



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2026

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 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		CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 954-716-7700 E-MAIL ADDRESS: coi@prestigetrucking.com	
Prestige Trucking Insurance 7200 W McNab Road		INSURER(S) AFFORDING COVERAGE INSURER A : GEICO Marine Insurance Company	
Tamarac FL 33321		NAIC # 37923	
INSURED		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
CITYLINK AUTO HAUL 1643 N Alpine Rd Rockford IL 61107			

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.

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			9300100767	1/8/2026	1/8/2027	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	OTHER:						MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS	NON-OWNED AUTOS						PERSONAL & ADV INJURY
UMBRELLA LIAB	OCCUR			GENERAL AGGREGATE	\$ 2,000,000			
EXCESS LIAB	CLAIMS-MADE			PRODUCTS - COMP/OP AGG	\$ 2,000,000			
DED	RETENTION \$				\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A					PER STATUTE	OTHE- R
A	Motor Truck Cargo			9300100767	1/8/2026	1/8/2027	E.L. EACH ACCIDENT	
A	Physical Damage			9300100767	1/8/2026	1/8/2027	E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

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

Vehicles:

2024, BIG TEX, Big Tex, VIN: 16V3F4822R4354802, (\$27,000), Deductible (Collision): \$500, Deductible (Comprehensive): \$500
2024, RAM, 2500, VIN: 3C6UR5CL7RG328784, (\$ACV), Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000

Drivers:

-Name: Hayk Barseghyan

CERTIFICATE HOLDER

CANCELLATION

Super Dispatch 905 McGee St. #210	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 <i>Antoinette King</i>	
Kansas City	MO 64106	

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