



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/03/2026

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).

PRODUCER Progressive Insurance PO Box 94739, Cleveland, OH 44101	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	
INSURED Macon safe transports 17070 JASMINE LN ORLAND PARK, IL 60487	INSURER A : Artisan and Truckers Casualty Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 841373005428372474D010326T031120

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	N	N	991292317	01/03/2026	01/03/2027	EACH OCCURRENCE
	☐ CLAIMS-MADE ☒ OCCUR						\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$100,000
							MED EXP (Any one person)
							\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	☒ POLICY ☐ PRO-JECT ☐ LOC						\$1,000,000
	OTHER:						GENERAL AGGREGATE
							\$1,000,000
							PRODUCTS - COMP/OP AGG
							\$1,000,000
							\$
A	AUTOMOBILE LIABILITY	N	N	991292317	01/03/2026	01/03/2027	COMBINED SINGLE LIMIT (Ea accident)
	☐ ANY AUTO						\$1,000,000
	☐ OWNED AUTOS ONLY						
	☒ SCHEDULED AUTOS						
	☐ HIRED AUTOS ONLY						
	☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)
							\$
							BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	☐ OCCUR						\$
	EXCESS LIAB						AGGREGATE
	☐ CLAIMS-MADE						\$
							\$
	DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / A					☐ PER STATUTE ☐ OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$
							E.L. DISEASE - EA EMPLOYEE
							\$
			E.L. DISEASE - POLICY LIMIT				
			\$				
A	See ACORD 101 for additional coverage details.	N	N	991292317	01/03/2026	01/03/2027	\$

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

CERTIFICATE HOLDER

Super Dispatch 905 McGree st #205 Kansas city, 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 

CANCELLATION

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Progressive Insurance		NAMED INSURED Macon safe transports 17070 JASMINE LN ORLAND PARK, IL 60487	
POLICY NUMBER 991292317		EFFECTIVE DATE: 01/03/2026	
CARRIER Artisan and Truckers Casualty Company	NAIC CODE 10194		

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 Motorist Bodily Injury	\$1,000,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only
 2019 FORD F350 1FT8W3CT9KEF11429