



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2025

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).

PRODUCER Marquee Insurance Group LLC 1000 Holcomb Woods Pkwy Suite 315-A Roswell GA 30076	CONTACT NAME: Operations Department PHONE (A/C, No, Ext): 678-483-8151 E-MAIL ADDRESS: certs@marqueeig.com FAX (A/C, No): 678-483-8152
INSURED UNITED AUTO TRANSPORTATION LLC 143 OLD BURNETT RD INMAN SC 29349	INSURER(S) AFFORDING COVERAGE INSURER A: Canal Insurance Co. INSURER B: INSURER C: INSURER D: 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CT0434591146	09/14/2025	09/14/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CT0434591146	09/14/2025	09/14/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM-BI \$ 25,000/\$50,000
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	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	Motor Truck Cargo			CT0434591146	09/14/2025	09/14/2026	Limit: \$250,000, Deductible: \$1,000
A	Physical Damage			CT0434591146	09/14/2025	09/14/2026	Deductibles - Comp: \$1,000, Coll: \$1,000

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

A: UM-PD: Limit: \$25,000 - Deductible: \$200

A: UIM-PD: Limit: \$25,000

Vehicles:

2018, Cottrell, Trailer, VIN: 5E0AA1643JG017904

2018, Cottrell, Trailer, VIN: 5E0AA1641JG017903, (\$60,000)

2017, Cottrell, Trailer, VIN: 5E0AC1443HG833504

CERTIFICATE HOLDER**CANCELLATION**Super Dispatch
905 McGee Street #210

Kansas City

MO 64106

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

Rita Griffin

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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Marquee Insurance Group LLC		NAMED INSURED UNITED AUTO TRANSPORTATION LLC 143 OLD BURNETT RD	
POLICY NUMBER CT0434591146			
CARRIER Canal Insurance Co.	NAIC CODE 10464	EFFECTIVE DATE: 09/14/2025	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

2017, Cottrell, Trailer, VIN: 5E0AA1445HG833302
2016, Cottrell, Trailer, VIN: 5E0AA1443GG784101
2021, Sun Country, Trailer, VIN: 5855C5324MP019366
2015, Cottrell, Trailer, VIN: 5E0AA1442FG606405
2017, Cottrell, Trailer, VIN: 5E0AJ144XHG893804
2016, Volvo, VIN: 4V5RC9EH9GN937248
2024, Ram, 4500, VIN: 3C7WRKFL2RG120018, (\$50,000)
2018, Volvo, VIN: 4V5RC9EH9JN996646, (\$30,000)
2015, Volvo, VIN: 4V5RC9EJ5FN185856
2018, Volvo, VIN: 4V5RC9EH3JN996643
2016, Freightliner, VIN: 1FVHG3DV3GHHR8454
2016, Freightliner, VIN: 1FVHG3DV3GHHF4563
2017, Volvo, VIN: 4V5RC9EJ8HN976370