

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/21/2025

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 onthis certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER					ıаме: Parmjit	Dhami														
Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City CA 95993				PHONE (A/C, No, Ext): FAX (A/C,No): 530-290-1633					0-290-1701											
				E-MAIL ADDRESS: Certs@aiazone.net																
				INSURER(S) AFFORDING COVERAGE NAIC #																
				INSURER A: WILLIAMSBURG NATIONAL INSURANCE COMOAN					25780											
				INSURER B: Mitsui Sumitomo Insurance Company of America					20362											
RMB Roadline Inc				INSURER C: MSIG Specialty Insurance USA Inc					34886											
169 DARCY PKWY				INSURER D:																
LATHROP, CA 95330				INSURER E:																
LATTINOT, CA 33330					INSURER F:															
"					INSURER G:															
COVERAGES CERTIFICATE NUMBER: 45					REVISION NUMBER:															
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS				THE INSURED				CATED. NOT	WITHSTANDING ANY											
REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJEC CLAIMS																				
INSR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUI	MBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIN	MITS											
COMMERCIAL GENERAL LIABILITY	וואסט	VVVD			(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCUR	RENCE	\$											
CLAIMS-MADE OCCUR							DAMAGE TO PREMISES (Ea	RENTED occurrence)	\$											
							<u> </u>	y one person)	\$											
							PERSONAL &	ADV INJURY	\$											
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AG	GREGATE	\$											
POLICY PRO- JECT LOC							PRODUCTS-C	OMP/OP AGG	\$											
OTHER									\$											
A AUTOMOBILE LIABILITY			CA099803	7-00	10/18/2025	10/18/2026	COMBINED SINGLE LIMIT		\$1000000											
ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per person)		\$											
							BODILY INJURY (Per		\$											
HIREDAUTOS ONLY NON-OWNED AUTOS							PROPERTY DA		\$											
ONLY							(Per accident)		¢											
LILLIANDE LA LIAND	-						FACIL OCCUP	DENCE	\$											
UMBRELLA LIAB OCCUR							EACH OCCUR	RENCE	\$											
EXCESS LIAB CLAIMS-MADE	_						AGGREGATE		\$											
DED RETENTION \$							252	OTU	\$											
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH ER	\$											
Y/A ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACC	CIDENT	\$											
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A						E.L. DISEASE -	EA EMPLOYEE	\$											
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE -	POLICY LIMIT	\$											
B Motor Truck Cargo			MTC1000	MTC1000069		10/18/2026	250000		2500											
C Physical Damage			APD1000			10/18/2026			2500											
									<u>l</u>											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S																			
Refer Breakdown: 2500																				
CERTIFICATE HOLDER				CANCELLATION																
				CHOULD ANY OF THE ABOVE DESCRIPED DOLLGES DE CAMESTI EN RESCRI																
Registry Monitoring Insurance Services, Inc. 1444 S. Entertainment Ave. Ste. 110 Boise ID 83709 United States				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					
														AUTHORIZ	ED REPRESENTATIV	E				