



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
05/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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> <b>DAYLIGHT INSURANCE INC.</b>  3544 Main St Hilliard, OH 43026	<b>CONTACT</b> <b>NAME: DAYLIGHT INSURANCE INC.</b>	
	<b>PHONE</b> (A/C, No, Ext): (614) 918-9131	<b>FAX</b> (A/C, No):
	<b>E-MAIL</b> <b>ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURER A: GEICO Marine Insurance Company</b>	<b>37923</b>	
<b>INSURED</b>  <b>I 60 EXPRESS INC</b> 7435 MAPLELEAF BLVD COLUMBUS, OH 43235	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## 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.

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					9300154859-00	05/22/2025	05/22/2026	EACH OCCURRENCE \$ 1,000,000					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	Coverage applies to for-hire trucking operations only. It does not apply to any activity other than trucking operations.								MED EXP (Any one person) \$ 5,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY \$ 1,000,000					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC								GENERAL AGGREGATE \$ 2,000,000					
	OTHER:								PRODUCTS - COMP/OP AGG \$ 2,000,000					
									\$					
A	AUTOMOBILE LIABILITY					9300154859-00	05/22/2025	05/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000					
	ANY AUTO								BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS								BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY <input type="checkbox"/> 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 <input type="checkbox"/> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$					
A	Motor Truck Cargo					9300154859-00	05/22/2025	05/22/2026	\$250,000/\$2,500 DED					

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

2019 VOLVO VNL 4V4NC9EJ2KN211309

## CERTIFICATE HOLDER

Super Dispatch  
905 McGee St. #210  
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**

*Paul Frost*

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