



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/20:18:12:30

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 LINKS INSURANCE SERVICES, INC 6200 VILLAGE PARKWAY, SUITE#203 DUBLIN, CA 94568	CONTACT NAME: PHONE (A/C, No, Ext): (925) 361-5185 FAX (A/C, No): (925) 556-1636		
	E-MAIL ADDRESS: CERTIFICATES@LINKSINSURANCE.NET		
INSURED Umar Farooq G Desai America's Best Trucking 3455 S GOLDEN STATE BLVD 9372 FRESNO CA 93725	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NORTHLAND INSURANCE CO.		24015
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 0001 / 06/04/2020

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RTLL8600	06/17/20	06/17/21	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
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			RTLL8600	06/17/20	06/17/21	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$ 0
							BODILY INJURY (Per accident)	\$ 0
							PROPERTY DAMAGE (Per accident)	\$ 0
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$ 0
							AGGREGATE	\$ 0
								\$
	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			PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 0
							E.L. DISEASE - EA EMPLOYEE	\$ 0
							E.L. DISEASE - POLICY LIMIT	\$ 0
A	MOTOR TRUCK CARGO			RTLL8600	06/17/20	06/17/21	CARGO LIMIT	\$ 100,000
A	PHYSICAL DAMAGE			RTLL8600	06/17/20	06/17/21	COMP/COLL DED	\$ 1,000

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

REEFER BREAKDOWN DED \$1,000

VEHICLE SCHEDULE PER SUBMISSION WITH INSURANCE CARRIER

CARGO DED \$1,000

For more information see attached Acord 101 form

CERTIFICATE HOLDER**CANCELLATION**

AbTrks@gmail.com FOR INSURED PURPOSE ONLY	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 ERIKA ULINSKAITE



ADDITIONAL REMARKS SCHEDULE

AGENCY LINKS INSURANCE SERVICES, INC		NAMED INSURED Umar Faroog G Desai America's Best Trucking 3455 S GOLDEN STATE BLVD 9372 FRESNO CA 93725	
POLICY NUMBER RTLL8600		EFFECTIVE DATE:	
CARRIER NORTHLAND INSURANCE CO.	NAIC CODE 24015		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

- 2020 WESTERN STAR TRACTOR 5KJJBHDR3LLLF9088 \$ 140000 - (LISTED ON LIAB/CARGO/PD)
- 2019 FRGHT TRACTOR 1FUJHHDR2KLKD3341 \$ 135000 - (LISTED ON LIAB/CARGO/PD)
- 2017 FRGHT TRACTOR 3AKJGLDR7HSHL2453 \$ 90000 - (LISTED ON LIAB/CARGO/PD)
- 2017 FRGHT TRACTOR 3AKJGLDR8HSGX2814 \$ 80000 - (LISTED ON LIAB/CARGO/PD)
- 2017 FRGHT TRACTOR 3AKJGLDRSHSH3806 \$ 85000 - (LISTED ON LIAB/CARGO/PD)
- 2017 FRGHT TRACTOR 3AKJGLDR7SHH3810 \$ 90000 - (LISTED ON LIAB/CARGO/PD)
- 2017 FRGHT TRACTOR 3AKJGLDR3SHH3805 \$ 90000 - (LISTED ON LIAB/CARGO/PD)
- 2016 FRGHT TRACTOR 3AKJGLD54GSGX9433 \$ 90000 - (LISTED ON LIAB/CARGO/PD)
- 2016 FRGHT TRACTOR 3AKJGLD55GSGS5980 \$ 90000 - (LISTED ON LIAB/CARGO/PD)
- 2020 UTILITY TRAILER 1UYVS2534L2812409 \$ 44000 - (LISTED ON LIAB/CARGO/PD)
- 2016 UTILITY TRAILER 1UYVS2533GU671911 \$ 35000 - (LISTED ON LIAB/CARGO/PD)
- 2016 UTILITY TRAILER 1UYVS2530GU506902 \$ 40000 - (LISTED ON LIAB/CARGO/PD)
- 2014 UTILITY TRAILER 1UYVS2531EU891805 \$ 20000 - (LISTED ON LIAB/CARGO/PD)
- 2014 UTILITY TRAILER 1UYVS2533EU914209 \$ 20000 - (LISTED ON LIAB/CARGO/PD)
- 2013 UTILITY TRAILER 1UYVS2533DU596431 \$ 15000 - (LISTED ON LIAB/CARGO/PD)
- 2009 UTILITY TRAILER 1UYVS2535AU867226 \$ 10000 - (LISTED ON LIAB/CARGO/PD)
- 2005 UTILITY TRAILER 1UYVS25395U670713 \$ 10000 - (LISTED ON LIAB/CARGO/PD)
- 2005 UTILITY TRAILER 1UYVS25355U393753 \$ 10000 - (LISTED ON LIAB/CARGO/PD)