



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).

PRODUCER Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City CA 95993	CONTACT NAME: Parmjit Dhami	
	PHONE (A/C, No, Ext): 530-290-1633	FAX (A/C,No): 530-290-1701
	E-MAIL ADDRESS: certs@aiazone.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED HOPEWELL TRANS INC 7281 E VASSAR AVE FRESNO, CA 93737	INSURER A: Knight Specialty Insurance Comapny	15366
	INSURER B: Summit Specialty Insurance Company	16889
	INSURER C: Summit Specialty Insurance Company	16889
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

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 LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER									EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIREDAUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						KSCA000081-01	10/22/2025	10/22/2026	COMBINED SINGLE LIMIT \$1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$									EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/A N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	Motor Truck Cargo						SEPK012000058701	10/22/2025	10/22/2026	150000	1000
C	Physical Damage						SEPK012000058701	10/22/2025	10/22/2026	Please see rhe signed	Please see rhe signed

Refer Breakdown: 2500

CANCELLATION

Evidence of Insurance	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 <i>PARMJIT DHAMI</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY: Amerigo Insurance Agency		CONTACT NAME: HOPEWELL TRANS INC 7281 E VASSAR AVE FRESNO, CA 93737
POLICY NUMBER:		
CARRIER	NAIC:	EFFECTIVE DATE

ADDITIONAL REMARKS

1 (2022) - Cascadia - Freightliner – VIN: 3AKJHHDR9NSMZ9243 - 3AKJHHDR9NSMZ9243

2 (2022) - Cascadia - Freightliner – VIN: 3AKJHHDR0NSMZ9244 - 3AKJHHDR0NSMZ9244

3 (2022) - Cascadia - Freightliner – VIN: 3AKJHHDR6NSNC9780 - 3AKJHHDR6NSNC9780

4 (2020) - Cascadia - Freightliner – VIN: 3AKJHHDR4LSLP2350 - 3AKJHHDR4LSLP2350

5 (2019) - Cascadia - Freightliner – VIN: 1FUJHHDRXKLKW0114 - 1FUJHHDRXKLKW0114