



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/12/2025

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 certification does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>AIC Insurance Agency, LLC</b> <b>847 SW 6th St</b> <b>Redmond, OR 97756</b>	<b>CONTACT NAME:</b> Jamie Blomberg <b>PHONE (A/C, No. Ext):</b> 541-504-1822 <b>E-MAIL ADDRESS:</b> jblomberg@aicinsagency.com	<b>FAX (A/C, No):</b> 541-923-4348
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>A &amp; D CARRIER INC</b> <b>6214 NE 41st Cir</b> <b>Vancouver, WA 98661-2971</b>	<b>INSURER A:</b> <b>United Financial Casualty Company</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 00055743-0

REVISION NUMBER: 146

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 \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>00983764-1</b>	<b>09/11/2025</b>	<b>09/11/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>PIP</b> \$ <b>\$10,000</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Motor Truck Cargo</b>			<b>00983764-1</b>	<b>09/11/2025</b>	<b>09/11/2026</b>	<b>Ded \$1,000</b> <b>\$200,000</b>

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

**Autos:**

2014 Volvo Vnl 4V4NC9EH7EN153912  
 2006 Volvo Vnl 4V4NC9TK16N414211  
 2022 Coyote Trailer 4B94A5323NB227001  
 2025 Sun Country Trailer 5856C5320SP027689  
 2025 Volvo Vnl860 4V4BC9EH0SN693195

(continued on ACORD 101 Additional Remarks Schedule)

**CERTIFICATE HOLDER**

**Super Dispatch**  
**905 McGee Street, #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

(JLB)

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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>AIC Insurance Agency, LLC</b>		NAMED INSURED <b>A &amp; D CARRIER INC</b>	
POLICY NUMBER <b>00983764-1</b>		EFFECTIVE DATE: <b>09/11/2025</b>	
CARRIER <b>United Financial Casualty Company</b>	NAIC CODE <b>11770</b>		

**ADDITIONAL REMARKS**

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

(continued from Description of Operations)  
 2025 Sun Country Trailer 5856C5329SP028632

Drivers:  
 Edisher Beltadze, David Beltadze, Nodari Koridze, Pridon Beltadze, Levan Kochorashvili