

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2025

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.

| 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 Mariana Rodriguez  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| Independent Insurance Consultant   |   |  |          |            |                       | PHONE (765) 244 5222 FAX   |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| 7399 N. Shadeland Avenue, #230   |   |  |          |            |                       | (A/C, No, Ext): (700) 244-3222   (A/C, No):  E-MAIL ADDRESS: mariana.r@insuranceconsultantapp.com  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| Indianapolis, IN 46250   |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| Indianapolis, IN 40250   |   |  |          |            |                       | INSURER A : GEICO GENERAL INSURANCE COMPANY  |               |  |    | NAIC #<br>35882 |                                   |  |  |  |  |                           |  |  |  |  |  |
| INSURED  |   |  |          |            |                       |  |               |  |    | 33002           |                                   |  |  |  |  |                           |  |  |  |  |  |
| V&E OPERATIONS LLC   |   |  |          |            |                       | INSURER B:   |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| DOT 4171081 - MC1604332  |   |  |          |            |                       | INSURER C:   |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| 201 N EVANS ST   |   |  |          |            | INSURER D:            |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| UNION.   |   |  | SC 29379 |            |                       | INSURER E :  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |   |  |          |            |                       | INSURER F : DEVISION NUMBER  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| COVERAGES CERTIFICATE 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 PERIO  |   |  |          |            |                       |  |               |  |    | ICA BEDIOD      |                                   |  |  |  |  |                           |  |  |  |  |  |
| 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.              |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| INSR   | ed Anni Surr  |  |          |            | POLICY FEE POLICY FYP |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| LTR  | TYPE OF INSURANCE   |  | WVD      |            |                       | (MM/DD/YYYY)   | (MM/DD/YYYY)  |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | COMMERCIAL GENERAL LIABILITY  |  |          |            |                       |  |               | EACH OCCURRENCE<br>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-<br>JECT LOC   |  |          |            |                       |  |               | PRODUCTS - COMP/OP AGG                       | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | OTHER:  |  |          |            |                       |  |               | COMBINED SINGLE LIMIT                        | \$ | 222 222         |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY |  |          |            |                       |  | (Ea accident) | \$ \$ 1,000,000                              |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| А  |   |  |          |            |                       | 01/08/2025   | 01/08/2026    | BODILY INJURY (Per person)                   | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          | 9300100570 |                       |  |               | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          |            |                       |  |               | (Per accident)                               | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          |            |                       |  |               |  | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | UMBRELLA LIAB OCCUR   |  |          |            |                       |  |               | EACH OCCURRENCE                              | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | EXCESS LIAB CLAIMS-MADE   |  |          |            |                       |  |               | AGGREGATE                                    | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | DED RETENTION \$  |  |          |            |                       |  |               | DED OTH                                      | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |  |          |            |                       |  |               | PER OTH-<br>STATUTE ER                       |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                                |  |          |            |                       |  |               | E.L. EACH ACCIDENT                           | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | (Mandatory in NH)  If yes, describe under   |  |          |            |                       |  |               | E.L. DISEASE - EA EMPLOYEE                   | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | DESCRIPTION OF OPERATIONS below   |  |          |            |                       |  |               | E.L. DISEASE - POLICY LIMIT                  | \$ |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  | Mater Truck Cores   |  |          |            |                       |  |               | Limit: \$100.000                             | DE | D: \$1.000      |                                   |  |  |  |  |                           |  |  |  |  |  |
| Α  | Motor Truck Cargo<br>  Physical damage  |  |          | 9300100570 |                       | 01/08/2025   | 01/08/2026    | Limit: \$8.000                               | DE | 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  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| Drivers: MARIA VERONICA ROSSI, ERIC PAUL SIMONS, ARIEL TOSCANINI, WILLIAN CARRENO  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| 2024 DODGE RAM 2500 3C6UR5CL8RG332519 / 2025 GATOR MADE Dry Freight Trailer 4Z1GF4023SS005350 2019 FORD F-350 1FT8W3BT0KEF95867  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| 2016 FORD F-250 1FT7W2B67GED26112  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| CERTIFICATE HOLDER   |   |  |          |            |                       | CANCELLATION   |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          |            |                       |  |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
| Highway Inc  |   |  |          |            |                       | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |               |  |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |
|  |   |  |          |            |                       |  |               |  |    |                 | 123 st ave 12<br>dallas, TX 75692 |  |  |  |  | AUTHORIZED REPRESENTATIVE |  |  |  |  |  |
| ı  |   |  |          |            | 1                     |  | /             | w w.   |    |                 |                                   |  |  |  |  |                           |  |  |  |  |  |