## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/6/2024

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	CONTA	CONTACT					
The Insurance Store		NAME:           PHONE         FAX           (A/C, No, Ext):         800-354-8535					
10981 San Diego Mission Rd. Ste 220 San Diego CA 92108		<u>(A/C, No, Ext):</u> 800-354-8535 (A/C, No): E-MAIL ADDRESS: certs@tisteam.com					
		INSURER(S) AFFORDING COVERAGE NAIC #					
	INSUR	INSURER A : Indemnity Insurance Company of North America				43575	
INSURED						22667	
Warriors Logistic Inc		INSURER C :					
5077 LOCKĪE LN Fairfield CA 94533		INSURER D :					
		INSURER E :					
	INSURE	INSURER F :					
COVERAGES CERTIFICATE NUMBER: 1	103621324			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.							
	CY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS	3		
A X COMMERCIAL GENERAL LIABILITY CGOG72486183	WARRLOG-01	7/14/2023	1/16/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,0	00	
				PREMISES (Ea occurrence)	\$ 100,000	)	
				MED EXP (Any one person)	\$ 5,000		
				PERSONAL & ADV INJURY	\$ 1,000,0	00	
					\$ 2,000,000		
X POLICY PRO- JECT LOC					\$ 1,000,000		
		7/44/0000	4/40/0004	\$			
A AUTOMOBILE LIABILITY MMTH25549090	WARKLOG-01	7/14/2023	1/16/2024		\$ 1,000,000		
ANY AUTO ALL OWNED X SCHEDULED				,	\$		
					\$ \$		
X HIRED AUTOS X AUTOS				(Per accident)	\$ \$		
					\$		
					\$		
DED RETENTION \$ WORKERS COMPENSATION				PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N					<b>^</b>		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					\$ ¢		
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below           B         Cargo/Reefer Brkdwn         IMCH10766047	VARRLOG-01	7/14/2023	1/16/2024	E.L. DISEASE - POLICY LIMIT Deds: \$2,500/\$2,500	\$ 100,000	)	
				· /	,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Vehicle schedule on file with the company Policy# ICSA00001 (1) Non Owned Trailer-Stated Amount- \$50,000 - while attached to a scheduled auto. Comp/Collision - Deds: \$2,500/\$2,500 Policies Pending Cancel 01/16/2024							
CERTIFICATE HOLDER 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.							
Miami, FL 33147	AUTHO	DRIZED REPRESE	-	5			
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