



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/2/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Roanoke Insurance Group LB 100 W. Broadway Suite 510 Long Beach CA 90802		CONTACT NAME: Roxanne Hall PHONE (A/C, No, Ext): (562) 628-9326 FAX (A/C, No): E-MAIL ADDRESS: roxanne.hall@roanokegroup.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
License#: 0B57692 REGIMON-01		INSURER A : Chaucer Syndicate 1084 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED URBAN LOGISTICS TMG LLC c/o Registry Monitoring Insurance Services, Inc.an 1444 S. Entertainment Ave., Ste 110 BOISE ID 83716			

COVERAGES

CERTIFICATE NUMBER: 1212424565

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.

EXCLUSIONS AND CONDITIONS OF COVERAGE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY TRAILER LIMITS.									
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </div>								EACH OCCURRENCE \$	
								DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
								GENERAL AGGREGATE \$	
								PRODUCTS - COMP/OP AGG \$	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY </div>							COMBINED SINGLE LIMIT (Ea accident) \$		
							BODILY INJURY (Per person) \$		
							BODILY INJURY (Per accident) \$		
							PROPERTY DAMAGE (Per accident) \$		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ </div>							EACH OCCURRENCE \$		
							AGGREGATE \$		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </div>	<input type="checkbox"/> Y/N N / A						PER STATUTE	OTH-ER	
							E.L. EACH ACCIDENT \$		
							E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$		
A A	Contingent Cargo Liability Errors & Omissions		N N	N N	LDCH000150-01 LDCH000150-01	6/1/2025 6/1/2025	6/1/2026 6/1/2026	Per Truck/Shipment Occurrence/Aggregate	\$100,000.00 \$50,000.00

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

Limit of Liability USD 100,000 each and every accident for liability assessed against the declared Assured hereon in respect of damage to cargo only; however, coverage is subject to a deductible of USD 10,000 each and every loss. Any loss, damage, or liability arising from theft is expressly excluded from coverage under this policy.

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

CERTIFICATE HOLDER

CANCELLATION

Flexent Freight Funding
1500 Delaware Ave
Des Moines IA 50317

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

Nafli Hafni