

CGOURLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/21/2025

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:					
TIA of the West Insurance Agency, 1485 International Parkway, Suite 1	LLC 031	PHONE (A/C, No, Ext): (407) 965-3609 FAX (A/C, No): (407)	322-6749				
Lake Mary, FL 32746		E-MAIL ADDRESS: TIA.COI@AssuredPartners.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Scottsdale Insurance Company	41297				
INSURED		INSURER B: MS Transverse Specialty Insurance Company	41807				
S D Truck World Inc		INSURER C: Nautilus Insurance Company	17370				
2383 S Walton Ave		INSURER D: Mitsui Sumitomo Insurance Company of America					
Yuba City, CA 95993		INSURER E: MSIG Specialy Insurance USA Inc.	34886				
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			(, ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		APP#032925GL	3/29/2025	3/29/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						\$	
В	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		TS TS CA0000081 01	9/1/2024	9/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X	Excluding PPV's						\$	
С		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
	Х	EXCESS LIAB CLAIMS-MADE		AN1323578	9/25/2024	9/25/2025	AGGREGATE	\$	2,000,000
		DED RETENTION \$					Excess GL	\$	
	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
D	_			MTC1000039	3/29/2025	3/29/2026	Ded \$2,500		250,000
Ε	Tra	iler Interchange		APD1000032	3/29/2025	3/29/2026	Ded \$5,000		60,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Refrigeration Breakdown included.

CERTIFICATE HOLDER	CANCELLATION
S D Truck World Inc 2383 S Walton Ave Yuba City, CA 95993	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tuba Oity, OA 33333	AUTHORIZED REPRESENTATIVE
	Score Light