



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2025

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 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: Holly Homer PHONE (A/C, No, Ext): 980-326-5604 E-MAIL ADDRESS: support@logrock.com	
Charles String 9 Union St N STE 400 Concord		INSURER(S) AFFORDING COVERAGE INSURER A: UNITED FINANCIAL CASUALTY COMPANY NAIC # 11770	
NC 28025		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED MOTOWAY LLC 16519 Ne 12Th Ave Ridgefield WA 98642			

**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			00632874-1	11/21/2025	11/21/2026	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			00632874-1	11/21/2025	11/21/2026	MED EXP (Any one person)	\$ 5,000
	UMBRELLA LIAB EXCESS LIAB						PERSONAL & ADV INJURY	\$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$						GENERAL AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	Motor Truck Cargo			00632874-1	11/21/2025	11/21/2026	EACH OCCURRENCE	\$
A	Physical Damage Coverage			00632874-1	11/21/2025	11/21/2026	AGGREGATE	\$
							PER STATUTE	OTH- ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo			00632874-1	11/21/2025	11/21/2026	Limit: \$250,000 Deductible: \$2500	
A	Physical Damage Coverage			00632874-1	11/21/2025	11/21/2026	Comprehensive \$1,000 Collision \$1,000	

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

Vehicles:

2023, Kaufman, Trailer, VIN: 5VGFW5322PL000272, (\$14000)

2017, Cottrel, Trailer, VIN: 2014, (\$48000)

2025, Kaufman, Trailer, VIN: 7UZFW5321SL000149, (\$24000), Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000

2024, Ford, F350, VIN: 1FT8W3DT1REF67843

2024, Ford, F350, VIN: 1FT8W3BP4REF90099, (\$65000)

## CERTIFICATE HOLDER

## CANCELLATION

Super Dispatch 905 McGee, #210  Kansas City	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>Daniel Summers</i>	
MO 64106		

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