



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2025

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 UNIFIED PROFESSIONAL SERVICES 4208 DAIRY CT, FREEHOLD, NJ 07728	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	11170
	INSURER B :	
INSURED GMT Transportation Group LLC 261 Ridgeway Terrace Philadelphia, PA 19116	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 205664570951563684D031525T173815

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 COVERED SERVICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY TRIM CLINIC.														
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	956638672	03/14/2025	03/14/2026	EACH OCCURRENCE	\$1,000,000					
	CLAIMS-MADE <input checked="" type="checkbox"/> 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	\$2,000,000					
	X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$2,000,000					
									\$					
A	AUTOMOBILE LIABILITY		N	N	956638672	03/14/2025	03/14/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000					
	ANY AUTO							BODILY INJURY (Per person)	\$					
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$					
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$					
									\$					
									\$					
	UMBRELLA LIAB							EACH OCCURRENCE	\$					
	EXCESS LIAB							AGGREGATE	\$					
									\$					
	DED <input type="checkbox"/> RETENTION \$								\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N / A				PER STATUTE	OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$					
	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	956638672	03/14/2025	03/14/2026							

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

CERTIFICATE HOLDER

CANCELLATION

<p>GMT Transportation Group LLC 261 Ridgeway Terrace Philadelphia, PA 19116</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE </p>



ADDITIONAL REMARKS SCHEDULE

AGENCY UNIFIED PROFESSIONAL SERVICES		NAMED INSURED GMT Transportation Group LLC 261 Ridgeway Terrace Philadelphia, PA 19116
POLICY NUMBER 956638672		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 03/14/2025

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	\$150,000 w/\$2,500 Ded
Uninsured Motorist Bodily Injury	\$35,000 Combined Single Limit Non-Stacked
Underinsured Motorist Bodily Injury	\$35,000 Combined Single Limit Non-Stacked
Medical Expense	\$5,000 w/o Workers Comp

Description of Location/Vehicles/Special Items

Scheduled autos only

2023 RAM 3500 3C7WRSL9PG575840	Stated Amount	\$50,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	
2023 take 3 Trailer 1t9ls4817pb540112	Stated Amount	\$20,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	
2020 FORD F350 1FD8W3HT6LEE50613	Stated Amount	\$35,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	
2020 RAM 3500 3C7WRTCL4LG162417	Stated Amount	\$40,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	
2024 RAM 5500 3C7WRMFL3RG411784	Stated Amount	\$60,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	
2024 RAM 5500 3C7WRMFL1RG411783	Stated Amount	\$60,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	
2024 RAM 5500 3C7WRMFL7RG388770	Stated Amount	\$60,000
Comprehensive	\$1,000 Ded	
Collision	\$2,500 Ded	