

Policy Number: A-ONE2024-4665-TBD

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/5/2016

DATE (MM/DD/YYYY)

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).

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PRODUCER	Royalty Insurance Services, Inc.	CONTACT NAME:				
	14545 Victory Blvd Suite 303	PHONE (A/C, No, Ext): (818)989-0206 FAX (A/C, No): (818))330-4540			
	-	E-MAIL ADDRESS: CERT@ROYALTYFINANCIAL.COM				
	Van Nuys, CA 91411	INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: A-One Commercial Insurance	15597			
INSURED	UMBRELLA AUTO TRANSPORT INC	INSURER B: Lexington Insurance Company	19437			
		INSURER C: Lloyd's of London	32727			
	1 EMY LN., MORRISVILLE, PA 19067	INSURER D:				
	11621 CAROLINE ROAD SUITE 100	INSURER E:				
	PHILADELPHIA, PA 19154	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.

	EXCLUSIONS AND CONDITIONS OF SOCIET CLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS.									
INSR LTR		TYPE OF INSURA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (M M/DD/YYYY)	POLICY EXP (M M/DD/YYYY)	LIMIT	S
C	X	COMMERCIAL GENERAL	LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X	OCCUR			Z203311-005-142776	04/10/2024	04/10/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
									MED EXP (Any one person)	\$ 5,000
									PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		PLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO-	LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A		ANY AUTO				A-ONE2024-4665-TBD	1/31/2025	1/31/2026	BODILY INJURY (Per person)	\$
		AUTOS ONLY X A	SCHEDULED AUTOS						` '	\$
			NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									DEDUCTIBLE	\$ 500
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION	\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		V / N						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		ECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			,,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
В	B CARGO				21480455-TBD	1/31/2025	1/31/2026	\$250,000	\$5,000 DED.	
C	C EXCESS CARGO				NA24EE84	6/04/2024	6/04/2025	\$500,000		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)									

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

*** PLEASE SEND A REQUEST FOR VEHICLE SCHEDULE ***

CERTIFICATE HOLDER	CANCELLATION
Super Dispatch 905 McGree 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