



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2025

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 UNIFIED PROFESSIONAL SERVICES 4208 DAIRY CT, FREEHOLD, NJ 07728	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 : United Financial Casualty Company	11770
INSURED ROADWARRIOR LOGISTICS INC 301 HEIGHTS LANE APT 3D FEASTERVILLE, PA 19053	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER: 483172796705232752D111425T160313		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"/>	N	N	989660096	11/20/2025	11/20/2026	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											COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$						
	BODILY INJURY (Per accident)						\$						
PROPERTY DAMAGE (Per accident)	\$												
	\$												
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	N	N	989660096	11/20/2025	11/20/2026	EACH OCCURRENCE	\$					
							AGGREGATE	\$					
								\$					
								\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N	N / A	989660096	11/20/2025	11/20/2026	PER STATUTE	OTH-ER						
IF yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$						
						E.L. DISEASE - EA EMPLOYEE	\$						
						E.L. DISEASE - POLICY LIMIT	\$						
A	See ACORD 101 for additional coverage details.	N	N				\$						

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

CERTIFICATE HOLDER

ROADWARRIOR LOGISTICS INC 301 HEIGHTS LANE APT 3D FEASTERVILLE, PA 19053	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		
		



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY UNIFIED PROFESSIONAL SERVICES		NAMED INSURED ROADWARRIOR LOGISTICS INC 301 HEIGHTS LANE APT 3D FEASTERVILLE, PA 19053
POLICY NUMBER 989660096		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 11/20/2025

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
Uninsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit Non-Stacked
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit Non-Stacked
Income Loss	\$1,000 per Mo/\$5,000 Max - w/o Workers Comp
Medical Expense	\$5,000 w/o Workers Comp

Description of Location/Vehicles/Special Items

Scheduled autos only

2024 RAM 3500 3C7WRSL3RG207219	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded
2023 Kaufman Trailer 5VGFW5028PL003374	
Comprehensive	\$2,500 Ded
Collision	\$2,500 Ded