



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/05/2025

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 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: Certificate Department	
Falcon Insurance Agency 847 Park Bluff Cir		PHONE (A/C No. Ext): 872-529-5540	FAX (A/C, No): 872-228-8032
Elgin		E-MAIL ADDRESS: certs@falconinsurance.net	
INSURED		INSURER(S) AFFORDING COVERAGE	
SEVIL EXPRESS LLC 3145 Bromley Ln		INSURER A: Artisan and truckers casualty company	NAIC # 10194
Aurora		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)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>		975801823	12/20/2024	12/20/2025	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
						MED EXP (Any one person)	\$ 5,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMPIOP AGG	\$ 2,000,000	
						\$		
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		975801823	12/20/2024	12/20/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
						\$		
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$	
	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				PER STATUTE		OTHE-ER
A	Motor Truck Cargo	975801823		12/20/2024	12/20/2025	E.L. EACH ACCIDENT	\$	
A	Trailer Interchange	975801823		12/20/2024	12/20/2025	E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

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

Vehicles:

2016, FREIGHTLINER, Cascadia, VIN: 3AKJGLDR0GSGP5091, (\$30000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500

2022, FREIGHTLINER, Cascadia, VIN: 3AKJHHDR4NSNB8972, (\$60000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500

2020, KENWORTH, T680, VIN: 1XKYD49X3LJ392635

2019, INTERNATIONAL, LT625, VIN: 3HSDZAPR7KN610786

2020, INTERNATIONAL, LT625, VIN: 3HSDZTZR9LN822986

Drivers:

CERTIFICATE HOLDER

CANCELLATION

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

Iryna Kondratenko

© 1988-2014 ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Falcon Insurance Agency	NAMED INSURED SEVIL EXPRESS LLC 3145 Bromley Ln
POLICY NUMBER 975801823	NAIC CODE Aurora, IL, 60502-6520
CARRIER Artisan and truckers casualty company	10194 EFFECTIVE DATE: 12/20/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

-Name: RONY FRANCOIS
-Name: CLINTON JARRETT
-Name: GERMAIN JOSEPH
-Name: COREY McMANUS
-Name: JERANDO FLETCHER