



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2025

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 IRINA BEREZENTSEVA 7603 13TH AVE, BROOKLYN, NY 11228	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	11770
	INSURER B :	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES		CERTIFICATE NUMBER: 184661644112637643D032025T173118		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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	N	N	967688956	03/20/2025	03/20/2026	EACH OCCURRENCE	\$					
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$						
	MED EXP (Any one person)						\$						
	PERSONAL & ADV INJURY						\$						
	GENERAL AGGREGATE						\$						
	PRODUCTS - COMP/OP AGG						\$						
	OTHER:						\$						
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY											COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$						
	BODILY INJURY (Per accident)						\$						
PROPERTY DAMAGE (Per accident)	\$												
	\$												
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	N	N	967688956	03/20/2025	03/20/2026	EACH OCCURRENCE	\$					
							AGGREGATE	\$					
								\$					
								\$					
DED RETENTION \$													
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N	N / A	N	967688956	03/20/2025	03/20/2026	PER STATUTE	OTH-ER					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$					
							E.L. DISEASE - EA EMPLOYEE	\$					
							E.L. DISEASE - POLICY LIMIT	\$					
A	See ACORD 101 for additional coverage details.	N	N	967688956	03/20/2025	03/20/2026	\$						

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

CERTIFICATE HOLDER

Super Dispatch 905 McGee St. #210 Kansas City, MO 64106	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		
		



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY IRINA BEREZENTSEVA	NAMED INSURED MORO TRANSPORTATION CORP 1324 MICHAEL RD MEADOWBROOK, PA 19046	
POLICY NUMBER 967688956		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 03/20/2025

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/\$1,000 Ded
Underinsured Motorist Bodily Injury	\$35,000 Combined Single Limit Stacked
Medical Expense	\$5,000 w/o Workers Comp

Description of Location/Vehicles/Special Items

Scheduled autos only

2022 RAM 3500 3C7WRSL9NG381516
2018 FORD F250 1FT7W2BT9JEC00329
2023 APPA Trailer 541GC3629PM000591
2023 BRINDLE Trailer 7VLA1EF20PN000656