



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2024

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		CONTACT NAME: Operations Department PHONE (A/C, No, Ext): 678-483-8151 E-MAIL ADDRESS: certs@marqueeig.com	
Marquee Insurance Group LLC 1000 Holcomb Woods Pkwy Suite 315-A Roswell GA 30076		INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Company 25895	
		INSURER B: Trisura Specialty Insurance Company 16188	
		INSURER C: American Inter-Fidelity Exchange 40088	
		INSURER D: Underwriters At Lloyd's Of London 32727	
		INSURER E:	
		INSURER F:	
INSURED SAVEAFLEET365 LLC 580 KEYHOLD LOOP APOPKA FL 32712			

COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:
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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			GL 1257495	07/29/2024	07/29/2025	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	OTHER:						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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TRI21L8877	12/13/2023	12/13/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	EXCESS LIAB	OCCUR	CLAIMS-MADE				BODILY INJURY (Per person)	\$
	DED	RETENTION \$					BODILY INJURY (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A				PROPERTY DAMAGE (Per accident)	\$
								\$
C	Motor Truck Cargo			I23M9501-0293	12/13/2023	12/13/2024	Limit: \$100,000, Deductible: \$1,000	
D	Physical Damage			238390-001-0069	12/13/2023	12/13/2024	Deductibles - Comp: \$1,000, Coll: \$1,000	

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

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 <i>Rita Griffin</i>	

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AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Marquee Insurance Group LLC		SAVEAFLEET365 LLC	
POLICY NUMBER		580 KEYHOLD LOOP	
TRI21L8877		APOPKA, FL, 32712	
CARRIER	NAIC CODE	EFFECTIVE DATE:	12/13/2023
Trisura Specialty Insurance Company	16188		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

A: Personal Injury Protection - Limit \$10,000

This Policy 'TRI21L8877' has Other Coverage 'Personal Injury Protection' With Limit '\$10,000'. Carrier: 'Trisura Specialty Insurance Company', Effective Date: '12/13/2023', Expiration Date: '12/13/2024'.

C: Trailer Interchange Coverage - Policy Number: I23M9501-0293 - \$1,000 Deductible - \$70,000 Limit



AGENCY CUSTOMER ID: _____
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Page 3 of 3

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FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Vehicles:

2017, FREIGHTLINER, Cascadia, VIN: 3AKJGLDR4HSHJ2970, (\$21,000)
2020, UTILITY TRAILER MANUFACTURER, Utility Trailer Manufacturer, VIN: 1UYVS2535L6013019, (\$50,000)
2023, UTILITY TRAILER MANUFACTURER, Utility Trailer Manufacturer, VIN: 1UYFS2534P5995514, (\$40,000)
2018, Utility, Trailer, VIN: 1UYFS2532J5296910, (\$28,847)
2019, Freightliner, Cascadia, VIN: 3AKJHHDR7KSKG4380, (\$80,000)