



Michael zorro

Truck Insurance Coverage – Quick Quote for Your Business

3 messages

Michael zorro <zorromichael.insurances@gmail.com>
 Bcc: skyridgegroupllc@gmail.com, krl456@hotmail.com, ppiedra09@gmail.com, ddexpress88@gmail.com, tycoontrucking1@gmail.com, yalem68@yahoo.com, josephmillner86@gmail.com, autohaulerlogistics@gmail.com, agk.logistics@yahoo.com, rickg@ctgga.com, 56streettowing@gmail.com, holidayline@aol.com, harkeyshauling@gmail.com, allthetimetrucking@gmail.com, eddie@hesterexpress.com, camposrey66@yahoo.com, adequateonetransport@gmail.com, jblogisticllc@gmail.com, mr.travis20@gmail.com, sales@phoenixcrane.com, goodfellastransport.orlando@gmail.com

Wed, Dec 10, 2025 at 11:24 PM

Hi,

This is **Michael**, your **Trucking Insurance Advisor**. I work with owner-operators and small fleets to make sure they're **properly protected** — and not overpaying for coverage.

Whether you're hauling local or interstate loads, I can help you secure the **right insurance package** that fits your operation and budget.

Available Coverages:

- Primary Liability
- Motor Truck Cargo
- Physical Damage
- Non-Trucking Liability (Bobtail)
- General Liability

To send you your **personalized same-day quote**, please share a few quick details:

- **Truck VIN(s) (Make / Model / Year)**
- **Driver Name(s) & License State**
- **Date of Birth(s)**
- **Loss Run (if any)**
- **Type of Freight you haul**

Once I have this information, I'll get your quote ready today — including any **discounts and ongoing offers** available for your profile.

Let's make sure your trucks are **covered right and save more**.

Best regards,

Michael Zorro

Trucking Insurance Advisor

Marketing & Partner Representative

zorromichael.insurances@gmail.com

alem yosef <yalem68@yahoo.com>
 To: Michael zorro

Thu, Dec 11, 2025 at 7:06 AM

Hey Michael,

We need a quote asap, please.

DOT# 3891326

Business/Mailing address: [106 Jamie CT UNIT A8, Cary, NC 27511](https://www.google.com/search?q=106+Jamie+CT+UNIT+A8,+Cary,+NC+27511)

Garaging address: [11621 Cleveland Rd, Garner, NC 27529](https://www.google.com/search?q=11621+Cleveland+Rd,+Garner,+NC+27529)

EIN# 85-1909470

Radius of Operation: >500

Business Owner DOB: 3/28/1998

Business Owner CDL# 000033896819.. State: NC...Experience: > 4 years

List of vehicles:

Truck Number=0905....VIN=3AKJGLDR3GSGZ2032...Year=2016...Make=FRHT
Truck Number=0930....VIN=3AKJHHDR8JSJW4064...Year=2018...Make=FRHT
Truck Number=0023....VIN=1FUJBBCKX7PW62816...Year=2007...Make=FRHT
Truck Number=3960....VIN=1FUJBBCK57LX03960...Year=2007...Make=FRHT

Current Truck's Value: Only liability and cargo, no physical

List of drivers:

Yosef Alem: DOB= 3/28/1998 DL# 000033896819

Mussie Araya: DOB= 2/28/1987 DL# 000037370525

Norcecil Williams: DOB= 7/11/1981 DL# 000025932635

We haul both reefer and dry van

ELD: Keep truckin (Motive)

Coverage needed: 1 million liability and 100k cargo

Please see the attached loss runs and let me know what else you need.

[Quoted text hidden]

7 attachments

-  **CWIS-Endorsement-1-Loss Run-AL-ALEM TEFF LLC-239712671511-CW1EIC-974193-00 (2) (2).pdf**
33K
-  **Progressive insurance #971802558 (1).pdf**
79K
-  **CT9127119448 (3) (2).pdf**
84K
-  **CT9127119448-1 (1) (2).pdf**
71K
-  **2015546592_Loss_Runs_Report (2).pdf**
231K
-  **ALEM TEFF LLC DBA ALEM TRUCKING Loss Runs All Policies (1).pdf**
78K
-  **XPT Loss Run By Policy Number - 2025-11-25T142732. (2).PDF**
152K

alem yosef <yalem68@yahoo.com>

To: Michael zorro

Thu, Dec 11, 2025 at 7:07 AM

The renewal date is January 15, but I need to obtain a number as soon as possible and be ready.

Here are some important points to consider:

1. Canal has driver restrictions that are making it difficult to recruit drivers. We need to implement a policy that simplifies the hiring process for drivers.
2. Additionally, we wanted to rent a trailer from Ryder, but they sent us a COI form outlining their requirements. Canal requires the equipment to be added first, which incurs an additional policy cost of a \$500 down payment and a \$300 monthly fee. Therefore, it is crucial that we obtain a policy that does not incur extra costs in order to proceed with this. Please see below.

This is an example of a Certificate of Insurance (COI) form.

Please work with your insurance provider to ensure that all highlighted fields are accurate.

COOP does not accept unit specific/scheduled policies. Handwritten forms will not be accepted. Certificates containing false or altered information not produced by the Insurer will result in ineligibility for COOP to the Insured Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2024

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 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		INSURER INFORMATION	
Insurance Broker Address of Insurance Broker City, State Zip	Company Name Company Address City, State Zip	CONTACT NAME: Agent Contact Name PHONE (Area No. Ext.): Agent Contact Phone E-MAIL (A/C, No.): ADDRESS: Agent E-Mail Address	INSURER(S) AFFORDING COVERAGE INSURER A : Insurer for AUTO LIABILITY NAIC # 22222
INSURED		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/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				EACH OCCURRENCE <input type="checkbox"/> DAMAGE TO RENTED <input type="checkbox"/>
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/>				\$
	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS X NON-OWNED AUTOS	X	POLICY NUMBER, POLICY EFFECTIVE DATES, AND EXACT COVERAGE AMOUNTS FROM YOUR INSURANCE PROVIDER Policy Number	01/01/2024	01/01/2025
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A			
A	Hired Physical Damage		Policy Number	01/01/2024	01/01/2025
POLICY COVERAGE, POLICY EFFECTIVE DATES, AND EXACT PHYSICAL DAMAGE AMOUNTS FROM YOUR INSURANCE PROVIDER					

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

Ryder is an additional insured and loss payee for all vehicles rented, leased, or supplied as a substitute to Named Insured

NOTE: RYDER MUST BE NAMED AS AN ADDITIONAL INSURED AND LOSS PAYEE

Ryder Truck Rental, Inc.
COOP Technologies, Inc.
4040 NW 72nd Avenue
Miami, FL 33166

KEEP SAME INFORMATION AS IN THIS EXAMPLE

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

INSURANCE AGENT SIGNATURE

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