

LPEREZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/21/2018

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.

tŀ	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				ich end	lorsement(s)		require an end	orsemen	t. A	statement on
	DUCER License # 0G98514	CONTACT Robin Reynolds									
Ava	llon Risk Management Insurance Ager Hinckley Road	PHONE (A/C, No, Ext): (650) 652-4116 FAX (A/C, No): (650) 898-1503									
Suit	te 100				E-MAIL ADDRE	_{ss:} rreynold	s@avalonr	isk.com			
Bur	lingame, CA 94010				INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A: New York Marine & General Insurance Co.						16608
INSU	JRED Apex Global Logistics, Inc.				INSURER B:						
	dba-MYLogisticsDept.com			INSURE	RC:						
	2975 Oates Street			INSURER D:							
	Ste 20 West Sacramento, CA 95691				INSURER E:						
	West Sacramento, CA 95691			INSURER F:							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
IN C E INSR	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER POLI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY POLICY EFF	CT OR OTHER IES DESCRIB PAID CLAIMS. POLICY EXP	R DOCUMENT WI ED HEREIN IS S	TH RESPE	CT T	O WHICH THIS
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
•	CLAIMS-MADE X OCCUR			BP201700000286		09/16/2017	09/16/2018	DAMAGE TO RENT PREMISES (Ea occ		\$	300,000
	SEAINIO-MADE X SCOOK			BF201700000200		09/10/2017	09/10/2010			\$	10,000
								MED EXP (Any one	•	\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGRE		\$	2,000,000
								PRODUCTS - COM	P/OP AGG	\$	_,,,,,,,,
Α	AUTOMOBILE LIABILITY					09/16/2017	09/16/2018	COMBINED SINGLI (Ea accident)	E LIMIT	\$	1,000,000
	X ANY AUTO			AU201700005429				BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)		\$	
	ACTOC CINET									\$	
Α	X UMBRELLA LIAB X OCCUR			UM201700002257		09/16/2017	09/16/2018	EACH OCCURREN	CE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	1,000,000
	DED X RETENTION \$ 10,000									\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	v					X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC201700007100		09/16/2017	09/16/2018	E.L. EACH ACCIDE		\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000
			L								
DES Evid	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL dence of Coverage	.ES (<i>f</i>	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
Insured Copy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE				

ACORD 25 (2016/03)

LOC #: 1

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # 0G98514				
Avalon Risk Management Insurance Agency LLC		Apex Global Logistics, Inc. dba-MYLogisticsDept.com			
POLICY NUMBER		2975 Oates Street Ste 20			
SEE PAGE 1		West Sacramento, CA 95691			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	

A - Cargo Legal Liability & Contingent Auto: AR2018FFP00549 - 4/16/18-9/16/18

Cargo Legal Liability for Bill of Lading: Limit \$250,000 per occurrence, Deductible \$5,000

Cargo Legal Liability for Declared Value: Limit \$250,000 per occurrence and aggregate per policy period, Deductible \$2,500

Contingent Auto: Limit \$1,000,000 per occurrence and aggregate per policy period, Deductible \$5,000