



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/24:07:42:15

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 have ADDITIONAL INSURED provisions or 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 LINKS INSURANCE SERVICES, INC 6200 VILLAGE PARKWAY, SUITE#203 DUBLIN, CA 94568	CONTACT NAME: PHONE (A/C, No, Ext): (925) 361-5185 FAX (A/C, No): (925) 556-1636		
	E-MAIL ADDRESS: CERTIFICATES@LINKSINSURANCE.NET		
INSURED Run Roadlines Inc Run Inc PO BOX 2006 MANTECA CA 95336	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: COVINGTON SPECIALTY INSURANCE		13027
	INSURER B: ACE PROPERTY & CASUALTY INSURA		20699
	INSURER C: LEXINGTON INSURANCE COMPANY		19437
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 0003 / 02/15/2024 **REVISION NUMBER:** 5249

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBA910945 00	03/30/23	03/30/24	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
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			H08883713 002	02/12/24	02/12/25	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$ 0
							BODILY INJURY (Per accident)	\$ 0
							PROPERTY DAMAGE (Per accident)	\$ 0
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$ 0
							AGGREGATE	\$ 0
								\$
	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	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 0
							E.L. DISEASE - EA EMPLOYEE	\$ 0
							E.L. DISEASE - POLICY LIMIT	\$ 0
C	MOTOR TRUCK CARGO			RTLL27896	02/15/24	02/15/25	CARGO LIMIT	\$ 250,000
C	PHYSICAL DAMAGE			RTLL27896	02/15/24	02/15/25	COMP/COLL DED	\$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 VEHICLE SCHEDULE PER SUBMISSION WITH INSURANCE COMPANY
 Reefer- Breakdown Coverage Included with Deductible \$ 5,000 on Cargo Policy # RTLL27896
 Cargo Deductible - \$ 2,500 on Cargo Policy # RTLL27896
 Trailer-Interchange Coverage included for \$ 50,000 on Cargo Policy # RTLL27896
 Non-owned Trailer Coverage included for \$ 80,000 on Physical Damage Policy # RTLL27896
 For more information see attached Acord 101 form

CERTIFICATE HOLDER Run Rail 145 S State College Blvd #170 BREA, CA, 92821	CANCELLATION 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 ERIKA ULINSKAITE