



Jerry Smith <jerrysmithglobal10@gmail.com>

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## Truck Insurance Coverage – Quick Quote for Your Business

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**Red Multiservices** <redmultiservices10@gmail.com>

Tue, Nov 11, 2025 at 1:26 AM

To: Jerry Smith <jerrysmithglobal10@gmail.com>

Hello  
Need liability 1000000  
Cargo 100000  
Physical damage





12:50



COI insurance good.pdf



Done



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2024

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.

**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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Edgar Barzaga	
VL 17 Insurance Agency LLC		<b>PHONE (A/C, No, Ext):</b> (281) 803-8156	<b>FAX (A/C, No):</b> 281-372-6136
2150 Highway 6s Ste. 130		<b>E-MAIL ADDRESS:</b> coi@vl17insagency.com	
Houston TX 77077		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>		<b>INSURER A:</b> Lloyd's Of London	
RED MULTI-SERVICES LLC		<b>INSURER B:</b> ACCREDITED SPECIALITY INSURANCE CO	
4140 MEADE WAY		<b>INSURER C:</b> AMERICAN SAFETY INSURANCE CO	
WEST PALM BCH FL 33409		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## 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			248398-001-403612	12/19/2024	12/19/2025	EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0.00
							MED EXP (Any one person) \$ 0.00
							PERSONAL & ADV INJURY \$ 0.00
							GENERAL AGGREGATE \$ 2,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 0.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$ 0.00
	OTHER:						
B	<b>AUTOMOBILE LIABILITY</b>			2-XPT-FL-19-S0352799-00	12/10/2024	12/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 0.00
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 0.00
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$ 0.00
	<input type="checkbox"/> AUTOS ONLY						\$ 0.00
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Physical Damage			BA275000-D1000-S-403612	12/10/2024	12/10/2025	Limit: \$40,000.00 Deductible \$1,000.00

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

- This Policy 'IM27500-D1000-100K-S-403612' has Other Coverage 'Cargo' With Limit '\$100000' and deductible '\$1000'. Carrier 'AMERICAN SAFETY INSURANCE CO', Effective Date: '12/10/2024', Expiration Date: '12/10/2025'

Vehicles: [See Attached]; Drivers: [See Attached];

## CERTIFICATE HOLDER

## CANCELLATION

Highway App, Inc.  
5931 Greenville Ave, Unit #5620

Dallas,

TX 75206

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

Edgar Barzaga

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY VL 17 Insurance Agency LLC		NAMED INSURED RED MULTI-SERVICES LLC 4140 MEADE WAY	
POLICY NUMBER 2-XPT-FL-19-S0352799-00		WEST PALM BCH, FL 33409	
CARRIER ACCREDITED SPECIALITY INSURANCE CO	NAIC CODE 16835	EFFECTIVE DATE: 12/10/2024	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE**VEHICLES:**

2017, FREIGHTLINER, M2, VIN: 3ALACWDTXHDHV3970 Value Pd: 0 Limit: 0 Deductible: 0

2017, FREIGHTLINER, M2, VIN: 3ALACWDT6HDHV3240 Value Pd: 0 Limit: 0 Deductible: 0

**DRIVERS:**

Name: ERNST MICHEL

Name: MARKENS LORMON





**Florida** **TEMPORARY DRIVER LICENSE** **USA**

**L247-358-31-200-0** **9 CLASS E**

**1 LORMON**  
**2 MARKENS**  
**8 4140 MEADE WAY**  
**WEST PALM BEACH, FL 33409-7865**

**3 DOB 12/08/1982 15 SEX M**  
**4b EXP 02/03/2026 16 HGT 5'-11"**  
**12 REST NONE 9a END NONE**

**SAFE DRIVER**  
**4a ISS 08/11/2025**  
**5DD P792508110217**

**Operation of a motor vehicle constitutes consent to any sobriety test required by law.**

A Florida Temporary Driver License for LORMON MARKENS. The license features a large portrait of the holder on the left, a smaller circular portrait on the right, and a star emblem in the top right corner. The background is a light blue and yellow pattern with the word 'FLORIDA' repeated diagonally. The license includes the following information: License Number L247-358-31-200-0, Class E, Issued 08/11/2025, Expires 02/03/2026, DOB 12/08/1982, Sex M, Height 5'-11", Rest NONE, and END NONE. The holder's name is LORMON MARKENS, and the address is 4140 MEADE WAY, WEST PALM BEACH, FL 33409-7865. The license also includes a signature of the holder and a statement that operation of a motor vehicle constitutes consent to any sobriety test required by law.

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