



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

PRODUCER		CONTACT NAME: Habebah Yusufi	
Diamond Premium Insurance Solutions 1201 S Soderquist rd Suite A Suite a Turlock		PHONE (A/C, No. Ext.): (209) 410-6155 E-MAIL ADDRESS: habebah@diamondpremiuminsurancesolutions.com	FAX (A/C, No.):
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Knight Specialty Insurance Company	10316
INSURED		INSURER B : Canopius US Insurance, Inc.	
VS SHARMA FAMILY LOGISTICS LLC 668 Belmont Dr		INSURER C :	
		INSURER D :	
		INSURER E :	
Patterson		INSURER F :	
CA 95363			

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.

INSURANCE AND CONDITIONS OF THIS POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAYMENT.				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
INSR LTR	TYPE OF INSURANCE			ADDL SUBR INSD	WVD					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
A	AUTOMOBILE LIABILITY			N	N	KSCW5124546-00	02/10/2025	02/10/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO								BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
										\$
	UMBRELLA LIAB							EACH OCCURRENCE	\$	
	EXCESS LIAB							AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N	N / A			PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>							E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
				N	N	CUS09158437	02/10/2025	02/10/2026	Motor Truck Cargo	\$100,000

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

2021 Freightliner Cascadia 3AKJHHDR3MSMG0366

Stated Value \$63,830

Deductible \$1000 Comp/Collision

Non-Owned Trailer coverage \$35,000

KP Carriers INC DOT- 3083963

CERTIFICATE HOLDER

CANCELLATION

KP Carriers Inc
2124 Kishi Dr
Livingston

CA 95334

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