



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/2025

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	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 : Drive New Jersey Insurance Company	11410
INSURED	INSURER B :	
GIAUTA LLC 14 GRACE CT TWP WASHINTON, NJ 07676	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER: 213054991848779606D031725T164758		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"/>	N	N	967308287	03/15/2025	03/15/2026	EACH OCCURRENCE	\$					
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$						
	MED EXP (Any one person)						\$						
	PERSONAL & ADV INJURY						\$						
	GENERAL AGGREGATE						\$						
	PRODUCTS - COMP/OP AGG						\$						
							\$						
							\$						
							\$						
							\$						
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)			\$ 1,500,000					
ANY AUTO				BODILY INJURY (Per person)			\$						
OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)			\$				
Hired AUTOS ONLY		NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)			\$				
									\$				
UMBRELLA LIAB		OCCUR				EACH OCCURRENCE			\$				
EXCESS LIAB		CLAIMS-MADE				AGGREGATE			\$				
DED	RETENTION \$								\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N / A	967308287	03/15/2025	03/15/2026	PER STATUTE	OTH-ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>								E.L. EACH ACCIDENT			\$
If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE			\$
See ACORD 101 for additional coverage details.										E.L. DISEASE - POLICY LIMIT			\$

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 #201 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		
		



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY APA Insurance Group		NAMED INSURED GIAUTA LLC 14 GRACE CT TWP WASHINTON, NJ 07676
POLICY NUMBER 967308287	CARRIER Drive New Jersey Insurance Company	
	NAIC CODE 11410	EFFECTIVE DATE: 03/15/2025

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	\$100,000 w/\$2,500 Ded
Uninsured/Underinsured BI	\$100,000 Combined Single Limit
Uninsured/Underinsured PD	(included in combined single limit w/\$500 Ded)

Description of Location/Vehicles/Special Items

Scheduled autos only
2022 RAM 3500 3C63RRGL4NG335148
2019 Appalachian Trailer 5Z5GC3625KKS00251

Additional Information

USDOT number 4033149 is listed on this commercial auto policy.