



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 NAME: Cooper Chamberlain	
CLV Insurance Agency 418 S Poplar St, Suite A		PHONE (A/C, No, Ext): (618) 335-7500	FAX (A/C, No):
Centralia IL 62801		E-MAIL ADDRESS: Certificates@clvinsuranceagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: PROGRESSIVE SPECIALTY INS CO NAIC # 32786	
INSURED		INSURER B:	
Eco Dynamic Technologies 1017 DANVILLE RD SW		INSURER C:	
DECATUR AL 35601-2948		INSURER D:	
		INSURER E:	
		INSURER F:	

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 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.					

INSR LTR	TYPE OF INSURANCE		ADD'L SUB'R INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	COMMERCIAL GENERAL LIABILITY			992178836	01/24/2025	01/24/2026	EACH OCCURRENCE	\$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000				
							MED EXP (Any one person)	\$ 5,000				
							PERSONAL & ADV INJURY	\$ 1,000,000				
							GENERAL AGGREGATE	\$ 2,000,000				
							PRODUCTS - COMP/OP AGG	\$ 2,000,000				
A	AUTOMOBILE LIABILITY			992178836	01/24/2025	01/24/2026	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000				
	ANY AUTO						BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
	OTHER:							\$				
	UMBRELLA LIAB			992178836	01/24/2025	01/24/2026	EACH OCCURRENCE	\$				
	EXCESS LIAB						AGGREGATE	\$				
	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER				
	Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	992178836	01/24/2025	01/24/2026	E.L. EACH ACCIDENT	\$				
							E.L. DISEASE - EA EMPLOYEE	\$				
							E.L. DISEASE - POLICY LIMIT	\$				
	A Motor Truck Cargo						Limits	\$100,000				
								\$2,500				

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

2022 FREIGHTLINER M2 VIN: 3ALACWFC6NDNU1783

Sean Walker Date of Birth: 08/16/1973

Timothy Johnson Date of Birth: 08/12/1978

CERTIFICATE HOLDER

CANCELLATION

Master

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

Cooper Chamberlain