



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2019

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 Southern California Insurance Brokerage 3270 Inland Empire Blvd Suite 300, License #0K07568 Ontario CA 91764	CONTACT NAME: Lisa Burrill PHONE (A/C, No, Ext): (909) 592-2215 E-MAIL ADDRESS: certificates@socalinsurance.com FAX (A/C, No): (909) 305-0391												
INSURED Cid's Enterprises, Inc., DBA: Cid's Trucking 17920 Taylor Ave Bloomington CA 92316	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Associated Industries Insurance Company</td><td>NAIC #</td></tr><tr><td>INSURER B: Hudson Insurance Company</td><td>25054</td></tr><tr><td>INSURER C: National Union Fire Ins Co of Pitts, PA</td><td>19445</td></tr><tr><td>INSURER D: Loyds of London</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Associated Industries Insurance Company	NAIC #	INSURER B: Hudson Insurance Company	25054	INSURER C: National Union Fire Ins Co of Pitts, PA	19445	INSURER D: Loyds of London		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 18/19 GL, XS, & AUTO**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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		AES1085664-00	12/10/2018	12/10/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BUI-007607-01	12/10/2018	12/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EBU 022715762	12/10/2018	12/10/2019	EACH OCCURRENCE \$ 1,000,000
	AGGREGATE \$ 1,000,000						
	\$						
	\$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		18-0026-18-005	09/10/2018	09/10/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
D	Motor Truck Cargo			18-0026-18-005	09/10/2018	09/10/2019	Per Conveyanc/\$60,000

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

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED.
-A/I AND AUTO A/I ATTACHED.
REV: 1/3/19

CERTIFICATE HOLDER**CANCELLATION**

COUNTY OF VENTURA
800 S. VICTORIA AVE.

VENTURA

CA 93009-1620

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
ALL PERSONS OR ORGANIZATIONS WHERE REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED.	REFER TO POLICY
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED – COMBINED FORM -
AUTOMOBILE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Named Insured: **Cid's Enterprises, Inc.**

Endorsement Effective Date: **12/10/2018**

"WHO IS AN INSURED" (Section II. A. 1) is amended to include only those categories of person(s) or organization(s) described below with whom you are obligated by a written contract or written agreement to provide insurance such as is afforded by this policy, subject to the following:

- A. If the Additional Insured is a lessor of leased autos this insurance does not apply to any "occurrence" which takes place after the equipment lease expires, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.
- B. If the Additional Insured is engaged in operations as a "Shipper" or "Motor Carrier", coverage afforded by this policy shall only apply as respects to liability arising out of hauling done by the Insured for the Additional Insured.
- C. If the Additional Insured owns or controls property on which you travel or perform operations related to your business, coverage afforded by this policy shall only apply to liability which arises from use of a covered auto on property owned or controlled by the Additional Insured.

- D. If the Additional Insured is a state or other political subdivision This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, work order or authorization.

- E. If the Additional Insured is an Owner, Lessee or Contractor, this coverage applies only with respect to liability caused by operations performed directly by you and/or your employees, for the Additional Insured at a location designated in a written contract or agreement.

The insurance afforded to the Additional Insured is only with respect to the Additional Insured's vicarious liability for your negligent acts or omissions. No coverage is afforded or extended by this endorsement for any claims arising out of the negligence or willful misconduct of the Additional Insured.

It is further agreed that we will not be responsible for the payment of attorney's fees and costs in the defense of the Additional Insured that are attributable to claims that do not fall within the coverage of this Endorsement, and we have the right to allocate the payment of attorney's fees and costs between covered and uncovered claims at any time, including upon accepting the Additional Insured's tender of defense.

As used in this endorsement:

"Motor Carrier" means a person or organization providing transportation by "auto" in the furtherance of a commercial enterprise.

"Shipper" means any person or organization who hires, contracts or directs a "Motor Carrier" to transport property for or on their behalf.