



**P.O. Box 94739  
Cleveland, OH 44101**

**Telephone: 800-444-4487  
[progressive.com](http://progressive.com)**

Date: September 27, 2023

State: GA

Policy #: 962413710

Insured: TAILGATORS CORPORATION OF ATLANTA

DBA:

Coverage Dates: 10/11/2022 - 09/27/2023

Re: Loss History

There have been no losses on the policy term(s)/date(s) listed

There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at:  
1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,  
Commercial Lines Customer Care



## Loss Summary

Name Insured: Tailgators Corporation of Atlanta

Valuation Date: Wednesday, February 5, 2025, 10:52:02 AM

Customer Number: 8790445905

General Agent: Amwins National Transportation Underwriters Inc

### Commercial Auto Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Commercial Auto Physical Damage

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## Motor Truck Cargo

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## Commercial Auto General Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
10/11/2023	10/11/2024	CT7755825177-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/11/2024	10/11/2025	CT7755825177-2	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## All Years / All Policies

Line of Business	Occurrences	Net Incurred	Total Reserve
Commercial Auto Liability	0	\$0.00	\$0.00
Commercial Auto Physical Damage	0	\$0.00	\$0.00
Motor Truck Cargo	0	\$0.00	\$0.00
Commercial Auto General Liability	0	\$0.00	\$0.00
<b>Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2024

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: <b>Faye Waters</b>
Truckers Solution Insurance LLC 6640 Carothers Parkway Ste 500 Franklin, TN 37067		PHONE (A/C No., Ext) <b>352-241-6000 ext 1019</b> FAX (A/C. No.) <b>352-241-4177</b>
		E-MAIL ADDRESS: <b>faye@truckerssolution.com</b>
		INSURER(S) AFFORDING COVERAGE
		INSURER A: <b>Canal Insurance Company</b>
INSURED		NAIC #
Tailgators Corporation of Atlanta 3234 Hilton Head Ln Lithonia, GA 30038		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL INSD. WVD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							PER	OTHER
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CT7755825177 2	10/11/2024	10/11/2025	EACH OCCURRENCE \$ <b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Fa occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$	PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>	PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CT7755825177 2	10/11/2024	10/11/2025	COMBINED SINGLE LIMIT (Fa accident) \$ <b>1,000,000</b>	BODILY INJURY (Per person) \$
	EXCESS LIAB	OCCUR	CLAIMS-MADE				BODILY INJURY (Per accident) \$	PROPERTY DAMAGE (Per accident) \$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE	OTHE- R
A	<b>Motor Truck Cargo</b>			CT7755825177 2	10/11/2024	10/11/2025	E.L. EACH ACCIDENT	\$
A	<b>Physical Damage</b>			CT7755825177 2	10/11/2024	10/11/2025	E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>Motor Truck Cargo</b>			CT7755825177 2	10/11/2024	10/11/2025	<b>Deductible \$1,000</b>	<b>\$100,000</b>
A	<b>Physical Damage</b>			CT7755825177 2	10/11/2024	10/11/2025	<b>Deductible \$1,000</b>	

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

2017 International 4000, VIN 1HTMMML6HH655006, value \$70K

2016 International 4000, VIN 1HTMMMLXGH080732, value \$70k

## 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



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