

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

th	IPORTANT: If the certificate holder is e terms and conditions of the policy, ertificate holder in lieu of such endors	cert	ain p	olicies may require an en	dorser	nent. A state					
PRO	DUCER				CONTA NAME:	Certificates	S				
Grape Insurance Agency LLC						PHONE (A/C, No, Ext): 833-472-7346 FAX (A/C, No): 6				630-596-8601	
3540 Seven Bridges Dr					E-MAIL ADDRESS: certificates@grapeins.com						
ste. 240					INSURER(S) AFFORDING COVERAGE					NAIC #	
Woodridge IL 60517				IL 60517	INSURER A: United States Liability Insurance Company					25895	
INSURED				INSURER B: UNITED STATES FIRE INSURANCE CO					21113		
VD Auto Transport Inc				INSURER C: New Hampshire Insurance Company					23841		
25109 Presidential Ave					INSURE	RD:					
				INSURER E :							
	Plainfield			IL 60544-2756	INSURER F:						
COVERAGES CERTIFICATE NUMBER:				NUMBER:	REVISION NUMBER:						
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES ( DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAII POLI	EMEN N, TH CIES.	T, TERM OR CONDITION OF E INSURANCE AFFORDED E LIMITS SHOWN MAY HAVE	F ANY C BY THE	ONTRACT OR POLICIES DES REDUCED BY	OTHER DOC SCRIBED HEF PAID CLAIMS	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL TI	WHIC	H THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	000	
		GL1172077B				10/21/2024	10/21/2025	MED EXP (Any one person)	person) \$ 5,000		
Α								PERSONAL & ADV INJURY	INJURY \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	SATE \$ 2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ Inclu	ıded	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
D	ALL OWNED SCHEDULED			1227575700		10/21/2024	10/21/2025	BODILY INJURY (Per accident)	\$		

AUTOS NON-OWNED AUTOS AUTOS 1337575788 10/21/2024 10/21/2025 PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ **UMBRELLA LIAB** OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Motor Truck Cargo 25287934 10/21/2024 10/21/2025 Limit: \$500,000, Deductible: \$2,500

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

USDOT Number: 3065105

New Car Valuation is included (limit: \$500,000)

CERTIFICATE HOLDER		CANCELLATION				
Super Dispatch		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
905 McGree Street		AUTHORIZED REPRESENTATIVE				
#210 Kansas City	MO 64106	Eugeniu Marinescu				