CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/06/2026

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:	
International Insurance Group Inc 5171 Wallings Rd Ste 250 North Royalton OH 44133	PHONE (A/C, No, Ext): 2163329940	FAX (A/C, No): 216-332-1645
	E-MAIL ADDRESS: certificates@insuranceiig.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Financial Casualty Company	11770
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
New Moon Express LLC
12802 186th Ave E
Bonney Lake WA 98391

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	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
A	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS			004813183	05/18/2026	05/18/2027	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	☒ Primary							$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Motor Truck Cargo			004813183	05/18/2026	05/18/2027	Limit	$150,000
							Deductible	$2,500

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

DRIVERS: Andrii Uzun
0002 Mark Savchuk
0003 Ruslan Nikolaienko
0004 Oleksandr Symonenko
0005 Sergiu Perju
0006 Sergei Filimonov
0007 Oleksandr Trach

CERTIFICATE HOLDER

Super Dispatch
905 McGee St. #210
Kansas City, MO 64106

CANCELLATION

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

ACORD 25 (2016/03) **The ACORD name and logo are registered marks of ACORD**

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
International Insurance Group Inc		
POLICY NUMBER		
CARRIER	NAIC CODE	WA 98391
United Financial Casualty Company	11770	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Policy# 004813183; Vehicle Information
Vehicle 1 - Vin: 3C63RRGL9RG391494
Vehicle 2 - Vin: 3C7WRTCL9RG418110
Vehicle 3 - Vin: 5VGFW532XNL005491
Vehicle 4 - Vin: 3C63RRGL0RG346539
Vehicle 5 - Vin: 3C63RRGL3RG148313
Vehicle 6 - Vin: 5SHFL4338MB001913
Vehicle 7 - Vin: 5VGFL4334LL003440
Vehicle 8 - Vin: 5SHFL4331GB000381
Vehicle 9 - Vin: 5SHFL4339JB001382
Vehicle 10 - Vin: 5VGFL4338HL005733
Vehicle 11 - Vin: 5SHFC4233KB000344
Vehicle 12 - Vin: 3C63RRGLXSG505377
Vehicle 13 - Vin: 3C63RRGL5RG168532
Vehicle 14 - Vin: 3C63RRGL9RG346538