



**Attention Insurance Agent- Your customer seeking your help!**  
**Thank you for your quick response to this time-sensitive request!**

To: Derrick W. Clark Trucking  
Carrier Company Name/Insured Name

Re: **CERTIFICATE OF INSURANCE**

Dear Insurance Agent:

This fax is requesting a signed, certificate of insurance of the above insured. The certification should list the carrier's coverage for auto and cargo with deductibles noted.

If Carrier does not meet the minimum insurance requirements below, please provide a premium quote to increase coverage to these minimum limits.

1. Coverage-Requirements

- Auto Liability and Property Damage - Minimum \$1,000,000.00 Policy \*
- Cargo Liability Minimum
  - \$200,000.00 (Non-Ferrous) \*
  - \$100,000.00 (Ferrous, ED & FB) \*
  - \$50,000 Minimum (RO Only) \*
- Workers Compensation Insurance - Minimum \$1,000,000.00 N/A  
(Not necessary if owner operator or based on state requirements)

SA Recycling will not accept MONTH to MONTH terms.

All insurance is to be written with an admitted insurance company with no less than a Best's rating of AVIII

2. It is required that SA Recycling LLC, be named as additional insured for all policies \*  
~~except workers compensation.~~ N/A
3. Endorsements needed with COI (Certificate of Insurance) \*

Address: SA Recycling LLC,  
2411 North Glassell St.  
Orange, CA92865

Please fax the signed certificate to (714)279-7549  
Email: [opalomo@sarecycling.com](mailto:opalomo@sarecycling.com)  
Direct Line (714)283-6156  
Attention: Olenka Palomo

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/16/2018

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 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	CONTACT NAME	
	PHONE (Area, City, State)	FAX (Area, City, State)
INSURED	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AM Best Company B+ or better	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
Name		
Address		
City, State, Zip		

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.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPOUND AGG \$ 2,000,000
					COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					\$
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
<input checked="" type="checkbox"/> ANY AUTO					
<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				
<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				
WORKERS COMPENSATION AND EMPLOYERS LIABILITY					
ANY PROPERTY OR PERSONAL INJURY OFFENSES EXCLUDED (Statutory in WA)	Y/N				
If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
Motor Truck Cargo					
BOATL COVERAGE NOT ACCEPTABLE					

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

Certificate holder is additional insured as respects operations of the named insured. Insurance is primary and non-contributory.

Waiver of subrogation applies to both General Liability and Workers Compensation. N/A

Provide SA Recycling and its affiliates with thirty (30) days notice in the event of cancellation

Boatall coverage is not acceptable. Must carry full Motor Truck Cargo Coverage.

CERTIFICATE HOLDER	CANCELLATION
SA Recycling and its affiliates 2411 North Glassell Orange, CA 92865	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

ACORD 25 (2014/01)

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