



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07-03-2024

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 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 SaveInsure Co. Apt 10, West Rd Orlando Florida, 33332	CONTACT NAME: James		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED MacMass Apt 10, West Rd New York City New York , 10001	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : NAVIGATORS INSURANCE COMPANY		42307
	INSURER B : INCLINE CASUALTY COMPANY		11090
	INSURER C : CONTINENTAL DIVIDE INSURANCE COMPANY		35939
	INSURER D : Denise Fisher		RVI82BRH6LV
	INSURER E :		
	INSURER F :		

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL001	07-03-2024	07-03-2025	EACH OCCURRENCE	\$ 1000000.00
							DAMAGE TO RENTED PREMISES (EA Occurrence)	\$ 50000.00
							MED EXP (Any one person)	\$ 6000.00
							PERSONAL & ADV INJURY	\$ 15000.00
							GENERAL AGGREGATE	\$ 2000000.00
							PRODUCTS - COMP/OP AGG	\$ 2000000.00
								\$
A	AUTO LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AUTO001	07-03-2024	07-02-2024	COMBINED SINGLE LIMIT (EA accident)	\$ 1000000.00
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$0			UMB546	07-03-2024	07-31-2024	EACH OCCURRENCE	\$ 1000000.00
							AGGREGATE	\$ 1000000.00
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
								\$
								\$
C	Contingent Cargo			CC005	07-03-2024	07-29-2024	Limit/Ded 3500.00 / 250000.00	

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

ASA

CERTIFICATE HOLDER	CANCELLATION
UVI Transport 8712 south east road houston, Tx 79251	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>hatim</i>



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY SaveInsure Co.		NAME INSURED MacMass	
POLICY NUMBER CC005		Apt 10, West Rd New York City New York, 10001	
CARRIER	NAIC CODE	EFFECTIVE DATE: 07-03-2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS DORM IS A SCHEDULE TO ACCORD FORM,
FORM NUMBER 101 FROM TITLE:

Hello Transportation