



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

04/26/2024

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER TrueNorth 500 1st St SE Cedar Rapids, IA 52406	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	TrueNorth (see specific policy below for claims reporting phone #) 1-877-968-8785 service@tsatruck.com
	FAX (A/C, No): PRODUCER CUSTOMER ID #:	319-896-4720
INSURED Specified Member of TSA Quincy Perry 8040 NW 15th Manor Plantation FL 33322	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Great American Insurance Company	16691
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2020	MAKE / MANUFACTURER Freightliner	MODEL Cascadia	BODY TYPE	VEHICLE IDENTIFICATION NUMBER 3AKJHHDR3LSLP7040
DESCRIPTION ACV: 37,100.00 ACV Eff: 04/25/2024				SERIAL NUMBER

COVERS

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A Y		X VEHICLE LIABILITY	GTP9668581 Claims Phone: (800)297-1971	10/01/2023	10/01/2024	Non-Trucking Liability	\$ 1,000,000
		Non-Trucking Liability				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
		GENERAL LIABILITY				EACH OCCURENCE	\$
		OCCURRENCE				GENERAL AGGREGATE	\$
		CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A Y	X	VEH COLLISION LOSS	GTP9751772 Claims Phone: (800)297-1971	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ 37,100.00 LIMIT
A Y	X	VEH COMP <input type="checkbox"/> VEH OTC	GTP9751772	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ 37,100.00 LIMIT
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	37,100.00 LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>				<input type="checkbox"/>	\$ DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NTL Coverage Eff: 04/26/2024 Phys Dam Coverage Eff: 04/26/2024 Permanently leased to PLANET LOGISTICS

ADDITIONAL INTEREST

CANCELLATION

Select one of the following:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
<input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST Dakota Financial LLC 11766 Wilshire Blvd Ste 550 Los Angeles, CA 90025	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOAN / LEASE NUMBER	<input checked="" type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> LENDER'S LOSS PAYEE	AUTHORIZED REPRESENTATIVE	
			