REVISION NUMBER:

## DYESIR

ACORD

COVERAGES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/26/2025

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 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). CONTACT Sean Hill PRODUCER License # 0G98514 Avalon Risk Management Insurance Agency LLC 21250 Hawthorne Blvd. Suite 160-H Torrance, CA 90503 FAX (A/C, No): (310) 337-7149 PHONE (A/C, No, Ext): (310) 258-2423 E-MAIL ADDRESS: ARMwestern-cert@avalonrisk.com NAIC # INSURER(S) AFFORDING COVERAGE 16608 INSURER A: New York Marine & General Insurance Co. INSURER B : Prosight Specialty Insurance (P&C) 16608 INSURED INSURER C: **RE Logistics Corp** 16215 Marquardt Ave. INSURER D : Cerritos, CA 90703 INSURER E : INSURER F :

CERTIFICATE NUMBER:

INSR		ISIONS AND CONDITIONS OF SUCH	ADDL SUBF	not toy turners	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A	х	COMMERCIAL GENERAL LIABILITY	INSU WVD		(Millios), i i i i		EACH OCCURRENCE	s	1,000,000
	^	CLAIMS-MADE X OCCUR		PK202500031695	3/25/2025	3/25/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
	_	CLAIMS-MADE X 55501		1120200001000			MED EXP (Any one person)	s	10,000
	_						PERSONAL & ADV INJURY	s	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	5	2,000,000
	^							s	
A		OTHER:					COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	AUTOMOBILE LIABILITY			PK202500031695	3/25/2025	3/25/2026	BODILY INJURY (Per person)	S	
		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			BODILY INJURY (Per accident	) \$	
	Х	AUTOCOILE)					PROPERTY DAMAGE (Per accident)	S	
	^	AUTOS ONLY X NON-OWNED AUTOS ONLY						s	
_	_	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	S	
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
		DED RETENTION\$						\$	
	wo						PER OTH- STATUTE ER		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N					E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5	
В		ntingent Auto		AR2025FFP02294	3/25/2025	3/25/2026	DED \$5,000		1,000,000
В	Contingent Cargo			AR2025FFP02294	3/25/2025	3/25/2026	DED \$5,000		100,000

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE	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
	Dielona Yach