

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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).

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				aorser	nent. A state	ement on thi	s certificate does not co	nter ri	gnts to the	
PRODUCER						CONTACT NAME: DANIEL PRIUTILOV					
INSURANCE PLUS AGENCY						PHONE (A/C. No. Ext): 786-779-0327 (A/C. No.): 844-377-1149					
6457 CENTRAL AVE						E-MAIL ADDRESS: commercialinsurance305@gmail.com					
							URER(S) AFFOR	RDING COVERAGE		NAIC #	
ST.PETERSBURG FL 33710						INSURER A: GEICO Marine Insurance Company					
INSURED					INSURER B:						
SMART CHOICE CARRIER LLC					INSURER C:						
900 RACE TRACK RD					INSURER D :						
						INSURER E:					
SUMTER			SC 29153			INSURER F:					
		_	NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICIES ( NDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAII POLI	EMEN N, TH CIES.	T, TERM OR CONDITION OF E INSURANCE AFFORDED F LIMITS SHOWN MAY HAVE	F ANY C	ONTRACT OR POLICIES DES REDUCED BY	OTHER DOC SCRIBED HEF PAID CLAIMS	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	O WHIC	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							OOMBINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		0,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	ALL OWNED AUTOS AUTOS			9300205541		9/8/2025	9/8/2026	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED   RETENTION \$   WORKERS COMPENSATION							PER   OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	•		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
А	Motor Truck Cargo			9300205541		9/8/2025	9/8/2026	Limit: \$150,000, Deductible: \$2500			
SCH SCH 1FE SCH	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC HEDULED DRIVERS: DAVID ODIKADZE, SHAVLEG N HEDULED TRUCKS: 2024 FORD 1FT8W3DT2REF16/ D8W3HT8PEC30086, HEDULED TRAILERS: 2024, KAUFMAN 7UZFW502X PLS4829MB540049	NATATI 013, 2	RASHV 020 VO	VILI, BERDIA ZVIADAURI, ILIA JAIA DLVO 4V4NC9EH0NN609703, 202	ini 21 Freigi	HTLINER CASCAE	DIA 3AKJHHDV6	MSMG5218, 2023 FORD F-350			
CF	RTIFICATE HOLDER	CANCELLATION									
Super Dispatch 905 McGee Street, #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  DAMSEL PROUTSLOOD					
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