



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2025

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 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 Green Planet Insurance 13540 W CAMINO DEL SOL STE 13, SUN CITY WEST, AZ 85375	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C. No., Ext): 1-800-444-4487	FAX (A/C. No.):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Financial Casualty Company	11770
INSURED Thor Transport & Hauling LLC 250 N Litchfield Rd STE 261 Goodyear, AZ 85338	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER: 165773987550579054D060625T182738		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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	N	N	993840752	02/28/2025	02/28/2026	EACH OCCURRENCE	\$					
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$						
	MED EXP (Any one person)						\$						
	PERSONAL & ADV INJURY						\$						
	GENERAL AGGREGATE						\$						
	PRODUCTS - COMP/OP AGG						\$						
	OTHER:						\$						
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY											COMBINED SINGLE LIMIT (Ea accident)	\$750,000
	BODILY INJURY (Per person)						\$						
	BODILY INJURY (Per accident)						\$						
PROPERTY DAMAGE (Per accident)	\$												
	\$												
UMBRELLA LIAB EXCESS LIAB	OCCUR					EACH OCCURRENCE	\$						
	CLAIMS-MADE					AGGREGATE	\$						
	DED					RETENTION \$		\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N	N / A				PER STATUTE	OTH- ER						
MANDATORY in NH If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$						
						E.L. DISEASE - EA EMPLOYEE	\$						
						E.L. DISEASE - POLICY LIMIT	\$						
A	See ACORD 101 for additional coverage details.	N	N	993840752	02/28/2025	02/28/2026	\$						

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

CERTIFICATE HOLDER

ADVANCE TRANSPORT INC 2662 PASADENA AVE APT 3 LOS ANGELES, CA 90031	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 Green Planet Insurance		NAMED INSURED Thor Transport & Hauling LLC 250 N Litchfield Rd STE 261 Goodyear, AZ 85338
POLICY NUMBER 993840752		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 02/28/2025

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/\$2,500 Ded
Uninsured Motorist Bodily Injury	\$100,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$100,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only
2012 DODGE RAM 2500 3C6UD5DL3CG241016
Comprehensive \$2,500 Ded
Collision \$2,500 Ded
2015 MIRE Trailer 5M3GU2720F1065293