



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2025

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).

PRODUCER Ballard & Co Inc Insurance 851 E. Fairview Ave. Meridian ID 83642	CONTACT NAME: PHONE (A/C, No, Ext): 208-323-8214 E-MAIL: ADDRESS: certificate@ballardandco.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Co INSURER B: UNITED STATES FIRE INS CO INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Golden Lion LLC 884 Cirrus Cloud Ave Las Vegas NV 89138	GOLDLIO-01 NAIC #	
	16691 21113	

## COVERAGES

CERTIFICATE NUMBER: 1736878644

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:					MED EXP (Any one person)	\$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		133-7695002	10/3/2025	10/3/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person)	\$
	DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident)	\$
	PROPERTY DAMAGE (Per accident)					PROPERTY DAMAGE (Per accident)	\$
							\$
	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					E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo		IMP F411946 00	10/3/2025	10/3/2026	Limit Deductible	\$250,000 \$1,000

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

Scheduled autos as of 10/2/2025:  
2016 Peterbilt #1NPXLP9XXGD345269  
2018 Freightliner #3AKJHHDR5JSJW9125  
2026 Volvo #4V5RC9EH6TN697120  
2020 Peterbilt #1NPXLP9X5LD718308  
2017 Volvo #4V5RC9EJ0HN985211

## CERTIFICATE HOLDER

## CANCELLATION

Descartes MyCarrierPortal 543 Country Club Dr., Unit B338 Simi Valley CA 93065	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 

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