



Jerry Smith &lt;jerrysmithglobal10@gmail.com&gt;

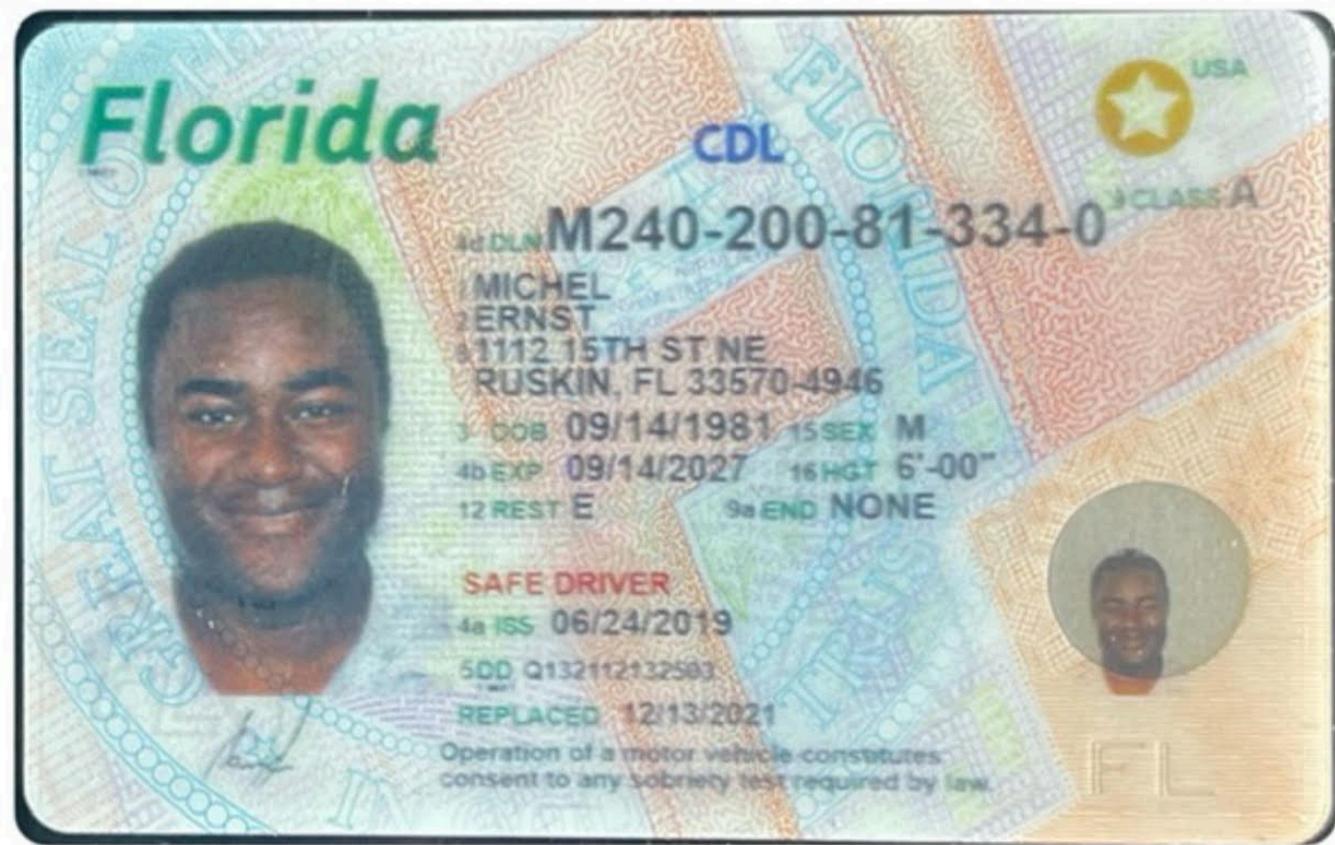
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## Truck Insurance Coverage – Quick Quote for Your Business

**Red Multiservices** <redmultiservices10@gmail.com>  
To: Jerry Smith <jerrysmithglobal10@gmail.com>

Tue, Nov 11, 2025 at 1:26 AM

Hello  
Need liability 1000000  
Cargo 100000  
Physical damage





12:50

5G



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).

PRODUCER  VL 17 Insurance Agency LLC 2150 Highway 6s Ste. 130	Houston TX 77077	CONTACT NAME: Edgar Barzaga	
		PHONE: (281) 803-8156 (A/C, No, Ext):	FAX (A/C, No): 281-372-6136
		E-MAIL ADDRESS: coi@vl17insagency.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Lloyd's of London	15642
		INSURER B: ACCREDITED SPECIALTY INSURANCE CO	16835
		INSURER C: AMERICAN SAFETY INSURANCE CO	33103
		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>		248398-001-403612	12/19/2024	12/19/2025	EACH OCCURRENCE \$ 1,000,000.00 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 PRODUCTS - COMP/OP AGG \$ 0.00 \$ 0.00
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
B	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		2-XPT-FL-19-S0352799-00	12/10/2024	12/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ 0.00 BODILY INJURY (Per accident) \$ 0.00 PROPERTY DAMAGE (Per accident) \$ 0.00 \$ 0.00
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	BA275000-D1000-S-403612	12/10/2024	12/10/2025	PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Physical Damage					

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

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 SPECIALTY 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

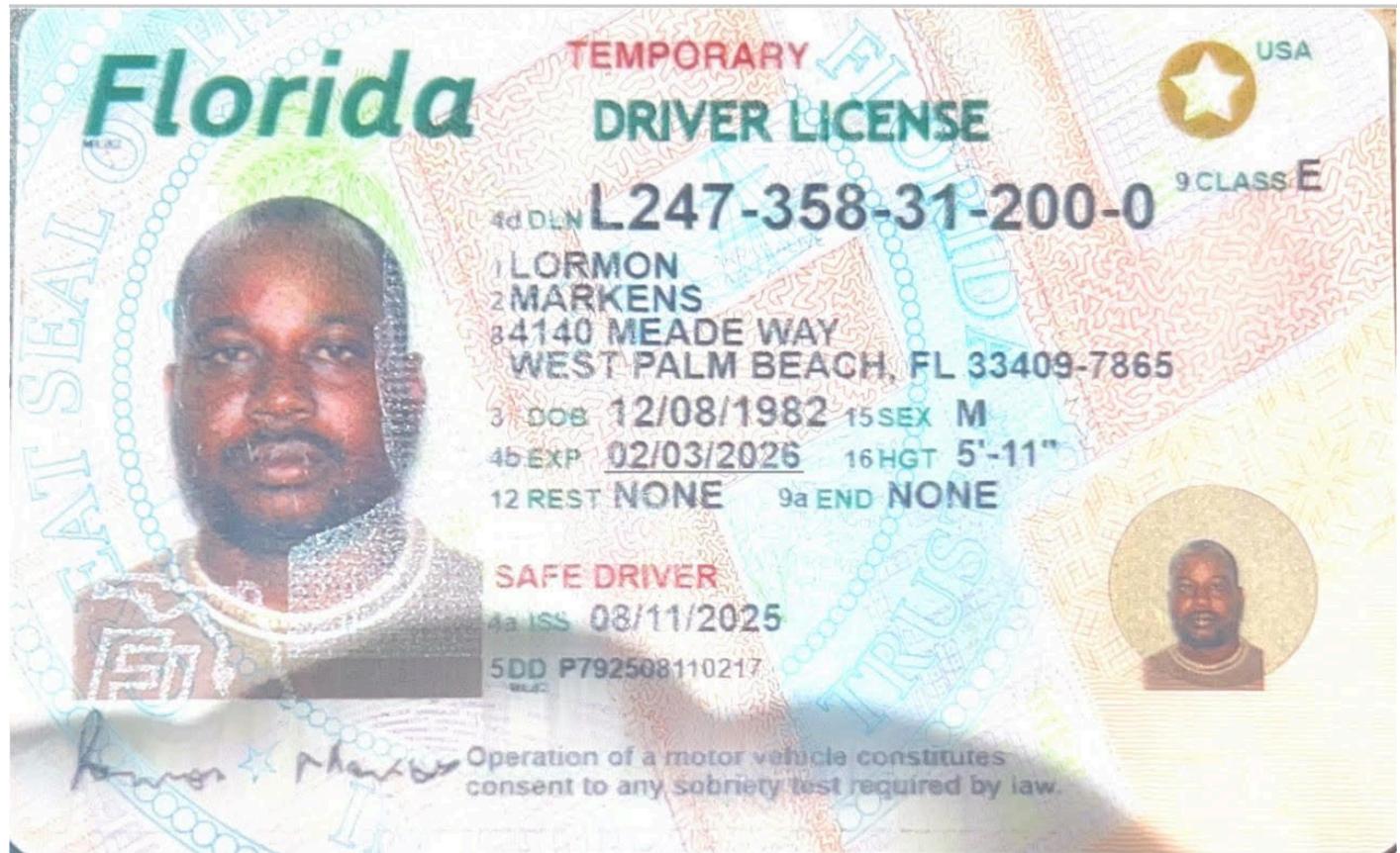
#### VEHICLES:

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





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