



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/16/2025

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).

|  |   |                   |
|--|---|-------------------|
| <b>PRODUCER</b><br>APA Insurance Group<br>158 BELLINGHAM DR, BUSHKILL, PA 18324  | <b>CONTACT</b><br>NAME: Progressive Commercial Lines Customer and Agent Servicing |                   |
|  | PHONE<br>(A/C, No, Ext): 1-800-444-4487   | FAX<br>(A/C, No): |
|  | E-MAIL<br>ADDRESS: progressivecommercial@email.progressive.com                    |                   |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                   |
| <b>INSURED</b><br>Soproma Logistic Inc<br>166 Kimberly Dr<br>Blakeslee, PA 18610 | <b>INSURER A :</b> United Financial Casualty Company                              |                   |
|  | <b>INSURER B :</b>  |                   |
|  | <b>INSURER C :</b>  |                   |
|  | <b>INSURER D :</b>  |                   |
|  | <b>INSURER E :</b>  |                   |
|  | <b>INSURER F :</b>  |                   |

## COVERAGES

CERTIFICATE NUMBER: 628464331302800647D051625T185753


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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  | N         | N                           | 958522423     | 05/30/2025              | 05/30/2026              | EACH OCCURRENCE   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |                             |               |                         |                         | \$1,000,000   |
|          |   |           |                             |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                           |
|          |   |           |                             |               |                         |                         | \$100,000   |
|          |   |           |                             |               |                         |                         | MED EXP (Any one person)  |
|          |   |           |                             |               |                         |                         | \$5,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |                             |               |                         |                         | PERSONAL & ADV INJURY   |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |                             |               |                         |                         | \$1,000,000   |
|          | OTHER:  |           |                             |               |                         |                         | GENERAL AGGREGATE   |
|          |   |           |                             |               |                         |                         | \$2,000,000   |
|          |   |           |                             |               |                         |                         | PRODUCTS - COMP/OP AGG  |
|          |   |           |                             |               |                         |                         | \$2,000,000   |
|          |   |           |                             |               |                         |                         |   |
|          |   |           |                             |               |                         |                         | \$  |
| A        | <b>AUTOMOBILE LIABILITY</b>   | N         | N                           | 958522423     | 05/30/2025              | 05/30/2026              | COMBINED SINGLE LIMIT (Ea accident)                                 |
|          | <input type="checkbox"/> ANY AUTO   |           |                             |               |                         |                         | \$1,000,000   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY   |           |                             |               |                         |                         |   |
|          | <input checked="" type="checkbox"/> SCHEDULED AUTOS   |           |                             |               |                         |                         |   |
|          | <input type="checkbox"/> HIRED AUTOS ONLY   |           |                             |               |                         |                         |   |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |                             |               |                         |                         | BODILY INJURY (Per person)  |
|          |   |           |                             |               |                         |                         | \$  |
|          |   |           |                             |               |                         |                         | BODILY INJURY (Per accident)  |
|          |   |           |                             |               |                         |                         | \$  |
|          |   |           |                             |               |                         |                         | PROPERTY DAMAGE (Per accident)                                      |
|          |   |           |                             |               |                         |                         | \$  |
|          |   |           |                             |               |                         |                         | \$  |
|          |   |           |                             |               |                         |                         | \$  |
|          | <b>UMBRELLA LIAB</b>  |           |                             |               |                         |                         | EACH OCCURRENCE   |
|          | <input type="checkbox"/> OCCUR  |           |                             |               |                         |                         | \$  |
|          | <b>EXCESS LIAB</b>  |           |                             |               |                         |                         | AGGREGATE   |
|          | <input type="checkbox"/> CLAIMS-MADE  |           |                             |               |                         |                         | \$  |
|          |   |           |                             |               |                         |                         | \$  |
|          | DED <input type="checkbox"/> RETENTION \$   |           |                             |               |                         |                         | \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  | N / A     |                             |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |                             |               |                         |                         | E.L. EACH ACCIDENT  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |                             |               |                         |                         | \$  |
|          |   |           |                             |               |                         |                         | E.L. DISEASE - EA EMPLOYEE  |
|          |   |           |                             |               |                         |                         | \$  |
|          |   |           | E.L. DISEASE - POLICY LIMIT |               |                         |                         |   |
|          |   |           | \$                          |               |                         |                         |   |
| A        | See ACORD 101 for additional coverage details.  | N         | N                           | 958522423     | 05/30/2025              | 05/30/2026              | \$  |

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

## CERTIFICATE HOLDER

|  |  |
|--|--|
| Soproma Logistic Inc<br>166 Kimberly Dr<br>Blakeslee, PA 18610 | 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<br>   |

## CANCELLATION

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

|   |                           |  |
|---|---------------------------|--|
| <b>AGENCY</b><br>APA Insurance Group                |                           | <b>NAMED INSURED</b><br>Soproma Logistic Inc<br>166 Kimberly Dr<br>Blakeslee, PA 18610 |
| <b>POLICY NUMBER</b><br>958522423                   |                           |  |
| <b>CARRIER</b><br>United Financial Casualty Company | <b>NAIC CODE</b><br>11770 | <b>EFFECTIVE DATE:</b> 05/30/2025  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

### Additional Coverages

| Insurance coverage(s) | Limits                   |
|-----------------------|--------------------------|
| Motor Truck Cargo     | \$150,000 w/\$2,500 Ded  |
| Medical Expense       | \$5,000 w/o Workers Comp |

### Description of Location/Vehicles/Special Items

**Scheduled autos only**

2022 RAM 3500 3C7WRTCL4NG162789

2022 RAM 3500 3C7WRSCL8NG261822

2023 FORD F350 1FD8W3GT2PEC69080

2023 FORD F350 1FD8W3GT1PED30399

2023 FORD F350 1FD8W3GT3PEC76507

2021 RAM 3500 3C7WRTCL1MG604118