Ą	CORD <sup>®</sup> CERT	ΓIF	FIC	ATE OF LIAE	BIL	ITY IN	ISURA		ATE (MM/DD/YYYY) 01/18/2025		
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 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).											
<u> </u>	DUCER	seme	5111(5)	0	CONTAC	Tom Sa	adi				
Hourly Insurance Agency					NAME:         Torm Sagi           PHONE         FAX           (A/C, No, Ext):         (650) 472-3030						
660 Homer Ave					E-MAIL ADDRESS: certificates@checkapp.com						
Palo Alto, CA, 94301					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : National Casuality Company						
INSURED First Source Alliance Inc					INSURER B :						
					INSURER C :						
405 N 19th St San Jose, CA 95112						INSURER D :					
						INSURER E :					
						INSURER F :					
CO	/ERAGES CER	TIFI	CATE	E NUMBER:	REVISION NUMBER:						
IN Cl	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY	EQUIF PER	REME ΓΑΙΝ,	NT, TERM OR CONDITION O THE INSURANCE AFFORDED	DFANY DBY	CONTRACT	OR OTHER D	OCUMENT WITH RESPECT 1	O WHICH THIS		
E INSR	CLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN R	EDUCED BY	PAID CLAIMS POLICY EXP				
LTR		INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
								EACH OCCURRENCE \$ DAMAGE TO RENTED			
								PREMISES (Ea occurrence) \$			
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
								GENERAL AGGREGATE \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$			
								COMBINED SINGLE LIMIT			
								(Ea accident) \$ BODILY INJURY (Per person) \$			
	ANY AUTO							BODILY INJURY (Per accident) \$			
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE			
	HIRED AUTOS							(Per accident) \$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							AGGREGATE \$			
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					01/07/2025	01/07/2026		,000,000.00		
			N	WCC345155A				E.L. DISEASE - EA EMPLOYEE \$ 1			
									,000,000.00		
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC				chedule,	ii more space is	required)				
Operation Address: 405 N 19th St, None San Jose, CA 95112											
Operation Description: Moving Services											
CE	RTIFICATE HOLDER			CANCELLATION							
			<u>`</u>								
Diya First Source Alliance Inc 405 North 19th Street San Jose, CA 95112					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 Tom Sagi 01/18/2025 07:49PM PST						

ACORD	25	(2010/05)

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