

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/25/2025

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)

certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT NAME: LUIZA TER-ABRAMYAN						
SAFELINE INSURANCE AGENCY, INC						PHONE (A/C, No, Ext): 818-452-8888 FAX (A/C, No): 818-514-2332						
190	5 W BURBANK BLVD	E-MAIL ADDRESS: LUIZA@SAFELINEINSURANCE.COM										
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#	
BURBANK CA 91506						INSURER A: THE TRAILBLAZZER INSURANCE COMPANY RRG						
INSURED						INSURER B: LLOYD'S OF LONDON					15792	
ABCD TRUCKING LLC						INSURER C: TRISURA SPECIALTY INSURANCE COMPANY					16188	
10221 DE SOTO AVE UNIT 105					INSURER D:							
					INSURER E:							
CHATSWORTH			CA 91311			INSURER F:						
COVERAGES CERT			TIFICATE NUMBER:			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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	) LIMITS		s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$		
								MED EXP (Any one p	person)	\$		
								PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							(Ea accident)	LIMIT	.,	0,000	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
Α	ALL OWNED AUTOS SCHEDULED AUTOS			STB03636		7/25/2025	7/25/2026	BODILY INJURY (Pe		\$		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)	'E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							I PER I	ОТН-	\$		
	AND EMPLOYERS' LIABILITY							PER STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDEN		\$		
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$					
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
В	Motor Truck Cargo			TAAPMTC24114		7/25/2025	7/25/2026	Limit: \$100,000, Deductible: \$2,500		2,500		
С	Physical Damage			CW5902987-00		7/25/2025	7/25/2026	Deductibles - Com	p: \$1,000, 0	Coll: \$1,0	00	
202 201 Driv	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC IXMT24085 Excess Cargo Limit \$100,000 Carri IS RAM 4500 VIN# 3C7WRKFL9PG520428 VALUE IS KAUFMAN VIN# 5SHFE4430JB000078 VALUE \$ ers: ne: VARUZHAN BERBERYAN	er: LLO \$50,00	YD'S O 0				e space is requii	red)				
CERTIFICATE HOLDER						CANCELLATION						
INSURED'S COPY						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  Luiga Ter Abramyan						