

CERTIFICATE OF LIABILITY INSURANCE

JMONTEAGUDO

PROGIST-01

DATE (MM/DD/YYYY) 08/07/2018

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	nis certificate does not confer rights to							require an endorsemen	L. A 3	tatement on	
PRO	DUCER				CONTA NAME:	ст Janeth N	/lonteagudo)			
Roanoke Insurance Group SF 533 Airport Boulevard, Suite 434 Burlingame, CA 94010						PHONE (A/C, No, Ext): (562) 628-9325 FAX (A/C, No):					
						ADDRESS: janeth.monteagudo@roanokegroup.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURF			INSURANCE LTD		11241	
Progistics Distribution, Inc. 480 Roland Way Oakland, CA 94621						INSURER B:					
						INSURER C:					
						RD:					
						INSURER E :					
						INSURER F:					
co	VERAGES CER	TIFIC	CATE	E NUMBER:	,			REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED	TO THE INSU		HE PO	LICY PERIOD	
١N	IDICATED. NOTWITHSTANDING ANY R	EQUI	REMI	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT T	O ALL	THE TERMS,	
INSR AD			SUBR		DELITI	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/UU/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
	UMPREU A LIAR COCUR								\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER	_		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE			
Α	DÉSCRIPTION OF OPERATIONS below MTC Legal Liab			811972018001		07/31/2018	07/31/2019	E.L. DISEASE - POLICY LIMIT	\$	250,000	
	Cont. Cargo Legal Li			811972018001			07/31/2019			100,000	
^	Cont. Juigo Legai Li			011372010001		0775172010	07/31/2013	See Delow		100,000	
Mote Con	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Or Truck Cargo Legal Liability Limit: \$25 tingent Cargo Legal Liability Limit: \$100 ed as evidence of insurance coverage o	50,000 0,000	Eac Eac	ch Accident- ch Accident-	ıle, may b	e attached if moi	re space is requi	red)			
OFFICIATE HOLDER						CANOFILIATION					
Proof of Insurance						CANCELLATION					
						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					