



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2025

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		CONTACT NAME: Amber Payne
PointeNorth Insurance Group, LLC PO Box 724728		PHONE (A/C, No, Ext): (770)858-7540
Atlanta GA 31139		E-MAIL ADDRESS: amber.payne@pninsurance.com
		INSURER(S) AFFORDING COVERAGE
		NAIC #
INSURED		INSURER A: Certain Underwriters at Lloyd's
BARS LLC 4780 I-55 N		INSURER B: Accredited Specialty Insurance
Jackson MS 39211		INSURER C: Great American Insurance Co.
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES		CERTIFICATE NUMBER:		CL2542407025	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		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	TPM22859767-03	04/27/2025	04/27/2026	EACH OCCURRENCE	\$ 1,000,000			
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000				
	MED EXP (Any one person)				\$ 5,000				
	PERSONAL & ADV INJURY				\$ 1,000,000				
	GENERAL AGGREGATE				\$ 2,000,000				
B	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	2-CWH-MS-19-S0128264-01	04/27/2025	04/27/2026	PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	COMBINED SINGLE LIMIT (Ea accident)				\$ 1,000,000				
	BODILY INJURY (Per person)				\$				
	BODILY INJURY (Per accident)				\$				
	PROPERTY DAMAGE (Per accident)				\$				
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>				EACH OCCURRENCE	\$			
	AGGREGATE				\$				
					\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y / N N / A			PER STATUTE	OTHE- R
	E.L. EACH ACCIDENT							\$	
E.L. DISEASE - EA EMPLOYEE	\$								
E.L. DISEASE - POLICY LIMIT	\$								
C Motor Truck Cargo		IMP F358281	07/01/2025	07/01/2026				Per Conveyanc/\$300,000	Deduct/\$2,500

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

SCHEDULED VEHICLE POLICY

CERTIFICATE HOLDER

CANCELLATION

Super dispatch 905 McGee street #210	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Kansas City MO 64106	AUTHORIZED REPRESENTATIVE

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ADDITIONAL COVERAGES