



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/02/2026

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	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 : Progressive Casualty Insurance Company	24260
INSURED	INSURER B :	
BUELLS TOWING AND TRANSPORT 137 SUMMER ST NORTH DIGHTON, MA 02764	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER: 861676606607930607D010226T133747		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	867579688	01/01/2026	01/01/2027	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							N	N	867579688	01/01/2026	01/01/2027	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	867579688	01/01/2026							01/01/2027	EACH OCCURRENCE	\$
EXCESS LIAB														AGGREGATE	\$
DED RETENTION \$															\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N	N / A	N	N	867579688	01/01/2026							01/01/2027	PER STATUTE	OTH-
(Mandatory in NH) 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.						\$								

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

CERTIFICATE HOLDER

BUELLS TOWING AND TRANSPORT 137 SUMMER ST NORTH DIGHTON, MA 02764	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 Progressive Insurance	NAMED INSURED BUELLS TOWING AND TRANSPORT 137 SUMMER ST NORTH DIGHTON, MA 02764	
POLICY NUMBER 867579688		
CARRIER Progressive Casualty Insurance Company	NAIC CODE 24260	EFFECTIVE DATE: 01/01/2026

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
Compulsory BI/PD Liability	\$25,000/\$50,000/\$30,000
Motor Truck Cargo	\$100,000 w/\$2,500 Ded
Personal Injury Protection	\$8,000 w/\$0 Ded Named Insured only
Uninsured Motorist Bodily Injury	\$25,000/\$50,000
Underinsured Motorist Bodily Injury	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2012 FORD F350 1FT8W3BT3CEB47625	
Collision	\$2,500 Ded
Comprehensive	\$2,500 Ded w/\$100 glass Ded
Rental Reimbursement	\$30 Per Day (\$900 Max)
Medical Payments	\$500 each person
2025 Lamar Trailer 5RVGB4023SP140299	
Collision	\$2,500 Ded w/waiver
Comprehensive	\$5,000 Ded w/\$5,000 glass Ded