



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/18/25

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> <b>Paula Pearson</b>
<b>A One Insurance Agency</b> <b>1324 Belmont St</b> <b>Suite 203</b> <b>Brockton, MA 02301</b>		<b>PHONE (A/C, No, Ext):</b> <b>508-659-5969</b>
		<b>FAX (A/C, No):</b> <b>508-231-5347</b>
		<b>E-MAIL ADDRESS:</b> <b>info@aoneinsagency.com</b>
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> <b>GEICO</b>		
<b>INSURED</b>		<b>INSURER B :</b>
		<b>INSURER C :</b>
		<b>INSURER D :</b>
		<b>INSURER E :</b>
		<b>INSURER F :</b>

## 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 THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY PAID CLAIMS.															
INSR LTR	TYPE OF INSURANCE		ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				9300173880	07/17/25	07/17/26	EACH OCCURRENCE		\$ 1,000,000					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000					
								MED EXP (Any one person)		\$ 5,000					
								PERSONAL & ADV INJURY		\$ 100,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000					
	OTHER:									\$					
A	AUTOMOBILE LIABILITY				9300173880	07/17/25	07/17/26	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000					
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)		\$					
	<input type="checkbox"/> OWNED AUTOS ONLY							BODILY INJURY (Per accident)		\$					
	<input type="checkbox"/> HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$					
	<input type="checkbox"/> SCHEDULED AUTOS									\$					
	UMBRELLA LIAB							EACH OCCURRENCE		\$					
	EXCESS LIAB							AGGREGATE		\$					
	<input type="checkbox"/> CLAIMS-MADE									\$					
	DED	RETENTION \$													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N N / A				<input type="checkbox"/> PER STATUTE		OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$					
	<input checked="" type="checkbox"/> (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$					
	Motor Truck Cargo							Limit Deductible		250,000 2,500					

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

## 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**



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY <b>A One Insurance Agency Inc</b>		NAMED INSURED <b>JLS Express Inc</b>	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE: <b>07/17/20</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_