



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/21/2025

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 The Buckner Company of Colorado 6455 S Yosemite St Ste 450 Greenwood Village CO 80111-5139	CONTACT NAME: Jodie Laskoski PHONE (A/C, No, Ext): 303-753-8438 FAX (A/C, No): 303-753-8438 E-MAIL ADDRESS: jlaskoski@buckner.com
	INSURER(S) AFFORDING COVERAGE INSURER A: MS Transverse Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
License#: 480397 GVTRANS-01	
INSURED G.V. Transportation Inc. 13818 68th Ave CT E Puyallup WA 98373	NAIC # 41807

COVERAGES

CERTIFICATE NUMBER: 807079258

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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			TINCA7240891-25	7/23/2025	7/23/2026	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY No Private <input checked="" type="checkbox"/> Passenger			TINCA7240891-25	7/23/2025	7/23/2026	MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 1,000,000	
							PRODUCTS - COMP/OP AGG	\$ 1,000,000	
							OTHER:	\$	
							UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		
DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$		
DED <input type="checkbox"/> RETENTION \$							\$		
A	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	N / A		7/23/2025	7/23/2026	PER STATUTE	OTHE- R	
							E.L. EACH ACCIDENT		\$
							E.L. DISEASE - EA EMPLOYEE		\$
							E.L. DISEASE - POLICY LIMIT		\$
							DESCRIPTION OF OPERATIONS		
A	Motor Truck Cargo Coverage Reefer Breakdown Included			TINCA7240891-25	7/23/2025	7/23/2026	Limit: \$250,000 Included:	\$2,500 deductible \$2,500 deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
DOT # 2518047 / MC # 873907

Scheduled Autos:

3AKJHHDR8MSLX5723, 3AKJHHDR5MSLX5761, 5E0AX1344JG021902, 5E0AX1347HG957801, 5E0AX1347HG957802, 5E0AX1343HG964003, 5E0AU1748HG920601, 3AKJHHDR5NSA4143, 3AKJHHDR5MSLX5663, 1UYVS2538EU841807, 1UYVS2531EU812603, 1UYVS2531EU812617, 1UYVS2533EU841407, 527SR5324KL015765, 1UYVS2538GM549402, 1UYVS2533J2198238, 1UYVS2535J2198466, 1GR1A0624LW182822, 3H3V532C4LT070059, 3H3V532COLT070060, 1UYVS2533HM850550, 1UYVS2536HM850977, 1UYVS2537HU849479, 1UYVS2538K6643762, 1UYVS2539K2634012, 1UYVS2539K27111915, 1UYVS2530GU548907, 1XKYD49XXSJ163500, 4V4NC9EH1LN235910, 4V4NC9EJ5PN609458
See Attached...

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

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ADDITIONAL REMARKS SCHEDULE

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AGENCY The Buckner Company of Colorado		NAMED INSURED G.V. Transportation Inc. 13818 68th Ave CT E Puyallup WA 98373
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

4V4NC9EJXPN609567, 4V4NC9EJ7PN609459, 4V4NC9EJ4PN609645, 4V4NC9EH5NN605226, 4V4NC9EJ2RN631369, 4V4NC9EJ9RN631370
 4V4NC9EJ0RN631371, 4V4NC9EH6RN650049, 4V4NC9EJ4RN657665, 4V4NC9EH9SN674268, 1RND53A28TR074266, 1RND53A2XTR074267
 1RND53A21TR074268