

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/12/2025

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

lf	f SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	ne ter	ms and conditions of th	e polic	y, certain po	olicies may r					
_	DDUCER	CONTACT NAME:										
		PHONE (A/C, No, Ext): Phone: (347) 673-5292 ext. 2 FAX (A/C, No): Fax: (347) 673-6472										
Integrity Coverage Group, Inc. 7603 13th Ave						(A/C, No, Ext):   THORE (547) 673-5272 CAT. 2   (A/C, No): TAX. (547) 673-6472						
Brooklyn New York 11228						INSURER(S) AFFORDING COVERAGE					NAIC#	
Diodriyii New Tork 11220						INSURER A: NATIONAL SPECIALTY INS CO					22608	
INS	URED				INSURER B : LLOYDS OF LONDON					15792		
GREENWAY 5 LLC						INSURER C:						
10031 4TH AVE APT 4M						INSURER D :						
BROOKLYN NY 11209						INSURER E :						
						INSURER F:						
CC	OVERAGES CERT	CATE	NUMBER:	REVISION NUMBER:								
II C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F	QUIF ERT POLIC	REMEN AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WIT	H RESPE	CT TO	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	TED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea oc	currence)	\$		
								MED EXP (Any one		\$		
								PERSONAL & AD\		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
	POLICY PRO- LOC							PRODUCTS - CON	1P/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	1,000,000	
	ANY AUTO							COMBINED SINGL (Ea accident) BODILY INJURY (F		\$	1,000,000	
	OWNED SCHEDULED		CAR310000135		2	05/12/2025	05/12/2026	BODILY INJURY (F		\$		
A	HIRED NON-OWNED			C.111010001000 2		00/12/2020	05/12/2020	PROPERTY DAMA (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENT AGGREGATE	NCE	\$ \$		
	CLAIWS-WADE							AGGREGATE		\$ \$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below	ribe under						E.L. DISEASE - POLICY LIMIT \$				
В	MOTOR CARGO			BW0510723/085		05/12/2025	05/12/2026	\$100,000	DED 2,500	Ψ		
В	EXCESS CARGO			D240882/044		05/12/2025	05/12/2026	\$ 50,000 D	ED: \$ 2,500			
202 202 202	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL 22 RAM VIN# 3C7WRSCL5NG219650 22 TAKE VIN# 1T9LS4817NB540267 21 TAKE VIN# 1T9LS4815MB560072 DNADZE, LEVAN		CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)				
CERTIFICATE HOLDER						CANCELLATION						
Super Dispatch 905 McGree Street #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  IRINA BEREZENTSEVA						

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