

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)**05/06/25:10:10:36

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).

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PRODUCER	CONTACT NAME:			
LINKS INSURANCE SERVICES, INC	PHONE (A/C, No, Ext): (925) 361-5185 FAX (A/C, No)(925) 556		6-1636	
6200 VILLAGE PARKWAY, SUITE#203	E-MAIL ADDRESS: CERTIFICATES@LINKSINSURANCE.NET			
DVDI TV. GR. 04550	INSURER(S) AFFORDING COVERAGE	NAIC#		
DUBLIN, CA 94568	INSURER A: SOUTHLAKE SPECIALTY INSURANCE		16999	
INSURED	INSURER B:			
Hero Truck Line Inc 6366 N FIGARDEN DR STE 107	INSURER C:			
FRESNO CA 93722	INSURER D :			
	INSURER E :			
	INSURER F:			
COVED A CEC CEPTIFICATE NUMBER				

COVERAGES CERTIFICATE NUMBER: 0001 / 08/22/2024 REVISION NUMBER: 8042

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED	\$	0
	CLAIIVIS-IVIADE OCCUR					PREMISES (Ea occurrence)  MED EXP (Any one person)	\$	0
						PERSONAL & ADV INJURY	\$	0
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	0
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	0
	OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO		TMA81000458	08/26/24	08/26/25	BODILY INJURY (Per person)	\$	0
	OWNED X SCHEDULED AUTOS		IMAGIOUGISG	00/20/24	00/20/25	BODILY INJURY (Per accident)	\$	0
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	0
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	0
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	0
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	0
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	0
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	0
A	MOTOR TRUCK CARGO		STZ19904454	05/24/24	05/24/25	CARGO LIMIT	\$	250,000
A	PHYSICAL DAMAGE		PTY37407163	05/24/24	05/24/25	COMP/COLL DED	\$	2,500

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 # STZ19904454

Cargo Deductible - \$ 2,500 on Cargo Policy # STZ19904454

Non-owned Trailer Coverage included for \$100,000 on Physical Damage Policy # PTY37407163

For more information see attached Acord 101 form

CERTIFICATE HOLDER	CANCELLATION
True Star Transit, Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2372 Morse Avenue, Ste. 289	AUTHORIZED REPRESENTATIVE
IRVINE,CA,92614	ERTKA III.TNSKATTE

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ID:	AGENCY CUSTOMER ID: _	
÷#:	LOC #:	



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Links Insurance Services Inc.  POLICY NUMBER TMA81000458					
		NAIC CODE			
		16999			
		10333	EFFECTIVE DATE:		
			NAIC CODE 16999		

## **ADDITIONAL REMARKS**

HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
ORM NUMBER: FORM TITLE:	
24 VOLVO TRACTOR 4V4NC9EJ9RN663347 \$ 187000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EJ7RN663346 \$ 187000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EJ4RN663353 \$ 187000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EH8RN643409 \$ 190000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EH0RN630704 \$ 200000 - (LISTED ON LIAB/CARGO/PD)	
024 VOLVO TRACTOR 4V4NC9EH0RN643405 \$ 190000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EJ2RN663352 \$ 187000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EH6RN630710 \$ 190000 - (LISTED ON LIAB/CARGO/PD)	
24 VOLVO TRACTOR 4V4NC9EH6RN643408 \$ 190000 - (LISTED ON LIAB/CARGO/PD)	
024 VOLVO TRACTOR 4V4NC9EH6RN643411 \$ 190000 - (LISTED ON LIAB/CARGO/PD)	
024 VOLVO TRACTOR 4V4NC9EH7RN650870 \$ 200000 - (LISTED ON LIAB/CARGO/PD)	
23 VOLVO TRACTOR 4V4NC9EJ3PN622628 \$ 190000 - (LISTED ON LIAB/CARGO/PD)	
22 VOLVO TRACTOR 4V4NC9EH2NN294340 \$ 140000 - (LISTED ON LIAB/CARGO/PD)	
22 FREIGHTLINER TRACTOR 3AKJHHDR9NSNB5968 \$ 200000 - (LISTED ON LIAB/CARGO/PD)	
22 FREIGHTLINER TRACTOR 3AKJHHDR5NSNB5966 \$ 140000 - (LISTED ON LIAB/CARGO/PD)	
22 FREIGHTLINER TRACTOR 3AKJHHDR3NSNB5965 \$ 140000 - (LISTED ON LIAB/CARGO/PD)	
050 NONOWNED TRAILER \$ 100000 - (LISTED ON PD)	