



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
05/09/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b>  TRUCK SECURE INSURANCE SERVICES INC 24961 THE OLD ROAD 10, STEVENSON RANCH, CA 91380	<b>CONTACT NAME:</b> Progressive Commercial Lines Customer and Agent Servicing	
	<b>PHONE (A/C, No, Ext):</b> 1-800-444-4487	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> progressivecommercial@email.progressive.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : United Financial Casualty Company	11770
	INSURER B :	
<b>INSURED</b>  DNA EXPRESS FREIGHT LLC 3020 GARRETSON AVE CORONA, CA 92881	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 279963415470135645D050925T191451

---

REVISION NUMBER:

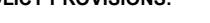
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

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		N	N	982012432	06/01/2024	06/01/2025	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					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$2,000,000					
	OTHER:								\$					
A	AUTOMOBILE LIABILITY		N	N	982012432	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000					
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$					
	<input type="checkbox"/> OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$					
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$					
									\$					
	UMBRELLA LIAB							EACH OCCURRENCE	\$					
	EXCESS LIAB							AGGREGATE	\$					
									\$					
	DED	RETENTION \$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N <input type="checkbox"/>	N / A				PER STATUTE	OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$					
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$					
								E.L. DISEASE - POLICY LIMIT	\$					
	See ACORD 101 for additional coverage details.							\$						
A			N	N	982012432	06/01/2024	06/01/2025							

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

CERTIFICATE HOLDER

#### CANCELLATION

DNA EXPRESS FREIGHT LLC 3020 GARRETSON AVE CORONA, CA 92881	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 



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY TRUCK SECURE INSURANCE SERVICES INC		NAMED INSURED DNA EXPRESS FREIGHT LLC 3020 GARRETSON AVE CORONA, CA 92881
POLICY NUMBER 982012432		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 06/01/2024

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

### Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$100,000 w/\$1,000 Ded
Trailer Interchange	\$30,000 w/\$1,000 Ded
Uninsured/Underinsured Motorist	\$15,000/\$30,000

### Description of Location/Vehicles/Special Items

Scheduled autos only
2021 FREIGHTLINER CASCADIA 126 1FUJHHDR6MLMN0480
Comprehensive \$2,500 Ded
Collision \$2,500 Ded
2020 FREIGHTLINER CASCADIA 126 3AKJHHDR1LSLS2859
Comprehensive \$2,500 Ded
Collision \$2,500 Ded
2020 FREIGHTLINER CASCADIA 126 3AKJHHDR9LSKU3293
Comprehensive \$2,500 Ded
Collision \$2,500 Ded
2030 Non-owned Attached Trailer
2030 Non-owned Attached Trailer
2030 Non-owned Attached Trailer