

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2025

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).

PRODUCER Network Truck Insurance Services, Inc 120 Main Street Roseville, CA 95678 License #: 0D48006						PHONE (046)790 2525 FAX (046)790 5720						
						(A/C, No, Ext): (910)/60-2333 (A/C, No): (910)/60-3/20					80-5720	
						ADDRESS: Johna@truckerinsurance.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
							INSURER A: Lloyds				32727	
INSURED							INSURER B:					
Safe Auto Transport, Inc.							INSURER C:					
6901 28th Street						INSURER D:						
North Highlands, CA 95660-							INSURER E :					
							INSURER F:					
COVERAGES CERTIFICATE NUMBER: 00015305-0							REVISION NUMBER: 710					
IN CI	IDIC/ ERTI	S TO CERTIFY THAT THE POLICIES O ATED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE JSIONS AND CONDITIONS OF SUCH	QUIRE RTAI	EMEN N, THI	T, TERM OR CONDITION OF E INSURANCE AFFORDED I	ANY C	ONTRACT OR POLICIES DES	OTHER DOC SCRIBED HER	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	O WHIC	H THIS	
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
LIIX		COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01		(WINDE/TTTT)	(WINDERTTIT)	EACH OCCURRENCE	\$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
		GEANNO-MADE COOCK							PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
		-							PERSONAL & ADV INJURY	\$		
	CEN	ACCRECATE LIMIT APPLIES DED.								\$		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	ALIT	OTHER: FOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	AUI	ANY AUTO							(Ea accident)	\$		
		OWNED SCHEDULED							BODILY INJURY (Per person)			
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							DED. LOTH	\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Man	ndatory in NH)	,						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	CA	ARGO			B0507TR24181220		03/10/2025	03/10/2026	LIMIT/DEDUCTIBLE	\$250,	000/\$2,500	
Α	EX	CESS CARGO			B0507TR24200787		03/10/2025	03/10/2026	LIMIT		\$750,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CERTIFICATE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF THE POLICY REFERENCED ON THE CERTIFICATE.												
CERTIFICATE HOLDER							CANCELLATION					
SUPER DISPATCH 905 MCGEE ST. #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					
							A CONTRACTOR OF THE PROPERTY O					