



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/08/2025

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		CONTACT NAME: Will Leguisamon	
SOUTHWESTERN INSURANCE SERVICES, INC		PHONE (A/C, No. Ext): 305-556-7399	FAX (A/C, No): 305-556-5469
4375 President Donald J. Trump Ave Hialeah		E-MAIL ADDRESS: certificates@southwesternins.com	
		INSURER(S) AFFORDING COVERAGE	
FL 33012		INSURER A: SOUTHWIND RISK RETENTION GROUP 17198	
INSURED		INSURER B: PALOMAR SPECIALTY INSURANCE COMPANY 20338	
CARTREK LOGISTICS LLC 3130 NE 210TH ST		INSURER C:	
AVVENTURA		INSURER D:	
FL 33180		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence)	\$
							MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$
	OTHER:						GENERAL AGGREGATE	\$
A	AUTOMOBILE LIABILITY			SWR-FL-0001903-24	09/29/2024	09/29/2025	PRODUCTS - COMP/OP AGG	\$
	ANY AUTO						COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	Hired AUTOS ONLY		NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$
	PIP \$10,000						PROPERTY DAMAGE (Per accident)	\$
	DED <input type="checkbox"/> RETENTION \$						DEDUCTIBLE	\$ 1,000
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				PER STATUTE	OTHE-
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	MOTOR TRUCK CARGO			CPMCP24118638401	11/08/2024	11/08/2025	\$250,000 AUTO HAULER	\$2,500 DED

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

2007 MONTONE TRAILERS 1M9SD303X7S567045

2022 FORD 1FD8W3HT1NED09483

## CERTIFICATE HOLDER

676 NW 129th Way  
Pembroke Pines, FL 33028

## 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

© 1988-2015 ACORD CORPORATION. All rights reserved.