

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2024

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)

	is certificate does not confer rights to the	certi	ficate	holder in lieu of s	uch e		(s).	•			
PRODUCER Asset Insurance Consultants, LLC					NAME: Progressive Commercial Lines Customer and Agent Servicing						
7016 W. HARRY, WICHITA, KS 67209						PHONE FAX (A/C, No, Ext): 1-800-444-4487 (A/C, No):					
					E-MAII ADDR	L Ess: progressiv	vecommercial@	email.progressive	e.com	_	
						INSUR	RER(S) AFFORD	ING COVERAGE		NAIC	;#
					INSUR	ER A: United F	Financial Casua	alty Company		1177	0
INSU					INSURER B:						
	Go! Transport Services, LLC S S 199th St W				INSURER C:						
	dard, KS 67052				INSUR	ER D :					
					INSUR	ER E :					
					INSUR	ER F :					
cov	VERAGES CERTIFICA	ATE	NUM	BER: 2120647011624	1363731	D030624T1953	118	REVISION NU	MBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF IN DICATED. NOTWITHSTANDING ANY REQUIRE ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH POLICIE	MEN IN, T	IT, TE ГНЕ II	RM OR CONDITION NSURANCE AFFORD	OF AN ED BY	Y CONTRACT	T OR OTHER ES DESCRIBE	DOCUMENT WI'ED HEREIN IS S	TH RESPE	CT TO WHICH T	THIS
INSF			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMI.	rs	
	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN	CE	\$1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$100,000	
								MED EXP (Any one	person)	\$5,000	
Α		N	N	978359556		03/06/2024	03/06/2025	PERSONAL & ADV	INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		'	0.000000		00/00/2021	00/00/2020	GENERAL AGGRE	GATE	\$2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$2,000,000	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMI I	\$1,000,000	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
Α	OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY	N	N	978359556		03/06/2024	03/06/2025	BODILY INJURY (P	er accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN AGGREGATE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							DED	ОТИ	\$	
	AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY							E.L. EACH ACCIDE	PTH-	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO			
	See ACORD 101 for additional coverage details.							\$		•	
Α		N	N	978359556		03/06/2024	03/06/2025				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ACOR	D 101,	Additional Remarks Sch	edule, n	nay be attached	if more space is	required)			
CEF	RTIFICATE HOLDER				CANO	ELLATION					
Van-Go! Transport Services, LLC 1143 S 199th St W Goddard, KS 67052						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
_500	,				AUTHO	ORIZED REPRES		Mark Par	て		

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED	
Asset Insurance Consultants, LLC	Van-Go! Transport Services, LLC	
POLICY NUMBER	1143 S 199th St W Goddard, KS 67052	
978359556	Goddard, No 07002	
CARRIER	NAIC CODE	
United Financial Casualty Company	11770	EFFECTIVE DATE : 03/06/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,			
FORM NUMBER: 25 FORM TITLE: Certificate of Liability In	surance		

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$250,000 w/\$1,000 Ded
Personal Injury Protection	Medical Expense of \$4,500
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2024 FORD TRANSIT 1FTBR3X88RKA42946

Comprehensive \$2,500 Ded Collision \$2,500 Ded

Rental Reimbursement \$50 Per Day (\$1,500 Max) Roadside Assistance Selected w/\$0 Ded

Medical Payments \$5,000

Liability coverage may not apply to all scheduled vehicles.