

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2023

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

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement	on	
PRODUCER						CONTACT Amy Bombini, CISR					
James G. Parker Insurance						PHONE (550) 222 7722 FAX (550) 222 1724					
License #0554959					(A/C, No, Ext): (339) 222-1722 (A/C, No): (339) 222-1724 E-MAIL abombini@jgparker.com						
P O Box 3947					ADDILL		SURER(S) AFFOR	DING COVERAGE		NAIC#	
Fres	sno			CA 93650	INSURE	A:	n Summit Ins C			19623	
INSU	RED				INSURE	RB:					
	Seaview Pathway Inc				INSURE	RC:					
	11656 Niagra Drive				INSURE	RD:					
					INSURER E :						
	Mira Loma			CA 91752	INSURE						
COVERAGES CERTIFICATE NUMBER: 23-24 BA 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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					(, = = , ,	(·····, = = , · · · · ·)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO						BODILY INJURY (Per person)	\$			
Α	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED	Y	ASCA001000236400	ASCA001000236400		08/04/2023	08/04/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							· · · ·	\$		
	OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
	PECONI HONOL OF ENVIROND BRION							E.E. BIOLAGE TOLIGITEINIT	Ψ		
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CERTIFICATE HOLDER						CANCELLATION					
Seaview Pathway Inc 11656 Niagra Drive					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	5				AUTHORIZED REPRESENTATIVE						
	Mira Loma			CA 91752	Janes & Porher to						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2022

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PROD	UCER				CONTACT Amy Bombini, CISR					
James G. Parker Insurance						PHONE (559) 222-7722 FAX (A/C, No, Ext): (559) 222-1724				
Lice	nse #0554959				E-MAIL abombini@jgparker.com					
РΟ	Box 3947				INSURER(S) AFFORDING COVERAGE					NAIC #
Fres	no			CA 93650	INSURE	Trovolore		ualty Co of America		25674
INSUI	RED									
	Seaview Pathway Inc				INSURER B:					
	11656 Niagra Drive				INSURE					
	11000 Magra Brive				INSURE					
	lurupa Vallov			CA 91752	INSURER E :					
	Jurupa Valley				INSURER F:					
_				HOMBER.	ICCLIED	TO THE INCHE		REVISION NUMBE		ND.
	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU									
	RTIFICATE MAY BE ISSUED OR MAY PERT									-
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC					
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$	3
								MED EXP (Any one pers	son) \$	3
								PERSONAL & ADV INJU	JRY \$	3
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	E \$	<u> </u>
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF		3
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	MIT \$	3
	ANY AUTO							BODILY INJURY (Per pe	erson) \$	3
	OWNED SCHEDULED							BODILY INJURY (Per ac	ccident) \$	3
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	<u> </u>
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	<u> </u>
	UMBRELLA LIAB OCCUB							EAGU GOOLIDDENGE		
	- FYCECC LIAB							EACH OCCURRENCE	\$	
	CLAIMS-IMADE	1						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION	-						PER STATUTE	OTH- ER	5
	AND EMPLOYERS' LIABILITY Y/N									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMP		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY All covered property		DED: \$2,500
Α	Motor Truck Cargo-	1		QT6607P503863TIL22		12/18/2022	12/18/2023	any one OCC: \$250		*See description
^				Q10007F303003TIL22		12/10/2022	12/10/2023	ally one occ. \$250	,000	for addl info*
										ioi addi inio
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	JORD 1	101, Additional Remarks Schedule,	may be a	ttached if more sp	bace is required)			
	r on Land Vehicle or Container- \$250,000 the Facility located at: 11310 Harrel Street	Mira L	oma (CA 91752- \$500,000						
A	other locations- \$250,000			*******						
	ED: \$2,500.	omi tr	oilor i	ntermedal cargo container che	occio or	intermedal car	ao containar: (250,000 In any and		
	Trailer Interchange limit:- any one trailer, s rrence \$50,000., DED: \$2,500	em-u	aller, i	memodal cargo container cha	assis oi	intermodal car	go container. t	550,000., in any one		
CER	TIFICATE HOLDER				CANC	ELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
	Socyiow Pothway Inc							Y PROVISIONS.	LLIVENE	D 114

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Tamos & Parker &

Seaview Pathway Inc 11656 Niagra Drive

Mira Loma

CA 91752

AUTHORIZED REPRESENTATIVE

FNCY	CUSTOMER ID:	0009934

LOC #:



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED James G. Parker Insurance Seaview Pathway Inc POLICY NUMBER

CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS	l	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D FOPM	
	v Insurance	
	, modiano	
Certificate holder is included as Loss Payee with respects to Cargo.		
ACORD 101 (2008/01)		© 2008 ACORD CORPORATION All rights reserved



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/27/2023

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P O Box 3947							SURER(S) AFFOR	DING COVERAGE		NAIC#	
Fres	sno			CA 93650	INSURE	0	American Inder			39152	
INSU	RED				INSURE	RB:					
	Seaview Pathway Inc				INSURE	RC:					
	11656 Niagra Drive				INSURE						
					INSURE	RE:					
	Jurupa Valley			CA 91752	INSURE						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 23-24 WC				REVISION NUMBER:			
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	COMMERCIAL GENERAL LIABILITY					, , , , ,	(,22,,	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							OOMBINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB								\$		
	EXCESS LIAB OCCUR							EACH OCCURRENCE	\$		
	CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							➤ PER OTH-ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE 7 / N] N/A	SAMTWC1004070			02/01/2024	E.L. EACH ACCIDENT	\$ 1,00	0,000		
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				02/01/2023		E.L. DISEASE - EA EMPLOYEE	7	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	-	0,000	
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)				
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	Mira Loma			CA 91752	AUTHORIZED REPRESENTATIVE Sans & Porher To						
	IVIII a LUITId	UA 91/52			(Lans & Jahr						