



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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).

PRODUCER RAPID DOCUMENT INS AGENCY, INC. 12900 PARAMOUNT BLVD. STE# A-B DOWNEY, CA 90242 LIC.#0E67749		CONTACT NAME: PHONE (A/C, No. Ext): 562 904 9014 FAX (A/C, No): 562 904 9018 E-MAIL ADDRESS: cert@rapiddocuments.com
		INSURER(S) AFFORDING COVERAGE PLATINUM TRANSPORT INS RRG
		NAIC # 15796
INSURED JS ELITE TRANSPORTATION INC 15707 WASHINGTON ST RIVERSIDE, CA 92504		INSURER A: LLOYD'S OF LONDON INSURER B: UNITED NATIONAL INSURANCE CO 13064 INSURER C: MOUNT VERNON FIRE INSURANCE CO 26522 INSURER D: INSURER E: INSURER F:

COVERS CERTIFICATE NUMBER: 168,346 **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		
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			GL2062609	8/27/2025	8/27/2026	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ INCLUDED	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PTI003218-00	12/19/2024	12/19/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
							\$		
	UMBRELLA LIAB EXCESS LIAB	OCCUR	CLAIMS-MADE				EACH OCCURRENCE	\$	
	DED	RETENTION \$					AGGREGATE	\$	
							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE		OTHE- R
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
B	PHYSICAL DAMAGE / TRK. UNIDENTIFIED TRAILER** C MOTOR TRUCK CARGO			AAPD01146-00 AAPD01146-00 TAR0011223-157420-MTC	12/19/2024 12/19/2024 12/19/2024	12/19/2025 12/19/2025 12/19/2025	\$40,000.00 LIMIT \$2,500.00 DED. \$30,000.00 LIMIT \$2,500.00 DED.** \$100,000.00 LIMIT \$1,000.00 DED.		

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

2020 FREIGHTLINER Veh ID # 3AKJHHDR2LSLP1911

**Any non-owned semi trailer while singularly attached to a covered power unit

CERTIFICATE HOLDER

Registry Monitoring Insurance Services inc
1444 S Entertainment Ave#110
Boise, ID 83709

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

luis gomez

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