



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2025

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 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 CASCADE INSURANCE SERVICES 401 S Glenoaks Blvd, Ste 211		CONTACT NAME: CUSTOMER SERVICE PHONE (A/C, No. Ext): (833) 233 9393 FAX (A/C, No): (833) 636 9486 E-MAIL ADDRESS: certificates@cascadeinss.com
Burbank CA 91502		INSURER(S) AFFORDING COVERAGE NAIC #
INSURED PLUTO TRANSPORT LLC 5228 N VALENTINE AVE APT 101 FRESNO, CA 93711 DOT: 3887002		INSURER A: ASCOT SPECIALTY INSURANCE COMPANY 45055 INSURER B: Fortegra Specialty Insurance Company 16823 INSURER C: Canopius Group Limited 12961 INSURER D: INSURER E: INSURER F:

COVERS

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 CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:						MED EXP (Any one person)	\$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS		ASC-4391688-00	07/25/2025	07/25/2026	PERSONAL & ADV INJURY	\$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE					GENERAL AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				DEDUCTIBLE:	\$
B	CARGO			24FIT10B1-MTC-74405-CASC	07/25/2025	07/25/2026	\$250,000	DED:\$1,000

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

C	PHYSICAL DAMAGE	CUS7300-APD-74405-CASC	07/25/2025-07/25/2026	STATED VALUE	DED:\$1,000
2021 FREIGHTLINER VIN:1FUJHHDR0MLMZ6077		STATED VALUE:\$55,000			
2023 CIMI REEFER VIN:527SR5329PL030348		STATED VALUE:\$60,000			
2023 CIMI REEFER VIN:527SR5324PL030354		STATED VALUE:\$60,000			
2023 CIMI REEFER VIN:527SR5322PL030353		STATED VALUE:\$60,000			
2023 CIMI REEFER VIN:527SR5326PL030355		STATED VALUE:\$60,000			
2023 CIMI REEFER VIN:527SR5322PL030347		STATED VALUE:\$60,000			
NON-OWNED TRAILER		STATED VALUE:\$60,000			

REEFER BREAKDOWN INCLUDED

CERTIFICATE HOLDER

CANCELLATION

insured's copy

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