



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2026

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 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: Resolute Insurance Group	
Resolute Insurance Group		PHONE (A/C, No, Ext): 501-725-1001	FAX (A/C, No):
124 West Capitol Avenue		E-MAIL ADDRESS: COI@ResoluteGrp.com	
Suite 1886		INSURER(S) AFFORDING COVERAGE	
Little Rock AR 72201		INSURER A: Underwriters at Lloyd's, London	NAIC # AA1122000
INSURED		INSURER B:	
XPEL ONE INC		INSURER C:	
8004 Fountainbrook Dr		INSURER D:	
Indian Trail NC 28079-3763		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.

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 <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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			PXCEL002426	05/11/2026	05/11/2027	Limit: \$250,000, Deductible: \$5,000
A	Excess Cargo			NA26EKEP	05/11/2026	05/11/2027	Limit: \$250,000

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

This Policy 'NA26EKEP' has Other Coverage 'Excess Cargo' With Limit '250000'. Carrier: 'Underwriters at Lloyd's, London', Effective Date: '05/11/2026', Expiration Date: '05/11/2027'.

Vehicles:

2017, COTTRELL, VIN: 5E0AC1443HG952704, (\$30000)
2017, COTTRELL, VIN: 5E0AC1445HG851504

CERTIFICATE 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 <i>Colton Duty</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY Resolute Insurance Group		NAMED INSURED XPEL ONE INC 8004 Fountainbrook Dr	
POLICY NUMBER		8004 Fountainbrook Dr	
CARRIER	NAIC CODE	Indian Trail, NC, 28079-3763	
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

2019, COTTRELL, VIN: 5E0AA1645KG216101, (\$30000)
 2022, COTTRELL, VIN: 5E0AA1649NG602301
 2019, VOLVO TRUCK, VAH, VIN: 4V5RC9EH5KN200444, (\$70000)
 2022, PETERBILT, 389, VIN: 1NPXL49X8ND762742
 2017, PETERBILT, 389, VIN: 1NPXDP9X0HD359504
 2017, PETERBILT, 389, VIN: 1NPXDP9X3HD359500, (\$70000)
 2024, PETERBILT, 389, VIN: 1NPXLP9X1RD611538
 2026, FREIGHTLINER, Cascadia, VIN: 1FUJHHR5TLWL2993
 2024, RAM, 5500, VIN: 3C7WRNFL9RG210347
 Drivers:
 -Name: Viktor Miroshnychenko
 -Name: Iurii Luzan
 -Name: Alvin Jerome Lewis
 -Name: Azamat Adilbayev
 -Name: Tomasz Dubiel
 -Name: Julian Baldetti
 -Name: Valentyn Zhuravel
 -Name: Yurii Didenko
 -Name: Makar Letuchev
 -Name: Dmitriy Dmitriyevich Donskoy