



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/08/2026

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 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> DOVBENKO INSURANCE AGENCY INC 855 E GOLF RD STE 1123 ARLINGTON HEIGHTS, IL 60005	<b>CONTACT NAME:</b> IRYNA M DOVBENKO <b>PHONE (A/C, No, Ext):</b> +1 (773) 627 8892 <b>E-MAIL ADDRESS:</b> CERTIFICATE@DOVBENKO.COM	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> LEMBERG TRANS LLC 1243 E PRAIRIE BROOK DR APT B3 PALATINE, IL 60074	<b>INSURER A :</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b> Lloyds of London (FINFR)		15792
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 74243

REVISION NUMBER: 1

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 \$ 0.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0.00 MED EXP (Any one person) \$ 0.00 PERSONAL & ADV INJURY \$ 0.00 GENERAL AGGREGATE \$ 0.00 PRODUCTS - COMP/OP AGG \$ 0.00 \$ 0.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 0.00 BODILY INJURY (Per person) \$ 0.00 BODILY INJURY (Per accident) \$ 0.00 PROPERTY DAMAGE (Per accident) \$ 0.00 \$ 0.00
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 0.00 AGGREGATE \$ 0.00 \$ 0.00
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 0.00 E.L. DISEASE - EA EMPLOYEE \$ 0.00 E.L. DISEASE - POLICY LIMIT \$ 0.00
E	<b>MOTOR TRUCK CARGO</b>			FINFR10170782-109929 -DO	01/06/2026	01/06/2027	\$5000 Deductible 250,000.00 0.00

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

Towing & Storage Limit \$5,000; VITALII BIZIAKIN; VALERIAN MTCHEDLISHVILI; IVAN KRAVCHUK; MEDETBEK TOKTOSHEV;OLENA HARKAVENKO; SERGEI PESHKISHEV; ANDREI STEFANIV; MAKSYM SOLIAR;  
 2024 KAUFMAN TRAILERS GROUP, LLC 7UZFW5320RL000072; 2022 KAUFMAN TRAILERS OF NC 5VGFWS038NL007270;  
 2022 KAUFMAN TRAILERS OF NC 5VGFWS320NL005452; 2022 KAUFMAN TRAILERS OF NC 5VGFWS327NL006078;

**CERTIFICATE HOLDER**

Descartes MyCarrierPortal  
 543 Country Club Dr., Unit B338 Simi Valley, CA  
 93065

**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  
*Iryna M Doubenko*

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY DOVBENKO INSURANCE AGENCY INC		NAMED INSURED LEMBERG TRANS LLC	
POLICY NUMBER		1243 E PRAIRIE BROOK DR APT B3 PALATINE, IL 60074	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

2022 FREEDOM TRAILERS, LLC 5WKBE3435N1073747; 2023 KAUFMAN TRAILERS GROUP, LLC 7UZFW5023PL000388;  
 2024 FORD 1FT8W3DT2RED95483; 2018 VOLVO TRUCK 4V4NC9EH3JN891104; 2016 FREIGHTLINER Tractor 3AKJGLBG4GSGX0686;  
 2019 FREIGHTLINER Tractor 3AKJHHDRXKSKD8744; 2020 FREIGHTLINER Tractor 1FUJHHDR4LLLK2186;  
 2024 FORD HotShot 1FT8W3DM5REF60788:

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.