



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/15/2025

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RNK Insurance Services Inc 6262 Glade Ave Woodland Hills CA 91367	CONTACT NAME: Rashad Khalilov PHONE (A/C, No, Ext): 424-226-6239 FAX (A/C, No): 7472694691 E-MAIL ADDRESS: customerservice@rnkinsurance.com																					
INSURED SENPEX, INC 3566 Stevens Creek Blvd San Jose CA 95117	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>General Star Indemnity Company</td><td>37362</td></tr><tr><td>INSURER B:</td><td>Progressive Commercial Insurance</td><td>24260</td></tr><tr><td>INSURER C:</td><td>Starnet Insurance Company</td><td>40045</td></tr><tr><td>INSURER D:</td><td>Pennsylvania Manufacturers' Association Ins Co</td><td>12262</td></tr><tr><td>INSURER E:</td><td>Zurich American Insurance Co.</td><td>16535</td></tr><tr><td>INSURER F:</td><td>ACE Fire Underwriters Insurance Company</td><td>20702</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	General Star Indemnity Company	37362	INSURER B:	Progressive Commercial Insurance	24260	INSURER C:	Starnet Insurance Company	40045	INSURER D:	Pennsylvania Manufacturers' Association Ins Co	12262	INSURER E:	Zurich American Insurance Co.	16535	INSURER F:	ACE Fire Underwriters Insurance Company	20702
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	General Star Indemnity Company	37362																				
INSURER B:	Progressive Commercial Insurance	24260																				
INSURER C:	Starnet Insurance Company	40045																				
INSURER D:	Pennsylvania Manufacturers' Association Ins Co	12262																				
INSURER E:	Zurich American Insurance Co.	16535																				
INSURER F:	ACE Fire Underwriters Insurance Company	20702																				

COVERAGES**CERTIFICATE NUMBER:****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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	IYG930754	07/25/2024	07/25/2025	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 DED: \$ 2,500	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		975635988	12/15/2024	12/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	IXG680106	07/25/2024	07/25/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	BNUWC0164855	03/20/2025	03/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Motor Truck Cargo/Property Insurance			812401-9059528Y	07/20/2024	07/20/2025	DED: \$1,000 \$100,000	

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

E: Fidelity/Crime Coverage Policy#C4LTV021982MLPSME2025 (Period: 03/17/2025-03/17/2026) Limit \$1,000,000 Deductible \$2,500 PPF OFF 345 Spear Street, LP Loss Payee included with respect to Crime Liability Insurance
F: Professional Liability Coverage Policy#EONCAF181678392(Period: 03/18/2025-03/18/2026) Limit \$5,000,000 Aggregate: \$5,000,000 Deductible \$5,000

CERTIFICATE HOLDER**CANCELLATION**

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.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.