CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/16/2026

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 VADA INSURANCE SERVICES, INC 18156 HEDGEROW WAY SANTA CLARITA CA 91350	**CONTACT NAME:** Certificate Department **PHONE (A/C, No, Ext):** 661-302-4848 **FAX (A/C, No):** 661-302-4840 **E-MAIL ADDRESS:** CERT@VADATRUCKINSURANCE.COM
INSURED U&A LOGISTICS INC 10522 Vanalden Ave Los Angeles CA 91326-3037	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** SAFEPOINT INSURANCE COMPANY 15341 **INSURER B :** LLOYD'S OF LONDON 1126033 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	**AUTOMOBILE LIABILITY**						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS			BACA000104501	2/13/2026	2/13/2027	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
							UM	$ 60,000
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	CARGO			HKAPMTC25043 & ADAXMT25027	2/13/2026	2/13/2027	$250,000 - DED $2,500	

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

2024 RAM - VIN #3C7WRTCL7RG203325 - NO STATED AMOUNT
2020 VOLVO - VIN #4V4NC9EH1LN871811 - NO STATED AMOUNT
2023 VOLVO - VIN #4V4NC9EH6PN301504 - NO STATED AMOUNT
2022 KENN - VIN #1XKYDP9X2NJ144705 - NO STATED AMOUNT
2024 FORD - VIN#1FD8W3HT8RED14024 - NO STATED AMOUNT

2022 KAUFMAN - VIN #5SHFW502XNB000580 - NO STATED AMOUNT

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

VAUGHN LUSPARYAN

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
VADA INSURANCE SERVICES, INC		U&A LOGISTICS INC
POLICY NUMBER		10522 Vanalden Ave
BACA000104501		
CARRIER	NAIC CODE	Los Angeles, CA, 91326-3037
SAFEPOINT INSURANCE COMPANY	15341	EFFECTIVE DATE: 2/13/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

1991 WILLIAMS - VIN #1W9A4600XME009442 - NO STATED AMOUNT
2002 SUN VALLEY - VIN #1S9CB53252P297673 - NO STATED AMOUNT
2025 UNK - VIN #7H2BE363XSD068786 - NO STATED AMOUNT
2024 KAUFMAN - VIN#7UZFW5324RL007137 - NO STATED AMOUNT

DRIVERS - ARTHUR SAYADYAN, GABRIEL PARONYAN, HAYK MELIKSETYAN, SAMVEL ISRAELYAN, MAKSIM KASHIRSKII