

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Progressive Insurance		NAMED INSURED D DASLA TRANSPORT LLC 6410 S 109th Ave Tolleson, AZ 85353	
POLICY NUMBER 869256656		EFFECTIVE DATE: 02/05/2026	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

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	\$250,000 w/\$1,000 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only		Stated Amount	\$80,000
2026 RAM 3500 3C63RRML2TG161632			
Comprehensive	\$2,500 Ded		
Collision	\$2,500 Ded		
2019 Kaufman Trailer 5VGFE4731KL006511			