



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/16/2025

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).

PRODUCER Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City CA 95993	CONTACT NAME: Parmjit Dhami	
	PHONE (A/C, No, Ext): 530-290-1633	FAX (A/C, No): 530-290-1701
	E-MAIL ADDRESS: certs@aiazone.net	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Fire Insurance Company	
INSURED Test For Me Una - Hamirpur Road Bangana, Himachal Pradesh 174307	INSURER B: Palomar Excess & Surplus Ins Co	
	INSURER C: United States Fire Insurance Company	
	INSURER D: Palomar Excess & Surplus Ins Co	
	INSURER E: Palomar Excess & Surplus Ins Co	
	INSURER F: United States Fire Insurance Company	
	INSURER G: United States Fire Insurance Company	

COVERAGES CERTIFICATE NUMBER: 11 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
A	COMMERCIAL GENERAL LIABILITY <div>CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/></div> <div>GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER</div>			NA 001	06/04/2025	06/04/2026	<div>EACH OCCURRENCE \$1100</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence) \$12000</div> <div>MED EXP (Any one person) \$13000</div> <div>PERSONAL &amp; ADV INJURY \$1400</div> <div>GENERAL AGGREGATE \$150</div> <div>PRODUCTS-COMP/OP AGG \$1600P</div> <div>\$71000</div>
B	AUTOMOBILE LIABILITY <div>ANY AUTO <input type="checkbox"/></div> <div>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/></div> <div>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/></div>			SEPK01200002270222	06/04/2025	06/03/2026	<div>COMBINED SINGLE LIMIT \$10000</div> <div>BODILY INJURY (Per person) \$</div> <div>BODILY INJURY (Per accident) \$</div> <div>PROPERTY DAMAGE (Per accident) \$</div> <div>\$</div>
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> <div>DED <input type="checkbox"/> RETENTION \$</div> <div>OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/></div>			SEPK012000022700U	06/11/2025	06/10/2026	<div>EACH OCCURRENCE \$1000</div> <div>AGGREGATE \$</div> <div>\$</div>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/A <input type="checkbox"/> N/A</div> <div>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</div>						<div><input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH ER \$</div> <div>E.L. EACH ACCIDENT \$</div> <div>E.L. DISEASE - EA EMPLOYEE \$</div> <div>E.L. DISEASE - POLICY LIMIT \$</div>
D	Motor Truck Cargo			SEPK012000022	06/04/2025	06/04/2026	\$10000 \$2500
E	Physical Damage			SEPK012000022	06/04/2025	06/04/2026	\$2500 \$2500
F	Contingent Cargo			COPK012000022700	06/11/2025	06/10/2026	\$100 2500D
G	Contingent Excess Liability			SEPK01200002270EX	06/11/2025	06/11/2026	\$600 6500D
H	Non Trucking Liability			000	06/11/2025	06/10/2026	\$800000 850D

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES  
Refer Breakdown: \$2500

CERTIFICATE HOLDER Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City CA 95993	CANCELLATION 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 PARMJIT DHAMI