



**P.O. Box 94739
Cleveland, OH 44101**

**Telephone: 800-444-4487
progressive.com**

Date: September 27, 2023

State: GA

Policy #: 962413710

Insured: TAILGATORS CORPORATION OF ATLANTA

DBA:

Coverage Dates: 10/11/2022 - 09/27/2023

Re: Loss History

☒ There have been no losses on the policy term(s)/date(s) listed

☐ There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at:
1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,
Commercial Lines Customer Care



Loss Summary

Name Insured: Tailgators Corporation of Atlanta

Valuation Date: Wednesday, February 5, 2025, 10:52:02 AM

Customer Number: 8790445905

General Agent: Amwins National Transportation Underwriters Inc

Commercial Auto Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Commercial Auto Physical Damage

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Motor Truck Cargo

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Commercial Auto General Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

All Years / All Policies

Line of Business	Occurrences	Net Incurred	Total Reserve
Commercial Auto Liability	0	\$0.00	\$0.00
Commercial Auto Physical Damage	0	\$0.00	\$0.00
Motor Truck Cargo	0	\$0.00	\$0.00
Commercial Auto General Liability	0	\$0.00	\$0.00
Total	0	\$0.00	\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2024

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 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 Truckers Solution Insurance LLC 6640 Carothers Parkway Ste 500 Franklin, TN 37067	CONTACT NAME: Faye Waters PHONE (A/C, No, Ext): 352-241-6000 ext 1019 FAX (A/C, No): 352-241-4177 E-MAIL ADDRESS: faye@truckerssolution.com
INSURED Tailgators Corporation of Atlanta 3234 Hilson Head Ln Lithonia, GA 30038	INSURER(S) AFFORDING COVERAGE INSURER A : Canal Insurance Company INSURER B : INSURER C : 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CT7755825177 2	10/11/2024	10/11/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CT7755825177 2	10/11/2024	10/11/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			CT7755825177 2	10/11/2024	10/11/2025	Deductible \$1,000 \$100,000
A	Physical Damage			CT7755825177 2	10/11/2024	10/11/2025	Deductible \$1,000

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

2017 International 4000, VIN 1HTMMML6HH655006, value \$70K
2016 International 4000, VIN 1HTMMMLXGH080732, value \$70k

CERTIFICATE HOLDER**CANCELLATION**

Highway App, Inc.
5931 Greenville Ave, Unit #5620
Dallas, TX 75206

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

Faye Waters <FW>

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