CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/13/2026

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 Hillstone Partners Insurance Agency LLC 16133 Ventura Boulevard, Suite 1160 Encino CA 91436-2067	**CONTACT NAME:** Hillstone Certificates Team **PHONE (A/C, No, Ext):** 818-474-4494 **FAX (A/C, No):** **E-MAIL ADDRESS:** Certificates@hillstoneinsurance.com
INSURED PARKERDO01 Alpha Petroleum Transport, Inc., Alpha Petroleum Transport, Inc. II PO Box 77536 Corona CA 92883	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** StarStone National Insurance Company — 25496 **INSURER B :** Gemini Insurance Company — 10833 **INSURER C :** Palms Insurance Company — 17327 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 624618047 **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	
C	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR X Ded: $5,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CSIEL02644-00	7/11/2026	7/11/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 4,000,000 $ 2,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			APM4100024#4	2/11/2026	2/11/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[ ] **UMBRELLA LIAB** [X] OCCUR X **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			GSV500063406	2/11/2026	2/11/2027	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Pollution			CSIEL02644-00	7/11/2026	7/11/2027	Each Occurence Deductible	$5,000,000 $5,000

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

C): Palms Insurance Company - Professional Liability (Policy No. CSIEL02644-00) 07/11/2026 to 07/11/2027 Limit $1,000,000 Each Occurrence, Wrongful Act or Claim. $2,000,000 General Aggregate Limit

D): Seneca Specialty Insurance Company - Inland Marine (Policy #SIM1100046) - 07/11/2026 to 07/11/2027
Physical Damage Coverage: $661,000
Physical Damage Deductible: $5,000
$15,000 "Towing" and "Temporary Storage" per occurrence/ $200,000 Leased, Hired, Rented vehicles per occurrence/ $137,000 Per any newly acquired vehicle
See Attached...

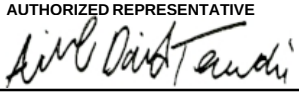
CERTIFICATE HOLDER

For Informational Purposes Only

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



AGENCY CUSTOMER ID: PARKERDO01

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Hillstone Partners Insurance Agency LLC	**NAMED INSURED** Alpha Petroleum Transport, Inc., Alpha Petroleum Transport, Inc. II PO Box 77536 Corona CA 92883
POLICY NUMBER	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

E): Scottsdale Insurance Co (41297) - Employment Practices Liability Insurance - Policy #EKS3586338 - 08/24/2025 - 08/24/2026
Limit: $1,000,000, Aggregate: $2,000,000, Retention: $25,000