



Michael zorro

Truck Insurance Coverage – Quick Quote for Your Business

3 messages

Michael zorro <zorromichael.insurances@gmail.com>

Wed, Dec 10, 2025 at 11:24 PM

Bcc: skyridgegrouppllc@gmail.com, krl456@hotmail.com, ppiedra09@gmail.com, ddcexpress88@gmail.com, tycoontrucking1@gmail.com, yalem68@yahoo.com, josephmillner86@gmail.com, autohaulerlogistics@gmail.com, agk.logistics@yahoo.com, rickg@ctgga.com, 56streettowing@gmail.com, holidayline@aol.com, harkeyshauling@gmail.com, allthetimetrucking@gmail.com, eddie@hesterexpress.com, camposrey66@yahoo.com, adequateonetransport@gmail.com, jblogisticllc@gmail.com, mr.travis20@gmail.com, sales@phoenixcrane.com, goodfellastransport.orlando@gmail.com

Hi,

This is **Michael**, your **Trucking Insurance Advisor**. I work with owner-operators and small fleets to make sure they're **properly protected** — and not overpaying for coverage.

Whether you're hauling local or interstate loads, I can help you secure the **right insurance package** that fits your operation and budget.

✓ **Available Coverages:**

- Primary Liability
- Motor Truck Cargo
- Physical Damage
- Non-Trucking Liability (Bobtail)
- General Liability

To send you your **personalized same-day quote**, please share a few quick details:

- **Truck VIN(s)** (Make / Model / Year)
- **Driver Name(s) & License State**
- **Date of Birth(s)**
- **Loss Run (if any)**
- **Type of Freight you haul**

Once I have this information, I'll get your quote ready today — including any **discounts and ongoing offers** available for your profile.

Let's make sure your trucks are **covered right and save more**.

Best regards,

Michael Zorro

Trucking Insurance Advisor

Marketing & Partner Representative

zorromichael.insurances@gmail.com

alem yosef <yalem68@yahoo.com>

Thu, Dec 11, 2025 at 7:06 AM

To: Michael zorro

Hey Michael,

We need a quote asap, please.

DOT# 3891326

Business/Mailing address: [106 Jamie CT UNIT A8, Cary, NC 27511](#)Garaging address: [11621 Cleveland Rd, Garner, NC 27529](#)

EIN# 85-1909470

Radius of Operation: >500

Business Owner DOB: 3/28/1998

Business Owner CDL# 000033896819.. State: NC...Experience: > 4 years

List of vehicles:

Truck Number=0905....VIN=3AKJGLDR3GSGZ2032...Year=2016...Make=FRHT

Truck Number=0930....VIN=3AKJHHDR8JSJW4064...Year=2018...Make=FRHT

Truck Number=0023....VIN=1FUJBBCKX7PW62816...Year=2007...Make=FRHT

Truck Number=3960....VIN=1FUJBBCK57LX03960...Year=2007...Make=FRHT

Current Truck's Value: Only liability and cargo, no physical

List of drivers:

Yosef Alem: DOB= 3/28/1998 DL# 000033896819

Mussie Araya: DOB= 2/28/1987 DL# 000037370525

Norcecil Williams: DOB= 7/11/1981 DL# 000025932635

We haul both reefer and dry van

ELD: Keep truckin (Motive)

Coverage needed: 1 million liability and 100k cargo

Please see the attached loss runs and let me know what else you need.

[Quoted text hidden]

7 attachments



CWIS-Endorsement-1-Loss Run-AL-ALEM TEFF LLC-239712671511-CW1EIC-974193-00 (2) (2).pdf

33K



Progressive Insurance #971802558 (1).pdf

79K



CT9127119448 (3) (2).pdf

84K



CT9127119448-1 (1) (2).pdf

71K



2015546592_Loss_Runs_Report (2).pdf

231K



ALEM TEFF LLC DBA ALEM TRUCKING Loss Runs All Policies (1).pdf

78K



XPT Loss Run By Policy Number - 2025-11-25T142732. (2).PDF

152K

alem yosef <yalem68@yahoo.com>

Thu, Dec 11, 2025 at 7:07 AM

To: Michael zorro

The renewal date is January 15, but I need to obtain a number as soon as possible and be ready.

Here are some important points to consider:

1. Canal has driver restrictions that are making it difficult to recruit drivers. We need to implement a policy that simplifies the hiring process for drivers.

2. Additionally, we wanted to rent a trailer from Ryder, but they sent us a COI form outlining their requirements. Canal requires the equipment to be added first, which incurs an additional policy cost of a \$500 down payment and a \$300 monthly fee. Therefore, it is crucial that we obtain a policy that does not incur extra costs in order to proceed with this. Please see below.

This is an example of a Certificate of Insurance (COI) form.

Please work with your insurance provider to ensure that all highlighted fields are accurate.

COOP does not accept unit specific/scheduled policies. Handwritten forms will not be accepted. Certificates containing false or altered information not produced by the Insurer will result in ineligibility for COOP to the Insured Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2024

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 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 Insurance Broker Address of Insurance Broker City, State Zip	INSURER INFORMATION CONTACT NAME: Agent Contact Name PHONE (A/C No. Ext): Agent Contact Phone FAX (A/C No.): E-MAIL: Agent E-Mail Address ADDRESS: Agent E-Mail Address INSURER(S) AFFORDING COVERAGE INSURER A: Insurer for AUTO LIABILITY NAIC # 22222 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Company Name Company Address City, State Zip	MUST MATCH FMCSA REGISTRATION AND COOP ACCOUNT NAME

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			POLICY NUMBER, POLICY EFFECTIVE DATES, AND EXACT COVERAGE AMOUNTS FROM YOUR INSURANCE PROVIDER Policy Number	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Limit \$100,000 Comp. \$1,000 Collision \$1,000
A	Hired Physical Damage POLICY COVERAGE, POLICY EFFECTIVE DATES, AND EXACT PHYSICAL DAMAGE AMOUNTS FROM YOUR INSURANCE PROVIDER			Policy Number	01/01/2024	01/01/2025	Limit \$100,000 Comp. \$1,000 Collision \$1,000

NOTE: MINIMUM OF \$1 MILLION IN COVERAGE REQUIRED

NOTE: MAKE SURE POLICY IS CURRENT AND NOT EXPIRED

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

Ryder is an additional insured and loss payee for all vehicles rented, leased, or supplied as a substitute to Named Insured

NOTE: RYDER MUST BE NAMED AS AN ADDITIONAL INSURED AND LOSS PAYEE

Ryder Truck Rental, Inc.
 COOP Technologies, Inc.
 4040 NW 72nd Avenue
 Miami, FL 33166

KEEP SAME INFORMATION AS IN THIS EXAMPLE

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

INSURANCE AGENT SIGNATURE

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ACORD 25 (2014/01)

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