



# 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).

<b>PRODUCER</b> UNIFIED PROFESSIONAL SERVICES 4208 DAIRY CT, FREEHOLD, NJ 07728	<b>CONTACT</b> 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
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : United Financial Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> ALGO MOTORS LLC 217 FALON LANE#1016 ALTOONA, PA 16602	<b>NAIC #</b> 11770

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <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	N	N	992346351	01/28/2025	01/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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	<b>CANCELLATION</b>  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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AGENCY CUSTOMER ID: \_\_\_\_\_

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

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 2

<b>AGENCY</b> UNIFIED PROFESSIONAL SERVICES		<b>NAMED INSURED</b> ALGO MOTORS LLC 217 FALON LANE#1016 ALTOONA, PA 16602	
<b>POLICY NUMBER</b> 992346351			
<b>CARRIER</b> United Financial Casualty Company	<b>NAIC CODE</b> 11770	<b>EFFECTIVE DATE:</b> 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 3C7WRSCL0NG191880	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
2020 TAKE 3 Trailer 1T9LS4817LB540122	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSBL3NG265049	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSBL5NG341953	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSBL7NG341954	
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 3C7WRSBL5PG585556	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
2022 RAM 3500 3C7WRSBL0NG141613	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded

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

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



## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> UNIFIED PROFESSIONAL SERVICES		<b>NAMED INSURED</b> ALGO MOTORS LLC 217 FALON LANE#1016 ALTOONA, PA 16602	
<b>POLICY NUMBER</b> 992346351			
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### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

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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