



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2019

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 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).

|  |   |  |                                    |
|--|---|--|------------------------------------|
| <b>PRODUCER</b><br>Hartley Cylke Pacific-#0574253<br>Insurance Services, Inc.<br>2747 University Ave<br>San Diego, Ca 92104-4068 | <b>CONTACT NAME:</b> Lucy Geer<br><b>PHONE (A/C No. Ext):</b> (619)295-5155<br><b>E-MAIL ADDRESS:</b> lucy@hcpacinsurance.com |  | <b>FAX (A/C No):</b> (619)291-0912 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>                      |
| <b>INSURED</b><br>Fiasco Enterprises, Inc.<br>dba: Energy Transport Logistics<br>771 Jamacha Road Ste #327<br>El Cajon, Ca 92019 | <b>INSURER A:</b> Capitol Specialty Ins. Co.  |  | 10328                              |
|  | <b>INSURER B:</b> Knight Specialty Ins. Co.   |  | 15366                              |
|  | <b>INSURER C:</b> Indian Harbor Ins. Co.  |  | 36940                              |
|  | <b>INSURER D:</b> Travelers Property & Casualty C. of Ame   |  | 25674                              |
|  | <b>INSURER E:</b> AGCS Marine Ins. Co.  |  | 22837                              |
| <b>INSURER F:</b>  |   |  |                                    |

**COVERAGES**

CERTIFICATE NUMBER: CL1961959445

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CS0253491906      | 6/22/2019               | 6/22/2020               | 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 |
|          |   |           |          |                   |                         |                         |   | \$           |
| B        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |           |          | KSTRCA00003-02    | 4/1/2019                | 4/1/2020                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|          |   |           |          |                   |                         |                         | BODILY INJURY (Per person)                | \$           |
|          |   |           |          |                   |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |   |           |          |                   |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |   |           |          |                   |                         |                         | Uninsured motorist property damage        | \$ 60,000    |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          | SAB004594004      | 6/22/2019               | 6/22/2020               | EACH OCCURRENCE                           | \$ 3,000,000 |
|          |   |           |          |                   |                         |                         | AGGREGATE                                 | \$           |
|          |   |           |          |                   |                         |                         |   | \$           |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 6JUB1K33828218 NV | 10/28/2018              | 10/28/2019              | PER STATUTE                               | OTH-ER       |
|          |   |           |          |                   |                         |                         | E.L. EACH ACCIDENT                        | \$ 1,000,000 |
|          |   |           |          |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000 |
|          |   |           |          |                   |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000 |
| E        | Motor Truck Cargo   |           |          | MXI93080518       | 6/22/2019               | 6/22/2020               | Single Conveyance/\$300,000               | Ded \$2,500  |
| E        | Trailer Interchange   |           |          | MXI93080518       | 6/22/2019               | 6/22/2020               | \$50,000                                  | Ded \$2,500  |

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

\*\*Proof of Insurance Only\*\* Trailer Interchange Included \$50,000 - \$2,500

**CERTIFICATE HOLDER**

Fiasco Enterprises, Inc.  
 dba: Energy Transport Logistics  
 771 Jamacha Road Ste #327  
 El Cajon, CA 92019

**CANCELLATION**

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

SCOTT ARTHUR/LUCY G

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