



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2025

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 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).

| <b>PRODUCER</b><br>Triumph Insurance Group, Inc. db in CA as Triumph<br>Risk and Insurance Solutions<br>12700 Park Central Dr, ste1700<br>Dallas TX 75251 | <b>CONTACT NAME:</b> TRIUMPH<br><b>PHONE (A/C, No, Ext):</b> (800)411-7542<br><b>E-MAIL ADDRESS:</b> certs@triumphinsurance.com<br><b>FAX (A/C, No):</b> (214)217-4541   |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
|---|--|-------------------------------|--------|--|-------|--|-------|---|--|---|-------|------------|--|------------|--|
| <b>INSURED</b><br>Auto Line Express Inc<br>15915 S San Pedro St<br>Gardena CA 90248   | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Bricktown Specialty Insurance Company</td><td>17166</td></tr><tr><td>INSURER B: Lexington Insurance Company</td><td>19437</td></tr><tr><td>INSURER C: Upland Specialty Insurance Company</td><td></td></tr><tr><td>INSURER D: Crum &amp; Forster Specialty Insurance Co.</td><td>44520</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Bricktown Specialty Insurance Company | 17166 | INSURER B: Lexington Insurance Company | 19437 | INSURER C: Upland Specialty Insurance Company |  | INSURER D: Crum & Forster Specialty Insurance Co. | 44520 | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
| INSURER A: Bricktown Specialty Insurance Company  | 17166  |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
| INSURER B: Lexington Insurance Company  | 19437  |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
| INSURER C: Upland Specialty Insurance Company   |  |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
| INSURER D: Crum & Forster Specialty Insurance Co.   | 44520  |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
| INSURER E:  |  |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |
| INSURER F:  |  |                               |        |  |       |  |       |   |  |   |       |            |  |            |  |

**COVERAGES****CERTIFICATE NUMBER:** 2025 / 2026**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |   |          | BRK07012025 TBD               | 7/1/2025                | 7/1/2026                | <table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr></table> | 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 | \$ |
| 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                    | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| A   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> MRF |   |          | BRK07012025 TBD               | 7/1/2025                | 5/1/2026                | <table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Hired/borrowed</td><td>\$</td></tr></table>   | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person)                | \$           | BODILY INJURY (Per accident) | \$           | PROPERTY DAMAGE (Per accident) | \$           | Hired/borrowed    | \$           |                        |    |
| COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| BODILY INJURY (Per person)                | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| BODILY INJURY (Per accident)              | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| PROPERTY DAMAGE (Per accident)            | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| Hired/borrowed                            | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| C   | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input checked="" type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$  | <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |          | USXTL0463123<br>SEO131246 C&F | 7/1/2025                | 7/1/2026                | <table><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td></td><td>\$ 2,000,000</td></tr></table>  | EACH OCCURRENCE                     | \$ 2,000,000 | AGGREGATE                                 | \$ 4,000,000 |                              | \$ 2,000,000 |                                |              |                   |              |                        |    |
| EACH OCCURRENCE                           | \$ 2,000,000   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| AGGREGATE                                 | \$ 4,000,000   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
|   | \$ 2,000,000   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A   |          |                               |                         |                         | <table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>   | PER STATUTE                         | OTH-ER       | E.L. EACH ACCIDENT                        | \$           | E.L. DISEASE - EA EMPLOYEE   | \$           | E.L. DISEASE - POLICY LIMIT    | \$           |                   |              |                        |    |
| PER STATUTE                               | OTH-ER   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| E.L. EACH ACCIDENT                        | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| E.L. DISEASE - EA EMPLOYEE                | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| E.L. DISEASE - POLICY LIMIT               | \$   |   |          |                               |                         |                         |   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| B   | <b>Motor Truck Cargo</b>   |   |          | 51567201                      | 7/1/2025                | 7/1/2026                | Single Conveyance/\$1,000,000<br>Deduct/5,000   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |
| B   | <b>Physical Damage</b>   |   |          | 51567201                      | 7/1/2025                | 7/1/2026                | COMP / COLL<br>Deduct/2,500   |                                     |              |   |              |                              |              |                                |              |                   |              |                        |    |

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

Trucking for Hire

Cargo policy includes coverage for Constructive Total Loss (CTL / "Diminished Value")

**CERTIFICATE HOLDER****CANCELLATION**Master Insured's Copy  
For Informational Purposes

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

Steve Trent/dgarz

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ACORD 25 (2014/01)

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INS025 (201401)