



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/25/2025

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<br><br>UNITED INSURANCE, INC<br>4 GLYNDON DR, STE 2E, REISTERSTOWN, MD 21136 | CONTACT<br>NAME: Progressive Commercial Lines Customer and Agent Servicing |                    |
|   | PHONE<br>(A/C. No., Ext): 1-800-444-4487                                   | FAX<br>(A/C. No.): |
|   | E-MAIL<br>ADDRESS: progressivecommercial@email.progressive.com             |                    |
|   | INSURER(S) AFFORDING COVERAGE  | NAIC #             |
|   | INSURER A : Progressive Casualty Insurance Company                         | 24260              |
|   | INSURER B :  |                    |
| INSURER C :   |  |                    |
| INSURER D :   |  |                    |
| INSURER E :   |  |                    |
| INSURER F :   |  |                    |

**COVERAGES** **CERTIFICATE NUMBER:** 532974421846372645D082525T184043 **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<br><br>CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>  |           | N        | 995824312     | 04/09/2025              | 04/09/2026              | 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<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |               |                         |                         |                             | N  | N | 995824312 | 04/09/2025 | 04/09/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000        |        |
|   | BODILY INJURY (Per person)   |           |          |               |                         |                         |                             |    |   |           |            |            | \$                                  |                    |        |
|   | BODILY INJURY (Per accident)   |           |          |               |                         |                         |                             |    |   |           |            |            | \$                                  |                    |        |
| PROPERTY DAMAGE (Per accident)  | \$   |           |          |               |                         |                         |                             |    |   |           |            |            |                                     |                    |        |
|   | \$   |           |          |               |                         |                         |                             |    |   |           |            |            |                                     |                    |        |
| UMBRELLA LIAB   |  | OCCUR     | N        | N             | 995824312               | 04/09/2025              |                             |    |   |           |            |            | 04/09/2026                          | EACH OCCURRENCE    | \$     |
| EXCESS LIAB   |  |           |          |               |                         |                         |                             |    |   |           |            |            |                                     | AGGREGATE          | \$     |
| DED RETENTION \$  |  |           |          |               |                         |                         |                             |    |   |           |            |            |                                     |                    | \$     |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> | Y/N  | N / A     | N        | N             | 995824312               | 04/09/2025              |                             |    |   |           |            |            | 04/09/2026                          | PER STATUTE        | OTH-ER |
| (Mandatory in NH)<br>If yes, describe under<br>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.   |           |          |               |                         |                         | \$                          |    |   |           |            |            |                                     |                    |        |

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

## CERTIFICATE HOLDER

|   |  |  |
|---|--|--|
| NDR Transport LLC<br>5 REGALIA CT APT F<br>OWINGS MILLS, MD 21117                     | 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

Page 1 of 1

|                                 |  |                            |
|---------------------------------|--|----------------------------|
| AGENCY<br>UNITED INSURANCE, INC | NAMED INSURED<br>NDR Transport LLC<br>5 REGALIA CT APT F<br>OWINGS MILLS, MD 21117 |                            |
| POLICY NUMBER<br>995824312      | NAIC CODE<br>24260   | EFFECTIVE DATE: 04/09/2025 |

### 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                  | \$100,000 w/\$1,000 Ded           |
| Personal Injury Protection         | \$2,500                           |
| Uninsured/Underinsured Motorist    | \$1,000,000 Combined Single Limit |
| Uninsured Motorist Property Damage | \$1,000,000 w/\$250 Ded           |

### Description of Location/Vehicles/Special Items

| Scheduled autos only             |
|----------------------------------|
| 2024 FORD F350 1FT8W3DT5REE53151 |
| Comprehensive                    |
| Collision                        |