



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2024

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 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 New Alliance Insurance Brokers, Inc 3700 Santa Fe Ave, Suite 300, Long Beach, CA 90810 Lic: 0E48142		CONTACT NAME: PHONE (A/C, No, Ext): 424-205-6700 E-MAIL ADDRESS: certificates@newallianceins.com FAX (A/C, No): 424-477-0101
		INSURER(S) AFFORDING COVERAGE INSURER A: MS TRANSVERSE SPECIALTY INSURANCE COMP INSURER B: JAMES RIVER INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:
INSURED NR TRANSPORT LLC 16519 GROUND BREAKER AVE CHINO, CA 91708		NAIC # 41807

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> 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			00155762-0	06/13/2024	06/13/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ INCLUDED MED EXP (Any one person) \$ INCLUDED PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$ INCLUDED PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TSM DXCA-0001568-00	05/10/2024	05/10/2025	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 \$ <input type="checkbox"/>	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	MOTOR TRUCK CARGO			TSM DXIM-0002465-00	10/05/2024	10/05/2025	\$250,000 DED: \$2,500

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

****THIS CERTIFICATE IS ONLY VALID FOR SCHEDULED VEHICLES****

****SEE ATTACHED 'ADDITIONAL REMARKS SCHEDULE' FOR LIST OF SCHEDULED VEHICLES****

CERTIFICATE HOLDER

SUPER DISPATCH
905 MCGEE STREET, # 210
KANSAS CITY, MO 64106

EMAIL: COMPLIANCE@SUPERDISPATCH.COM

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

Moral Parks

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 3

AGENCY New Alliance Insurance Brokers, Inc.		NAMED INSURED NR TRANSPORT LLC 16519 GROUND BREAKER AVE Chino, CA 91708
POLICY NUMBER 00155762-0		
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

SCHEDULED VEHICLES:

2022 PETERBILT TRACTOR VIN:1NPXLP9X2ND784947
2020 PETERBILT TRACTOR VIN:1NPXL49X6LD653953
2022 WESTERN STAR TRACTOR VIN:5KKHAEDV5LPLH9215
2023 PETERBILT TRACTOR VIN:1NPXLP9X9PD875197
2023 PETERBILT TRACTOR VIN:1NPXLP9X6PD879577
2023 PETERBILT TRACTOR VIN:1NPXLP9X4PD864480

IMPORTANT

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DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Go to URL to regenerate this certificate or scan QR Code:

<https://www.newallianceins.com/Certificates/generate/699860-827810>

