

LOCBE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/5/2025

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.

						terms and conditions of ificate holder in lieu of su	ich end	lorsement(s)		require an endorsemen	t. As	statement on	
PRODUCER Arachas Group LLC							CONTACT NAME:						
							PHONE (A/C, No, Ext): (630) 289-4410 FAX (A/C, No): (630) 289-7726						
852 W. Bartlett Road Bartlett, IL 60103								E-MAIL ADDRESS: certificates@arachasgroup.com					
								INSURER(S) AFFORDING COVERAGE NAIC					
								INSURER A : Artisan & Truckers Casualty Co				10194	
INSURED Brothersway Transportation Inc. 12430 FALCON DR Plainfield, IL 60585								RB:		•			
								INSURER C:					
								INSURER D :					
								INSURER E :					
								INSURER F:					
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
T IN C	HIS IS NDICATE ERTIFIC	TO CERTIFY THED. NOTWITHS	HAT THE POLICII TANDING ANY R SSUED OR MAY	ES O EQUI	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	ECT TO	O WHICH THIS	
INSR LTR				ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α				IIIOD				, ,		EACH OCCURRENCE \$		1,000,000	
		CLAIMS-MADE X OCCUR				961594698		9/21/2025	9/21/2026	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000	
										MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER:									GENERAL AGGREGATE	\$	2,000,000	
										PRODUCTS - COMP/OP AGG	\$	2,000,000	
										1 110 20 10 COMM 701 7100	\$		
Α										COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	AN	NY AUTO				961594698		9/21/2025	9/21/2026	BODILY INJURY (Per person)	\$		
	O\ AL	WNED X	SCHEDULED AUTOS							BODILY INJURY (Per accident)			
		IRED UTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		DIOS ONLI	AUTOS ONET							(i or deordonly	\$		
	UN	MBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		XCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
	DE	ED RETENTION	ON \$	1						NOONEONIE	\$		
	WORKE	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER	<u> </u>		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$			
									E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT			
Α	A Motor Truck Cargo					961594698		9/21/2025	9/21/2026	DED. \$1,000	Ψ	250,000	
Α	Physical Damage					961594698		9/21/2025	9/21/2026	DED COMP/COLL \$1,000			
DES	CRIPTION	N OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CE	RTIFIC	ATE HOLDER					CANCELLATION						
Super Dispatch 905 McGee St. #210 Kansas City, MO 64106								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					
							Mogildea						