

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/24/2023

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).

th	is c	ertificate does r	not	confer rights to	the c	ertifi	cate holder in lieu of such		. ,						
PRODUCER								CONTACT John Medina							
USA Specialty Insurance								PHONE (A/C, No, Ext): (305) 443-0508 1 FAX (A/C, No): (305) 558-4332							
750	7500 NW 25TH ST								E-MAIL coi@preventty.com						
108								ADDRESS.					NAIC#		
Dor	al						FL 33122	INSURER A: Knight Specialty Ins Co				15366			
INSU	RED							INSURE	Fautanua	Specialty Insu	rance Company			16823	
		Tapias Tra	nsp	ort Llc				INSURE	.K.D	. ,	. ,				
1548 N Edison St Apt D105															
1040 IV Ediboli Othipt D 100									INSURER D :						
		Kennewick	l-				WA 99336	INSURER E :							
				050	TIFIO	ATE		INSURER F:							
COVERAGES CERTIFICATE NUMBER: 20230213 - C								NETICION NOMBER							
	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														
С	ERTI	FICATE MAY BE IS	SSUE	ED OR MAY PERTA	AIN, TH	HE INS	SURANCE AFFORDED BY THE	POLIC	IES DESCRIBEI	D HEREIN IS S					
INSR	CLL	JSIONS AND CON	DITI	ONS OF SUCH PO			IITS SHOWN MAY HAVE BEEN	REDUC	CED BY PAID CL	_AIMS.	1				
LTR		TYPE OF INSURANCE		ANCE	INSD	SUBR WVD POLICY NUMBER			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		s	<u>; </u>	
		COMMERCIAL GEN	NERA	L LIABILITY							EACH OCCURRENCE		\$		
		CLAIMS-MADE	e L	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
											MED EXP (Any one person)		\$		
											PERSONAL & ADV INJURY \$		\$		
	GE	N'L AGGREGATE LIMI	IT AP	PLIES PER:							GENERAL AGGREGATE \$		\$	\$	
		POLICY PROJECT	O- CT	LOC							PRODUCTS - COMP/OF		\$		
		OTHER:									\$				
AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident) \$		\$ 1,00	\$ 1,000,000		
	ANY AUTO										BODILY INJURY (Pe				
Α	OWNED SCHEDULED				KSC001106-00			02/20/2023	02/20/2024	BODILY INJURY (Per accident) \$					
		AUTOS ONLY HIRED	NON-OWNED								PROPERTY DAMAGE (Per accident) \$				
	AUTOS ONLY AUTOS ONLY								(Fer accident)						
	UMBRELLA LIAB OCCUP								EACH OCCUPPENC	\r					
	EXCECCION OCCOR									EACH OCCURRENCE \$ AGGREGATE \$					
	CLAIMS-IMADE									AGGREGATE					
DED RETENTION \$ WORKERS COMPENSATION										PER STATUTE	OTH- ER	\$			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under										•					
			N/A						E.L. EACH ACCIDEN		\$				
									E.L. DISEASE - EA E		\$				
<u> </u>	DES	DÉSCRIPTION OF OPERATIONS below									E.L. DISEASE - POL MTC Limit:	ICY LIMIT	\$ 0.10	0,000	
В	Motor Truck Cargo						22 EIT 10P00001 00 1001	D	02/20/2023	02/20/2024	MTC Limit:		\$ 1.0	,	
l°	B 22-FIT-10B00001-00-100K-I					U	02/20/2023	02/20/2024			' '				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule											TI Limit:		\$ 20),000	
l					-			may be a	ttached if more sp	pace is required)					
		or Truck Cargo pol sical Damage Poli					21000-119970 -S-119970 / Effective from 02/	/20/2023	3 to 02/20/2024	/ Combined S	Single limit: \$85.00	0 /			
		ole: 1,000	oy	22 111 10200001	00 5	1000	O TTOOTO / Emodive from 62	20/2020	3 to 02/20/202 t	, combined c	migio imini. 400,00	0 /			
	Calcadulad Audas														
	Scheduled Auto: 1XPBD49X3KD604155 - 2019 - TRACTOR TRUCK - PETERBILT - GVW 80,000 - VALUE \$ 85,000														
CEI	RTIF	ICATE HOLDER	₹					CANC	ELLATION						
											SCRIBED POLICIE F, NOTICE WILL BI			D BEFORE	
											. ,	'			

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Washington Utilities and Transportation Commission

621 Woodland Square Loop SE

Lacey, WA 98503

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

ACORD	ADDITIONAL	RKS SCHEDULE	Page	of		
AGENCY			NAMED INSURED			
USA Specialty Insurance			Tapias Transport Llc			
POLICY NUMBER						
CARRIER NA						
			EFFECTIVE DATE:			

POLICY NUMBER								
CARRIER				NAIC CODE				
					EFFECTIVE DATE:			
ADDITIONAL REM								
	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Remarks							
FORM NUMBER:	<u>25</u>	FORM TITLE:	Certificate of Liabilit	ty Insurance: Re	emarks ————————————————————————————————————			
Scheduled Driver: WDL3R8ZFF2SB - L	_UBIN TAPIAS							

ACORD 101 (2008/01)