



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2025

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 UNIFIED PROFESSIONAL SERVICES 4208 DAIRY CT, FREEHOLD, NJ 07728	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C. No., Ext): 1-800-444-4487	FAX (A/C. No.):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Financial Casualty Company	11770
INSURED ALGO MOTORS LLC 217 FALON LANE#1016 ALTOONA, PA 16602	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 543273170533452383D022025T153255

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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>			992346351	01/28/2025	01/28/2026	EACH OCCURRENCE	\$					
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$						
	MED EXP (Any one person)						\$						
	PERSONAL & ADV INJURY						\$						
	GENERAL AGGREGATE						\$						
	PRODUCTS - COMP/OP AGG						\$						
	OTHER:						\$						
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							N	N			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)											\$	
	BODILY INJURY (Per accident)											\$	
PROPERTY DAMAGE (Per accident)	\$												
	\$												
UMBRELLA LIAB						EACH OCCURRENCE						\$	
EXCESS LIAB						AGGREGATE						\$	
DED RETENTION \$												\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N	N / A				PER STATUTE						OTH-ER	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT						\$	
						E.L. DISEASE - EA EMPLOYEE	\$						
						E.L. DISEASE - POLICY LIMIT	\$						
A	See ACORD 101 for additional coverage details.	N	N	992346351	01/28/2025	01/28/2026	\$						

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

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		
		



ADDITIONAL REMARKS SCHEDULE

AGENCY UNIFIED PROFESSIONAL SERVICES		NAMED INSURED ALGO MOTORS LLC 217 FALON LANE#1016 ALTOONA, PA 16602
POLICY NUMBER 992346351		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 01/28/2025

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
Uninsured Motorist Bodily Injury	\$100,000 Combined Single Limit Non-Stacked
Underinsured Motorist Bodily Injury	\$100,000 Combined Single Limit Non-Stacked
Medical Expense	\$5,000 w/o Workers Comp

Description of Location/Vehicles/Special Items

Scheduled autos only

2022 RAM 3500 3C7WRSL0NG191880	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2020 TAKE 3 Trailer 1T9LS4817LB540122	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSL3NG265049	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSL5NG341953	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSL7NG341954	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2023 TAKE 3 Trailer 1T9LS4814P8540018	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2020 TAKE 3 Trailer 1T9LS4815LB540118	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2021 TAKE 3 Trailer 1T9LS481XMB540018	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2022 TAKE 3 Trailer 1T9LS4811NB540006	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2020 TAKE 3 Trailer 1T9LS481XKB540101	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2023 RAM 3500 3C7WRSL5PG585556	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSL0NG141613	Comprehensive	\$2,500 Ded
	Collision	\$2,500 Ded



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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2024 RAM 5500 3C7WRMEL0RG296092
Comprehensive \$2,500 Ded
Collision \$2,500 Ded

2022 RAM 3500 3C7WRSBL8NG267119
Comprehensive \$2,500 Ded
Collision \$2,500 Ded