

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 21/10/2025

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A st	tatement on	
PRODUCER						CONTACT Mariana Rodriguez					
Independent Insurance Consultant						PHONE (765) 244 5222 FAX					
	9 N. Shadeland Avenue, #230	(A/C, No, Ext): (703) 244-3222 (A/C, No):  E-MAIL ADDRESs: mariana.r@insuranceconsultantapp.com									
Indianapolis, IN 46250											
indianapolis, in 46250						INSURER(S) AFFORDING COVERAGE INSURER A: GEICO GENERAL INSURANCE COMPANY					
MOURED										35882	
INSURED						INSURER B:					
V&E OPERATIONS LLC					INSURER C:						
DOT 4171081 - MC1604332					INSURER D:						
201 N EVANS ST				INSURER E :							
UNION,				SC 29379	INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REMEN AIN, T CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	PRO- POLICY PECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							THODOGIO - GOIWII /OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$ 1	,000,000	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED			9300100570		01/08/2025	01/08/2026	, , ,	\$		
, · ·	AUTOS ONLY AUTOS NON-OWNED			0000100010		01/00/2020	01/00/2020	PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								-		
	- FYOTOG LIAD							EACH OCCURRENCE	\$		
	CLAIIVIS-IVIADE	-						AGGREGATE	\$		
	DED   RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	_	
	AND EMPLOYERS' LIABILITY Y / N							-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Motor Truck Cargo Physical damage			9300100570		01/08/2025	01/08/2026	Limit: \$100.000 Limit: \$8.000		D: \$1.000 D: \$1.000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
(A) UM/UIM Limit: \$75,000 Policy# 9300100570											
202 201	rers: MARIA VERONICA ROSSI, ERIO 4 DODGE RAM 2500 3C6UR5CL8RG 9 FORD F-350 1FT8W3BT0KEF9586 6 FORD F-250 1FT7W2B67GED2611	3325 7						3350			
CERTIFICATE HOLDER						CANCELLATION					
Empresa Ejemplo S.A. dsvcdssdvdsvdsvdsvdsvdsvdsvdsvdsvdsvdsvdsvds						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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AUTHORIZED REPRESENTATIVE