



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/16/2025

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> Hylant - Fort Wayne 6714 Pointe Inverness Way, Ste 100 Fort Wayne IN 46804	<b>CONTACT</b> NAME: Hylant Transportation PHONE (A/C, No, Ext): 260-969-3961 FAX (A/C, No): 260-969-3999 E-MAIL ADDRESS: transportationcoi@hylant.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Tokio Marine America Insurance Company 10945	
	INSURER B : United Specialty Insurance Company 12537	
	INSURER C : Northland Insurance Co 24015	
	INSURER D :	
	INSURER E :	
INSURER F :		
<b>INSURED</b> Goldy Corporation 13220 lone Street Plainfield IL 60585		
License#: 23894 GOLDCOR-02		

**COVERAGES** **CERTIFICATE NUMBER:** 510973198 **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								
C	X COMMERCIAL GENERAL LIABILITY <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:			WN377534	7/24/2025	7/24/2026	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	\$ 2,000,000							
							PRODUCTS - COMP/OP AGG	\$ 2,000,000							
								\$							
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			WN377534	7/24/2025	7/24/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000							
							BODILY INJURY (Per person)	\$							
							BODILY INJURY (Per accident)	\$							
							PROPERTY DAMAGE (Per accident)	\$							
								\$							
								UMBRELLA LIAB  EXCESS LIAB  DED <input type="checkbox"/> RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A				EACH OCCURRENCE	\$	
													AGGREGATE	\$	
	\$														
	PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				PER STATUTE	OTH-ER									
					E.L. EACH ACCIDENT								\$		
					E.L. DISEASE - EA EMPLOYEE								\$		
					E.L. DISEASE - POLICY LIMIT								\$		
					A B	Motor Truck Cargo MOTC Deductibles Excess Cargo			IM5001527-02 KQK-GOLD-20250724-01	7/24/2025 7/24/2025	7/24/2026 7/24/2026	MOTC Limit MTC Deductible MTC Max Deductible	\$500,000 \$1,500 per auto \$3,000 per occ		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Constructive Total Loss & Diminished Value Coverages are Included

Car Hauler Enhanced Cargo - United Specialty Insurance Company  
 Effective 7/24/2025-7/24/2026  
 KQK-GOLD-20250724-01  
 \$250,000 Excess Cargo

## CERTIFICATE HOLDER

## CANCELLATION

Super Dispatch 905 McGee Street #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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