

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

сонтаст наме: Parmjit Dhami

PRODUCER						сонтаст наме: Parmjit Dhami						
Amerigo Insurance Agency					PHONE (A/O Ext):	PHONE (A/C, No, 530-290-1633 FAX (A/C,No): 530-290					0-1701	
1110 Civic Center Ste 202D					E-MAIL ADDRESS: certs@aiazone.net							
Yuba City CA 95993						INSURER(S) AFFORDING COVERAGE NAIC						
/.						INSURER A: Sutton Specialty Insurance Company					16848	
						INSURER B: Colony Insurance Company					10040	
INSURED						INSURER C: Colony Insurance Company						
Shaheen Transport LLC												
3414 Cannon Way						INSURER D:						
Live Oak, CA 95953						INSURER E:						
/.						INSURER F:						
						INSURER G:						
COVERAGES CERTIFICATE NUMBER: 29						REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODINDICATED. 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												
_	DRDED BY THE POLICIES DESCRIBED HEREIN IS SUBJEC											
INSR LTR			SUBR WVD	POLICY NU	MBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
LIK	COMMERCIAL GENERAL LIABILITY		WVD			(IVIIVI/UU/YYYY)	(IVIIVI/DD/YYYY)	EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO	RENTED	¢		
								PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$		φ Φ		
								PERSONAL & ADV INJURY		¢		
								GENERAL AGGREGATE		φ #		
	GEN'L AGGREGATE LIMIT APPLIES PER:							Ψ.		\$		
	POLICY PRO- JECT LOC							PRODUCTS-COMP/OP AGG		\$		
-	OTHER						ļ			<b>&gt;</b>		
A AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  V SCUEDINED AUTOS				WHI0100000	3960-00	08/04/2024	08/04/2025	COMBINED SINGLE LIMIT \$				
										\$		
	V SCHEDOLED AUTOS							BODILY INJUI accident)	RY (Per	\$		
	HIREDAUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DA (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCUR	RRENCE	\$		
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$	ł								\$		
	WORKERS COMPENSATION					+	•	PER	ОТН	4		
	AND EMPLOYERS' LIABILITY  Y/A							STATUTE	ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH AC	CIDENT	\$		
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE	- EA EMPLOYEE	\$			
								E.L. DISEASE	- POLICY LIMIT	\$		
B Motor Truck Cargo				IM42904	 17-0	02/26/2025	02/26/2026					
	Physical Damage				IM4290447-0		02/26/2026					
	,				•	02/26/2025	02, 20, 2020					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S										
		-										
Re	efer Breakdown:											
CERTIFICATE HOLDER						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED BOLICIES BE CANCELLED BEFORE						
for	teeting we are exercise				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
101	testing we are searching											
					AUTHORIZ	ED REPRESENTATIV	E					
						DAD ALTE KLIMAL						
						PARMJIT DHAMI						