



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/03/22:15:37:44

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	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (925) 361-5185 <b>FAX (A/C, No):</b> (925) 556-1636		
	<b>E-MAIL ADDRESS:</b> CERTIFICATES@LINKSINSURANCE.NET		
<b>INSURED</b> Mangi FreightLines Inc 2144 RIVER WILLOW AVENUE MANTECA CA 95337	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> COVINGTON SPECIALTY INSURANCE		13027
	<b>INSURER B:</b> UNITED SPECIALTY INS. CO.*		12537
	<b>INSURER C:</b> ACCELERANT INSURANCE		16890
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 0001 / 07/01/2022**REVISION NUMBER:** 6662

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			VBA872788 00	07/03/22	07/03/23	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 0
	OTHER:							\$
B	<b>AUTOMOBILE LIABILITY</b>			GWP82479 00	07/03/22	07/03/23	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$ 0
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ 0
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ 0
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$ 0
	<b>EXCESS LIAB</b>						AGGREGATE	\$ 0
	DED		RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT	\$ 0
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 0
							E.L. DISEASE - POLICY LIMIT	\$ 0
C	MOTOR TRUCK CARGO			S0021PK01-MTC-59302-LISI	07/03/22	07/03/23	CARGO LIMIT	\$ 100,000
C	PHYSICAL DAMAGE			S0021PK01-APD-59302-LISI	07/03/22	07/03/23	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

Cargo Deductible - \$ 1,000 on Cargo Policy # S0021PK01-MTC-59302-LISI

Trailer-Interchange Coverage included for \$ 40,000 on Cargo Policy # S0021PK01-MTC-59302-LISI

For more information see attached Acord 101 form

**CERTIFICATE HOLDER****CANCELLATION**

PAULDEEPIKA93@GMAIL.COM

JRG TRANS INC  
4563 EIFFEL DR  
STOCKTON, CA, 95206

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY Links Insurance Services Inc.		NAMED INSURED Mangi FreightLines Inc 2144 RIVER WILLOW AVENUE MANTECA CA 95337
POLICY NUMBER GWP82479 00		
CARRIER UNITED SPECIALTY INS. CO.*	NAIC CODE 12537	
EFFECTIVE DATE:		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

2022 MACK TRACTOR 1M1AN4GY3NM029078 \$ 250000 - (LISTED ON LIAB/CARGO/PD)  
2016 VOLVO TRACTOR 4V4NC9EH7GN940698 \$ 0 - (LISTED ON LIAB/CARGO)