



# 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).

<b>PRODUCER</b> The Buckner Company of Colorado 6455 S Yosemite St Ste 450 Greenwood Village CO 80111-5139	<b>CONTACT</b> NAME: Jodie Laskoski PHONE (A/C, No, Ext): 303-753-8438 FAX (A/C, No): 303-753-8438 E-MAIL ADDRESS: jlaskoski@buckner.com
License#: 480397 GVTRANS-01	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: MS Transverse Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> G.V. Transportation Inc. 13818 68th Ave CT E Puyallup WA 98373	<b>NAIC #</b> 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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TINCA7240891-25	7/23/2025	7/23/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> No Private <input checked="" type="checkbox"/> Passenger			TINCA7240891-25	7/23/2025	7/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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, 3AKJHHDR5NSNA4143, 3AKJHHDR5MSLX5663, 1UYVS2538EU841807, 1UYVS2531EU812603, 1UYVS2531EU812617, 1UYVS2533EU841407, 527SR5324KL015765, 1UYVS2538GM549402, 1UYVS2533J2198238, 1UYVS2535J2198466, 1GR1A0624LW182822, 3H3V532C4LT070059, 3H3V532C0LT070060, 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**Page 1 of 1

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