

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2025

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 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).

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PRODUCER	2244 Treva Way	CONTACT GIANENDER SINGH				
		PHONE (A/C, No, Ext):			00-393-2039	
		E-MAIL ADDRESS: certs@myanchorins.com				
			INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A :				
INSURED	1619 OSAGE DRIVE	INSURER B: Canopius US Insurance, Inc.				
		INSURER C :				
	KOKOMO, IN 46902	INSURER D: Certain Underwriters at Lloyd's				
		INSURER E :				
		INSURER F:				
		DE1/1010111111				

COVERAGES CERTIFICATE NUMBER: 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 POLICY EFF POLICY EFF POLICY EXP							
INSR LTR	ISR TR TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
l _D	GENERAL LIABILITY		TPM4424694-00	05/28/2024	05/28/2025	EACH OCCURRENCE	\$ \$1,000,000
-	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ \$5,000
						PERSONAL & ADV INJURY	\$ \$1,000,000
						GENERAL AGGREGATE	\$ \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ \$2,000,000
	POLICY PRO- LOC						\$
Α	AUTOMOBILE LIABILITY		CW3EVE-001257-01	04/26/2024	04/26/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	CARGO		CUS09112814	04/26/2024	04/26/2025	\$100,000 DED \$1000	REEFER BREAKDOWN \$2500
С	C PHYSICAL DAMAGE		498464434364-00	04/26/2024	04/26/2025	DED \$2500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
2020 INTERNATIONAL 3HSDZAPR1LN204441 \$70.000							
2020 INTERNATIONAL 3H5DZAPKTLN204441 \$70,000							

2020 INTERNATIONAL 3HSDZAPR1LN204441 \$70,000 2017 PETERBILT 1XPBD49X3HD415644 \$55,000

Trailer interchange \$50,000

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CERTIFICATE HOLDER	CANCELLATION			
Bhandal Bros Inc PO Box 1900 Hollister CA 95024	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 Gianender Singh			