



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2025

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: Bret Geisel	
InsuranceHub Leavitt Agency, Inc. 1720 Lakes Parkway		PHONE (A/C, No, Ext): (770) 497-1200	FAX (A/C, No): (770) 814-7187
Lawrenceville GA 30043		E-MAIL ADDRESS: coi@insurancehub.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Canal Insurance Company 10464	
INSURED		INSURER B: HDI Global Specialty SE 41343	
Quick Logistics LLC 2405 Dotsero Ave		INSURER C:	
Loveland CO 80538		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: Master 25-26		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			CT0868944703 1	07/16/2025	07/16/2026	EACH OCCURRENCE	\$						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$						
							MED EXP (Any one person)	\$						
							PERSONAL & ADV INJURY	\$						
							GENERAL AGGREGATE	\$						
							PRODUCTS - COMP/OP AGG	\$						
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000						
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person)	\$						
	OWNED AUTOS ONLY <input checked="" type="checkbox"/>						BODILY INJURY (Per accident)	\$						
	Hired AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$						
								\$						
								\$						
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE	\$						
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE	\$						
	DED <input type="checkbox"/>						RETENTION \$ <input type="checkbox"/>					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/>						Y / N	N / A				PER STATUTE	OTHE-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>											E.L. EACH ACCIDENT		\$
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA EMPLOYEE		\$
	E.L. DISEASE - POLICY LIMIT		\$											
B Motor Truck Cargo			RPS20250176	07/16/2025	07/16/2026	Limit: \$150,000 Deductible: \$2,500								

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

CERTIFICATE HOLDER

CANCELLATION

Super Dispatch 905 McGee St. #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

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ADDITIONAL COVERAGES