

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/22/2024

	_						12212024
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 If SUBROGATION IS WAIVED, subject	r is ar	ADDITIONAL INSURED, the	e policy(ies) must h the policy, certain	ave ADDITIC	NAL INSURED provisio	ns or b	e endorsed. atement on
this certificate does not confer rights	to the	e certificate holder in lieu of	such endorsement	s).			
PRODUCER	CONTACT SERGE G						
LA WEST INSURANCE SERV INC	PHONE (A/C, No, Ext): 323-661-2092 FAX (A/C, No): 323-337-8002						
5177 WEST SUNSET BLVD	E-MAIL ADDRESS: LAWESTINSURED90027@GMAIL.COM						
LOS ANGELES CA 90027	INSURER(S) AFFORDING COVERAGE NAIC #						
	INSURER A : SCOTTSADLE INSURANCE COMPANY						
INSURED			INSURER B : KNIGHT SPECIALTY				
GOLDEN SUN MOVERS LLC			INSURER C: PMAIC				
29277 Point Shore Dr			INSURER D :				
LAKE ELSINORE, CA 92530			INSURER E :				
			INSURER F :				
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 TYPE OF INSURANCE		WYD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMP	_	
CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100,	
A GEN'L AGGREGATE LIMIT APPLIES PER:				11/01/2025	MED EXP (Any one person)	\$ 5,000	
		VOBBW-Q	11/01/2024		PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	s 1,00	0,000
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ \$750,000	
A OWNED AUTOS ONLY AUTOS				06/02/2025	BODILY INJURY (Per person)	m) \$	
		KSA0000242	06/02/2024		BODILY INJURY (Per accident)	lent) \$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
					1	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER ÓTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	ASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A MOTOR TRUCK CARGO		812401-9073644Y	08/22/2024	02/22/2025	\$20,000	DED \$100	UCTIBLER 0
	ES (AC	CORD 101, Additional Remarks Schedu		o space is require	d)		
	CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS.							
			AUTHORIZED REPRESEN	TATIVE			
Diane Artinian							r
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BUREAU OF HOUSEHOLD GOODS AND SERVICES DIVISION OF HOUSEHOLD MOVERS HOUSEHOLD MOVERS PERMIT

Business Name:

Business DBAs:

Permit Number:

Date Issued:

Mailing Address:

Business Address:

Principals and Titles:



Qualifier:

This permit is to show proof of licensure with the Bureau of Household Goods and Services (Bureau). All information listed has been verified by the signatory below. The above named business is hereby licensed, at the above address, and is subject to the rules and regulations of the Bureau. You must contact the Bureau within 30 days of a change of ownership, business name, location, or corporate officers.

This permit is not valid without a signature and Bureau stamp (below).

Date Verified

acqueline Cantan

Jacqueline Castro Licensing Manager, BHGS



Bureau Seal



 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 GAVIN NEWSOM, GOVERNOR

 DEPARTMENT OF CONSUMER AFFAIRS
 BUREAU OF HOUSEHOLD GOODS AND SERVICES

 4244 South Market Court, Suite D, Sacramento, CA 95834

 P (916) 999-2041
 F (916) 921-7279

 Www.bhgs.dca.ca.gov



CAL-T200564 Golden Sun Movers LLC 29277 Point Shore Dr. Lake Elsinore, CA 92530

HOUSEHOLD MOVERS PERMIT

The above-named Mover, having made application to the BHGS for a permit to operate as a HOUSEHOLD MOVER, pursuant to Section 19238 of the Business and Professions Code, and having complied with the requirements of Section 19239 of said Code, is granted this permit authorizing the transportation for compensation or hire as a business by means of a motor vehicle or motor vehicles of used household movers and personal effects over any public highway in the State of California, in accordance with said Code and subject to the following conditions:

- (1) No vehicle or vehicles shall be operated by said Household Mover unless adequately covered by a public liability and property damage and cargo insurance policies or corporate surety bond as required by Sections 19248, et seq. of the Business and Professions Code.
- (2) No motor vehicle shall be operated by said Mover unless there is displayed thereon an identification symbol in accordance with the directions and requirements of this Bureau.
- (3) Said Mover shall comply with all orders, decisions, rules, regulations, directions and requirements governing the operations of said Mover, issued, published, prescribed or adopted by this Bureau pursuant to the Business and Professions Code.
- (4) Said Mover shall at all times while operating under this permit, or any amendment or supplement thereto, observe and comply with all decisions, orders, rules, and regulations issued, prescribed or adopted by this Bureau relating to or affecting rates and charges to be assessed or collected by said Mover for transportation and accessorial services.
- (5) This permit shall be subject to amendment or modification from time to time by this Bureau as conditions may warrant or require and shall also be subject to suspension or revocation as authorized by the Business and Professions Code.
- (6) This permit shall not be sold, assigned, leased, or otherwise transferred or encumbered without prior Bureau authorization.
- (7) This permit shall lapse and terminate if not exercised for a period of one year.
- (8) Operations under this permit are limited to the State of California.

(9) Regardless of any restriction in item (9) above, this permit also authorizes the above-named Mover to transport office, store, and institution furniture and fixtures over any public highway in the State of California, if the Mover has elected to do so in accordance with Section 19241 of the Business and Professions Code.

Rati Akhobadze has established by examination his or her knowledge and ability to enable the permittee to engage in business as a household mover. If Rati Akhobadze ceases to be connected with the permittee, the permittee shall notify the Bureau in writing within 30-days after such cessation. After said notice is received, this permit shall remain in force a reasonable length of time in order that another representative of permittee may be qualified. If permit holder fails to notify the Bureau within 30-day period subsequent to the date on which Rati Akhobadze ceases to be connected with permit holder, this permit shall be automatically suspended.