



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2025

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 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: Oscar Ocampo / ARACELI PRECIADO	
VALLEY BUSINESS INSURANCE SERVICES INC 18932 VALLEY BLVD		PHONE (A/C, No. Ext): 909-875-2556	FAX (A/C, No): 909-877-2962
BLOOMINGTON CA 92316		E-MAIL ADDRESS: OSCAR@VALLEYBUSINESS.US	
INSURED  ONYX LOGISTICS GROUP LLC 24046 Clinton Keith Rd ste 101 - 117		INSURER(S) AFFORDING COVERAGE	
Wildomar CA 92595		INSURER A: MOUNT VERNON FIRE INSURANCE COMP	NAIC # 26522
		INSURER B: HYUNDAI MARINE & FIRE INSURANCE	10048
		INSURER C: GREAT AMERICAN INSURANCE COMPANY	16691
		INSURER D: ADRIATIC INSURANCE COMPANY	39381
		INSURER E:	
		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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GL 2041980	5/17/2024	5/17/2025	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
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			HICA1-24-101373	5/17/2024	5/17/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							UM	\$ 60,000
	<input type="checkbox"/> UMBRELLA LIAB  <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	<input type="checkbox"/> 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 / N	N / A				PER STATUTE	OTHE- R
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Motor Truck Cargo			IMPF19176800	5/17/2024	5/17/2025	Limit: \$100,000, Deductible: \$1,000	
D	Physical Damage			CX176627	5/17/2024	5/17/2025	Deductibles - Comp: \$1,000, Coll: \$1,000	

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

- 2018 FREIGHTLINER TRACTOR VIN# 1FUJGLDR4JLJK3299 VALUED@ \$80,000 \*\*\*\* DAKOTA FINANCIAL, LLC IS LISTED AS A LOSS PAYEE \*\*\*

- ANY NON-OWNED TRAILER VALUED@ \$50,000 -2022 HYUNDAI TRAILER VIN #3H3V532K9NJ134053 VALUED @ \$31,250

\*\*\*BEER 7 WINE ARE INCLUDED COMMODITIES. \*\*\* \*NO REEFER BREAK DOWN

DRIVER: WILLIAM WALKER

## CERTIFICATE HOLDER

## CANCELLATION

\*\*\*\*ADDITIONAL INSURED/LOSS PAYEE\*\*\*

Milestone Equipment Holdings, LLC and its affiliates, ISAOA, ATIMA  
3050 W Clay St  
Saint Charles

MO 63301-1067

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  
*Juan Ocampo*

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