



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/16/2025

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).

<b>PRODUCER</b> Elite Insurance & Financial Services LLC 5438 N 70th Ave Glendale, AZ 85303	<b>CONTACT NAME:</b> Customer Service <b>PHONE (A/C, No, Ext):</b> 972-845-5246 <b>E-MAIL ADDRESS:</b> csr@elitegroupins.com <b>FAX (A/C, No):</b> 602-560-3454														
<b>INSURED</b> Autobox Transport LLC 17702 Forest Park Ln TX, Spring 77379	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : American Inter-Fidelity</td><td>40088</td></tr><tr><td>INSURER B : Bulldog National RRG, INC</td><td>16384</td></tr><tr><td>INSURER C : National Fire &amp; Marine Insurance Company</td><td>20052</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Inter-Fidelity	40088	INSURER B : Bulldog National RRG, INC	16384	INSURER C : National Fire & Marine Insurance Company	20052	INSURER D :		INSURER E :		INSURER F :	
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## 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ATG-TX-0009059-25	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000.00 BODILY INJURY (Per person) \$ 0.00 BODILY INJURY (Per accident) \$ 0.00 PROPERTY DAMAGE (Per accident) \$ 0.00 \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ 0.00						EACH OCCURRENCE \$ 0.00 AGGREGATE \$ 0.00 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 0.00 E.L. DISEASE - EA EMPLOYEE \$ 0.00 E.L. DISEASE - POLICY LIMIT \$ 0.00
C	Cargo			72MTS034161	09/29/2025	09/29/2026	Limit:150000.00, Deductible:1000.00
A	Physical damage			I23C8967-D1000-S-409537	09/29/2025	09/29/2026	Limit:105000.00, Deductible:1000.00

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

This policy has PIP (Ded: \$2500.00)  
This policy has Towing (Limit: \$5,000.00)

## CERTIFICATE HOLDER

## CANCELLATION

Super Dispatch  
905 McGree Street, #210, Kansas City  
MO 64106

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Elite Insurance & Financial Services LLC		NAMED INSURED Autobox Transport LLC	
POLICY NUMBER ATG-TX-0009059-25		17702 Forest Park Ln TX , Spring, 77379	
CARRIER American Inter-Fidelity	NAIC CODE 40088	EFFECTIVE DATE: 09/30/2025	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Vehicles:

- 2021,Freightliner Cascadia, VIN:3AKJHHDR6MSLX5770, VALUE: \$50000
- 2022,Sun Country, VIN:5856C532XNP022908, VALUE: \$55000

Drivers:

- Marvin Pena