

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

	rtificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRODUCER				CONTACT NAME: Francisco Dossantos							
Metropolitan Insurance					PHONE (A/C, No, Ext): (954) 448-7010 FAX (A/C, No):						
201 SE 15th terrace						E-MAIL ADDRESS: dossantos@insurancemetropolitan.com					
ste 204						INSURER(S) AFFORDING COVERAGE				NAIC #	
Deerfield Beach FL 33441					INSURER A: GEICO MARINE INS CO					37923	
INSURED						INSURER B:					
JD TRANSPORT & TOWING LLC					INSURER C:						
15262 Black Lion Way					INSURER D:						
					INSURER E :						
Winter Garden FL 34787				FL 34787	INSURER F:						
COVERAGES CERTIFICATI			ATE	NUMBER:	REVISION NUM			REVISION NUMBER:			
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIES OF FED. NOTWITHSTANDING ANY REQUICATE MAY BE ISSUED OR MAY PER BIONS AND CONDITIONS OF SUCH P	JIREM TAIN,	MENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	NTRACT OR OT DLICIES DESCR DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO W	HICH TH		
INSR LTR TYPE OF INSURANCE			DLSUBR D WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
GEN'I	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
AUTO	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			9300078711		10/18/2024	10/18/2025	BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								PIP	\$	10,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	İ							\$		
	KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY F	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(Mand	ER/MEMBER EXCLUDED?	"'^						E.L. DISEASE - EA EMPLOYEI	\$		
If yes, DESC	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Limit		\$100,000	
A MC	OTOR TRUCK CARGO			9300078711		10/18/2024	10/18/2025	deductible		\$1,000	
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)	-		
vin# 3C6	3RRGL7RG350104 / 2024 Dodge Ra	m 350	00								
USDOT											
MC # 16	/8226										
CERTIFICATE HOLDER						CANCELLATION					
Super Dispatch					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
905 McGee Street					AUTHORIZED REPRESENTATIVE						
#210					Francisco Santos						
Kansas City			MO 64106			Linion Non South)					