

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/10/2025

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.

lf tł	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to	the	terms ertifi	and conditions of the pocate holder in lieu of such	licy, certain policies may require an endorsement. A statement on n endorsement(s).						
PRODUCER						CONTACT Carla Disalvo					
Cavallino Risk Management, Inc.					PHONE (631) 385-5080 FAX (631) 3					385-5984	
675 W Jericho Turnpike					(A/C, No, Ext): (G31) 363-3960 (A/C, No): (G31) 363-3964 E-MAIL Certs@Cavallinorisk.com ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
Huntington NY 11743					INSURER A: United Financial Casualty Co				11770		
INSURED					INSURER B:						
Gold Express Trucking Inc					INSURER C:						
95 Snowflake Rd					INSURE	RD:					
					INSURER E :						
Huntingdon Valley			PA 19006			INSURER F:					
				NUMBER: CL254124835	KETIOIOT ITOMOETA						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIERTIFICATE MAY BE ISSUED OR MAY PERTACLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T OLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT V D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				995431594		04/09/2025	04/09/2026	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	φ	00,000	
	OTHER:							COMPINIED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED AUTOS ONLY SCHEDULED AUTOS			995431594		04/09/2025	04/09/2026	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$							DED LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Motor Truck Cargo							Limit: \$250,000	Ded	I. \$2,500	
Α				995431594		04/09/2025	04/09/2026				
DEC	CRIPTION OF OBERATIONS // OCATIONS ///CIRCU	ES /A/	10PD 4	01 Additional Romanta Caba dula	may ba -	attached if mars ==	200 is require-1\				
201 202 202 201	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE 9 Volvo VIN#4V4NC9EH6KN193412 0 Freightliner VIN#3AKJHHDR7LSLT4997 0 Peterbilt VIN#2NP3LJ9X1LM653690 9 Volvo VIN#4V4NC9EH8KN193413 1 Western Star VIN#5KJJBHDR5MLMG569		JUKU 1	ot, Auditional Remarks Schedule,	may de â	macnea if more sp	ace is required)				
CERTIFICATE HOLDER CANO							CANCELLATION				
Super Dispatch						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
905 McGee St						AUTHORIZED REPRESENTATIVE					
210					Yan						
Kansas City			MO 64106			tt a					