



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2025

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 World Insurance Associates, LLC 100 Wood Ave South 4th Floor Iselin NJ 08830	CONTACT NAME: PHONE (A/C, No, Ext): 866-989-8998 FAX (A/C, No): E-MAIL ADDRESS: getcert@worldinsurance.com
INSURED FIVE STARZ SERVICES 9021 Newhall Dr Sacramento CA 95826-5103	INSURER(S) AFFORDING COVERAGE INSURER A: Benchmark Insurance Company INSURER B: Great American Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1299876199**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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			FLCA-1926-05121	9/10/2025	9/10/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$						EACH OCCURRENCE AGGREGATE
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A B	PHYSICAL DAMAGE MOTOR TRUCK CARGO			FLCA-1926-05121 IMP F401076 00 00	9/10/2025 9/10/2025	9/10/2026 9/10/2026	STATED VALUE \$250,000 \$2,500 DED: \$2,500 PER M/V \$5,000 PER LOSS

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

2014 Peterbilt, 1NPWL49XED235888, S.V. \$50,000
2018 Peterbilt, 1NPXDP9X0JD455137, S.V. \$70,000
2015 Peterbilt, 1NPXDP9X7FD274673, S.V. \$50,000
2019 International, 3HSDZAPR0KN559776, S.V. \$35,000
2019 International, 3HSDZAPR8KN083759, S.V. \$35,000
2014 Peterbilt, 1NPWD49X3ED218903, S.V. \$50,000
2012 Cottrell, 5E0AA1446CG336803, S.V. \$40,000
2021 Cottrell, 5E0AU1748MG550101, S.V. \$50,000
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

CERTIFICATE HOLDER Super Dispatch 905 McGee St. #210 Kansas City, MO 64106 United States	CANCELLATION 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 World Insurance Associates, LLC		NAMED INSURED FIVE STARZ SERVICES 9021 Newhall Dr Sacramento CA 95826-5103
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

2017 Cottrell, 5E0AA144XH830301, S.V. \$40,000
2018 Cottrell, 5E0AA1443JG030901, S.V. \$40,000
2015 Cottrell, 5E0AC1443FG617004, S.V. \$40,000
2003 Cottrell, 5E0AU17473G004615, NO PD