



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) X
 - \$100,000.00 (Ferrous, ED & FB) X
 - \$50,000 Minimum (RO Only) X
- 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 Glasell St.
Orange, CA92865

Please fax the signed certificate to (714)279-7549

Email: opalomo@sarecycling.com

Direct Line (714)283-6156

Attention: Olenka Palomo

4.2.5Fv1.1_S.E. Request for COI_2018_09_18_RIOS 2016

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

2/16/2013

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
AGENT
NAME
MAILING ADDRESS
PHONE
FAX
EMAIL

TAX
REG. No.

INSURED

Name
Address
City, State, Zip

INSURER(S) AFFORDING COVERAGE	INSURER
INSURER A: AM Best Company B+ or better	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERSSES

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.

LINE	TYPE OF INSURANCE	POLICY NUMBER	EXPIRATION DATE	LIMITS
1	X COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR			EACH OCCURRENCE \$ 1,000,000 GENERAL LIABILITY (Per incident) \$ 100,000 MED EXP (Any one person) \$ 5,000
2	GEN. AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPAGNE \$ 2,000,000
3	X AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> UNOWNED AUTOS			COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ OTHER \$
4	X UNIVERSAL/LAB <input checked="" type="checkbox"/> OCCUR EXCESS LAB <input checked="" type="checkbox"/> CLAIM-MADE			EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
5	DIED <input type="checkbox"/> RESTRICTIONS MANUFACTURER'S CORPORATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR WHO IS EXECUTIVE <input type="checkbox"/> T/M OFFICER/EMPLOYEE EXCLUDED NOTIFICATION IS NOT NO. OF EMPLOYEES EXPERIENCE OF OPERATIONS NEW			N/A
6	Motor Truck Cargo BOSTAIL COVERAGE NOT ACCEPTABLE			Each container \$200,000 End dump or flat bed \$100,000 Deductible \$2,500

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

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

YES

NO

YES

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