

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 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 Mass Trans Insurance Agency 425 Union st, Level A, West Springfield, MA 01089	CONTACT NAME: Customer Service	FAX (A/C. No.):	
	PHONE (A/C. No. Ext): 413-732-0310		
INSURED Nakaru Trans Inc 50 Mechanic St. Fl 1 Westfield, MA 01085	E-MAIL ADDRESS: info@masstransins.com	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Progressive	24260	
	INSURER B:		
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

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.

EXCLUSIONS AND CONDITIONS OF COVERAGE. ITEMS SHOWN MAY HAVE BEEN REDUCED BY ADD'L CLAIMS.															
INSR L/TB	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$					
	CLAIMS-MADE	<input type="checkbox"/>	OCCUR						DAMAGE TO RENTED PREMISES (Per occurrence)	\$					
									MED EXP (Any one person)	\$					
									PERSONAL & ADV INJURY	\$					
									GENERAL AGGREGATE	\$					
									PRODUCTS - COMP/OP AGG	\$					
										\$					
	GEN'L AGGREGATE LIMIT APPLIES PER:														
	POLICY	<input type="checkbox"/>	PRO- JECT												
	LOC														
A AUTOMOBILE LIABILITY	ANY AUTO					999132568	06/20/2025	06/20/2026	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000					
	ALL OWNED AUTOS								BODILY INJURY (Per person)	\$					
	<input checked="" type="checkbox"/> HIRED AUTOS								BODILY INJURY (Per accident)	\$					
	<input checked="" type="checkbox"/> SCHEDULED AUTOS								PROPERTY DAMAGE (Per accident)	\$					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS									\$					
UMBRELLA LIAB	EXCESS LIAB								EACH OCCURRENCE	\$					
	DED								AGGREGATE	\$					
	RETENTION \$									\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>			Y / N N / A					WC STATUTORY LIMITS	OTH-FB					
	(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	Motor Truck Cargo					999132568	06/20/2025	06/20/2026	Limit Deductible	\$ 250,000 \$ 2,500					

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

Auto hauler

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER United Freeway Transportation 6034 Hamilton Blvd PMB 1063, Allentown, PA 18106	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.
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