleet policy.

Policy Number	Effective Date	Expiration Date
50011727401	07/12/2026	07/12/2027

Year	Make	Model	VIN
2015	FORD	TRANSIT T-150	1FTNE2YMXFKB32187

Insured:	Agent:
NEXT SERVICE INC 325 Corey Way Ste 106 South SAN FRANCISCO, CA 94080	VARSHAM INSURANCE AGENCY INC 409 S Glendale Ave Ste 202 Glendale, CA 91205-2293

50461IDC03

IF YOU HAVE AN ACCIDENT NOTIFY POLICE IMMEDIATELY

1. Write down names, addresses, telephone numbers, and license numbers of persons involved and of witnesses.
2. Notify Kemper Auto Commercial promptly.
3. Do not admit fault. Do not discuss the accident with anyone except Kemper Auto Commercial or Police.

REPORT ALL ACCIDENTS, REGARDLESS OF FAULT, TO

(800) 3KEMPER

Evidence of financial responsibility shall at all times be carried in the vehicle.

Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

If you selected 24-Hour Roadside Assistance, please contact (877)512-6964.

NAIC#: 20260

Kemper Auto Commercial
3760 River Run Drive
Birmingham, AL 35243

Underwritten by: Infinity Select Insurance Company

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code and is a commercial or fleet policy.

Policy Number	Effective Date	Expiration Date
50011727401	07/12/2026	07/12/2027

Year	Make	Model	VIN
2015	FORD	TRANSIT T-150	1FTNE2YMXFKB32187

Insured:	Agent:
NEXT SERVICE INC 325 Corey Way Ste 106 South SAN FRANCISCO, CA 94080	VARSHAM INSURANCE AGENCY INC 409 S Glendale Ave Ste 202 Glendale, CA 91205-2293

50461IDC03

IF YOU HAVE AN ACCIDENT NOTIFY POLICE IMMEDIATELY

1. Write down names, addresses, telephone numbers, and license numbers of persons involved and of witnesses.
2. Notify Kemper Auto Commercial promptly.
3. Do not admit fault. Do not discuss the accident with anyone except Kemper Auto Commercial or Police.

REPORT ALL ACCIDENTS, REGARDLESS OF FAULT, TO

(800) 3KEMPER

Evidence of financial responsibility shall at all times be carried in the vehicle.

Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

If you selected 24-Hour Roadside Assistance, please contact (877)512-6964.

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Select Insurance Company

Customer Service: (800) 722-3391 Claims Service: (800) 353-6737

24-HOUR ROADSIDE ASSISTANCE COVERAGE (BASIC)

Copy To	Policy ID Number	Expiration Date
NEXT SERVICE INC **325 Corey Way Ste 106** **South SAN FRANCISCO, CA 94080**	**50011727401**	07/12/2027 12:01 a.m.
	Named Insured	
	NEXT SERVICE INC	
	The following endorsement applies only if Form Number 50000RBE01 appears on your Declarations Page. This endorsement is attached to and forms a part of the listed policy. No changes will be effective prior to the time changes are requested.	

This endorsement amends the policy as follows. Please read it carefully.

INSURING AGREEMENT

If **you** have a policy for which **we** provide coverage under Part A - Liability Coverage, **we** will provide through **our** authorized service representative up to the limit shown on the **Declarations Page** for Roadside Assistance occurrences each time **your covered auto** is **disabled**. The following conditions apply:

1. The driver of the **covered auto** must be an **insured person** as defined in Part A - Liability Coverage of **your** policy.
2. Labor must be performed at the location where the **covered auto** is **disabled**.
3. **Our** authorized service representative will tow the **covered auto** to the nearest qualified repair facility.
4. There is no coverage provided by this endorsement for towing costs or labor if **your covered auto** becomes **disabled** at its principal garaging location.
5. **We** will not provide coverage for more than five (5) disablements during a 12-month consecutive period.
6. **We** will not provide coverage if **your covered auto** at the time of disablement is being operated by a driver excluded from coverage under **your** policy with **us**.
7. All disablements must be reported to our authorized service representative prior to obtaining towing and labor for **your covered auto**.

ADDITIONAL DEFINITIONS USED IN THIS ENDORSEMENT ONLY

As used in this endorsement:

1. **Covered auto** means an **auto** currently insured by **us**.
2. **Disabled** means that the **covered auto** cannot move due to a **covered emergency**.
3. **Covered emergency** means:
   a. Mechanical or electrical breakdown;
   b. Battery failure;
   c. Insufficient supply of fuel, oil, water or other fluid;
   d. Flat tire;
   e. Lock-out; or
   f. Entrapment in snow, mud, water or sand.

EXCLUSIONS - READ THE FOLLOWING EXCLUSIONS CAREFULLY. IF AN EXCLUSION APPLIES, ROADSIDE ASSISTANCE COVERAGE WILL NOT BE PROVIDED.

This coverage does not apply to:
1. Any parts or replacement keys;
2. The cost of any fluid, lubricants or fuel;
3. The delivery of fluid, lubricants or fuel in excess of the amount required to get **your vehicle** back on the road;

4. Installation of any products or materials not related to the disablement;
5. Labor or materials not related to the disablement of a **covered auto** including, but not limited to, work performed at a service station, garage or repair shop;
6. Labor on a **covered auto** for any time period in excess of sixty (60) minutes per disablement;
7. Repairing a flat tire or replacing a flat tire with any tire other than a tire **you** provide. However, if **you** are unable to provide a tire, then the **covered auto** will be towed to the nearest qualified repair facility.
8. Any and all fines, vehicle storage charges, transportation or temporary living expenses;
9. Towing or storage related to impoundment, abandonment, illegal parking or other violations of law or disablement that results from the use of intoxicants or narcotics;
10. Damage or disablement due to fire, flood or vandalism;
11. Towing from a service station, garage or repair shop;
12. A second or any subsequent tow for a single disablement;
13. Mounting or removing of snow tires or chains;
14. Disablement that results from the willful acts or actions of the operator of a **covered auto**, when such acts are intended to cause the **covered auto** to become **disabled**;
15. Disablement that is not the result of a **covered emergency**;
16. Disablement service necessary as a result of a disabled trailer that is being towed by a **covered auto**;
17. Disablements that occur on roads not regularly maintained, such as sand beaches, open fields, and areas designated as not passable due to construction.
18. Any policy receiving a discount for a motor club membership.

All terms appearing in bold print in this endorsement shall be defined as set forth in this endorsement or elsewhere in **your** policy.

We reserve the right to alter this program with written notice upon the renewal of **your** policy.

The coverage provided by this endorsement applies only in the United States and Canada.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THIS POLICY REMAIN UNCHANGED.

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Select Insurance Company

Customer Service: (800) 722-3391
Claims Service: (800) 353-6737

.

NOTICE OF POLICY AMENDMENT

Copy To	Policy ID Number	Expiration Date
NEXT SERVICE INC **325 Corey Way Ste 106** **South SAN FRANCISCO, CA 94080**	**50011727401**	07/12/2027 12:01 a.m.
	Named Insured	
	NEXT SERVICE INC	
	This policy change incepts at 12:01 a.m. on the Amend Date listed at the bottom of this form. No changes will be effective prior to the time changes are requested.	

Thank you for the opportunity to serve your insurance needs. We have made the following change(s) to your current policy:

Policy Change Effective 08/14/2026 for Policy 50011727401
.... Business Address was changed from 50 JONES ST APT 1012, SAN FRANCISCO, CA 94102 to 325 Corey Way, Ste 106, South San Francisco, CA 94080
.... Mailing Address was changed from 50 JONES ST APT 1012, SAN FRANCISCO, CA 94102 to 325 Corey Way Ste 106, South SAN FRANCISCO, CA 94080
.... Describe Commodity was changed from NO CARGO COVERAGE to null
Driver ALEKSANDR SHISHOV was changed on the policy
.... Date of birth was changed from **/**/1988 to **/**/1988
.... Telematics null was removed from the policy.
.... Telematics Type None

The listed change(s) will become effective on the Amend Date listed at the bottom of the page. Detailed below is your revised installment schedule. This installment schedule is for information only and is subject to change. You will receive an invoice prior to each due date. If you have not received an invoice, please contact your agent/broker.

Installment	Premium	Credits	Fees*	TotalDue	DueDate**	Invoiced
#1	$247.26	$0.00	$7.00	$254.26	09/12/2026	
#2	$247.26	$0.00	$7.00	$254.26	10/12/2026	
#3	$247.26	$0.00	$7.00	$254.26	11/12/2026	
#4	$247.26	$0.00	$7.00	$254.26	12/12/2026	
#5	$247.26	$0.00	$7.00	$254.26	01/12/2027	
#6	$247.26	$0.00	$7.00	$254.26	02/12/2027	
#7	$247.26	$0.00	$7.00	$254.26	03/12/2027	
#8	$247.26	$0.00	$7.00	$254.26	04/12/2027	
#9	$247.26	$0.00	$7.00	$254.26	05/12/2027	

Installment	Premium	Credits	Fees*	TotalDue	DueDate**	Invoiced
#10	$247.25	$0.00	$7.00	$254.25	06/12/2027	
			Total Premium/Fees Due:	$2,542.59		

* Projected fee amount.
** A **late fee** will be assessed for any payment received after the payment due date.

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Select Insurance Company

Customer Service: (800) 722-3391
Claims Service: (800) 353-6737

Notice of Underwriting Decision and Information Practices
Notice of Adverse Action

Dear Customer,

In connection with your insurance transaction with us and based on the consent statement you signed on your application, we have collected consumer reports, such as driving history, claim reports, and credit reports or personal or privileged information from the following consumer reporting agencies:

LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent, but it is not our practice to do so.

You will need to provide the following reference number to LexisNexis in order to expedite the process.

Reference #: 26118017232764

For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, 11700 Great Oaks Way, Suite 450, Alpharetta, GA 30022, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver’s license number