



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2023

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 Bolanos Commercial Enterprise, LLC 66 Waverley Dr Frederick MD 21702	CONTACT NAME: Sergio Bolanos PHONE (A/C, No, Ext): (301) 591-6550 E-MAIL ADDRESS: operations@bceins.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Everspan Indemnity InsuranceCompany INSURER B: UNDERWRITERS AT LLOYDS, LONDON INSURER C: PALOMAR SPECIALTY INSURANCE COMPANY INSURER D: INSURER E: INSURER F:	NAIC # 16882 32727 20338
INSURED KNJ VENTURES INC 4920 PENNELL RD #307 ASTON PA 19014		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			TPM3693745-00	11/13/2023	11/13/2023	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 \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CW1EII-215804-01	11/13/2023	11/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A					WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	MTC			IMMTCP-23-0000732-00	11/13/2023	11/13/2024	\$100,000 \$2,500 DED

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

CERTIFICATE HOLDER**CANCELLATION**Registry Monitoring Insurance Services, Inc.
1444 S Entertainment Ave, Ste 110
Boise, ID 83709

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

Sergio Bolano



**P.O. Box 94739
Cleveland, OH 44101**

**Telephone: 800-444-4487
progressive.com**

Date: October 16, 2025

State: PA

Policy #: 988740859

Insured: KNJ VENTURES INC

DBA:

Coverage Dates: 11/13/2024 - 10/16/2025

Re: Loss History

 X There have been no losses on the policy term(s)/date(s) listed

 There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at:
1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,
Commercial Lines Customer Care



**P.O. Box 94739
Cleveland, OH 44101**

**Telephone: 800-444-4487
progressive.com**

Date: October 16, 2025

State: PA

Policy #: 953282805

Insured: KNJ VENTURES, INC

DBA:

Coverage Dates: 11/13/2021 - 11/13/2023

Re: Loss History

☐ There have been no losses on the policy term(s)/date(s) listed

☒ There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at:
1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,
Commercial Lines Customer Care

Date of Loss	Claim Number	Claim Status	Coverage	Pay Out	Vehicle Make/Model	Driver	Reserves
2023-04-01	23-9129659	OPEN	BI	\$0.00	02 MITSUBISHI FUSO TRUCK OF	CALDWELL, TERRIS P.	110,000.00
		CWP	PD	\$0.00			-
		CWP	PIP	\$0.00			
		CWP	COLL	\$0.00			