

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID J9
STATE-1

DATE (MM/DD/YYYY)
08/20/09

PRODUCER
United Agencies, Inc.
CA License #0252636
245 Fischer Ave., A-2
Costa Mesa CA 92626
Phone: 714-634-7600 Fax: 714-634-7601

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

States Logistics Srvs, Inc.
5650 Dolly Avenue
Buena Park CA 90621

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Zurich-American Insurance Cos.	16535
INSURER B:	Colony National Insurance Co.	
INSURER C:	Fireman's Fund Ins. Companies	21873
INSURER D:	Lloyds	
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	RDD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	GLO3888652-01	09/01/09	09/01/10	EACH OCCURRENCE \$ 2,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		BLANKET AI ENDT				PERSONAL & ADV INJURY \$ 2,000,000
		10 DAY NOTICE OF CANCEL FOR NONPAYMENT OF PREMIUM				GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EMP BEN 1,000,000
A		AUTOMOBILE LIABILITY	TRK3888653-01	09/01/09	09/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
D		<input checked="" type="checkbox"/> PHY DAMAGE	CLB100007	04/01/09	04/01/10	
D		<input checked="" type="checkbox"/> SCHEDULE ONLY	DED \$2,500			
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC \$
						AGG \$
B		EXCESS/UMBRELLA LIABILITY	AR6460480	04/01/09	04/01/10	EACH OCCURRENCE \$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
						\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC3888651-01	09/01/09	09/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C		MOTOR TRUCK CARGO	MZI93005877	04/01/09	04/01/10	LIMIT \$250,000 DED \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is additional insured as their interest may appear regarding general & auto liability but only as required by written contract prior to an occurrence and subject to all policy terms & conditions. Physical Damage coverage for scheduled equipment only.

CERTIFICATE HOLDER

CANCELLATION

PROOF-1

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Robert V. Andino