



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/09/2025

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 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   | 832-755-1133 | 832-201-0955 | CONTACT<br>NAME: BIG Truck Agency<br>PHONE (A/C, No, Ext): 832-755-1133<br>FAX (A/C, No): 832-201-0955<br>E-MAIL ADDRESS: walter@bigtruckagency.com |
| BIG Truck Agency<br>2517 Fairway Park Dr<br>Suite 202<br>Houston, TX 77092                                   |              |              | INSURER(S) AFFORDING COVERAGE<br>INSURER A: WESCO INSURANCE CO.   |
| INSURED<br>346 522-8286<br>GLOBAL ROADS ENTERPRISE LLC.<br>363 N SAM HOUSTON E 1100<br><br>HOUSTON, TX 77060 |              |              | INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:  |
|  |              |              | NAIC #  |

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC<br>OTHER: |  |             | WMC2019116                              | 09/10/2024              | 09/10/2025              | EACH OCCURRENCE                           | \$ 1,000,000    |  |
|          |   |  |             |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000      |  |
|          |   |  |             |   |                         |                         | 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    |  |
|          |   |  |             |   |                         |                         |   | \$              |  |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> PIP  | <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> UM/UIM |             | WMC2019116                              | 09/10/2024              | 09/10/2025              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000    |  |
|          |   |  |             |   |                         |                         | BODILY INJURY (Per person)                | \$              |  |
|          |   |  |             |   |                         |                         | BODILY INJURY (Per accident)              | \$              |  |
|          |   |  |             |   |                         |                         | PROPERTY DAMAGE (Per accident)            | \$              |  |
|          |   |  |             |   |                         |                         |   | \$              |  |
|          | UMBRELLA LIAB<br>EXCESS LIAB  | OCCUR  | CLAIMS-MADE |   |                         |                         | EACH OCCURRENCE                           | \$              |  |
|          |   |  |             |   |                         |                         | AGGREGATE                                 | \$              |  |
|          |   |  |             |   |                         |                         |   | \$              |  |
|          | DED   | RETENTION \$   |             |   |                         |                         |   |                 |  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |  |             | <input type="checkbox"/> Y / N<br>N / A |                         |                         | PER STATUTE                               | OTHE-           |  |
|          |   |  |             |   |                         |                         | E.L. EACH ACCIDENT                        | \$              |  |
|          |   |  |             |   |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$              |  |
|          |   |  |             |   |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$              |  |
| A        | CARGO - BROAD FORM  |  |             | WMC2019116                              | 09/10/2024              | 09/10/2025              | DED: \$1,000                              | \$100,000       |  |
| A        | TRAILER INTERCHANGE   |  |             | WMC2019116                              | 09/10/2024              | 09/10/2025              | DED: \$1,000                              | \$40,000        |  |
| A        | PHYSICAL DAMAGE   |  |             | WMC2019116                              | 09/10/2024              | 09/10/2025              | DED: \$1,000                              | PHYSICAL DAMAGE |  |

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

2016 INTERNATIONAL - 3HSDJSNR3GN058596

## CERTIFICATE HOLDER

Registry Monitoring Insurance Services, Inc.  
1444 S Entertainment Ave, Ste 110  
Boise, ID 83709

## 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

WALTER CARLSON

----- Number Of Losses -----

| Policy Number             | Insured                     | Agent Name       | Effect Date | Expire Date | Cancel Date | Med Only | LT | Auto | Injury | Property | Total | In   |            | Reserves | Payments | Recoveries | Incurred |          |
|---------------------------|-----------------------------|------------------|-------------|-------------|-------------|----------|----|------|--------|----------|-------|------|------------|----------|----------|------------|----------|----------|
|                           |                             |                  |             |             |             |          |    |      |        |          |       | Open | Litigation |          |          |            |          |          |
| WMC2019116                | Global Roads Enterprise LLC | Big Truck Agency | 09/05/23    | 09/05/24    |             |          |    |      | 1      | 0        | 0     | 1    | 0          | 0        | 0.00     | 4,212.08   | 0.00     | 4,212.08 |
| WMC2019116                | Global Roads Enterprise LLC | Big Truck Agency | 09/10/24    | 09/10/25    |             |          |    |      | 0      | 0        | 0     | 0    | 0          | 0        | 0.00     | 0.00       | 0.00     | 0.00     |
| <b>Number of Policies</b> |                             |                  | 2           |             |             |          |    |      | 1      | 0        | 0     | 1    | 0          | 0        | 0.00     | 4,212.08   | 0.00     | 4,212.08 |

**Comments** Policy Loss Summary Selection: Global Roads Enterprise LLC

## Loss Run Report

Valuation Date: 2025-08-03  
 Company: Berkshire Hathaway Direct Insurance Company  
 Policy Number: CP140172498P2021  
 Policy Period: 2021.01.27-2021.04.06  
 Named Insured: HENRY GUILLORY DBA HA&S TRANSPORTATION  
 Address: 29610 Yaupon Shore Dr  
 Spring, TX 77386-4554



### Business Liability

| Claim Information                | Payments  |         |            | Total Recovery | Total Incurred |
|----------------------------------|-----------|---------|------------|----------------|----------------|
| Claim Number                     | Indemnity | Expense | Total Paid |                |                |
| No Claims Found                  |           |         |            |                |                |
| <b>Business Liability Total:</b> | \$ -      | \$ -    | \$ -       | \$ -           | \$ -           |

### Commercial Property

| Claim Information                 | Payments  |         |            | Total Recovery | Total Incurred |
|-----------------------------------|-----------|---------|------------|----------------|----------------|
| Claim Number                      | Indemnity | Expense | Total Paid |                |                |
| No Claims Found                   |           |         |            |                |                |
| <b>Commercial Property Total:</b> | \$ -      | \$ -    | \$ -       | \$ -           | \$ -           |

### Workers Compensation

| Claim Information                  | Payments  |         |         | Total Recovery | Total Incurred |
|------------------------------------|-----------|---------|---------|----------------|----------------|
| Claim Number                       | Indemnity | Medical | Expense |                |                |
| No Claims Found                    |           |         |         |                |                |
| <b>Workers Compensation Total:</b> | \$ -      | \$ -    | \$ -    | \$ -           | \$ -           |

### Commercial Auto

| Claim Information             | Payments  |         |            | Total Recovery | Total Incurred |
|-------------------------------|-----------|---------|------------|----------------|----------------|
| Claim Number                  | Indemnity | Expense | Total Paid |                |                |
| No Claims Found               |           |         |            |                |                |
| <b>Commercial Auto Total:</b> | \$ -      | \$ -    | \$ -       | \$ -           | \$ -           |

## Driver Info

Henry Guillory

DOB: 09.19.1974

DL# 18296162

Experience: 20 yrs

Truck Value: \$10,000

