



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2023

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).

|                                                                                                 |                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Bermudez Insurance Agency<br>5328 MONTEREY RD # E, SAN JOSE, CA 95111        | <b>CONTACT</b><br>NAME: Progressive Commercial Lines Customer and Agent Servicing<br>PHONE (A/C, No, Ext): 1-800-444-4487<br>FAX (A/C, No):<br>E-MAIL ADDRESS: progressivecommercial@email.progressive.com |
|                                                                                                 | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : United Financial Casualty Company<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F :                                           |
| <b>INSURED</b><br>KAMAAL Q DAVIS DBA: LCD TRANSPORTATION<br>PO BOX 362262<br>MILPITAS, CA 95035 | <b>NAIC #</b><br>11770                                                                                                                                                                                     |

**COVERAGES****CERTIFICATE NUMBER:** 889450708769948804D102323T225655**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                                                                                                                                                                                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY     | N         | N        | 01096921      | 10/24/2023              | 10/24/2024              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                      |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                    | N / A     |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A        | See ACORD 101 for additional coverage details.                                                                                                                                                                                                                   | N         | N        | 01096921      | 10/24/2023              | 10/24/2024              | \$                                                                                                                                                                                       |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                                                       |                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KAMAAL Q DAVIS<br>PO BOX 362262<br>MILPITAS, CA 95035 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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|                                                     |                           |                                                                                                       |
|-----------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------|
| <b>AGENCY</b><br>Bermudez Insurance Agency          |                           | <b>NAMED INSURED</b><br>KAMAAL Q DAVIS DBA: LCD TRANSPORTATION<br>PO BOX 362262<br>MILPITAS, CA 95035 |
| <b>POLICY NUMBER</b><br>01096921                    |                           |                                                                                                       |
| <b>CARRIER</b><br>United Financial Casualty Company | <b>NAIC CODE</b><br>11770 | <b>EFFECTIVE DATE:</b> 10/24/2023                                                                     |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

### Additional Coverages

| Insurance coverage(s) | Limits                  |
|-----------------------|-------------------------|
| Motor Truck Cargo     | \$250,000 w/\$2,500 Ded |

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

|                                             |             |
|---------------------------------------------|-------------|
| 2017 Dodge RAM 3C7WRMFL7HG610738            |             |
| Collision                                   | \$3,500 Ded |
| Comprehensive                               | \$3,500 Ded |
| 2018 KAUFMAN Trailer 5SHFE4430JB000193      |             |
| Collision                                   | \$3,500 Ded |
| Comprehensive                               | \$3,500 Ded |
| 2019 Freightliner CASCADE 3AKJHHDR8KSKK8217 |             |
| Collision                                   | \$1,000 Ded |
| Comprehensive                               | \$1,000 Ded |
| 2017 COTTRELL Trailer 5E0AU1748HG965201     |             |
| Collision                                   | \$1,000 Ded |
| Comprehensive                               | \$1,000 Ded |

Liability coverage may not apply to all scheduled vehicles.