



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2025

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 FIRST GEORGIAN AGCY 80 AVENUE O SUITE 3, BROOKLYN, NY 11204	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 : Progressive Northwestern Insurance Company	42919
INSURED GT NYC INC 9602 4TH AVE APT 4J BROOKLYN, NY 11209	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 528771631340774551D102925T140232

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"/>			981842172	05/29/2025	05/29/2026	EACH OCCURRENCE	\$										
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$											
	MED EXP (Any one person)						\$											
	PERSONAL & ADV INJURY						\$											
	GENERAL AGGREGATE						\$											
	PRODUCTS - COMP/OP AGG						\$											
	OTHER:						\$											
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							N	N			COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000					
	BODILY INJURY (Per person)											\$						
	BODILY INJURY (Per accident)											\$						
PROPERTY DAMAGE (Per accident)	\$																	
	\$																	
UMBRELLA LIAB						EACH OCCURRENCE						\$						
EXCESS LIAB						AGGREGATE						\$						
DED						RETENTION \$						\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>												Y/N	N / A			PER STATUTE	OTH-ER	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below																E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$										
							E.L. DISEASE - POLICY LIMIT	\$										
See ACORD 101 for additional coverage details.																\$		

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

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 



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY FIRST GEORGIAN AGCY	NAMED INSURED GT NYC INC 9602 4TH AVE APT 4J BROOKLYN, NY 11209	
POLICY NUMBER 981842172		
CARRIER Progressive Northwestern Insurance Company	NAIC CODE 42919	EFFECTIVE DATE: 05/29/2025

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	\$150,000 w/\$2,500 Ded
Personal Injury Protection	\$50,000 w/o Workers Comp
Uninsured Motorist	\$25,000 each person/\$50,000 each accident

Description of Location/Vehicles/Special Items

Scheduled autos only
2021 RAM 2500 3C6UR5CJ8MG590885
2020 FORD F250 1FT7W2B66LEE84371
2011 FORD F150 1FTFW1EF8BFA16345
2015 FORD F250 1FT7W2BTXFEA09803
2019 FORD F250 1FT7W2B69KEE96013