

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/26/2024

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									
	Griff Insurance Services, LLC 0 SW Meadows Road, Suite 240	PHONE (A/C, No, Ext): 503-943-6621 FAX (A/C, No): 503-943-6622							
	e Oswego, OR 97035	E-MAIL ADDRESS:							
				ADDITEOU	INS	SURER(S) AFFOR			NAIC #
				INSURER A :ACE					22667
INSU	RED	INSURER B :Obsidian Pacific Insurance Company {35602}					22007		
Voca	ar Transportation Services, LLC 5 Bicentennial St	INSURER C :Gemini Insurance Company					40000		
	Antonio, TX 78219					пу		10833	
			INSURER D :Lloyds of London						
		INSURER E :							
<u></u>							<u> </u>		
	VERAGES CERT	REVISION NUMBER: E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
IN Cl	ENDIGATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH P	QUIREM ERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTR ED BY THE POL BEEN REDUCED	ACT ICIE BY	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS
insr Ltr	TYPE OF INSURANCE	NSD WV	R POLICY NUMBER	POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
А	X COMMERCIAL GENERAL LIABILITY		HDOG48901281	10/01/2		05/01/2025	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
В	OTHER: AUTOMOBILE LIABILITY		LDT-AL-000001044-00	10/01/2)24	10/01/2025	COMBINED SINGLE LIMIT		
5				10/01/2			(Ea accident)	\$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$ \$	
С			GVE100278104	10/01/2	104	10/01/2025			4 000 000
U	UMBRELLA LIAB X OCCUR		012100270104	10/01/2	JZ4	10/01/2025	EACH OCCURRENCE	\$	1,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
	DED RETENTION \$							\$	
	AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below		N/4 4 4 2 0 4 4 2 0 0 7	10/01/0		0.5/0.1/00.05	E.L. DISEASE - POLICY LIMIT Limit incl Reefer Breakdown	\$	500.000
A A D	Cargo Legal Liability Trailer Interchange		N14432413007 ISA H10825258	10/01/2)24	05/01/2025	Limit - Fire & Theft ACV	\$ \$	500,000
D	Texas Non-Subscriber		SYS23TS11-TX0078 Policy Period -10/1/2024 - 202	25			Limit	\$ \$	1,000,000
			,					\$	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACOR	D 101, Additional Remarks Schedu	e, may be attached i	f mor	e space is require	ed)		
CEF	RTIFICATE HOLDER	CANCELLATION							
Voc	ar Transportation Services, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Evid	lence of Coverage	AUTHORIZED REPRESENTATIVE							
	5 Bicentennial St. Antonio, TX 78219	Juttin &							
Jail	, anomo, 17, 102 10	a man							

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