



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Reliance Partners, LLC PO BOX 11227 Chattanooga, TN 37401	CONTACT NAME: PHONE (A/C, No, Ext): (877) 668-1704	FAX (A/C, No): (866) 553-6202
	E-MAIL ADDRESS: certificates@reliancepartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United States Liability Insurance Company	25895
	INSURER B : ACCREDITED SPECIALTY INSURANCE COMPANY	16835
	INSURER C : Lloyds of London	15792
	INSURER D :	
	INSURER E :	
	INSURER F :	

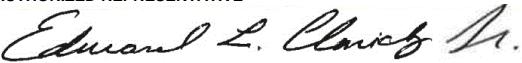
COVERS **CERTIFICATE NUMBER:** **REVISION NUMBER:**
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			GL1281580	2/12/2025	2/12/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
							\$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			2-XPT-GA-19-S0353355-00	2/12/2025	2/12/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
							\$	
	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
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Motor Truck Cargo			BRIT22L2043	2/12/2025	2/12/2026	Ded \$1,000	100,000
C	Physical Damage			BRIT22L2043	2/12/2025	2/12/2026	Comp/Coll Ded	2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 TRAILER INTERCHANGE LIMIT \$50,000 DED \$1,000 POLICY# BRIT22L2043 EFF 02/12/2025 – 02/12/2026 **PLEASE NOTE: IF THE POLICY ASSOCIATED WITH THIS COVERAGE CANCELS, THIS COVERAGE IS ALSO CANCELLED.

PHYSICAL DAMAGE COVERAGE ONLY APPLIES TO THE EQUIPMENT SCHEDULED ON THE ABOVE REFERENCED PHYSICAL DAMAGE POLICY SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

REFRIGERATION BREAKDOWN DED \$2,500
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
CYBERCORPO LLC 3089 DOVER DR DULUTH, GA 30096	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 



ADDITIONAL REMARKS SCHEDULE

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AGENCY Reliance Partners, LLC	NAMED INSURED CYBERCORPO LLC 3089 DOVER DR DULUTH, GA 30096	
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

VIN 1UYVS2537J6390304, 2018 UTILITY TRAILER, Reg State GA
VIN 1UYVS2536K6702503, 2019 UTILITY TRAILER, Reg State GA
VIN 1PT01JAHX16004742, 2001 Trailmobile TRAILER, Reg State GA
VIN 1FUJA6CK77LY09949, 2007 FREIGHTLINER TRACTOR, Reg State GA
VIN 4V4NC9TKX5N389212, 2005 VOLVO TRACTOR, Reg State GA
VIN 1UYVS2533HU912268, 2017 UTILITY Trailer, Reg State GA
VIN 4V4NC9EH1GN942110, 2016 VOLVO TRACTOR, Reg State GA