

Jaylee's Transportation LLC

25977 W Superior Ave  
Buckeye AZ 85326  
United States





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2024

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	BIBERK PO Box 3300 Wilkes-Barre PA 18773 United States	CONTACT NAME:  PHONE (A.C. No. Ext): 844-472-0967 FAX (A.C. No.): 203-654-3613  E-MAIL ADDRESS: CustomerService@biBERK.com
		INSURER(S) AFFORDING COVERAGE
		NAIC #
		INSURER A: Berkshire Hathaway Direct Insurance Company 10391
INSURED	Jaylee's Transportation LLC 25977 W Superior Ave Buckeye AZ 85326 United States	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERS****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			0051189-01-CA	10/25/2024	10/25/2025	EACH OCCURRENCE	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	\$	
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							\$	
	OTHER:								
	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000.00	
	ANY AUTO						BODILY INJURY (Per Person)	\$N/A	
A	ALL OWNED AUTOS	X	SCHEDULED AUTOS	0051189-01-CA	10/25/2024	10/25/2025	BODILY INJURY (Per accident)	\$N/A	
	HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$N/A	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LAB	<input type="checkbox"/> 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	Y / N	N / A				PER STATUTE	OTH-ER	
A	CARGO COVERAGE			0051189-01-CA	10/25/2024	10/25/2025	LIMIT/DEDUCTIBLE	\$100,000/\$1,000	

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

See attached schedule of covered autos

**CERTIFICATE HOLDER****CANCELLATION**

Jaylee's Transportation LLC 25977 W Superior Ave Buckeye AZ 85326	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 

## SCHEDULE OF COVERED AUTOS

POLICY NUMBER: 0051189-01-CA

EFFECTIVE DATE: 10/25/2024

NAMED INSURED: Jaylee's Transportation LLC

NOTES:

## VEHICLE INFORMATION:

Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State		GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium			In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible			Collision Premium	Collision Deductible	
1	2020	FREIGHTLINER M2	3ALACWFC9LDLW9133	Business Use	101 to 300 miles		Buckeye AZ		20001-26000 lbs
	\$13,283.00	\$0.00	\$0.00	\$0.00			\$0.00	\$743.00	
	\$30,000	C	\$975.00	\$1,000			\$2,244.00	\$1,000	



**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER <b>4275595</b>	COMPANY <b>BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY</b>	NAIC No. <b>10391</b>
POLICY NUMBER <b>0051189-01-CA</b>	EFFECTIVE DATE <b>10/25/2024</b>	EXPIRATION DATE <b>10/25/2025</b>
YEAR <b>2020</b>	MAKE/MODEL <b>FREIGHTLINER M2</b>	VEHICLE IDENTIFICATION NUMBER <b>3ALACWFC9LDLW9133</b>

ENTITY ISSUING CARD & PHONE NUMBER

biBERK  
PO BOX 3300  
WILKES-BARRE PA 18773  
UNITED STATES  
844-472-0967

INSURED  
JAYLEE'S TRANSPORTATION LLC  
25977 W Superior Ave  
Buckeye AZ 85326  
United States

ADOT CODE  
**10391**

A PERSON IS REQUIRED TO POSSESS  
EVIDENCE OF FINANCIAL RESPONSIBILITY  
WITHIN THE MOTOR VEHICLE.

A CARD MEETS THE REQUIREMENT OR AN  
IMAGE OF THE CARD THAT IS DISPLAYED  
ON A WIRELESS COMMUNICATION DEVICE  
MEETS THE REQUIREMENT.

THIS CARD IS SATISFACTORY EVIDENCE  
OF INSURANCE IF THE DEPARTMENT OF  
TRANSPORTATION ASKS YOU TO VERIFY  
INSURANCE COVERAGE ON THIS VEHICLE.

Report All Accidents To:  
**1-844-472-0967**  
24 Hour Toll Free

Claims may also be reported at:  
[claims@biberk.com](mailto:claims@biberk.com)

**M-5937 AZ (11/2018)**

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

CUT ALONG THIS LINE