



CERTIFICATE OF LIABILITY INSURANCE

Date:(09/12/2022)

PRODUCER TRI COUNTY INDEPENDENT INSURANCE AGENCY LLC 22644 BECKENHAM CT NOVI MI 48374 Email: certs@truckinsuranceexpert.com Fax : 888-879-8965 Contact Number : 248-621-9233	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED AK TRANS CARRIERS INC 3044 G ST APT 4 MERCED,CA CA 95340	Insurance Affording Coverage	NAIC#
	Insurer A:SOUTHLAKE SPECIALITY INSURANCE COMPANY	16999
	Insurer B:AMERICAN INTER-FIDELITY EXCHANGE	40088
	Insurer C:AMERICAN INTER-FIDELITY EXCHANGE	40088
	Insurer D:	

COVERAGES:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INS LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> Genl Aggregate Limit Applies Per: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
A		AUTO LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	TBA22100227	08/25/2022	08/25/2023	COMBINED SINGLE LIMIT(Ea accident)	\$1,000,000
						BODILY INJURY(Per person)	\$
						BODILY INJURY(Per accident)	\$
						PROPERTY DAMAGE(Per accident)	\$
		GARAGE LIABILITY: <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				Auto Only -EA Accident	\$
						Other than -EA ACC	\$
						Auto Only -AGG	\$
		EXCESS/UMBRELLA LIABILITY: <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				Each Occurance	\$
						Aggregate	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIOTOR/PARNER/EXECUTIVE OFFICER/MEMBER EXCLUDED ? IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW				<div>WC Statutory Limits</div> <div>Others</div>	
						E.L. Each Accident	\$
						E.L. Diease-EA Employee	\$
						E.L. Diease-Policy Limit	\$
B		CARGO	S0021PK000001-00	08/25/2022	08/25/2023	CARGO COVERAGE	\$100,000
						REFER BREAKDOWN	No
						DEDUCTIBLE	\$2,500
C		PHYSICAL DAMAGE	I21C8963	08/25/2022	08/25/2023	COMP/COLLISION DEDUCTIBLE	\$1000
DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED BY ENDORSEREMENT/ SPECIAL PROVISIONS [NON-OWNED TRAILER: NONE - \$1000] [TRAILER INTERCHANGE: \$0 - \$1000] 2018 TRUCK '3AKJHHDR2JSJJ1778' \$150000							

CERTIFICATE HOLDER	CANCELLATION
Registry Monitoring Insurance 5388 STERLING CENTER DRIVE, WESTLAKE VILLAGE, CA, 91361	SHOULD ANY OF THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. <div>AUTHORIZED REPRESENTATIVES Vikalp Chopra</div>