



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/07/23:11:15:08

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).

<b>PRODUCER</b> LINKS INSURANCE SERVICES, INC 6200 VILLAGE PARKWAY, SUITE#203 DUBLIN, CA 94568	CONTACT NAME: PHONE (A/C, No, Ext): (925) 361-5185 E-MAIL ADDRESS: CERTIFICATES@LINKSINSURANCE.NET	FAX (A/C, No): (925) 556-1636
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> MANJINDER SINGH SAINI KHARAL BROTHERS TRANSPORT 483 RICE CT MERCED CA 95348	INSURER A: SUTTON SPECIALTY INSURANCE COM INSURER B: FORTEGPA SPECIALTY INC CO INSURER C: INSURER D: INSURER E: INSURER F:	NAIC# 0 16823

REVISION NUMBER: 8535

**COVERAGES** CERTIFICATE NUMBER: 0001 / 06/07/2023  
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 EXCLUSION 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		RTLL24255	06/08/23	06/08/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE (Per accident) \$ 0
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ 0 AGGREGATE \$ 0
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 0 E.L. DISEASE - EA EMPLOYEE \$ 0 E.L. DISEASE - POLICY LIMIT \$ 0
B	MOTOR TRUCK CARGO		RTLL24257	06/08/23	06/08/24	CARGO LIMIT \$ 100,000
B	PHYSICAL DAMAGE		RTLL24258	06/08/23	06/08/24	COMP/COLL DED \$ 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 VEHICLE SCHEDULE PER SUBMISSION WITH INSURANCE COMPANY  
 Reefer- Breakdown Coverage Included with Deductible \$ 2,500 on Cargo Policy # RTLL24257  
 Cargo Deductible - \$ 1,000 on Cargo Policy # RTLL24257  
 Trailer-Interchange Coverage included for \$ 55,000 on Cargo Policy # RTLL24257  
 For more information see attached Acord 101 form

<b>CERTIFICATE HOLDER</b>  For Insured Purposes Only Proof of Insurance For Information Purposes Only	<b>CANCELLATION</b> 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  ERIKA ULINSKAITE

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