

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2025-10-14

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							require an endorsement	. A SI	atement on	
this certificate does not confer rights to the certificate holder in lieu of s						CONTACT Mariana Rodriguez					
Independent Insurance Consultant						PHONE (705) 244 5222 FAX					
7399 N. Shadeland Avenue, #230						(A/C, No, Ext): (705) 244-5222 (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				NAIC # 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			NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEREST TO AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Type of Insurance									WHICH THIS		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMPINIED ONIOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ \$ 1	,000,000	
	ANY AUTO					01/08/2025	01/08/2026	BODILY INJURY (Per person)	\$		
Α	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED			9300100570				BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	11/ 7						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
_		_						Limit: \$100.000	DEI	D: \$1.000	
Α	Motor Truck Cargo Physical damage			9300100570		01/08/2025	01/08/2026	Limit: \$8.000		D: \$1.000	
DESC	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# 93001	0057	' 0								
Driv	vers: MARIA VERONICA ROSSI, ERIC	РΔΙ	JI SIM	MONS ARIFL TOSCANIN]] \//!!	IAN CARRE	:NO				
202 201	4 DODGE RAM 2500 3C6UR5CL8RG 9 FORD F-350 1FT8W3BT0KEF95867 6 FORD F-250 1FT7W2B67GED2611:	3325						3350			
CERTIFICATE HOLDER						CANCELLATION					
brysam sales scscsc cscscscs 354545 df fdfdf45454					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						