

DATE (MM/DD/YYYY) 6/13/2017

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).

	21 6111	oute notaer in		or outli on	aoio	01110								
PRODUCER						CONTACT Donna Kilroy								
Worthington Lissak Insurance Services							vic	es	PHONE (A/C, No, Ext): (562) 795-5744 FAX (A/C, No): (562) 795-5740 E-MAIL ADDRESS:					
4784 Katella Ave.									ADDRES					
Los Alamitos CA 90720									INSURER(S) AFFORDING COVERAGE					NAIC#
									INSURER A: Ohio Security Insurance Co					24082
INSURED Transtrack Systems, LLC.									INSURER B:					
				з, шис.					INSURE					
265) B	elmont Ave							INSURE					
		_							INSURE	RE:				
Lor	ıg I	Beach		CA	908	03			INSURE	RF:				
	-	AGES						NUMBER:CL17613038				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 I	NSU	RANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	COMMERCIAL GE	NER	AL LIABILITY								EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MAD	DE	X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
						X		BKS57184852		7/1/2017	7/1/2018	MED EXP (Any one person)	\$	15,000
												PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LII	MIT A	APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PR	-05 CT	LOC								PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:	0.						7			OFPPD	\$	5,000
	AUT	OMOBILE LIABILIT	ΓY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO ALL OWNED SCHEDULED							BAS57184852	7/1		7/1/2018	BODILY INJURY (Per person)	\$	
A										7/1/2017		BODILY INJURY (Per accident)	\$	
	x	AUTOS	x	AUTOS NON-OWNED						., _, _,	7,7,75	PROPERTY DAMAGE	S	
		HIRED AUTOS		AUTOS								(Per accident)	\$	
_	-	UMBRELLA LIAB	T	000110	-							EAGU GOOUDDENOS		
		EXCESS LIAB	-	OCCUR								EACH OCCURRENCE	\$	
-				CLAIMS-M	ADE							AGGREGATE	\$	
1	DED RETENTION \$ WORKERS COMPENSATION				-+	-	-					PER OTH- STATUTE ER	\$	
	AND	EMPLOYERS' LIAE	BILIT	Υ .	Y/N							CONTRACTOR OF THE PROPERTY OF	Sale State	
	OFFI	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?										E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under											E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	CRIPTION OF OPER	RATIO	ONS below	-	_						E.L. DISEASE - POLICY LIMIT	\$	
1														
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
Certificate Holder is included as Additional Insured as respects to insured's operations.														
30-Day Notice of Cancellation; 10-Day Notice for Non-Payment of Premium										- 1				
											- 1			

CERTIFICATE HOLDER

CANCELLATION

City of Commerce Transportation Department Attn: Claude McFerguson 5555 Jillson Street Commerce, CA 90040 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

Donna Kilroy/DEE

6 6 NB

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DATE (MM/DD/YYYY) 6/13/2017

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certificate holder in lieu of such endor	sement(s	s).					a contract the same		
PRODUCER			CONTACT Donna I	Kilroy					
Worthington Lissak Insurance	Servi	ces	PHONE (A/C, No. Ext): (562) 795-5744 FAX (A/C, No.): (562) 795-5740 E-Mail						
			ADDRESS:						
4784 Katella Ave.	56945T 253		INS	NAIC#					
Los Alamitos CA 90	720		INSURER A :AXIS I						
INSURED			INSURER B :						
Transtrack Systems, Inc.			INSURER C:						
265 Belmont Ave			INSURER D :						
			INSURER E :						
Long Beach CA 90	803		INSURER F:						
		TE NUMBER:CL1761303	11-11-01-011-11-11						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN POLICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACTED BY THE POLICIES BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH	H RESPECT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL SUB INSD WVI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENC				
CLAIMS-MADE OCCUR					DAMAGE TO RENTE PREMISES (Ea occur				
					MED EXP (Any one p	person) \$			
					PERSONAL & ADV II	NJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG	ATE \$			
POLICY PRO- JECT LOC					PRODUCTS - COMP	OP AGG \$			
OTHER:						\$			
AUTOMOBILE LIABILITY					COMBINED SINGLE (Ea accident)	LIMIT \$			
ANY AUTO					BODILY INJURY (Per	r person) \$			
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per	r accident) \$			
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAG (Per accident)	E \$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENC	E \$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION\$						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDEN	T \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		-		E.L. DISEASE - EA E	MPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLI	ICY LIMIT \$			
A Professional Liability		ECN000035861701	7/1/2017	7/1/2018	Each Wrongful Act		\$1,000,000		
			., _, _,	., _, _,	Total Limit of Insurance	ce	\$1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACO	RD 101, Additional Remarks Sched	ule, may be attached if m	ore space is req	uired)				
"PROOF ONLY"	Î				4				
			O A NOTE : 1 TIS:						
CERTIFICATE HOLDER			CANCELLATION						
City of Commerce Transportation Depart			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	DATE THE	REOF, NOTICE				

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5555 Jillson Street Commerce, CA 90040 AUTHORIZED REPRESENTATIVE

Donna Kilroy/DEE



DATE (MM/DD/YYYY) 7/3/2016

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.

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RCG R054

DATE (MM/DD/YYYY) 6/22/2017

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PAYCHEX INSURANCE AGENCY INC

PHONE
(WC, No, Ext):

[FAX
(AC, No): (888) 443-6112

PAYCHEX INSURANCE AGENCY INC 210705 P: F: (888) 443-6112 E-MAIL PO BOX 33015 INSURER(S) AFFORDING COVERAGE NAIC# SAN ANTONIO TX 78265 INSURER A: Multiple Companies INSURED INSURER B INSURER C TRANSTRACK SYSTEMS INC INSURER D 265 BELMONT AVE INSURER E LONG BEACH CA 90803 INSURER F

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	COMMERCIAL GENERAL LIABILITY				(1111/12)	(MM/DD/TTT)	EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	ş
Ι Ц	3						MED EXP (Any one person)	s
	7				ļ.		PERSONAL & ADV INJURY	ş
	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	ş
	OTHER:							ş
AUTO	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	ş
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	ş
	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	ş
								ş
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
E	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							ş
	ERS COMPENSATION MPLOYERS' LIABILITY	N/A			08/01/2017	08/01/2018	X PER OTH-	
ANY PI OFFICE	ROPRIETOR/PARTNER/EXECUTIVE Y/N ER/MEMBER EXCLUDED?			76 WEG PQ2501			E.L. EACH ACCIDENT	\$1,000,000
A (Mand	latory in NH)						E.L. DISEASE- EA EMPLOYEE	\$1,000,000
If yes DESC	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
		-	-					
DESCRIPTION	N OF OPERATIONS / LOCATIONS / VEHICLES	(ACORI	D 101, Add	litional Remarks Schedule, may	be attached if more space	e is required)		

Those usual to the Insured's Operations.

CANCELLATION

The City of Commerce Transportation

AUTHORIZED REPRESENTATIVE

Department 5555 JILLSON ST COMMERCE, CA 90040

you Maillow

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