



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2025

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).

<b>PRODUCER</b> Alex Rue Insurance Agency, Inc. 9815 ANTELOPE RD, ROSEVILLE, CA 95747	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A : United Financial Casualty Company		11770
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

<b>INSURED</b> WEST COAST CARGO INC 7800 LAKEPORT CIR ELVERTA, CA 95626	
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## COVERAGES

CERTIFICATE NUMBER: 715174715270485916D051925T174033

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	997381834	05/28/2025	05/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	997381834	05/28/2025	05/28/2026	\$

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

## CERTIFICATE HOLDER

Super Dispatch  
905 McGee St. #210  
Kansas City, MO 64106

## 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

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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

<b>AGENCY</b> Alex Rue Insurance Agency, Inc.		<b>NAMED INSURED</b> WEST COAST CARGO INC 7800 LAKEPORT CIR ELVERTA, CA 95626	
<b>POLICY NUMBER</b> 997381834			
<b>CARRIER</b> United Financial Casualty Company	<b>NAIC CODE</b> 11770	<b>EFFECTIVE DATE:</b> 05/28/2025	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

**Additional Coverages**

Insurance coverage(s)	Limits
Motor Truck Cargo	\$250,000 w/\$2,500 Ded
Uninsured/Underinsured Motorist	\$100,000 Combined Single Limit

**Description of Location/Vehicles/Special Items****Scheduled autos only**

2018 PETERBILT 389 1NPXDP9X2JD460114

Stated Amount \$50,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Roadside Assistance	Selected w/\$250 Ded
Medical Payments	\$5,000 each person

2018 VOLVO VAH 4V5RC9EH1JN996639

Stated Amount \$50,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Roadside Assistance	Selected w/\$250 Ded
Medical Payments	\$5,000 each person

2016 FREIGHTLINER 114SD 1FVHG3DVXGHHR8452

Stated Amount \$25,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Roadside Assistance	Selected w/\$250 Ded
Medical Payments	\$5,000 each person

2017 PETERBILT 365 1NPSPD9X4HD431105

Stated Amount \$25,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Roadside Assistance	Selected w/\$250 Ded
Medical Payments	\$5,000 each person

2018 Cottrell Trailer 5E0AJ1446JG029001

Stated Amount \$15,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

2018 Cottrell Trailer 5E0AC144XH833502

Stated Amount \$15,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

2018 Cottrell Trailer 5E0AA1645JG017810

Stated Amount \$35,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

2017 Cottrell Trailer 5E0AC1445HG955801

Stated Amount \$15,000

Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded