







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/14/2024

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 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: Kelsie Bonin PHONE (A/C, No, Ext): 515-630-1150 E-MAIL ADDRESS: certs@championspecins.com	
Champion Specialty Insurance LLC 7040 Northeast 14th Street Suite 101 Ankeny IA 50023		INSURER(S) AFFORDING COVERAGE INSURER A : Trisura Insurance Company NAIC # 22225	
INSURED  Supreme 6 LLC 2309 Southridge Dr  East Stroudsburg PA 18302-8472		INSURER B : INSURER C : INSURER D : 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR			29T100359-00	12/29/2023	12/29/2024	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
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			29T100359-00	12/29/2023	12/29/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input checked="" type="checkbox"/> UMBRELLA LIAB  EXCESS LIAB		<input type="checkbox"/> OCCUR  CLAIMS-MADE				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A				PER STATUTE	OTHE- R
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	CARGO			29T100359-00	12/29/2023	12/29/2024	100,000 (\$2,000 DEDUCTIBLE)	
A	PHYSICAL DAMAGE			29T100359-00	12/29/2023	12/29/2024	\$2,000 DEDUCTIBLE	

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

REEFER BREAKDOWN SUBJECT TO \$2,500 DEDUCTIBLE  
Vehicles: [See Attached];

CERTIFICATE HOLDER		CANCELLATION	
Highway App, Inc. 5931 Greenville Ave Unit #5620  Dallas TX 75206		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>David Bonin 99</i></p>	

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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

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AGENCY Champion Specialty Insurance LLC		NAMED INSURED Supreme 6 LLC 2309 Southridge Dr	
POLICY NUMBER 29T100359-00		NAIC CODE East Stroudsburg, PA, 18302-8472	
CARRIER Trisura Insurance Company	NAIC CODE 22225	EFFECTIVE DATE:	12/29/2023

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Vehicles:

2000, PETERBILT, 387, VIN: 1XP7DU9XXYD529579  
1999, KENWORTH, W900, VIN: 1XKWDV9X4XJ793628  
1984, GREAT DANE TRAILERS, VIN: 1GR1A062NE410039  
2006, GREAT DANE TRAILERS, Great Dane Trailers, VIN: 1GRAA06206W700963



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

**Telephone: 800-444-4487  
progressive.com**

Date: November 6, 2025

State: PA

Policy #: 03072860

Insured: SUPREME 6 LLC

DBA:

Coverage Dates: 12/29/2020 - 12/29/2023

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

Date of Loss	Claim Number	Claim Status	Coverage	Pay Out	Vehicle Make/Model	Driver	Reserves
2021-09-03	21-6917935	CWP CLSD CWP	PD PIP BI	\$0.00 \$484.42 \$0.00	99 KW W90	MALABRE, MACCOVEY	-

## IMS Loss Run

Carrier: Trisura Insurance Company

Insured: SUPREME 6 LLC

Policy#: 29T100359-01

Policy Term: 12/29/2024 - 12/29/2025

Policy Type: Renewal

Line of Business: Package

Execution Time: 9/9/2025 3:24:41 AM

The provided information is based on claims data as of 9/9/2025. All loss amounts are shown in excess of appropriate deductible amounts if applicable.

Policy Number	Claim No	Date of Loss	Date Reported	Claim Status	Subrogation Recovery	Indemnity Paid	Expense Paid	Outstanding Indemnity Reserve	Outstanding Expense Reserve	Total Incurred	Facts of Loss
29T100359-01	12221078359	2/21/2025	2/24/2025	Open	\$0.00	\$9,521.40	\$478.00	\$24,532.60	\$722.00	\$35,254.00	On 2 lane road, IV behind 3 other vehicles, CV was the 3rd car ahead of insured and 2 other cars behind CV reporting claim. CV had blinker on to turn left when IV rearended ov1 pushing into ov2 pushing into ov3. Property Damage
29T100359-01	12221084963	5/29/2025	7/1/2025	Open	\$0.00	\$0.00	\$273.00	\$19,000.00	\$2,500.00	\$21,773.00	Multi vehicle accident - IV changing lanes when CV also changing lanes, CV tried to go back into their prior lane, hit another vehicle causing multiple vehicles to be involved. Property Damage
				Claim Count: 2	\$0.00	\$9,521.40	\$751.00	\$43,532.60	\$3,222.00	\$57,027.00	