

9/3/2025

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Prepared for Great West Casualty Company

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MANUEL CASTRO EAST OF THE MISSISSIPPI SHIPPING - DOT #4146179

Ratings / Scores

DOT Rating

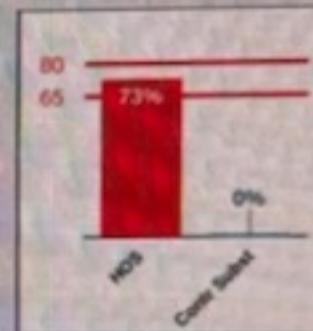


Not Rated

ISS-CAB (8/5/2025)

Inspect (76 - Safety) *

* CAB BASIC Scores (7/25/2025)



80%	Safe
65%	Unsafe
0%	Alert
0% - 65%	No Alert

Names



MANUEL CASTRO



EAST OF THE MISSISSIPPI SHIPPING

Addresses



535 7TH AVE, WARMINSTER, PA, 18974

Contact Info



215-791-4226



EASTOFTHEMISSISSIPI3791@GMAIL.COM



MANUEL CASTRO

Operating Authorities

Docket

[MC1590708](#)

Active Authority

Common

Inactive Authority



Pending Authority

Certifications

property

9/3/2025

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Pa

MANUEL CASTRO EAST OF THE MISSISSIPPI SHIPPING - DOT #4146179



Search



X

REVIEWED-NOT PREVENTABLE CRASH ACTIVITY (VEHICLES INVOLVED IN CRASHES)

Total Number of Crashes: 0

This carrier has no crashes to display.

CRASHES INCLUDED IN SMS (VEHICLES INVOLVED IN CRASHES)

Total Number of Crashes: 0

This carrier has no crash history.

INVESTIGATION RESULTS

Acute/Critical Violations: 0



Agency Insurance Company of Maryland, Inc.
PO Box 8900, Elkridge, MD 21075-8900 Tel (800)492-5629 Fax (800)524-3524

Loss Run Report

INSURED INFORMATION

Report Date: 09/19/2025
Policy Number: CA 0043047
Policyholder Name: Manuel D. Castro
Policyholder Address: 535 7th Ave
Warminster, PA 18974
Coverage Period: 10/27/2023 - 10/27/2025
Cancelled/Expired?: No
Cancelled/Expired Date: NA

CLAIMS INFORMATION

Date Of Loss	Claim#	Driver	Payout	Status
07/19/2024	291654	Manuel D. Castro	528.88	Closed

Loss Payout Coverages: PD CSL

Loss Description: IV WAS ON RIGHT LANE TRAVELING NORTH. CV WAS ON LEFT LANE. CV HAD HIS TURN SIGNAL ON WANTING TO MERGE INTO IV LANE. IV HAD TURN SIGNAL TO TURN ON THE RIGHT LANE. CV MERGED INTO IV LANE CAUSING CV TO REAREND IV.

Date Of Loss	Claim#	Driver	Payout	Status
03/01/2025	312647	Manuel D. Castro	4600.00	Closed

Loss Payout Coverages: GEN LIAB

Loss Description: IV WAS TRANSPORTING A "CIRCADILLON" DISPLAY CASE AND IT FELL BEFORE ARRIVAL

Date Of Loss	Claim#	Driver	Payout	Status
06/22/2025	322466	Manuel D. Castro	0.00	Closed

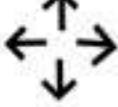
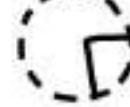
Loss Payout Coverages:

Loss Description: UNKNOWN CV R/E IV. CV THEN FLED.

1 of 1

UP

DOWN





**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING**

FULL DRIVER'S HISTORY

JUL 11 2022

FULL LEGAL NAME:	DRIVER'S LICENSE NO:	25849862
MANUEL D CASTRO	REAL ID:	NONE
EXPANDED NAME:	TRUNC: U	TRANSLIT: U
MANUEL	TRUNC: U	TRANSLIT: U
D	TRUNC: U	TRANSLIT: U
CASTRO	DATE OF BIRTH:	JUL 30 1973
535 7TH AVE	SEX:	MALE
WARMINSTER , PA 18974	RECORD TYPE:	4YR LIC/LP
	VETERAN STATUS:	NOT DECLARED
<u>DRIVER LICENSE (DL)</u>	<u>COMMERCIAL DRIVER LICENSE (CDL)</u>	
LICENSE CLASS:	B	CDL LICENSE CLASS:
LICENSE ISSUE DATE:	FEB 25 2021	CDL LICENSE ISSUED:
LICENSE EXPIRES:	JUL 31 2022	CDL LICENSE EXPIRES:
ORIG ISSUE DATE:		CDL ENDORSEMENTS:
MED RESTRICTIONS:	1	CDL RESTRICTIONS:
LEARNER PERMITS:		CDL LEARNER PERMITS:
LICENSE STATUS:	VALID	CDL LICENSE STATUS:
CDL MED SELF CERT:	NON-EXCEPTED INTERSTATE	CDL LIC DOWNGRADED:
		FEB 25 2021
		SB ENDORSEMENT:
<u>OCCUPATIONAL LIMITED LICENSE (OLL)</u>	<u>PROBATIONARY LICENSE (PL)</u>	
OLL LICENSE CLASS:	PL LICENSE CLASS:	
OLL LICENSE ISSUED:	PL LICENSE ORIG ISS:	
OLL LICENSE EXPIRES:	PL LICENSE ISSUED:	
OLL LICENSE STATUS:	PL LICENSE EXPIRES:	
	PL LICENSE STATUS:	
<u>INTERLOCK LIMITED LICENSE (IILL)</u>	<u>MEDICAL EXAMINER (ME)</u>	
IILL LICENSE CLASS:	ME NAME:	
IILL LICENSE ISSUED:	ME TELEPHONE:	
IILL LICENSE EXPIRES:		
IILL LICENSE STATUS:		
<u>MEDICAL CERTIFICATE (MC)</u>		
MC STATUS:	NOT CERTIFIED	MC RESTRICTIONS:

LICENSE NUMBER: 25849862

PAGE: 2

MC ISSUED:	ME REGISTRY NO:
MC EXPIRES:	ME LICENSE NO:
	ME SPECIALITY CODE:
	ME LICENSING JURISDICTION CODE:
<u>SKILL PERFORMANCE EVALUATION (SPE)</u>	<u>WAIVER/EXEMPT (W/E)</u>
SPE EFFECTIVE:	W/E EFFECTIVE:
SPE EXPIRES:	W/E EXPIRES:



10:26

400 ft



5GUC

42



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INTERLOCK LIMITED LICENSE (IILL)

IILL LICENSE CLASS:

IILL LICENSE ISSUED:

IILL LICENSE EXPIRES:

IILL LICENSE STATUS:

MEDICAL CERTIFICATE (MC)

MC STATUS:

NOT CERTIFIED

MEDICAL EXAMINER (ME)

ME NAME:

ME TELEPHONE:

MC RESTRICTIONS:

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LICENSE NUMBER: 25849862

PAGE: 2

MC ISSUED:

ME REGISTRY NO:

MC EXPIRES:

ME LICENSE NO:

ME SPECIALITY CODE:

ME LICENSING
JURISDICTION CODE:SKILL PERFORMANCE EVALUATION (SPE)WAIVER/EXEMPT (W/E)

SPE EFFECTIVE:

W/E EFFECTIVE:

SPE EXPIRES:

W/E EXPIRES:





LICENSE NUMBER: 25849862

PAGE: 3

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

VIOLATION DATE: JUL 19 1999
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
090 MPH IN A 055 MPH ZONE
CONVICTION DATE: OCT 21 1999
ACTION: DEPARTMENTAL HEARING

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VIOLATION DATE: DEC 07 1999
VIOLATION: VEHICLE CODE:1533A
DESCRIPTION: FAILURE TO RESPOND
UNDERLYING OFFENSE: 3362 , EXCEEDING MAXIMUM SPEED
ACTION: SUSPENSION EFFECTIVE FEB 08 2000
OFFICIAL NOTICE MAILED JAN 18 2000

ACTION: SUSPENSION AS A RESULT OF HEARING
ACTION: NON-ATTEND HEAR SUSPEND FOR 60 DAY(S) EFFECTIVE MAR 09 2000
OFFICIAL NOTICE MAILED MAR 09 2000

VIOLATION DATE: JAN 17 2000
VIOLATION: VEHICLE CODE:3323B
DESCRIPTION: STOP SIGN VIOLATION
CONVICTION DATE: MAR 14 2000
ACTION: SUSPENSION FOR 15 DAY(S) EFFECTIVE MAY 08 2000
OFFICIAL NOTICE MAILED MAR 27 2000

VIOLATION DATE: JUL 09 1999
VIOLATION: VEHICLE CODE:1533D
DESCRIPTION: FAIL TO RESPOND
UNDERLYING OFFENSE: 3362 , EXCEEDING MAXIMUM SPEED
ACTION: SUSPENSION EFFECTIVE APR 05 2000
OFFICIAL NOTICE MAILED APR 05 2000

VIOLATION DATE: APR 19 2000

LICENSE NUMBER: 25849862

PAGE: 4

VIOLATION: VEHICLE CODE:1533A
DESCRIPTION: FAILURE TO RESPOND
UNDERLYING OFFENSE: 3308B , DRIVING WRONG WAY
ACTION: SUSPENSION EFFECTIVE JUN 13 2000





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VIOLATION DATE: APR 19 2000

LICENSE NUMBER: 25849862

PAGE: 4

VIOLATION: VEHICLE CODE:1533A

DESCRIPTION: FAILURE TO RESPOND

UNDERLYING OFFENSE: 3308B , DRIVING WRONG WAY

ACTION: SUSPENSION EFFECTIVE JUN 13 2000

OFFICIAL NOTICE MAILED JUN 13 2000

VIOLATION DATE: MAR 16 2000

VIOLATION: VEHICLE CODE:1543A

DESCRIPTION: DRIVING WHILE SUSP/REVOKE

CONVICTION DATE: JUL 05 2000

ACTION: SUSPENSION FOR 1 YEAR(S) EFFECTIVE OCT 08 2000

OFFICIAL NOTICE MAILED AUG 23 2000

VIOLATION DATE: MAR 16 2000

VIOLATION: VEHICLE CODE:3362

DESCRIPTION: EXCEEDING MAXIMUM SPEED

070 MPH IN A 050 MPH ZONE

CONVICTION DATE: JUL 05 2000

ACTION: SUSPENSION FOR 20 DAY(S) EFFECTIVE OCT 08 2001

OFFICIAL NOTICE MAILED NOV 14 2000

VIOLATION DATE: FEB 20 2001

VIOLATION: VEHICLE CODE:1501A

DESCRIPTION: OPERATOR MUST BE LICENSED

CONVICTION DATE: MAR 28 2001

ACTION: NO ACTION

VIOLATION DATE: DEC 07 1999

VIOLATION: VEHICLE CODE:3362

DESCRIPTION: EXCEEDING MAXIMUM SPEED

082 MPH IN A 055 MPH ZONE

CONVICTION DATE: APR 18 2001

ACTION: SUSPENSION FOR 25 DAY(S) EFFECTIVE OCT 28 2001

OFFICIAL NOTICE MAILED APR 27 2001

LICENSE NUMBER: 25849862

PAGE: 5

VIOLATION DATE: JUL 21 2001

VIOLATION: VEHICLE CODE:3362

DESCRIPTION: EXCEEDING MAXIMUM SPEED

050 MPH IN A 055 MPH ZONE





LICENSE NUMBER: 25849862

PAGE: 5

VIOLATION DATE: JUL 21 2001
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
050 MPH IN A 025 MPH ZONE
CONVICTION DATE: SEP 18 2001
ACTION: SUSPENSION FOR 20 DAY(S) EFFECTIVE NOV 22 2001
OFFICIAL NOTICE MAILED NOV 27 2001

ACTION: RESTORATION OF OPERATING PRIVILEGES DEC 14 2001

VIOLATION DATE: JUL 27 2004
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
045 MPH IN A 035 MPH ZONE
CONVICTION DATE: SEP 07 2004
ACTION: ASSIGNED POINTS

VIOLATION DATE: JUL 02 2005
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
047 MPH IN A 025 MPH ZONE
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
CONVICTION DATE: OCT 04 2005
ACTION: POINT EXAM

ACTION: PASSED EXAM NOV 17 2005

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VIOLATION DATE: MAR 29 2007
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
050 MPH IN A 040 MPH ZONE
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
CONVICTION DATE: JUN 06 2007
ACTION: ASSIGNED POINTS

VIOLATION DATE: FEB 27 2010

LIC# 25849862

PAGE: 6

VIOLATION: VEHICLE CODE:3112A3II
DESCRIPTION: RED LIGHT VIOLATION
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
CONVICTION DATE: MAY 03 2010
ACTION: ASSIGNED POINTS





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LICENSE NUMBER: 25849862

PAGE: 6

VIOLATION: VEHICLE CODE:3112A3II

DESCRIPTION: RED LIGHT VIOLATION

COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO

CONVICTION DATE: MAY 03 2010

ACTION: ASSIGNED POINTS

VIOLATION DATE: FEB 27 2010

VIOLATION: VEHICLE CODE:1533D

DESCRIPTION: FAIL TO RESPOND

COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO

ACTION: SUSPENSION EFFECTIVE JUL 09 2010

OFFICIAL NOTICE MAILED JUN 18 2010

ACTION: RESTORATION OF OPERATING PRIVILEGES AUG 11 2010

VIOLATION DATE: SEP 19 2010

VIOLATION: VEHICLE CODE:3102

DESCRIPTION: FAILURE TO OBEY

COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO

CONVICTION DATE: NOV 23 2010

ACTION: ASSIGNED POINTS

VIOLATION DATE: NOV 13 2010

VIOLATION: VEHICLE CODE:1533D

DESCRIPTION: FAIL TO RESPOND

COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO

ACTION: SUSPENSION EFFECTIVE MAY 20 2011

OFFICIAL NOTICE MAILED APR 29 2011

VIOLATION DATE: SEP 19 2010

VIOLATION: VEHICLE CODE:1533D

DESCRIPTION: FAIL TO RESPOND

UNDERLYING OFFENSE: 3102 , FAILURE TO OBEY

COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO

ACTION: SUSPENSION EFFECTIVE MAY 20 2011

OFFICIAL NOTICE MAILED APR 29 2011

LICENSE NUMBER: 25849862

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VIOLATION DATE: NOV 23 2010

VIOLATION: VEHICLE CODE:1533D





LICENSE NUMBER: 25849862

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VIOLATION DATE: NOV 23 2010
VIOLATION: VEHICLE CODE:1533D
DESCRIPTION: FAIL TO RESPOND
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
ACTION: SUSPENSION EFFECTIVE MAY 20 2011
OFFICIAL NOTICE MAILED APR 29 2011

ACTION: RESTORATION OF OPERATING PRIVILEGES MAY 25 2011

VIOLATION DATE: MAR 23 2012
VIOLATION: VEHICLE CODE:4581
DESCRIPTION: SEATBELT VIOLATION
VIOL. REPORT FROM MD (CDLIS CONV) CERTIFIED APR 27 2012
NATIONAL CODE: F04, NO SEAT BELT USED
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: APR 23 2012
ACTION: NON-SANCTIONED

VIOLATION DATE: JUL 05 2012
VIOLATION: VEHICLE CODE:3111
DESCRIPTION: TRAFFIC-CNTROL VIOL
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: JUL 23 2012
ACTION: NON-SANCTIONED

VIOLATION DATE: OCT 21 2013
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
025 MPH IN A 020 MPH ZONE
VIOL. REPORT FROM UT (CDLIS CONV) CERTIFIED NOV 12 2013
NATIONAL CODE: S92, SPEEDING LIM/ACT REQ
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: NOV 08 2013
ACTION: NON-SANCTIONED

LICENSE NUMBER: 25849862

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VIOLATION DATE: FEB 23 2019
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
075 MPH IN A 070 MPH ZONE





LICENSE NUMBER: 25849862

PAGE: 8

VIOLATION DATE: FEB 23 2019
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
075 MPH IN A 070 MPH ZONE
VIOL. REPORT FROM AL (CDLIS CONV) CERTIFIED AUG 13 2019

NATIONAL CODE: S92, SPEEDING LIM/ACT REQ
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: AUG 07 2019
ACTION: NON-SANCTIONED

VIOLATION DATE: DEC 30 2019
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
000 MPH IN A 000 MPH ZONE
VIOL. REPORT FROM WV (CDLIS CONV) CERTIFIED JUL 24 2020

NATIONAL CODE: S21, 21-25 > SPEED LIM DO
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: JUL 22 2020
ACTION: NON-SANCTIONED

VIOLATION DATE: FEB 27 2021
VIOLATION: VEHICLE CODE:: E70
DESCRIPTION: EQUIP USED IMPROPERLY
VIOL. REPORT FROM VA (CDLIS CONV)
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
CONVICTION DATE: JUN 02 2021
ACTION: SPEXS OOS CONVICTION

VIOLATION DATE: MAY 12 2021
VIOLATION: VEHICLE CODE:1533D
DESCRIPTION: FAIL TO RESPOND
UNDERLYING OFFENSE: 1301 , EXPIRED REG OR DOC
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
ACTION: NON-SANCTIONED EFFECTIVE SEP 24 2021
OFFICIAL NOTICE MAILED SEP 03 2021

LICENSE NUMBER: 25849862

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REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

NO ACCIDENTS DURING THIS REPORTING PERIOD

END OF RECORD



PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD



Agency Insurance Company of Maryland, Inc.

PO Box 8900, Elkridge, MD 21075-8900

NAIC: 35173

This card must be shown to any Law Enforcement Officer upon request.

Year
2018

Make
GMC

Model
SAVANA

VIN
7GZ37TCG4JN901415

Policy Number
CA 0043047

Effective Date
10/27/2024

Expiration Date
10/27/2025

Named Insured
Manuel D Castro
535 7th Ave
Warminster, PA 18974

Agent
HELLO INS & FINANCIAL SVCS
at (484) 454-3297

CLAIMS SERVICE (410) 684-2727 or (800) 841-5241
SEE IMPORTANT MESSAGE ON REVERSE SIDE
NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2025

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 HELLO INS & FINANCIAL SVCS 9101 W. CHESTER PIKE	CONTACT NAME: Agency Insurance Company Commercial Services PHONE (A/C. No. Ext): 1-800-492-5629 option 5 FAX (A/C. No): E-MAIL ADDRESS:
UPPER DARBY PA 190820000	INSURER(S) AFFORDING COVERAGE INSURER A: Agency Insurance Company of Maryland, Inc. NAIC # 35173
INSURED Manuel D Castro 535 7th Ave	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
Warminster PA 18974	

COVERAGES CERTIFICATE NUMBER: 638917257145332340 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	CA 0043047	10/27/2024	10/27/2025	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		N				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	CA 0043047	10/27/2024	10/27/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	N	CA 0043047	10/27/2024	10/27/2025	

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

CERTIFICATE HOLDER

CANCELLATION

9 East 96th Street Apartment Crop
c/o Orsid New York
156 West 56 St, 6th Floor
New York NY 10019-

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

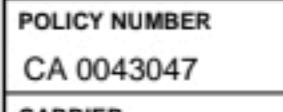
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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: CA 0043047

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY HELLO INS & FINANCIAL SVCS	NAMED INSURED Manuel D Castro 535 7th Ave Warminster, PA 18974
POLICY NUMBER CA 0043047	NAIC CODE 35173

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

Uninsured Motorist

\$35,000 Combined Single Limit Stacked

Underinsured Motorist

\$35,000 Combined Single Limit Stacked

Motor Truck Cargo

\$100,000 / \$1,000 deductible

Description of Location/Vehicles/Special Items

Scheduled Autos Only

2018 GMC SAVANA 7GZ37TCG4JN901415

UP

DOW

