



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/7/2026

**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 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).**

<b>PRODUCER</b> Palta insurance Group 22725 44th Ave W Suite 207 Mountlake Terrace WA 98043-4500	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 206-724-3973 <b>E-MAIL ADDRESS:</b> certificate@paltainsurance.com	<b>FAX (A/C, No):</b> 206-333-1671																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> Star Mutual RRG</td> <td></td> <td>17024</td> </tr> <tr> <td><b>INSURER B :</b> American Safety Insurance Company</td> <td></td> <td>33103</td> </tr> <tr> <td><b>INSURER C :</b> Canopus Group Limited</td> <td></td> <td>12961</td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A :</b> Star Mutual RRG		17024	<b>INSURER B :</b> American Safety Insurance Company		33103	<b>INSURER C :</b> Canopus Group Limited		12961	<b>INSURER D :</b>			<b>INSURER E :</b>			<b>INSURER F :</b>	
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<b>INSURED</b> CSM TRANS INC 1182 N MCCALL AVE SANGER CA 93657																						

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			31311-40C180-25	5/22/2025	5/22/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Motor Truck Cargo			IM275002-101597-STEL	5/20/2025	5/20/2026	Limit: \$100,000, Deductible: \$2,500	
C	Physical Damage			CUS7300-APD-101597-STEL	5/20/2025	5/20/2026	Deductibles - Comp: \$2,500, Coll: \$2,500	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

This Policy 'IM275002-101597-STEL' has Reefer Breakdown Liability (Limit: \$100,000, Deductible: \$2,500). Carrier: 'American Safety Insurance Company', Effective Date: '05/20/2025', Expiration Date: '05/20/2026'.  
 This Policy 'CUS7300-APD-101597-STEL' has Other Coverage 'TOWING' With Limit '25,000'. Carrier: 'Canopus Group Limited', Effective Date: '05/20/2025', Expiration Date: '05/20/2026'.  
 This Policy '31311-40C180-25L' Uninsured/Underinsured Motorist Bodily Injury (Bi Limit 30000 / 15000,). Carrier: 'Star Mutual RRG Insurance Company', Effective Date: '07/22/2025', Expiration Date: '05/20/2026'.

**CERTIFICATE HOLDER****CANCELLATION**

Evidence Of Insurance	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> Palta insurance Group		<b>NAMED INSURED</b> CSM TRANS INC 1182 N MCCALL AVE SANGER, CA, 93657	
<b>POLICY NUMBER</b> 31311-40C180-25		<b>EFFECTIVE DATE:</b> 5/22/2025	
<b>CARRIER</b> Star Mutual RRG	<b>NAIC CODE</b> 17024		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

**Vehicles:**

2020, FREIGHTLINER, Cascadia, VIN: 3AKJHHR8LSKW2532, (\$40,000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500

2020, WABASH VANS, Refrigerated Van, VIN: 1JJV532B1LL175004, (\$50,000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500