



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2024

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 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: Certificate Department PHONE (A/C, No, Ext): 909-941-4700 E-MAIL ADDRESS: rosemary@genesistisi.com	
Genesis Truck Insurance Services, Inc 9817 7th St #703 Rancho Cucamonga		INSURER(S) AFFORDING COVERAGE INSURER A : Wilshire Insurance Company	
		NAIC # 13234	
INSURED		INSURER B :	
ER Transport Xpress Inc. 25450 Sherman Road		INSURER C :	
Sun City		INSURER D :	
CA 91730-7802		INSURER E :	
CA 92585		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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS		BA2605906	5/31/2024	BODILY INJURY (Per accident)	\$
	HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB		OCCUR					\$
	EXCESS LIAB		CLAIMS-MADE				EACH OCCURRENCE	\$
	DED		RETENTION \$				AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	N / A				PER STATUTE	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo			BA2605906	5/31/2024	5/31/2025	Limit: \$100,000, Deductible: \$1,000	
A	Physical Damage			BA2605906	5/31/2024	5/31/2025	Deductibles - Named Peril: \$1,000, Coll: \$1,000	

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

This Policy 'BA2605906' has Reefer Breakdown Liability (Limit: \$100,000). Carrier: 'Wilshire Insurance Company', Effective Date: '05/31/2024', Expiration Date: '05/31/2025'.

Vehicles: [See Attached]:

**CERTIFICATE HOLDER**

**CANCELLATION**

Registry Monitoring Insurance Services, Inc. 5388 Sterling Center Drive  Westlake Village	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>Sabrina Cornejo</i>	
CA 91361		

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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

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AGENCY Genesis Truck Insurance Services, Inc		NAMED INSURED ER Transport Xpress Inc. 25450 Sherman Road	
POLICY NUMBER BA2605906			
CARRIER Wilshire Insurance Company	NAIC CODE 13234	EFFECTIVE DATE: 5/31/2024	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

This Policy 'BA2605906' has Reefer Breakdown Liability (Limit: \$100,000). Carrier: 'Wilshire Insurance Company', Effective Date: '05/31/2024', Expiration Date: '05/31/2025'.



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Genesis Truck Insurance Services, Inc		ER Transport Xpress Inc. 25450 Sherman Road	
POLICY NUMBER			
BA2605906		Sun City, CA, 92585	EFFECTIVE DATE: 5/31/2024
CARRIER	NAIC CODE		
Wilshire Insurance Company	13234		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Vehicles:

2000, WABASH, VIN: 1JJV482W1YL589152, (\$10,000)  
2007, UTILITY, TRAILER, VIN: 1UYVS25357U985723, (\$12,000)  
2016, FREIGHTLINER, VIN: 1FUJGLD59GLGU5483, (\$23,000)  
1998, FREIGHTLINER, VIN: 1FUPCSZB2WP963609, (\$20,000)