



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/17/2024

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).

PRODUCER Palta insurance Group 22725 44th Ave W Suite 207 Mountlake Terrace WA 98043-4500	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 206-724-3973 FAX (A/C, No): 206-333-1671 E-MAIL ADDRESS: certificate@paltainsurance.com																					
INSURED H S J TRUCKING INC 7042 KNOX AVE FONTANA CA 92336	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Security National Insurance Company</td><td>19879</td></tr><tr><td>INSURER B:</td><td>LLOYD'S LONDON - CERTAIN UNDERWRITE</td><td>15642</td></tr><tr><td>INSURER C:</td><td>American Inter-Fidelity Exchange</td><td>40088</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Security National Insurance Company	19879	INSURER B:	LLOYD'S LONDON - CERTAIN UNDERWRITE	15642	INSURER C:	American Inter-Fidelity Exchange	40088	INSURER D:			INSURER E:			INSURER F:		
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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
	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY <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			SMC1819087	6/5/2024	6/5/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
B	Motor Truck Cargo			238394-001MTC-90713-STEL	6/12/2024	6/12/2025	Limit: \$100,000, Deductible: \$2,500
C	Physical Damage			I23C8959-90713-STEL	6/12/2024	6/12/2025	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)

Vehicles: [See Attached]; Drivers: [See Attached];

CERTIFICATE HOLDER**CANCELLATION**

Evidence Of Insurance

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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Palta Insurance Group		NAMED INSURED H S J TRUCKING INC	
POLICY NUMBER SMC1819087		7042 KNOX AVE	
CARRIER Security National Insurance Company	NAIC CODE 19879	FONTANA, CA, 92336	
		EFFECTIVE DATE: 6/5/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

This Policy '123C8959-90713-STEL' has Other Coverage 'Towing' With Limit '25,000'. Carrier: 'American Inter-Fidelity Exchange', Effective Date: '06/12/2024', Expiration Date: '06/12/2025'.
 This Policy '238394-001MTC-90713-STEL' has Reefer Breakdown Liability (Limit: \$100,000). Carrier: 'LLOYD'S LONDON - CERTAIN UNDERWRITE', Effective Date: '06/12/2024', Expiration Date: '06/12/2025'.
 This Policy '238394-001MTC-90713-STEL' has Trailer Interchange (Deductibles - Comp: \$2,500, Limit: \$50,000). Carrier: 'LLOYD'S LONDON - CERTAIN UNDERWRITE', Effective Date: '06/12/2024', Expiration Date: '06/12/2025'.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Palta insurance Group		NAMED INSURED H S J TRUCKING INC 7042 KNOX AVE	
POLICY NUMBER SMC1819087		FONTANA, CA, 92336	
CARRIER Security National Insurance Company	NAIC CODE 19879	EFFECTIVE DATE: 6/5/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

Vehicles:
2022, FREIGHTLINER, Cascadia, VIN: 3AKJHHR3NSNC3435, (\$80,000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500

Drivers:
-Name: HARJINDER SINGH