



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2025

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 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: Evan Logan PHONE (A/C, No, Ext): 570-207-4411 E-MAIL ADDRESS: insurance@nettitle.org	
THOMPSON NORTHEAST INSURANCE LLC 1726 N KEYSER AVE		INSURER(S) AFFORDING COVERAGE INSURER A: DAILY UNDERWRITERS OF AMERICA	
SCRANTON PA 18508		NAIC # 35483	
INSURED DTAAC LLC 3715 Lindsy Brooke Ct Douglasville GA 30135-3130		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PAPDUOA54245	10/1/2024	10/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 500/10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Fire Damage	\$ 10,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PAPDUOA54245	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
	DED		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	OTHR-
A	Motor Truck Cargo/ Reefer Breakdown Incl.			PAPDUOA54245	10/1/2024	10/1/2025	E.L. EACH ACCIDENT	
A	Physical Damage			PAPDUOA54245	10/1/2024	10/1/2025	E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

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

CERTIFICATE HOLDER		CANCELLATION	
Registry Monitoring Insurance Services, Inc 1444 S Entertainment Ave Ste 110 Boise		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 <i>Evan Logan</i>	
		ID 83709-3816	

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AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
THOMPSON NORTHEAST INSURANCE LLC		DTAAC LLC	
POLICY NUMBER		3715 Lindsy Brooke Ct	
PAPDUOA54245		Douglasville, GA, 30135-3130	
CARRIER	NAIC CODE	EFFECTIVE DATE:	10/1/2024
DAILY UNDERWRITERS OF AMERICA	35483		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
THOMPSON NORTHEAST INSURANCE LLC		DTAAC LLC	
POLICY NUMBER		3715 Lindsay Brooke Ct	
PAPDUOA54245		Douglasville, GA, 30135-3130	
CARRIER	NAIC CODE	EFFECTIVE DATE:	10/1/2024
DAILY UNDERWRITERS OF AMERICA	35483		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Vehicles:

2018, FREIGHTLINER, Cascadia, VIN: 3AKJGLDRXJSKC9112, (\$20000), Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000

2017, KENWORTH, T680, VIN: 1XKYDP9X3HJ148458, (\$60,000), Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000

2016, UTILITY TRAILER MANUFACTURER, Utility Trailer Manufacturer, VIN: 1UYVS2534GM514324, (\$10,000), Coll Ded: \$1000, Comp Ded: \$1000

2016, UTILITY TRAILER MANUFACTURER, Utility Trailer Manufacturer, VIN: 1UYVS253XGM514408, (\$10,000), Coll Ded: \$1000, Comp Ded: \$1000

Drivers:

-Name: William Payton III