



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/03/2025

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).

PRODUCER Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing		
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):	
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : United Financial Casualty Company		11770	
INSURED Lucky Star Express LLC 43 PRINCETON CT LANGHORNE, PA 19067	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 173072141983480047D060325T121948

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 POLICY SERVICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAYMENT TERMS.														
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	X COMMERCIAL GENERAL LIABILITY		N	N	994505143	03/13/2025	03/13/2026	EACH OCCURRENCE	\$1,000,000					
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (EA occurrence)	\$100,000					
								MED EXP (Any one person)	\$5,000					
								PERSONAL & ADV INJURY	\$1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$1,000,000					
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$1,000,000					
	OTHER:								\$					
A	AUTOMOBILE LIABILITY		N	N	994505143	03/13/2025	03/13/2026	COMBINED SINGLE LIMIT (EA accident)	\$1,000,000					
	ANY AUTO							BODILY INJURY (Per person)	\$					
	OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$					
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$					
									\$					
									\$					
	UMBRELLA LIAB							EACH OCCURRENCE	\$					
	EXCESS LIAB							AGGREGATE	\$					
									\$					
	DED RETENTION \$													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N / A				PER STATUTE	OTH-					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$					
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$					
								E.L. DISEASE - POLICY LIMIT	\$					
	See ACORD 101 for additional coverage details.							\$						
A			N	N	994505143	03/13/2025	03/13/2026							

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

Mark Pant



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Progressive Insurance	NAMED INSURED Lucky Star Express LLC 43 PRINCETON CT LANGHORNE, PA 19067	
POLICY NUMBER 994505143		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 03/13/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$250,000 w/\$2,500 Ded
Uninsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked
Underinsured Motorist Bodily Injury	\$15,000/\$30,000 Non-Stacked
Medical Expense	\$5,000 w/o Workers Comp

Description of Location/Vehicles/Special Items

Scheduled autos only

2023 FORD F350 1FT8W3CT8PEC34554

2024 FORD F350 1FT8W3DT1REDS3337

2016 VOLVO VN 4V4NC9EJ4GN949944

2030 Non-owned Attached Trailer