



AGENCY CUSTOMER ID: _____
LOC #: _____

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ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance	NAMED INSURED J52 TRANSPORTATION LLC 954 E 162ND ST SOUTH HOLLAND, IL 60473
POLICY NUMBER 980220335	
CARRIER Artisan and Truckers Casualty Company	NAIC CODE 10194
EFFECTIVE DATE: 04/20/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$100,000 w/\$1,000 Ded
Uninsured Motorist Bodily Injury	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$750,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2023 FREIGHTLINER M2 3ALACWFC5PDNT1717

Stated Amount \$102,000

Comprehensive	\$500 Ded
Collision	\$500 Ded

Liability coverage may not apply to all scheduled vehicles.

Additional Information

Certificate holder is listed as a Loss Payee and Additional Insured.

Penske Truck Leasing CO, LP and its partners are named as Additional Insured and Loss Payee for all vehicles leased, rented or supplied as a substitute to the Named Insured.