

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

12/01/2021

PRODUCER EPIC Insurance Brokers & Consultants 311 S Wacker Drive, Suite 3280 Chicago, IL 60606	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 Brock LLC dba Brock Transportation LLC 3025 Independence Dr., Ste. C Livermore CA 94551	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">COMPANIES AFFORDING COVERAGE</th> </tr> <tr> <td style="width: 20%;">COMPANY A</td> <td>Seneca Insurance Company, Inc.</td> </tr> <tr> <td>COMPANY B</td> <td>Beazley Marine – Syndicate 2623/623</td> </tr> <tr> <td>COMPANY C</td> <td></td> </tr> <tr> <td>COMPANY D</td> <td></td> </tr> </table>	COMPANIES AFFORDING COVERAGE		COMPANY A	Seneca Insurance Company, Inc.	COMPANY B	Beazley Marine – Syndicate 2623/623	COMPANY C		COMPANY D	
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COVERAGES
 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.

CO LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT _____			CMP4700591	07/09/2021	07/09/2022	GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG. \$ 1,000,000
							PERSONAL & ADV. INJURY \$ 1,000,000
							EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES \$ 100,000
							MED. EXPENSE (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> CONTINGENT AUTO _____			CMP4700591	07/09/2021	07/09/2022	COMBINED SINGLE LIMIT \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____						AUTO ONLY – EA ACCIDENT \$
							OTHER THAN AUTO ONLY: \$
							EACH ACCIDENT \$
							AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			CUP4700763	07/09/2021	07/09/2022	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	N/A					WC STATUTORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/>
							EACH ACCIDENT \$
							DISEASE-POLICY LIMIT \$
							DISEASE-EACH EMPLOYEE \$
B	OTHER CONTINGENT CARGO			W0049921PNVE	12/08/2021	12/08/2022	Limit: \$250,000 Occurrence

DESCRIPTORS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER Assured's Copy	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 