

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) | | |
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| 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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