OP ID: KV

ACORD

CERTIFICATE OF LIABILITY INSURANCE

04/25/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

important: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

A Polaris Way, 4th Floor Aliso Viejo, CA 92656 Bradley Bowlin Insurer A: Hudson Insurance Co Insurer B: Landmark American Ins Company Insurer B: Landmark American Insurance Company Insurer B: L	O WHICH THIS
B Polaris Way, 4th Floor Abortess: keri@sig.us INSURER(s) AFFORDING COVERAGE INSURER A: Hudson Insurance Co INSURER B: Landmark American Ins Company INSURER C: Federal Insurance Company INSURER C: INSURER E: INSURE	25054 33138 20281 OLICY PERIOD O WHICH THIS
Also Viejo, CA 92656 Bradley Bowlin Insured Ventura Highway Inc. PO Box 90915 Los Angeles, CA 90009 Insured Insur	25054 33138 20281 OLICY PERIOD O WHICH THIS
INSURER A: Hudson Insurance Co INSURER D: House B: Landmark American Ins Company INSURER D: INSURER B: INSURER B: Landmark American Ins Company INSURER D: INSURER B: INSURER C: Federal Insurance Company INSURER B: INSURE	25054 33138 20281 OLICY PERIOD O WHICH THIS
Ventura Highway Inc. PO Box 90915 Los Angeles, CA 90009 INSURER B: Landmark American Ins Company INSURER C: Federal Insurance Company INSURER D: INSURER E: INSURER	20281 OLICY PERIOD O WHICH THIS
PO Box 90915 Los Angeles, CA 90009 INSURER C: Federal Insurance Company INSURER D: INSURER E: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDLISUBR POLICY NUMBER POLICY EFF POLICY E	20281 OLICY PERIOD O WHICH THIS
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MED EXP (Any one person) \$	100,000
	5,000
PERSONAL & ADV INJURY S	1,000,000
	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: PRODUCTS - COMP/OP AGG \$ PRODUCTS - COMP/OP AGG \$	2,000,000
OTHER: COMBINED SINGLE LIMIT (F.a. accident) S	1,000,000
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5	1,000,000
B UMBRELLA LIAB X OCCUR Y EXCESS LIAB CLAIMS MADE LHA102145 05/01/2023 05/01/2024 CORPORTE &	1,000,000
X EXCESS LIAB CLAIMS-MADE LHA102145 05/01/2023 05/01/2024 AGGREGATE \$	1,000,000
DED RETENTIONS S	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Mandatory in NH] N/A E.L. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE S	
(Mandatory in NH)	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	250 000
C Motor Truck Cargo 6687536 10/29/2022 19/29/2023 Limit	250,000
Terminal	250,000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	_

ACORD 25 (2016/03)

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SNUNEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

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			te does	not c	confer rights t	o the	cert	ficate holder in lieu of su	ich ent		ļ,					
PRODUCER Paramount Exclusive Insurance Services, Inc. 15760 Ventura Blvd. Suite 500										CONTACT NAME: PHONE (SAD) DRC 7202 FAX (SAD) ORC 4D40						
										(A/C, No, Ext): (010) 980-7283 (A/C, No): (010) 980-4948						
≅nc	ino,	CA 91	436						E-MAIL ADDRE	\$\$;				·	7	
									<u></u>	INS	SURER(S) AFFO	RDING COVERAGE			NAIC #	
										INSURER A : Starstone National Insurance Company 25					25496	
INSURED Ventura Highway Inc.									INSURER B:							
									INSURER C:							
5451 W 104th st										INSURER D :						
Los Angeles, CA 90045										INSURER E:						
										INSURER F:						
COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:						
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Α	WOR	VORKERS COMPENSATION NO EMPLOYERS' LIABILITY										X PER STATUTE	OTH- ER			
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DES	CRIPT	TION OF	OPERATION	NS/LC	CATIONS'I VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)				
CE	RTIF	ICATE	HOLDE	ER					CANO	ELLATION						
Proof of Coverage									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							
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ACORD 25 (2016/03)										© 1988-2015 ACORD CORPORATION. All rights reserved.						
اماية	UKO	25 (2)	U16/03)							© 19	88-2015 AC	URD CORPORA	ATION. A	All rial	nts reserved.	

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