



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 ENSURE Inc 101 Lions Dr, Suite 110 Barrington IL 60010	CONTACT NAME: Kamila Golebiowska PHONE (A/C, No, Ext): (847) 316-9933 E-MAIL ADDRESS: request@yourensure.com	FAX (A/C, No): (847) 316-9829
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Occidental Fire & Cas Co of NC	
	23248	
INSURED ETOS Transport Corp 2233 W Hilltop Ln Oak Creek WI 53154 (414) 241-2429	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

OP CERTIFICATE NUMBER: Cert. ID 18447 (29)

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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ADD'L CLAIMS.															
INSR LTR	TYPE OF INSURANCE			ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$					
	CLAIMS-MADE <input type="checkbox"/> OCCUR												DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
													MED EXP (Any one person)	\$	
													PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:												GENERAL AGGREGATE	\$	
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC												PRODUCTS - COMP/OP AGG	\$	
	OTHER:													\$	
A	AUTOMOBILE LIABILITY										GAT000439900	03/16/2025	03/16/2026	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		NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$										
	Primary Liability				\$										
	UMBRELLA LIAB		OCCUR					EACH OCCURRENCE	\$						
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$						
	DED	RETENTION \$										\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A			PER STATUTE	OTHR-						
	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	\$		
A	Motor Truck Cargo									GAT000439900	03/16/2025	03/16/2026	Deductible: \$2,500	\$ 250,000	
A	Physical Damage											GAT000439900	03/16/2025	03/16/2026	Comp & Coll Deductible: \$2,000

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

DOT#: 3537398

2016 MILLER 1M9CSFC23GT486977
2015 VOLVO 4V4NC9EH8FN931104

A	Motor	Truck	Cargo
A	Physical	Damage	
DESCRIPTION OF OPERATIONS / LOCATIONS / V			
DOT#: 3537398 2016 MILLER 1M9CSFC23GT486977			

CERTIFICATE HOLDER

CANCELLATION

Super Dispatch

905 McGree 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

Keywords