



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2024

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: Luis Reyes	
INDEPENDENCE INSURANCE AGENCY LLC 9000 SHERIDAN ST STE 160 PEMBROKE PINES		PHONE (A/C, No, Ext): 800-611-1150	FAX (A/C, No): 954-304-9953
		E-MAIL ADDRESS: cert@independence.agency	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Trisura Specialty Ins Co	
		NAIC # 16188	
INSURED		INSURER B :	
[DOT 4147543 MC 01591516] ICO TRANSPORTATION LLC 12155 NE 6TH AVE APT 14 NORTH MIAMI		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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS	MIT-UKNAP2300164-0121	11/20/2023	11/20/2024	BODILY INJURY (Per accident)	\$
	HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	UMBRILLA LIAB		OCCUR				PIP	\$ 10,000
	EXCESS LIAB		CLAIMS-MADE				EACH OCCURRENCE	\$
	DED		RETENTION \$				AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	N / A				PER STATUTE	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo			MIT-UKNAP2300164-0121	11/20/2023	11/20/2024	Limit: \$100,000, Deductible: \$2,500	
A	Physical Damage			MIT-UKNAP2300164-0121	11/20/2023	11/20/2024	Deductibles - Comp: \$2,500, Coll: \$2,500	

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

Vehicles:[See Attached]

CERTIFICATE HOLDER

CANCELLATION

Maze Freight Solutions 7900 College Blvd #100 Overland Park	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
KS 66210-1821	AUTHORIZED REPRESENTATIVE <i>Luis Reyes</i>

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AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY INDEPENDENCE INSURANCE AGENCY LLC		NAMED INSURED ICO TRANSPORTATION LLC 12155 NE 6TH AVE APT 14
POLICY NUMBER MIT-UKNAP2300164-0121		
CARRIER Trisura Specialty Ins Co	NAIC CODE 16188	EFFECTIVE DATE: 11/20/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Scheduled Vehicle/s & Driver/s:

3C63RRL0PG605124 2023 RAM 3500

16V3F4829R6331683 2024 Big Tex

0625464833330 (FL) JEAN ORISMA 09/13/1983

Vehicles:

2024, BIG TEX, Big Tex, VIN: 16V3F4829R6331683, (\$20,000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500

2023, RAM, 3500, VIN: 3C63RRL0PG605124, (\$78,000), Deductible (Collision): \$2500, Deductible (Comprehensive): \$2500