

SOLUTIONS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2022

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).

| | is certificate does not confer rights to | | | | | | | require an endorsement | . A Si | atement on | |
|---|---|--------------|---------------|--|------------------|--|-------------------|--|----------|------------|--|
| PRODUCER Whiteboard Risk & Insurance Solutions, LLC 9655 Granite Ridge Dr., Suite 200 San Diego, CA 92123 | | | | | | CONTACT NAME: | | | | | |
| | | | | | | PHONE (A/C, No, Ext): (858) 223-1170 FAX (A/C, No): (858) 223-1170 | | | | | |
| | | | | | | E-MAIL ADDRESS: | | | | | |
| | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# | |
| | | | | | | INSURER A: Palomar Specialty Insurance Company | | | | 20338 | |
| INSURED Superior Cartage, Inc. dba Cartage Plus 3700 Redondo Beach Ave. Redondo Beach, CA 90278 | | | | | | INSURER B: | | | | | |
| | | | | | | INSURER C : | | | | | |
| | | | | | | RD: | | | | | |
| | | | | | | INSURER E : | | | | | |
| | | | | | | INSURER F: | | | | | |
| CO | VERAGES CER | TIFIC | ATE | NUMBER: | | | | REVISION NUMBER: | | | |
| IN Cl | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I | EQUII PER | REME TAIN. | ENT, TERM OR CONDITION THE INSURANCE AFFORI | N OF A DED BY | NY CONTRAC | CT OR OTHER | R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO | CT TO | WHICH THIS | |
| INSR | | ADDL INSD | | | DELINI | POLICY EFF | POLICY EXP | LIMITS | | | |
| LTR | COMMERCIAL GENERAL LIABILITY | | WVD | D FOLIOT NUMBER | | (MM/UU/YYYY) | (MM/DD/YYYY) | | | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED | | | |
| | | | | | | | | | \$ \$ | | |
| | | | | | | | | , , , , , | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | \$ | | |
| | POLICY PRO- LOC | | | | | | | | \$ | | |
| | OTHER: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | ANY AUTO | | | | | | | (| \$ | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | | | 1/1/2023 | | | X PER OTH-ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | PSIC08/58-05 | PSIC08758-05 | | 1/1/2023 | 1/1/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| DESC *** P | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ROOF OF INSURANCE *** | LES (A | CORE | 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is requir | red) | | | |
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| CE | PTIEICATE HOLDER | | | | CANC | ELLATION | | | | | |
| Intelligent SCM LLC 12900 Simms Avenue Hawthorne, CA 90250 | | | | | | CANCELLATION | | | | | |
| | | | | | | 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 | | | | | |
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