



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2024

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 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 216-332-9940 International Insurance Group Inc. 5171 Wallings Rd Suite 250 North Royalton, OH 44133	216-332-1645	CONTACT NAME: International Insurance Group Inc. PHONE (A/C, No. Ext): 216-332-9940 E-MAIL: certificates@insuranceiig.com FAX (A/C, No): 216-332-1645
INSURED 440-654-1724 Skyfall Transport LLC 14800 STILBROOKE DR Strongsville, OH 44136	INSURER(S) AFFORDING COVERAGE INSURER A: Canal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10464

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 \$
	<input type="checkbox"/> 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 \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			CT1902793159	10/14/2024	10/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Primary						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				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			CT1902793159	10/14/2024	10/14/2025	Limit: \$150,000 Ded.: \$2,500
A	Physical damage			CT1902793159	10/14/2024	10/14/2025	compreh and collisc Ded.: \$2,500

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

CERTIFICATE HOLDER

CANCELLATION

Assure Assist 543 Country Club Dr Unit B338 Simi Valley, CA 93065-0637	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

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ADDITIONAL REMARKS SCHEDULE

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AGENCY International Insurance Group Inc.		NAMED INSURED Skyfall Transport LLC	
POLICY NUMBER 953019857		14800 STILBROOKE DR	
CARRIER Progressive Preferred Ins Co	NAIC CODE 37834	EFFECTIVE DATE: 10/14/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

2022KaufmanSemi-trailer5VGFW5027NL002603
 2022RAM3500Truck-Tractor3C7WRSC11NG160511
 2022KaufmanSemi-trailer5VGFW5022NL007000
 2022RAM3500Truck-Tractor3C7WRSC6NG262077
 2019KaufmanSemi-trailer5VGFW5030KL004892
 2022RAM3500Truck-Tractor3C7WRSC7NG343282
 2022KaufmanSemi-trailer5VGFW5024NL006592
 2022RAM3500Truck-Tractor3C7WRSC5NG343281
 2020Take 3Semi-trailer1T9LS4825LB540001
 2021RiceSemi-trailer4RWBC2020MH033530
 2023Take 3Semi-trailer1T9LS482XPB540078
 2024KaufmanSemi-trailer7UZFW502XRL00132
 2023RAM3500Truck-Tractor3C7WRSCXPG511774
 2023RAM3500Truck-Tractor3C7WRSC7PG576047
 2024RAM3500Truck-Tractor3C7WRSC8RG320468
 2024RAM3500Truck-Tractor3C7WRSCXRG320469

drivers
 Davit Nakashidze
 Oleksandra Golovachuk
 Ostap Sheremeta
 Malkhaz Abashidze
 Jambul Aznaurishvili
 Tarieli Bezhashvili
 Yevhenii Demchenko
 Mamuka Mikeladze
 Mindia Abashidze
 Anzori Gogritchiani
 Benjamin Dvalishvili
 Artsem Barouski
 Bachana Gavashelishvili
 Alexi Paposhvili
 Geno Ungiadze